

Practice Focus

The ADAM publication for those who aspire to success

Autumn 2014

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verifiable CPD



PAGE 10
Don't shoot the messenger

PAGE 12
Dealing with bariatric patients

PAGE 14
Members benefit summary

PAGE 21
Being part of 500miles4smiles

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Editorial

By the time you read this Dental Showcase will have come and gone; ExCeL in London was, as always, a terrific venue and it was great to catch up with so many friends and colleagues, old and new.

I hope those of you who attended the ADAM Seminars at Showcase enjoyed our speakers, Tracy Stuart and Sarah Buxton, who covered some really helpful topics for busy practice managers.

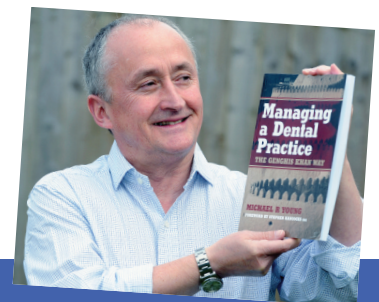
You will have noticed that Practice Focus has a new look this time around which follows on from some 'behind the scenes' changes we've made recently – I hope you like it. You may also have noticed that we've been seeking your views on a few important issues through one or two recent surveys, most recently on Salaries and on CPD – both very important topics but for very different reasons! A huge 'thank you' to all who took part; your views will help shape ADAM in the future but, inevitably, change takes time. So, for now, watch this space – and watch out for more surveys from us!

Following lots of discussion on our Members' Forum on how to deal with Bariatric patients within a dental practice I'm delighted to say that on page 12 you'll find an article written for us by Jessica Rowley, a Specialist in Special Care Dentistry for Whittington Health in London. Hopefully this will not only answer many of the questions that arise on this sensitive subject but will also dispel some of the myths surrounding the issue.

There's also a terrific article by Mike Young entitled Don't Shoot the Messenger which looks at the issue of delivering bad news to a member of your team. Mike is an ex-dentist and the author of the prize-winning, international best-selling *Managing a dental practice the Genghis Khan way*, and is the co-author of *Developing your dental team's management skills the Genghis Khan way*.

And there's much more besides in this edition of *Practice Focus* – here's just a brief summary of another packed publication written specifically with practice managers, and those who aspire to be, in mind.

Niki Boersma



In this issue

News and information	2	All roads lead to ACAS	16
Forthcoming training events	4	Be mouth aware and make a difference – Mouth Cancer Action Month	17
The effective manager	6	What's your personality type?	18
Social media and the risks for dental practices	8	The one thing dental practices need more than anything else and how to get it	19
A day in the life of an orthodontic practice manager	9	Protecting your patients and staff – what to look for in radiation protection	20
Don't shoot the messenger	10	Being part of 500miles4smiles	21
Practice management software – how can it help you?	11	CPD Questions	22
Dental care for the obese patient – a heavy responsibility	12	CPD autumn answer sheet	25
Summary of ADAM benefits	14		
ADAM launches free legal consultations for members	15		

Need for major re-think on sugar intake

New research from UCL and the London School of Hygiene & Tropical Medicine suggests that sugars in the diet should make up no more than 3% of total energy intake to reduce tooth decay.

The study, published in the open-access journal BMC Public Health, analysed the effect of sugars on dental caries and showed that sugars are the only cause of tooth decay in children and adults.

Tooth decay is the most common non-communicable disease in the world, affecting 60-90% of school-age children and the vast majority of adults. In the USA, 92% of adults aged 20-64 have experienced decay in at least one of their permanent teeth. The treatment

of dental diseases costs 5-10% of total health expenditure in industrialised countries.

Researchers used public health records from countries across the world to compare dental health and diet over time across large populations of adults and children. They found that the incidence of tooth decay was much higher in adults than children, and



increased dramatically with any sugar consumption above 0% of energy. Even in children, an increase from near-zero sugar to 5% of energy doubles the prevalence of decay and continues to rise as sugar intake increases.

Current guidelines from the World Health Organisation set a maximum of 10% of total energy intake from free sugars, with 5% as a 'target'. This equates to around 50g of free sugars per day as the maximum, with 25g as the target. The latest research suggests that 5% should be the absolute maximum, with a target of less than 3%.

The full research article, entitled 'A reappraisal of the quantitative relationship between sugar intake and dental caries: the need for new criteria for developing goals for sugar intake' can be found at the BMC Public Health website -

<http://www.biomedcentral.com/1471-2458/14/863>

New health clearance guidance for medical and dental students released

The Medical Schools Council, the Dental Schools Council, Public Health England, Health Protection Scotland, the Association of UK University Hospitals, and Higher Education Occupational Practitioners have published revised guidance relating to health clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis.

This guidance is intended for use by medical and dental schools, medical and dental students, occupational health services and health provider organisations.

To download the guidance go to <http://www.medschools.ac.uk/Publications/Pages/Medical-and-dental-students-Health-clearance-for-Hepatitis-B,-Hepatitis-C,-HIV-and-Tuberculosis.aspx>

ADAM surveys members on Continuing Professional Development

A recent survey of ADAM members on CPD has produced some revealing statistics:-

- Over half of members (who responded) are registered DCPs, all except two as Dental Nurses;
- More than four out of five are responsible for ensuring that others complete their CPD;
- Over half are responsible for using and buying CPD for themselves and others;
- Over half of Practices meet the cost of the CPD, and a further 20% make some contribution towards the cost;
- Almost nine out of ten respondents said ADAM should sell CPD to members at preferential rates.



ADAM President, Niki Boersma said: 'We are now reflecting upon how we can best respond to the very clear message that members would like to see us offering CPD at preferential rate. Rest assured, as soon as we have more news we'll be informing all ADAM members.'

To read more about the survey results visit the ADAM website:

www.adam-aspire.co.uk

FOCUS ON NEWS

GDC ARF consultation - progress update

The GDC has posted the following up-date on its website:-

The General Dental Council's (GDC) consultation on the Annual Retention Fee (ARF) level closed on 4 September.

The GDC is very pleased with the number of responses received and the interest shown by registrants and stakeholders.

In total 4,474 responses were received:

Dentists - 3813

Dental Care Professionals - 381

Student Dental Professionals - 71

Other stakeholders - 209

Throughout the consultation the GDC has been analysing the responses closely.

On 18 September the Council will consider the outcomes and some broader themes that have emerged about regulation and the handling of complaints in particular.

In parallel with the analysis of consultation responses, the GDC has been testing its assumptions and calculations based on the most up to date information on fitness to practise caseload trends – a key driver of costs.

It has also commissioned KPMG to review the full range of assumptions underlying the proposal to raise the ARF. This will focus in particular on the projected fitness to practise caseload.

Meanwhile, analysis of the consultation responses, including a small number of highly detailed responses received at the close of the consultation continues.

A final report, including the findings of the independent review by KPMG, will be considered by the Council on 30 October, at which point a decision will be made on the level of the annual retention fee for 2015.



Tooth decay affects 12% of three year olds, says survey

More than one in 10 three-year-olds have tooth decay, the first survey of the age group shows. Public Health England (PHE) researchers checked the teeth of nearly 54,000 children at nurseries, children's centres and playgroups.

They found 12% of children had evidence of tooth decay. These youngsters had an average of three teeth that were decayed, missing or filled. Large variations were found from place to place in the study.

In one area - Leicester - 34% of children had tooth decay whereas in others it was only 2%.

Researchers also said that some children had a particular type of decay known as early childhood caries. This affects the upper front teeth and spreads quickly to other teeth. It is linked to the consumption of sugary drinks in baby bottles or sipping cups.

PHE said that parents should give their children sugary foods and drinks in smaller quantities and less often. It also urged them not to add sugar to weaning foods or drinks.

Parents and carers should also start brushing children's teeth as soon as the

first tooth appeared and supervise their brushing until they the age of seven or eight, PHE said.

Previous research by the organisation has shown that by the age of five, one in four children has tooth decay. Anaesthetic Sandra White, director of dental public health at PHE, said while there had been "significant improvements" in oral health over the years, the findings were worrying.

"Tooth decay is an entirely preventable disease which can be very painful and even result in a child having teeth removed under general anaesthetic, which is stressful for children and parents alike."

Dr Christopher Allen, of the British Dental Association, said: "Parents and carers may feel that giving sugar-sweetened drinks is comforting, but in reality it's more likely to cause pain and suffering as it is the major cause of tooth decay in toddlers."

"It's never too soon to take your toddler to the dentist - ideally no later than 18 months - because dentists can identify and treat tooth decay at the earliest stage and advise parents on tooth brushing and prevention."

