

PracticeFocus

quarterly magazine of the ADAM ■ spring 2014

What does your brand say about your practice?

Page 12

quality
strength
awareness
loyalty
BRAND
value



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- Planning a dental surgery refurbishment p15
- Managing poor performance at work p17
- Getting the best out of private medical health p20

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PracticeFocus

quarterly magazine of the ADAM ■ spring 2014

editorial

by **Hannah Peek**



contacts

Welcome to the spring edition of *Practice Focus*; isn't it great to see the sun shining again after such a long, damp winter!

By the time you read this some of you will have enjoyed a visit to this year's British Dental Conference and Exhibition in Manchester on 10th – 12th April. This year our Honorary Vice President, Tracy Stuart, was presenting in the Training Essentials Theatre on the topic of 'On track for success' – you can read more about this and the Conference on page 6.

This month's publication also includes an excellent article by Sim Goldblum of The Dentistry Business on the subject of Brand which I'm sure will get many of you thinking long and hard about how your practice is perceived by patients and staff alike. This leads neatly into an article about Planning a Dental Surgery Refurbishment from a Practice Manager's perspective – which of course could very easily include a major re-branding exercise.

Other more practical topics covered this month include information about managing poor performance at work and an up-date on Pensionable Earnings Declarations – both much more down to earth topics but no less important.

Finally please remember that our AGM will be held at the BDA offices in London on 27th June this year – full details, including the Agenda, can be found on page 10.

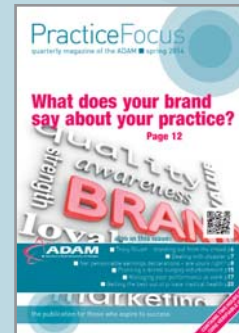
Prior to the AGM we are running a Seminar at which Tracy Stuart will present on the subject of Successful Marketing Strategies. You can find more information, including a Booking Form, on page 21.

Throw in a few more interesting articles, some news items and training events, and 20 CPD questions - and you have an interesting cocktail of subjects to read about this month.

I hope to see you at the ADAM Seminar and AGM in London in June.

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the publication for those who aspire to success

GDC Annual Patient and Public Survey reveals patient confidence in dental care and regulation is high

A new survey of more than 1600 patients and members of the public has revealed that 96% of those who visit the dentist once a year are satisfied with the dental care or treatment that they receive.

The research, which was commissioned by the General Dental Council (GDC) and undertaken by independent research company Ipsos MORI, provides an insight into patients' views on their dental care and the regulation of dentistry.

What patients had to say

The survey reveals that confidence in regulation and overall satisfaction with dental care is high, though patients are less confident that poor treatment and care is dealt with effectively.

Patients were asked about whether dental professionals were treating them in line with some of the standards that appear in the 'Standards for the Dental Team'. More than three in four patients (78%) say that their dental professional gave them enough information about treatment options during their last visit.

However, focus groups carried out as part of the research revealed that some patients felt they didn't have a good understanding of dental treatments, which made it difficult to judge the quality.



Only 41% agreed that there had been a simple price list on display and only 34% agreed that there had been information stating that dental professionals were regulated by the GDC on display.

Confidence in regulation

Almost nine out of ten members of the public (86%) believe that dentists are professionally regulated; two thirds believe that regulation of dental professionals is very important and nearly eight out of ten (77%) are confident that the GDC regulates dental professionals effectively.

However there was less certainty about whether appropriate action would be taken by a regulator to tackle poor care or serious wrongdoing. 39 percent of people say they are not confident that appropriate action would

be taken to deal with patients being overcharged for their dental treatment, or poor dental care being delivered to residents in a care home (40%) or disabled patients (38%).

Tim Whitaker, Director of Policy & Communications at the GDC, said:

"The findings of this research will help to inform and influence our work in protecting patients. We take very seriously the concerns of patients who feel that appropriate action will not be taken when things go wrong. The GDC takes all complaints of poor standards very seriously and has robust procedures in place to deal with any dental professional who is not putting patients' interests first."

- The 2013 GDC Annual Patient and Public Survey can be read in full on the GDC at <http://www.gdc-uk.org>

Apprenticeships for dental practice managers

The Department for Business Innovation and Skills has launched the Trailblazers programme – a series of employer-led projects designed to simplify the existing system and give people the skills employers need to grow and compete.