Date and location	Name of event and provider	Cost and Notes	Contact details
-	ILM Level 3 Certificate of Leadership and Management <i>UMD Professional Ltd</i>	Distance Learning Programme	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
-	Performance management and appraisals in dental practices <i>UMD Professional Ltd</i>	This workshop course is delivered at your practice and covers managing and maximising staff performance, and how to carry out appraisals in dental practices.	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
Commencing January 2014 London	Dental Business Management Programme leading to the ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>	Grants available towards fees plus a further 10% discount for ADAM members.	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
-	BTEC Level 4 Professional Diploma in Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme - 30% discount for ADAM members	http://thedentalbusinessacademy.com/shop/btec-level-4-professional-diploma-in-dental-practice-management/
-	BTEC Level 5 Professional Diploma in Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme	http://thedentalbusinessacademy.com/shop/btec-level-5-professional-diploma-in-dental-practice-management/
-	Introduction to Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme	http://thedentalbusinessacademy.com/shop/dental-practice-management-introduction/
From May 2014 Wakefield	Professional Certificate in Dental Practice Management (L4) <i>The Dentistry Business</i>	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year 2 year and CPD courses also available ADAM members' discount	Contact Sim on 0161 928 5995 or sim@thedentistrybusiness.com or www.thedentistrybusiness.com/register.php to watch video intro
From May 2014 East Midlands West Midlands	As above	As above	As above
From May 2014 Wakefield	Postgraduate Certificate in Mastery of Dental Practice Management (L7) <i>The Dentistry Business</i>	As above	As above
From May 2014 East Midlands West Midlands	As above	As above	As above
From May 2014 London	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	£2450 payable over 13 months. Discount for payment in full at start of course	Call 020 8255 2070 or fiona@umdprofessional.co.uk
From May 2014 Birmingham	As above	£2450 payable over 13 months. Discount for payment in full at start of course	Call 020 8255 2070 or fiona@umdprofessional.co.uk
Starts September 2014 Birmingham	As above	£2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts October 2014 London	As above	£2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts October 2014 Bristol	As above	£2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts October 2014 Leeds	As above	£2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts October 2014 London	ILM Level 7 Diploma in Executive Management <i>UMD Professional</i>	£4800 payable over 18 months. Part-funding available	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts October 2014 London	ILM Level 5 Certificate in Leading with Integrity <i>UMD Professional</i>	£1200 payable over six months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Starts September 2014 London	ILM Level 7 Award in Strategic Leadership <i>UMD Professional</i>	£3000 payable over ten months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Distance Learning programme	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	£2165 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Distance learning programme	ILM Level 3 Certificate in Leadership and Management <i>UMD Professional</i>	£1780 payable over 11 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
24 September 2014 Yorkshire	Professional Certificate in Dental Practice Management, Module 1, workshop 1 <i>The Dentistry Business</i>		Contact Sim Goldblum for more details - 0161 928 5995 or sim@thedentistrybusiness.com
17 October 2014 Manchester	As above		As above
6 November 2014 West Country	As above		As above



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The Effective Manager

Every dental practice manager has four resources to manage:

- **Physical resources** - space, equipment, stock
- **People** - patients and the team
- **Time** - to maximise use of diary time, personnel time, own time
- **Money** - the elusive one!

Effective project management skills are essential to maximize the use of each of these resources and promote efficiency and profits. In addition, good project management skills take the stress out of day to day operations, and makes progress achievable.



Setting direction

A good manager will involve the team in brainstorming ideas, sharing knowledge, mapping out projects, designing outline plans and refining them after seeking feedback. The purpose of any activity or project should relate to the business strategy e.g. growth, compliance. The following steps provide a framework for undertaking projects at work:

Aims and Objectives

What is the aim of your activity?

An aim is a single general statement of what you intend to achieve

What are the specific objectives of your activity?

- Once your aim is defined you can set the overall objectives for your plan
- You may have several objectives that add up to meet your overall aim
- Each objective is a specific statement of what you intend to achieve

They must be SMART(ER):

- **Specific** – identify the task and output that will fulfil the objective
- **Measurable** – if possible use quantitative targets
- **Achievable** – they should be stretching (even challenging) but achievable
- **Relevant /Realistic** – unattainable targets can be counter-productive
- **Time-bound** – set deadlines for each task
- **Ethical** – within regulatory frameworks
- **Recorded** – written down.

Conduct a SWOT Analysis

Work with your team to conduct an internal assessment of strengths (what you are good at) and weaknesses (what



you could do better), as well as an external assessment of opportunities (e.g. reputation) and threats (e.g. competition)

Identify Tasks

Trying to do everything at once is a sure way to fail. Your objectives will help you to prioritise tasks and ensure you achieve them. Effective managers break projects down into smaller manageable tasks so they can delegate them to team members with appropriate knowledge and skills, then monitor progress.

Allocate Resources

Businesses only ever have 4 types of resources available to them - money, time, people and physical resources. Record what you have at your disposal e.g. a budget, a skilled team member, a spare afternoon. How can you get the most out of each available resource?

Confront constraints

What might get in the way of completing each task, and how can each constraint or challenge be overcome? Note any operational or safety issues and how you will address the risks they pose.

Implementing your team activity

Communicating information

To implement your SMART action plan, you will need to get your team on board. Your ability to allocate work and lead the team through your chosen activity will require effective communication skills – remember to seek feedback, messages are not always decoded as we intended them to be when we encode them. Noise or the wrong choice of words or medium can get in the way. Think about how you

present a message, and the filters through which the recipients hear them e.g.

- Oh no, more work!
- how does he/she think I am going to get this done?
- why are we doing this anyway?

Delegating Tasks

Effective managers know how to motivate and involve others. This requires sound organisational skills and an ability to remain professional at all times. Agree deadlines for each task with individual team members, and agree how and when they will feedback to you (e.g. daily emails, weekly face to face meetings, monthly reports). Set out the plan clearly and circulate.

- ▶ Task
- ▶ Who is doing it?
- ▶ By when?
- ▶ Updates?

Monitor progress

You will need to:

- monitor and report on both the progress and the quality of the work and outputs
- monitor and feedback on each individual team member's performance
- Provide a solution focused reply, plan or strategy for every challenge presented



Seema Sharma is CEO of Dentabyte and Honorary Vice President of ADAM.

Project ideas for dental practices

It is all too easy to get bogged down in day to day operational issues and never get around to the more strategic tasks that are really the remit of a manager. To get you started, here are some project ideas for you to explore with your team.

Revenue generation projects

Non-NHS income growth What options could be offered to patients under non-NHS care? How will you implement these in the short, medium and long term?

Lead Generation Define your target audience based on your location, local demographics, type of funding and skills. How best can you attract new patients? What qualitative/quantitative outcomes do you expect?

Lead conversion Which clinicians are most successful at achieving uptake of care, what are their conversion rates, what are the key success factors? How could conversion rates be improved for all clinicians?

Productivity How does the productivity of clinicians vary across your practice? How could you measure it, monitor it and improve it? Consider diary optimisation, clinical skills, confidence and difficult conversations.

Pricing How are prices set, what are the loss leaders, what are the profitable items and how do you balance these to achieve consistent hourly rates which exceed average hourly costs by your desired profit margin?

Retail Products By what percentage could you increase retail sales at your practice? Consider best-selling items, margins, stock control, branded items, use of retail bonus schemes, purchase frequency.

Customer value projects

Convenience How could you better meet the needs of your patients? Set out actions and timescales for your planned route to achievement.

Referrals Who are your most loyal patients and referrers, how do you thank them and keep them loyal? What are the links between service, satisfaction, value and profit? How can you strengthen these links?

Hygienist Care How well do you advise and retain patients on short term periodontal care and long term maintenance programmes? How could you increase the uptake of hygienist care?

Children How well do you advise and retain children and their parents on preventive programmes? Consider children's clubs, support from suppliers of oral hygiene products, activities.

Advanced Care What advanced services are you able to offer, and how could you implement these services? Consider skills and skills gaps, resources required, internal and external referrals.

Cost control projects

Stock Control Is your stock (including use of disposables) under control or is there room to improve efficiencies by streamlining what is used and the frequency with which items are ordered?

Laboratory Costs What percentage of revenues are spent on laboratory costs? Are your charges aligned with these fees? Is there variation in lab use and quality which can be streamlined and improved?

Operating Costs Where does your money go and how could your costs be optimised to maximise the value that is delivered to all stakeholders. Consider patients, the team, the owners and the suppliers e.g. labs

Clinical projects

Non-NHS income growth - What options could be offered to patients under non-NHS care? How will you implement these in the short, medium and long term?

Lead Generation - Define your target audience based on your location, local demographics, type of funding and skills. How best can you attract new patients? What qualitative/quantitative outcomes do you expect?

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Learning to manage all this can seem daunting, if you have never had formal training. A Level 4 ILM Diploma in Practice Management with Dentabyte can transform your skills and career progression. Email ola@dentabyte.co.uk to register and get started.



Social media and the risks for dental practices

The use of social media is undoubtedly having a positive impact on many Dental Practices by enabling them to reach out to new patients, disseminate important information and otherwise increase brand awareness.

Given the popularity of social media it is therefore unsurprising that there are significant implications for Practices regarding the use of social media both during work time and outside working hours.

Typical problems arise when there is an unclear distinction between a member of staffs' private life and work life.

Even when employees or Associates are posting online in a personal capacity, anything posted by them can potentially be viewed by others. If what they are posting is adverse or derogatory about the Practice or indeed anyone working there, it could cause damage to the Practice's business or at the very least, have the potential to.

As a firm we are advising more and more businesses about what action can be taken if a member of staff has been using social media in an unacceptable way.

As well as the obvious exposure that a Practice has to its reputation being damaged by derogatory comments being made online, there are also wider implications that Practices need to manage including possible breaches of confidentiality.

Furthermore, the prevalence of online bullying, particularly amongst the younger generation, is increasing.



If there is a complaint that online bullying is taking place, such conduct should be treated in the same way as if it had occurred in the workplace. This is because Practices are of course vicariously liable for the acts of its employees which occur in the course of their employment. If online bullying behaviour is not dealt with appropriately by a Practice it may be faced with an expensive claim being pursued against it.

Whether a member of staff is posting derogatory comments; bullying/harassing others online; or using social media at times when they are not authorised to do so, it is open to a Practice to consider taking disciplinary action. Practices are not obliged to disregard conduct simply because it occurs outside the workplace.

Ultimately, Employees can be dismissed or disciplined for their improper online activities. Similarly, it may be possible to terminate a Contract with an Associate for unacceptable social media use.

As most Dental Practices will know, the decision to take disciplinary action including dismissal will need to be decided on a case by case basis. The usual principles regarding disciplinary procedure still apply. Practices must therefore act fairly and the sanction imposed should be reasonable in the circumstances.

Whilst Practice's may decide to impose a blanket ban on the use of social media in the workplace, this is often not pragmatic.

Practices are instead urged to ensure that they have a detailed social media policy in place which clearly states when and how staff members are able to access certain online sites and otherwise use social media. In particular, it should state that a breach of the policy may result in disciplinary action being taken. This will make the process of taking disciplinary action easier should the need arise.



Lisa Kemp is a solicitor in the Employment Division at mfg Solicitors LLP
www.mfgsolicitors.com



A Day in the Life

of Orthodontic Practice Manager (and ADAM member) Bev Wilson

When I was asked to write this article I took some time to reflect on how best to approach the topic. Should I take a specific day and only write about that? But then if I did it that way many of the important parts of the job might be missed out – one of the things I love about my role is that it's so varied and diverse.



But first – a bit about our practice.

Colchester Orthodontic Centre is a specialist orthodontic practice providing a full range of orthodontic services to the highest standards.

A dedicated management and administrative team provide support to a specialist orthodontist; two qualified orthodontic therapists; and four experienced orthodontic nurses.

Together our team provides Specialist Orthodontic treatment for children on our NHS waiting list and, privately, for both adults and children.

We have an established hypodontia clinic within the practice which provides treatment planning and treatment for NHS patients with developmentally missing teeth; such a service normally only exists in major teaching hospitals.

I'm fortunate to have great support from Samantha and Megan our two receptionists.

We provide Core CPD courses for all clinicians meeting current GDC requirements. And provide In house training bi- annually. Bi annual performance and development reviews are held for all staff during which an audit of the previous review is undertaken. In addition to this I hold monthly "informal chats" with all staff.

Our PCT at the time, NEE PCT, reviewed our policies and procedures and were extremely satisfied with the content of the clinical policies which are consistent

Bev with her receptionists

with the standards required to obtain BDA Good Practice recognition. The PCT said "the HR and staff related policies were also of an exemplary standard" and our policies and procedures were "borrowed" by the Dental commissioning Lead for NHS North East Essex and used as training for local GDP'S.

Our centre is both Investors in People and BDA Good Practice Scheme accredited.

At Christmas time we support East Anglian Children's Hospice by all dressing up as Santa and running around the business park with other local firms to raise funds for this worthwhile cause.



As I said at the beginning, the role is varied and diverse – and each and every day just flies by – I've always thought that it's the variety that keeps us all on our toes!

So here's a typical day ...

Check online at the GDC website that the registration of all our nurses is up to date;

Carry out an audit of our various patient forms and delegate updates to reception team;

Update our HR policy in line with new legislation on employees rights to flexible working;

Research a suitable update course on safeguarding;

Respond to a question put forward to the ADAM membership by a fellow member;

Review and update our website;

Provide some 1:2:1 support to a staff member who's having difficulties outside of work;

Deliver an hour's training on the use of our Sage accounts package;

Deal with a patient request for treatment to be transferred to us as they're unhappy with their current Orthodontic treatment;

Contact NHS England Essex Area Team Manager to review "extraordinary" patient requests with regards to support of funding;

Respond to a CV received via our website for any future nursing vacancies;

Prepare an agenda for our next in house staff training day;

Discuss presentations at our fortnightly staff meeting and gently encourage staff to prepare and present on a topic of their choice;

Discuss some current issues with Principal, updating him on progress and changes;

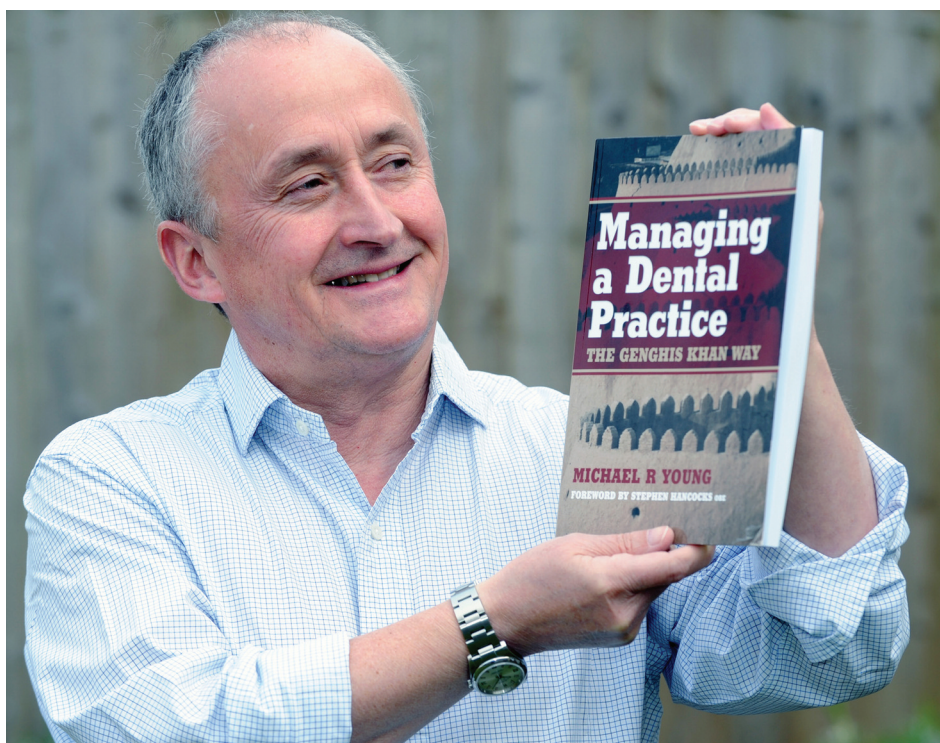
Prepare salaries;

Take overflow telephone calls throughout the day;

Book in a new private new patient and talk them through our procedures.

Don't shoot the messenger

Mike Young is an ex-dentist. He is the author of the prize-winning, international best-selling *Managing a dental practice the Genghis Khan way*, and is the co-author of *Developing your dental team's management skills the Genghis Khan way*. He is now a full-time author.



As a new or inexperienced manager you may feel nervous or unsure when you have to deliver bad news to individual members of the team, whether it is about a poor appraisal, or at the end of an unsatisfactory probation period. Here are a few tips to help you overcome your nervousness and help you manage these stressful meetings.

First, what you are feeling is quite normal: few people enjoy giving bad news; no one likes receiving it. The first thing to do is plan and prepare: clearly define the purpose of the meeting and what you want to be the outcome. Set a date and time, agree these with the other person, and then stick to them. Turn up on time and make sure there are to be no interruptions.

Next, you should organise all of your 'evidence', the information upon which decisions are based. Make yourself very familiar with this information; you could even rehearse what you are going to say and how you are going to say it. Remember that eye contact and body language are also important elements of communication. The tone of your voice and the manner in which you deliver your message should reflect confidence and assurance. If needs be, practice, practice, practice. Make notes to refer to during the meeting. If possible, show empathy for the person

you are facing. Try to find something positive to say at the start before delivering the bad news, and try to end on a positive note. The final positive bit of news or information could be advice on what the person needs to do to improve, and where they can go to get this help. Always leave them with something to feel good about, and don't leave them wanting to shoot the messenger!

How you conduct yourself in the meeting is important: professional and business-like are the terms I would use. Don't dominate the meeting by talking all the time. Present information then give the other person time to respond.

Try not to argue and disagree, just gently correct them if they have misunderstood, and don't let the meeting descend into a shouting match. If you think things are getting out of hand terminate the meeting and arrange a new date. In the meantime, you should review what happened and what was said. Were you happy with your performance? Speak to people you can trust for advice and support. Most importantly, don't blame yourself if things went wrong.

Managers don't have all the answers, but good managers are the ones who quickly learn from mistakes and from negative experiences. Poor managers are the ones who make the same mistakes over and over again. Your role as a practice manager will inevitably put you into potential conflict situations, but rather than running away or avoiding them it is best to regard them as yet another learning opportunity, one that in the end is going to make you a better manager.

In conclusion, to make those awkward meetings easier to face, fix where and when the meeting is to take place, rehearse what you are going to say and how you are going to say it, know the reasons why any decisions have been made, and have a plan in case things go wrong. Finally, always review how the meeting went, and learn from it.

Mike Young ©



Practice Management Software – how can it help you?

Do you ever take a step back from your everyday administration work to check that your dental practice is running and growing as you would like? Using practice management software is a vital tool in this process and it is important that you choose the best software to suit your practice and use it to its full potential. This article looks at some of the features of practice management software.

Appointment booking

Are the practice appointment booking facilities up to date with technology and patients' busy lives? Online booking can ease workload for reception staff and free up their time for other tasks. Facilities often include fully automated recall systems which send an email or SMS (text) message to a patient reminding them to book online. This allows the patient to choose and book their appointment out of hours, with the aim of increasing recall success rates.

New patients

It is important to monitor how the practice gains new patients. By concentrating on the most effective source of new patients you can focus time and resources on where they will achieve the most. If you already have a marketing/referral programme in place this will help you monitor whether it is working.

Reducing un-booked time

With the appropriate practice management package it is possible to use SMS for automated appointment reminders, automated recall reminders and offer short notice appointments to fill gaps, therefore reducing un-booked time and failed to attends. Automated SMS reduces phone call reminder costs and staff time. Email is another option of communication which has no cost and is used by a wider spectrum of people than you might think.

Chair time analysis

Is chair time within the practice being utilised effectively? Practice management software can help you analyse the time a patient arrived compared with the time of their appointment, how long they waited, time spent in the dental chair etc.

Analysing this data could help increase usable chair time to ensure each chair in the practice is earning its keep.

Monitoring outstanding treatment

By recording treatment plans on patient records it will be possible to view total planned treatment, completed treatment and invoiced treatment. Any outstanding treatments can be chased up to generate additional fee income.

Monitoring money owed from patients

Patient fees should be recorded against the patient record as and when treatment is given. As the patient pays this should be allocated against the invoice. Reports can then be generated regularly so any outstanding fees can be monitored and chased if required. Of course in an ideal world patients shouldn't leave the practice without paying!

Checking cash against expected receipts

It is important that cashing up procedures reconcile receipts allocated on patient records to the actual fee income received/banked. Highlighting any discrepancies will ensure that any problems are addressed and that all income is being dealt with correctly. Practice management software can help with this important procedure.

KPI (Key Performance Indicator) reports

Inputting data accurately into the software will prove invaluable when you are able to view KPI reports. Typical reports show fee income per hour, fee collection percentage, clinical hours scheduled, new patients seen, percentage of patients re-appointed, fee income per patient, fee income per dentist, invoiced treatments, average appointment time, number of active

patients, attrition rate etc. Ascertaining the areas in which the practice is performing both well and poorly will allow you to focus on the areas which need improvement and monitor them going forward.

Conclusion

Developing commercial focus is a lot easier if you have invested in practice management software and then utilise its full potential. With any software, the output is only as good as the information that is inputted but if you get this right you could see significant improvements in profits, efficiency and quality of service.

About the author

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This article has been prepared as a guide to topics of current financial business interests. We strongly recommend you take professional advice before making decisions on matters discussed here. No responsibility for any loss to any person acting as a result of this material can be accepted by us.

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Dental Care for the Obese Patient - A Heavy Responsibility

Following considerable recent discussion on our Members' Forum, ADAM has sought advice on the topic of how to deal with Bariatric patients within a dental practice. This article has been written for us by Jessica Rowley, a Specialist in Special Care Dentistry for Whittington Health in London.

People are getting bigger. We read the news and see changes in our patients and the general population. In the UK in 2012 3.1% of women and 1.7% of men were severely obese¹ (BMI of 40 or more²).

So what does that mean in practical terms in a dental practice? If the average male is approximately 5' 11" then in order to have a BMI of 40 he would weigh 20 stone 7 pounds (130kg³). The maximum weight limit for most dental chairs is around 23 stone (146kg). Therefore it may be possible to treat most severely obese patients in practice.

However there are a growing number of patients who are above the weight limit or simply don't physically fit into the chair. In addition we are seeing more patients keeping their teeth into older age. It is clear that we need to be prepared for an increasing demand for dental care from obese patients.

Is an obese patient classed as disabled?

The Equality Act 2010 defines a person as disabled if, "...they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities." ⁴

Obesity is not specifically classed as a disability; however patients may have conditions resulting from their obesity which would lead them to be considered disabled. Although most severely obese patients don't use wheelchairs they are impaired by

pressures that the excess weight places on the body. Breathing difficulties, cardiac problems and osteoarthritis are common and all affect a person's ability to "carry out normal day-to-day activities ⁴."

How can we find out a patient's weight without offending them?

The most significant limiting factor for treating obese patients in practice is the weight limit of the dental chair. We must know this for each manufacturer as in some cases this may be as low as 21 stone (133kg).

Asking about weight feels less acceptable for dental staff than for medical staff because we rarely need to do it. Therefore we feel awkward tackling the issue and struggle to find a way to do it sensitively.

We should begin by understanding that when an obese person accesses health care in *any* setting they are concerned their weight will be a barrier. They may worry that their presenting complaint (e.g. broken tooth) will simply be forgotten because the whole focus of the health care professional is on their weight.

Patients may not be aware of the weight limits on dental chairs and could view enquiries about their weight as inappropriate unless the reason is explained. Asking a person their weight at the reception desk may cause embarrassment and breach patient confidentiality. After all you wouldn't ask any other medical question in this way.

Here are some suggestions:-

1. Place a notice in the waiting room stating the weight limit of the dental chairs and explaining the safety issue. Ask patients to inform staff confidentially if they feel they may exceed this. The downside here is that the average dental waiting

room is so full of notices that another one may simply be lost in the crowd!

2. Include a question in the medical history form completed by patients stating the safe chair weight limit and asking patients to tick a box if they are concerned that they may exceed it. Include a reminder that the form is confidential and forms part of their notes.

What if a patient who appears to be over the weight limit insists that they are not?

If the team suspects this then it is their duty to protect both patient and staff from harm. We must never be coerced into providing treatment as the dentist is likely to be liable for any injuries that occur. A dentist who refuses to provide dental treatment on the grounds of safety concerns could reasonably expect to be supported by their defence organisation.

Most dental surgeries won't have facilities to weigh patients and bathroom scales usually only weigh up to 20 stone. It would be reasonable to ask a patient to attend at their General Medical Practice for their weight to be established.

Could a practice be vulnerable to a charge of discrimination if a patient is refused treatment because of their weight?

If a person cannot be safely treated in practice e.g. if they are above the chair weight limit, then refusal to provide treatment on grounds of safety is in that person's best interests. A dental practice could reasonably expect to be supported by their defence organisation in these circumstances. However it is important to emphasise that this decision must be supported by factual information provided by the patient or their doctor. It must not be based on general appearance, assumption or guesswork.

FOCUS ON PATIENTS

Would we be criticised for not having facilities to treat an obese person?

Dental practices are expected under the Equality Act 2010 to make "reasonable adjustments" to allow patients with a physical disability to access care⁴. Equipping a dental practice to treat obese patients is an expensive and extensive task. To give just a few examples of alterations required:-

- Installation of a bariatric dental chair
- Adapting toilet facilities to allow for increased weight
- Purchasing specialist equipment to manage medical emergencies

It is clear that the items on this incomplete list would not be considered "reasonable adjustments".

How and where can the patient be referred?

The General Dental Council expects:-

- "If you cannot make reasonable adjustments to treat a patient safely, you should consider referring them to a colleague."
- "You should provide patients with clear information about any referral arrangements related to their treatment."
- "If you need to refer a patient to someone else for treatment, you must explain the referral process to the patient and make sure that it is recorded in their notes⁵."

It is the duty of the dentist to discuss issues with the patient and refer. However it is important to remember that the dentist must identify the most appropriate service. Investigate whether another practice in the area has a chair with a higher limit.

It is natural to assume the Community Dental Service will have facilities to treat obese patients; however this is unfortunately not always the case. The service may be no better equipped than your practice. First make contact with the service to identify the most appropriate referral pathway. If no pathway can be identified then it would be reasonable to contact local commissioners, local Area Teams or possibly the Patient Advice and Liaison Service for advice.

And finally.....

A person who is obese faces many challenges. It is our duty to treat them with understanding, respect and safely. One of my patients who is obese kindly gave me the following do's and don'ts which I hope you will find useful.

1. Obese patients KNOW they are overweight; you may have an ethical responsibility to confirm this, but they do know;
2. Remember why they came to see you - like any other patient they are worried about their dental problem;
3. When you see a fat person, try to see a person who is fat and not just the fat - if you spoke to them on the phone you wouldn't treat them differently;
4. Most overweight people are self-conscious about their weight; it is better to have information about chair limits before an appointment rather than be sent away because you don't fit in a chair;
5. Just because a person is overweight doesn't mean they aren't on a diet - they may have lost significant weight already;
6. If an obese person struggles to do something like climb into a dental chair it doesn't mean they need help and it certainly doesn't mean they want congratulations when they succeed;
7. Some obese people will make jokes about their weight; this is a coping mechanism, not an invitation to make jokes yourself, but it does mean they may be open to some discreet questions that will help you do your job;
8. If an overweight person sees you are struggling to work around them this can make them tense and nervous; try to forward plan and adjust your working practice to minimise this;
9. Finally many people have a preconceived idea why someone is overweight or cannot lose weight; for some it may be a traumatic event or an underlying health reason; It may be that they just don't eat right but don't pre-judge; often things are not as simple as they appear.



Jessica Rowley graduated from the University of Leeds Dental School in 2005; she worked as an associate in general dental practice and as an Oral and Maxillofacial Clinical Assistant in Scarborough until 2010.

She completed Specialist Training in Special Care Dentistry in 2013 in the Yorkshire and the Humber Deanery under Consultant Gill Greenwood; Jessica now works as a Specialist in Special Care Dentistry for Whittington Health in London.

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WHO classification of Obesity- http://apps.who.int/bmi/index.jsp?introPage=intro_3.html

Weight Calculator- <http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

Equality Act 2010 Delivered by National Archives Accessed online <http://www.legislation.gov.uk/ukpga/2010/15>

Standards for the Dental Team(2013) General Dental Council <http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/default.aspx>

NHS Area Teams List- <http://www.nhs.uk/ServiceDirectories/Pages/AreaTeamListing.aspx>

Patient Advice and Liaison Service [http://www.nhs.uk/Service-Search/Patient%20advice%20and%20liaison%20services%20\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient%20advice%20and%20liaison%20services%20(PALS)/LocationSearch/363)

So, what does membership of ADAM provide?

Representation

ADAM is the only organisation in the UK that exists purely to support dental practice managers and administrators.

We are recognised as the industry body representing dental practice managers and administrators on various dental advisory boards; by doing so we aim to ensure that the interests of our profession are considered within the wider dental community.

Please contact us at info@adam-aspire.co.uk if you feel strongly about something relating to the dental profession.

Telephone Support

Available from our administration office:
9.00am – 5.00pm Monday - Thursday,
9.00am – 1.00pm - Friday .

We receive hundreds of calls each year from members seeking advice; who don't want to reinvent the wheel; and who would prefer to adopt an existing and tried and tested procedure or template; or who just want to know who best to contact for a specific matter.

Discounted Events, Seminars and Conferences

All members receive discounted rates to all ADAM events.

Free subscription to Practice Focus and e-update

Our quarterly publication Practice Focus and monthly e-update are produced exclusively for ADAM members and full of news, information, training events, and topics of interest to practice managers and administrators. Practice Focus also contains two hours of verifiable CPD to supplement your learning.

Access to Advice Sheets

Specially designed to support the needs of practice managers and administrations, ADAM members can access, through the Members Only section of the ADAM website, a wide range of advice sheets.

These advice sheets are supplemented by a wide range of Template documents on subjects such as:

- Training Policy;
- Restraint Policy;
- Chaperone Policy;
- Violence and Aggression Policy.
- Job Descriptions;
- Reference Letters;
- Interview Forms.

Free Legal Consultation

ADAM has teamed up with **LCF Law**, a firm of lawyers with expertise in the dental sector to provide legal advice and guidance to members. The **LCF Dental Team** understands dentists; understands dental practices; understands the regulations. The team provides services to dental practices across the country on a wide range of topics including:

- Regulatory Issues (CQC, NHS, GDC);
- HR Issues;
- Employment Issues;
- NHS Disputes;
- Patient related issues (non-clinical);
- Other legal matters.

The Consultation is limited to 30 minutes free telephone advice on any one legal issue.

ADAM members also have free access to **LCF Law's Legal Library** at <http://lcf.co.uk/library/>.

Exclusive Discounts

- Free **Dentabyte** Digital CQC Gap Analyses worth £100;
- Free Level 1 access to **Dentabyte** Cloud Practice Management Software worth £600;
- 50% discount on **Dentabyte** Policies and Procedures Pack worth £199;
- 15% discount on Employment and HR Services from **LCF Law**, offering savings of up to £900;
- 30% discount on **The Dental Business Academy** Practice Manager course to all annual members;
- Half Price Dental Managers Legal Defence Cover for only £22.50 a year with **All Med Pro**;
- Grants available towards fees and 10% discount on **UMD Professional's** Dental Business Management Programme leading to the ILM Level 7 Diploma in Executive Management;
- A reduced price for the **BDTA** Certificate: Introduction to Dentistry course;
- 25% discount on all IT services with **Pioneer Solutions**;
- £1.49/day to use **Dentabyte's** revolutionary mentoring platform VAK Mentor;
- 10% discount on team training by **Rick Whitehead** plus free book;
- 10% discount on practice team training days by **Impetus Training** (in addition to current offers).

For more details visit our website:
www.adam-aspire.co.uk



ADAM launches free legal consultations for members



ADAM has teamed up with law firm LCF Law who have expertise in the dental sector to provide legal advice and guidance to members through a **free 30 minute telephone consultation on any legal matter.**

The LCF Dental Employment Services Team provides services to dental practices across the country on a wide range of topics including:-

- Regulatory Issues (CQC, NHS, GDC);
- HR Issues;
- Employment Issues;
- NHS Disputes;
- Patient related issues (non-clinical);
- Other legal matters

To take advantage of this exclusive service:-

Contact Sarah Buxton, Head of Dental Employment Services at LCF Law on 0113 201 0407.



When calling, quote ADAM Free Legal Consultation.

Opening hours for this service are Monday to Friday 9am to 5pm or outside of these times by arrangement.

ADAM members also have free access to **LCF Law's Legal Library** at <http://lcf.co.uk/library/> which contains a huge array of useful information for busy practice managers and administrators.

In addition ADAM members are entitled to a **15% discount on Employment and HR Services from LCF Law**, offering savings of up to £900, and payable in monthly instalments. This Annual Subscription Service covers all of the issues faced as a Practice Manager in managing and running a practice.

You will always have access to legal advice from a solicitor. LCF Law will take your specific instructions to tailor all contracts and other documents to ensure that they reflect what is right for your practice; are produced in your practice style; and yet remain legally water-tight and fit for purpose.



Niki Boersma, ADAM President, said: *The number and complexity of laws, regulations and recommendations which govern the day to day running of any business has increased greatly over the last several years.*

In dental practice this is supplemented by the many regulations and guidelines relating specifically to the delivery of dental care, radiation protection, cross infection control, disposal of clinical and hazardous waste, to name but a few.

So I'm delighted that LCF Law has agreed to offer this service to our members and I'm sure it will prove to be a welcome addition to the benefits of ADAM membership.'



Sarah Buxton, Head of Dental Employment Services at LCF Law added:

'We are really looking forward to providing legal consultations to ADAM members; our specialist dental team understand dentists; understand dental practices; and understand the many laws, regulations and recommendations applying to the profession.'



All roads lead to ACAS

Employment tribunal reforms

Recent Ministry of Justice statistics indicate that there has been a 79% drop in employment tribunal claims for the period October to December 2013 compared to the previous year, since the introduction of a new fee regime in July 2013. Here, Richard Mander looks at the way the fees work and a new mandatory conciliation process involving ACAS (Advisory and Conciliation Arbitration Service) starting in May 2014.

Upfront fees

Tribunals have traditionally been an area of resolution for employees who believe they have been unfairly dismissed or discriminated against by their employer. Now if you want to register and have your claim heard, you will have to pay an upfront fee of up to £1200. The fee is only recoverable if you win your case and, unsurprisingly, this is the reason why claims have taken a tumble.

Legal challenge

Although the scheme has been in operation since July 2013, a number of employee groups, including UNISON, are challenging the fairness of this piece of legislation that is now subject to a judicial review. They believe that it fundamentally undermines an employee's rights, and a final ruling will not be known until later this year.

What's behind the legislation?

It stems from the current coalition government's desire to reduce bureaucracy within business; but many observers believe that it is too biased in favour of employers. The fee changes do, however, impose some additional penalties for employees who are found guilty of aggravating features such as insulting behaviour or generally ignoring good practise guidelines. However, a penalty of 50% of the employee award in these cases is paid to the government.

And there's more ...

ACAS the advisory, conciliation and arbitration service founded in 1975 has a strong track record in resolving employment disputes. Noting the 79% success rate of their existing pre-claim arbitration process, the coalition

government has now decided to make this mandatory for any claims presented after 6 May 2014, in a process called Early Conciliation or 'EC'.

Compulsory registration – voluntary conciliation!

So whilst you have to notify ACAS of your intention to make a claim at a tribunal, generally with minimal detail via their website, you are under no obligation to speak to them. It's entirely voluntary. They have an undertaking to contact you and attempt a resolution. If, as an employee, you decide not to engage with them, then they move on to issuing a certificate of compliance; which means you can proceed to tribunal. They will only contact your employer with your permission.

Benefits of early action

There is no doubt that the chances of resolving an employment issue fade quickly with time. The 78% success rate boasted by ACAS is due to the fact that they get involved early, before issues become compounded. It's always good to talk and the first stage of any work-related issue should start with an informal chat with your manager or employer before any talk of ACAS, tribunals or litigation!

Richard Mander is a freelance HR Consultant with over 20 years' experience in Strategic and Operational HR with companies including the Granada Group and Ecclesiastical Insurance. He specialises in providing support to small- to medium-sized companies who do not have their own in-house resource and aims to deliver cost-effective, pragmatic and practical solutions. If you would like to find out more about this topic or advice on other HR matters, you can contact him at www.manderhr.com 07715 326 568.

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Be mouthaware and make a difference

Every year, more than 2,000 people in the UK lose their life to mouth cancer. Throughout November oral health charity the British Dental Health Foundation will run Mouth Cancer Action Month, a campaign which aims to reduce incidences and deaths caused by mouth cancer, by raising awareness of the disease and promoting the value of early detection. Being at the forefront of the profession, we're asking for your help to get involved and make your patients, and wider community, truly mouthaware.

Your first step is to visit www.mouthcancer.org/register. By filling out your details, we will be able to send you your very own Mouth Cancer Action Month Registration Pack. In here you will find the campaign Guide filled with a wealth of ideas on how you can support our fight. It will also include a poster pack for you to display in your waiting rooms.

One of the simplest yet most effective ways of getting your practice involved is through the Blue Ribbon Appeal. It continues to play a key role in directly engaging people with the issues surrounding mouth cancer, whether it's talking about the risk factors involved, the early warning signs or the benefits of early detection, all can make a difference in improving education and ultimately saving lives. Each blue ribbon badge costs just £1, but that money goes a long way in helping us to achieve our charitable goals. Last year, more than 15,000 DCPs and health professionals wore a blue ribbon badge to support the campaign, and this year we are asking for you to do so again.

We also provide Blue Ribbon Appeal Kits to teams all around the UK so they can promote mouth cancer awareness to their patients, their customers, or their staff. The Blue Ribbon Appeal Kit contains 25 badges, a collection box, a

mouth cancer poster for your waiting room and details on how to donate the money raised.

Display the box on your reception desk, checkout counter, or in your staff waiting room and use it to engage patients, customers and staff, and talk to them about mouth cancer. Blue Ribbon Appeal Kit start from a £25 donation. You can collect your Blue Ribbon Appeal Kit by visiting the website.

We recognise that campaigns are increasingly becoming budget sensitive, and this could make you pout. This year, to help raise awareness of mouth cancer, we are asking everybody to get involved by showing that pout, wearing blue lipstick and taking a selfie. The British Dental Health Foundation and Denplan are encouraging your team to show the world their perfect pout and get everybody to open up and talk about mouth cancer. Pass this down through the team and your practice could help to save a life.

TIP: When you have taken your selfie, upload it to social media using the hashtag **#bluelipselfie**

To raise awareness of the disease one of the best and easiest ways to provide information to the public during the month is to set up a display. Use the campaign's posters from your Registration Pack, alongside other educational resources available from the shop to put up in your reception or waiting room. The more information you can provide to the patient, the more likely they are to retain your trust. Explain what the signs and symptoms are – ulcers that do not heal

within three weeks, red and white patches and unusual lumps or swellings in the mouth – as they could save a life.

TIP: Combine these with patient information leaflets and a Mouth Cancer Self-Examination Checklist, which can be purchased in our online shop.

Offering patients or local groups an afternoon of oral health checks and mouth cancer examinations is a great way to support your local community. While you're carrying out the oral health check, it is a perfect time to do a visual mouth cancer examination, and talk about the disease with the member of the public – to get them fully mouthaware – not only in regards to mouth cancer, but their oral health in general. It's a good way to promote awareness of mouth cancer, and at the same time help develop the goodwill of your practice.

Holding a special oral health check event to visually examine patients or local people within your community promotes early detection, as well as education, not just in the patient themselves but through word of mouth it will also improve awareness among their family and friends too. So whether it's for the whole month, a week, a day, or one afternoon, your participation is crucial and can make a difference.

To find out more information about Mouth Cancer Action Month, including how you can apply for a Registration Pack, how you can hold an oral health check in your practice, or how you can purchase your educational resources for the campaign, please head to www.mouthcancer.org



**Be Mouthaware:
Raise awareness of
mouth cancer**
#bluelipselfie

 Mouth Cancer
Action Month
November 2014





What's your personality type?

Liz Northmore, ADAM Regional Mentor, South West, Area Manager for six Dental Practices and Internal Moderator at Devon Dental Centre of Excellence tells us about her experience at a recent ADAM Seminar held in Taunton on 8th October 2014.

Set within the picturesque surroundings and landscaped gardens of Lyngford House Conference Centre in Taunton Tracy Stuart, Honorary Vice President of ADAM and Director of NBS Training delivered an excellent interactive day on successful marketing strategies.

Using her wealth of experience in the dental profession Tracy inspired delegates on how to convert new patient enquiries into valued patients. She explained the valuable role of the treatment coordinator in securing these leads within a busy practice and the essential training of the 'front line' reception team.

And we had great fun finding out our personalities by doing a DISC® test!

DISC® is a personal assessment tool used to improve work productivity, teamwork and communication. There are four personality traits or styles:-

D – Dominance how a person responds to problems and challenges;

I – Influence how a person influences others to his or her point of view;

S – Steadiness how a person responds to the pace of the environment;

C – Compliance how a person responds to rules and procedures set by others.



Niki, Tracy and Liz

Understanding how these personalities behave in situations allows the team to work together effectively and so can be invaluable to a Practice Manager.

Try it for yourself – just search the internet for DISC® Personality Test and you'll find lots of websites offering free access to the test.

In the afternoon we discussed the use of Twitter and Facebook to promote our practices and were shown how to use Twitter hashtags which can make the tweet more visible.

All delegates came away with new ideas and tried and tested ways to implement changes within our practices - plus some excellent, and proven, marketing ideas.



Lyngford House Conference Centre

Tracy Stuart is a seasoned and proven Practice Development Specialist for forward thinking and innovative Dental Practitioners and their Teams who understand they have to lead not follow if success is to be achieved.

Having started out in the dental profession many years ago Tracy worked her way up through the ranks and can honestly say she has walked in the shoes of every team member.

Today you will find her successfully running my own training company - NBS Training. Tracy is Honorary Vice President of ADAM.

DISC® is a behaviour assessment tool based on the theory of psychologist William Moulton Marston, which was then developed into a personality assessment tool by industrial psychologist Walter Vernon Clarke.



The one thing Dental Practices need more than anything else at the moment - and how to get it...

The one thing Dental Practices need more than anything else at the moment is outstanding people. Amidst the turmoil arising out of the recent NHS reforms, increasing workloads, uncertainties about the future, contentious debates in the Press and resulting stresses and changes, it's your people that will make all the difference.

Just like in any other business people are your most important asset. Like any other asset the selection and management of them is crucial. Team members are hugely influential in shaping the culture and success of your Practice and the perceptions and behaviours of patients, carers and visitors. So your investment in people is phenomenal. Make the wrong decisions or neglect your investment and your return not only diminishes but your costs could spiral too.

Whether you're experienced at managing people or you're new to it, you're probably finding it a challenge to deal with the day to day management of your team and the communication and performance challenges that some individuals can cause. People can be unpredictable. Some thrive on the current challenges they are facing. Others do their utmost to resist change. Some are so motivated that they will do all they can to remain positive and look for opportunities. Others will delight in putting a proverbial spanner in the works. Some love to learn; others feel unsettled by it. Sounds familiar?

So let's start at the very beginning. It's a very good place to start! Here are ten of the steps - ignore them at your peril.

1 Top of the 'Must-Dos' is to carry out a job analysis, ideally talking to the outgoing post-holder and the rest of the team. Draw up an up to date Job Description which focuses solely on tasks and responsibilities of the job. DO NOT mix this up with the most crucial document of all, the Person Specification. This is your separate guiding document which sets out the experience, skills, abilities, behaviours, attitudes and qualifications the post holder will need to perform the role. In my view this is your most important tool as it will guide everything else in the selection process: the advert, the

shortlisting, the tests, the interview questions, the decision, the subsequent training, probation, and ongoing personal development plan and performance management of the new member of staff.

2 Always insist on receiving a completed application form rather than a CV. It's hard to shortlist from a pile of CVs as there's no level playing field. It's like comparing oranges and apples. With your own Practice Application Form you can decide on the questions you want answered at application stage and it's a sign of motivation if the applicants are willing to spend time handcrafting their responses rather than relying on standard CVs.

3 Use a weighting system and numerical scoring system on the Person Specification and shortlisting and decision-making tools.

4 Develop core questions for each candidate but be flexible in how you ask these so that dialogue flows naturally at interview.

5 Ensure your core and your probing questions are open. Don't take candidates' initial responses at face value. Drill down using open probing questions. Failure to do this will ensure the person who presents at interview as the 'Mary Poppins' you desperately

seek turns out to be a bitter disappointment!

6 Never interview on your own.

7 Take legible, contemporaneous notes. These will be invaluable for your decision-making. They will also be needed if you choose to give candidates feedback, which legally you don't have to do. Your notes will be priceless if your decision is challenged and you end up in an Employment Tribunal (worst case scenario).

8 Be familiar with current equalities and employment legislation. If in doubt seek expert advice. You do need to be aware of the basics though.

9 Don't allow team members to get involved formally or informally in the recruitment process if they haven't had up to date training in recruitment and relevant employment legislation.

10 And finally ... If you are unsure, don't appoint. You risk destabilising a high performing team. You may have to grapple with underperformance issues and end up with higher training costs. Patient engagement could be affected, and team morale could drop. You could even find your decisions challenged and you end up having to tread carefully through a minefield of employment legislation.

If you would like more support or training contact us at **Training To Achieve**.
e: alison@trainingtoachieveenterprises.co.uk
m: **0845 165 6269**



I also have a free report for you: **"What you need to know about interviewing and 76 mistakes to avoid"**. You can download it from our homepage at www.t2achieve.com

Alison Miles-Jenkins
Founder and CEO
Training To Achieve

Protecting your patients and staff

What to look for in Radiation Protection

Radiation, often a term that comes with many unsavoury and dramatic connotations. From recent 20th century history to popular modern fiction there are many horror stories of the negative consequences of its misuse, mistreatment and mistakes.

At this point the public is more than aware of the dangers and risks associated with radiation and, as with many things, this perception of risk can sometimes present more of an obstacle than the risk itself. From Marie Curie's celebrated research into uranium, which ultimately caused her death through systematic exposure, to the catastrophic effects of the Chernobyl disaster in 1986, radiation can often be seen as a purely negative thing, to be avoided at all costs.

However, when used safely and under the correct controlled conditions radiation can prove to be an effective and useful, if not an essential tool for a clinician. As well as having many scientific, mechanical and practical uses in industrial environments, radiation is what provides doctors and practitioners

with the ability to explore inside the human body. There are many areas, in dentistry in



particular where without the use of X-rays they would not be anywhere near as advanced as they are today.

So, how do you ensure that your practice, staff and patients are all adequately protected from the dangers of overexposure to ionising radiation through X-rays? As with everything within the profession, the use of X-ray equipment is strictly regulated and must be utilised in line with the complex legislation that surrounds it. Recent guidelines produced by the Health and Safety Executive (HSE) clearly lay out what a practice is expected to do to safeguard against problems caused by radiation.

On the HSE website - www.hse.gov.uk/radiation - are clearly defined and explained rules that must be followed in order to avoid any dangers and/or prosecution. There is also a link to 'The regulatory requirements for medical exposure to ionising radiation' handbook¹. It states that all practices should consult and appoint a suitable Radiation Protection Adviser (RPA) to ensure compliance with the Ionising Radiation Regulations (IRR99).

The IRR99 is directly tailored towards those who work with ionising radiation (i.e. X-rays,) requiring all employers to establish and maintain a succinct and efficient management system that can be clearly demonstrated and evidenced when called upon. The IRR99 has been created to shield patients and staff during exposure, practices must therefore be able to demonstrate documented procedures for patient protection and clinical justification.

The two key principles of radiation protection under the IRR99 are:

- Medical exposure to ionised radiation should only be carried out if it is justified, and
- The Level of exposure must be restricted so far that is reasonably practicable in line with the intended clinical purposes.

The most effective and efficient way for your practice to comfortably and reliably comply with the regulations is by utilising a dedicated Radiation Protection Service (RPS). A company like

this will have suitable specialist RPAs that thoroughly understand the dental industry and are fully up-to-date with all the current regulation and legislation.

They will be able to assist in carrying out all formal risk assessments and certify that all personal protective equipment (PPE) is fit for purpose. Furthermore they will be able to ensure that all employees and practice staff members have adequate and appropriate training, instruction and information to enable them to safely carry out their radiation related tasks.

A good RPS company will be able to supply, inspect, protect, train and advise your practice on virtually every aspect of dental radiation, and will proactively work towards meeting current legislation and protection of employees and patients.

DBG offers an RPS that provides all these things as well as the comfort and peace of mind that comes with dealing with an experienced and professional company that fully understands the intricacies and specifics of the dental profession. It has a reliable team of experts that includes RPAs and Medical Physics Experts to make certain that the service you receive is of the highest standard and optimum professional quality.

There are many dangers and risks associated with the use of radiation, but when handled safely with the appropriate levels of care and understanding it can provide some of the most efficacious and useful results. To ensure that your practice is compliant with all the regulations and that your staff and patients are protected, ensure that your chosen RPS company is professional, reliable and passionate about ensuring the safe and correct use of ionising radiation.

Donna Hickey,
Head of Compliance
at DBG



For more information
call DBG on
01606 861 950
Or visit
www.thedbg.co.uk

¹ <http://www.hse.gov.uk/pubns/priced/hsg223.pdf>



Being part of 500miles4smiles

ADAM nominated charity, Heart Your Smile, was one of two charities to benefit from 'Dental Hygienist of the Year' Christina Chatfield's '500 Miles 4 Smiles' walk from Scotland to Brighton to raise awareness of mouth cancer earlier this year.

But Christine was far from alone on her 500 mile journey and amongst the many who accompanied her on part of her journey was Practice Manager Toni Harper. Here are her recollections of the experience ...

'I was asked to take part in the 500miles4smiles walk by Lucie, the dental nurse at my practice, to raise awareness for mouth cancer and also to raise money for charity. I wasn't really paying attention to how big a feat this would be and just said 'yes' as Lucie always comes up with great ideas to raise public awareness and I'm always keen to help her.

So at 5:00am on 31st May 2014 I was picked up from home by Lucie and we set off to catch the train to Thirsk. But when we arrived there its doors failed to open and we had to continue to Northallerton. In a panic, we banged on the conductor's door and thankfully he wrote us out a new ticket allowing us to get off at Northallerton and back on the opposite side track to go back to Thirsk. Luckily we'd allowed plenty of time and so we still arrived with time to spare.

We headed over to the 500milesforsmiles van and had some photos taken with the balloons and smiles then set off just after 10am. It was a lovely sunny day and everyone was chatting and getting to know each other; Christina and Sarah were amazing and they showed a real passion for what they had embarked upon.

We also met dental therapist Gill, her son and her little dog, Jet. Gill is also an ambassador for Heart Your Smile and Lucie discussed her oral health ideas and what she hoped to achieve with our patients. Also, there was David Arnold and David Westgarth from BDHF who were good fun and understood my pain at being 'duped' into walking 20 miles!

Over the next couple of hours we passed a pub or two but were told we had to keep going, much to my dejection! I soldiered on and we stopped for a break on a grass verge before getting straight back to it. We had lunch in a charming Yorkshire pub and a brief rest during which we checked on our massive blisters and doubled up on the plasters. Then it was time to set off on the last leg of the journey.



The last 6 miles were really tough, our feet were in so much pain but we made it and everybody finished. I think little Jet could have done it all over again!

We finished the day with a well-earned drink in a pub at the train station and set off back home! Physically exhausted and feet covered in blisters we arrived back in Manchester after the longest but most rewarding day ever – I think the worst part of the day was walking from the train station to the car park after a 2.5 hour rest on the train!

Although it was tough, I was honoured to be part of just a snippet of Christina's amazing journey and to have helped her achieve what she set out to do - Lucie & I managed to raise around £150 from sponsorship and through a raffle in our practice.'

Dental hygienist Christina Chatfield has raised almost £20,000 for Mouth Cancer Action by walking 500 miles across the UK. Christina, who owns Dental Health Spa Brighton, finished her '500 Miles for Smiles' walk on 19 June in Brighton.

All donations will be shared between British Dental Health Foundation and Heart Your Smile. For more information about 500miles4smiles go to: <http://www.500miles4smiles.org/>



Practice Focus the ADAM publication for those who aspire to success

CPD Questions (Autumn 2014)

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, 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 or administrators wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to
ADAM at 3 Kestrel Court,
Waterwells Drive,
Waterwells Business Park,
Gloucester
GL2 2AT
by **21 December 2014**.

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



Aims and outcomes

In accordance with the General Dental Council's guidance on the provision of CPD:-

The aim of the Practice Focus CPD programme is to provide articles and materials of relevance to practice managers and administrators and to test their understanding of the content.

The anticipated outcomes are that practice managers and administrators will be better informed about recent developments in management and that they might apply their learning within their own working environment for the benefit of the practice and its patients.

Importance Notice

With effect from the Winter 2014/15 edition of Practice Focus all articles contributing towards Continuing Professional Development will outline Educational Aims, Objectives and CPD Outcomes as required by the General Dental Council.

CPD Answers Summer 2014

1	B	6	B	11	C	16	B
2	A	7	C	12	A	17	A
3	C	8	C	13	B	18	B
4	A	9	A	14	C	19	C
5	A	10	B	15	A	20	A

The effective manager (pages 6 & 7)

1 How many types of resource do businesses have available to them?

- A 6
- B 4
- C 2

2 What do the letters ER stand for in SMARTER?

- A Ethical, Recorded
- B Expected, Reasonable
- C Estimated, Ready

3 Which of the resources available to a practice manager is considered to be 'the elusive one'?

- A People
- B Time
- C Money

Social media and the risks for dental practices (page 8)

4 What is the most obvious exposure a practice faces as a consequence of inappropriate use of social media?

- A Losing patients
- B Low staff morale
- C Damage to its reputation

5 How should a complaint of online bullying by an employee be treated?

- A It should be treated as if it had occurred in the workplace
- B It should be ignored as it took place outside of the workplace
- C Tell the person being bullied to stop looking online

6 What action can you take against improper online activities by an employee?

- A You can't take any action against the employee
- B You can dismiss or discipline the employee
- C You can prevent them from going online in future

Don't shoot the messenger (page 10)

7 What's the first thing you should do before delivering bad news to one of your team?

- A Compose yourself and get ready for an argument
- B Plan and prepare
- C Try to persuade your boss to do it for you

8 What words best describe how you should conduct yourself in the meeting?

- A Professional and business-like
- B Kind and helpful
- C Talkative and forceful

9 If things get out of hand in the meeting what should you do?

- A Concede some points to calm them down
- B Stand your ground and argue your corner
- C Terminate the meeting and arrange a new date

Practice management software - how can it help you? (page 11)

10 Which of the following features of practice management software can help you run and grow your practice?

- A Appointment booking
- B Staff sickness records
- C Staff holidays

Dental Care for the Obese Patient - a Heavy Responsibility (page 12)

11 In 2012 what percentage of women in the UK were severely obese?

- A 3.9%
- B 3.1%
- C 2.6%

12 What is the maximum weight limit for most dental chairs?

- A 23 stone/146 kg
- B 25 stone/159kg
- C 20 stone/127kg

13 In what year was The Equality Act enacted?

- A 2002
- B 2005
- C 2010

All roads lead to ACAS (page 16)

14 What does ACAS stand for?

- A Administration and Counselling Advice Service
- B Advisory and Conciliation Arbitration Service
- C Advanced Cooperation and Agreement Solutions

15 What upfront fee must now be paid to register a claim for unfair dismissal or discrimination?

- A £600
- B £1,200
- C £1,800

16 What was the percentage drop in employment tribunal claims for October to December 2013 compared to the previous year?

- A 79%
- B 39%
- C 19%

Be mouthaware and make a difference (page 17)

17 In the UK, how many people lose their life to mouth cancer every year?

- A 500
- B 1000
- C 2000

The one thing a dental practice needs more than anything else... (page 19)

18 What is top of the 'must do's'?

- A Put an advert in the local press
- B Carry out a job analysis
- C Write a Person Specification

19 If, after the interviews you're unsure who to appoint, what should you do?

- A Appoint the person who most fits your requirements
- B Appoint the person you think would best fit into your team
- C Don't appoint anyone because you risk destabilising your team

Protecting your patients and staff (page 20)

20 What does IRR stand for in IRR99?

- A Ionising Radiation Regulations
- B International Radiation Recommendations
- C Institute for Radiation Requirements

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    graph TD
      L4[Level 4] --> Y1[1 Year]
      L4 --> Y2[2 Year]
      L7[Level 7] --> UC[University Accredited Postgraduate Certificate]
      Y1 --> VCPD[Verifiable CPD]
      Y1 --> UAPC[University Accredited Professional Certificate*]
      Y2 --> UACE[University Accredited Certificate of Higher Education*]
      VCPD --> W1[9 Workshops over 1 year]
      UAPC --> W1
      UACE --> W2[15 Workshops over 2 years]
      UC --> W3[9 Workshops over 1 year]
  
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CPD answer sheet

Practice Focus Autumn 2014

Remove this page, or send a photocopy to the ADAM at:
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Please PRINT your details below:

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

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.

Answers

Please tick the answer for each question below.

Answer sheets must be received before **21 December 2014**. Answer sheets received after this date will be discarded as the answers will be published in the next issue of Practice Focus.

- Question 1: A B C
- Question 2: A B C
- Question 3: A B C
- Question 4: A B C
- Question 5: A B C
- Question 6: A B C
- Question 7: A B C
- Question 8: A B C
- Question 9: A B C
- Question 10: A B C
- Question 11: A B C
- Question 12: A B C
- Question 13: A B C
- Question 14: A B C
- Question 15: A B C
- Question 16: A B C
- Question 17: A B C
- Question 13: A B C
- Question 14: A B C
- Question 15: A B C
- Question 16: A B C
- Question 17: A B C
- Question 18: A B C
- Question 19: A B C
- Question 20: A B C



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