MP Matthew Hancock, parliamentary under-secretary of state for further education, skills and lifelong learning says:

'National apprenticeship week is designed to celebrate apprenticeships and the positive impact they have on individuals, businesses and the wider economy. We want to see apprenticeships become the new norm for all ambitious young people and employers who are dedicated to growing their own talent and increasing the skills base of the nation. I would like to thank everyone who has been involved with Trailblazer for their commitment to apprenticeships and traineeships'



Delivery of the Trailblazers programme will follow a staged approach. The Government aims to continue to grow the programme in 2013/14 and 2014/15, with employers creating a range of new apprenticeship standards and assessment approaches in different sectors and occupations.

Practice Management in Dentistry is included in phase two of the Trailblazer programme.

- More information can be found at Department for Business, Innovation and Skills (2013) *'The Future of Apprenticeships in England: Guidance for Trailblazers'*

Making a point – The use of safe sharps

Following the introduction of The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 in May last year there still seems to be some confusion regarding the interpretation of the Regulations and the role of risk assessments in relation to the use of safer sharps and recapping.

Edmund Proffitt, Policy and Public Affairs Director at the BDIA comments:

“From May last year all dental practices have to ensure that they comply with the ‘Sharps’ regulations. This means that dental practices must avoid the unnecessary use of sharps and where this is not possible a safer sharp must be used where reasonably practicable”.

He adds, *“We believe from the discussions we have had with our members, dental practitioners and the HSE that for the majority of dental activities there will be safer devices available and that risk assessment would deem them reasonably practicable to use.*

Therefore, it will be in very limited cases that ‘traditional’ devices can still be used, and this should be justified by the risk assessment process. Ultimately, it is for a dentist to justify to the courts why they did not use a safety device, and it would be very difficult for a court to agree with the dentist if there was a safety device on the market and others were using them.”

In terms of the ‘recapping’ of needles, the Regulations clearly state that needles must not be recapped after use unless the employer’s risk assessment has identified that recapping is itself required to prevent a risk (e.g. to reduce the risk of contamination of sterile preparations). In these very limited cases appropriate devices to control the risk of injury to employees must be provided.

As a result of the constant development of devices and technologies by BDIA members and others it is suggested that if a dentist has decided that it is not reasonably practicable to use a safer sharp in a specific circumstance the decision is regularly reviewed to see if a different or new product is suitable.



Jabs for the boys - sign the petition

British Society for Dental Hygiene and Therapy (BSDHT) has announced that it has joined HPV Action, a partnership of 28 patient and professional organisations that believes both boys and girls should be vaccinated. BSDHT is particularly concerned about the rising number of oral cancers caused by HPV. The number is increasing even more rapidly in men. HPV can also cause cervical, vulval, vaginal, penile and anal cancers as well as genital warts (which can sometimes appear in the mouth).

HPV vaccination at the age of 12/13 can significantly reduce the risk of developing disease and vaccinating both sexes provides the highest level of protection. In the UK currently, only girls are vaccinated through a national programme generally delivered in schools.

HPV Action believe that boys should now be included in the UK vaccination programme:

- To protect as many women as possible from cervical cancer.
- To protect both men and women from other HPV-related cancers.
- To protect both sexes from genital warts.

HPV Action think it is unethical to exclude males from a straightforward, risk-free and relatively low-cost health programme that would prevent cancers and improve sexual health. Australia has already begun to vaccinate both sexes as part of its national programme.

- HPV Action is hoping for 100,000 signatures on its petition. For more information go to <http://www.hpvaction.org>



trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
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
Commencing April 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.	Sim on 0161 928 5995 or sim@thedentistrybusiness.com or www.thedentistrybusiness.com/register.php to watch video intro
Commencing April 2014 Wakefield	Postgraduate Certificate in Mastery of Dental Practice Management (L7) <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.	Sim on 0161 928 5995 or sim@thedentistrybusiness.com or www.thedentistrybusiness.com/register.php to watch video intro
Commencing April 2014 Leeds	Dental Business Management Programme and ILM level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>	£3600 payable over 18 months (please note this fee includes a 25% grant)	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
Commencing April 2014 Manchester	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	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
Commencing April 2014 Oxford	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	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
From May 2014 London	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	£2450 payable over 13 months. Discount for payment in full at start of course	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
From May 2014 Birmingham	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	£2450 payable over 13 months. Discount for payment in full at start of course	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
From June 2014 Central London	Strategic Leadership <i>UMD Professional</i>	£1950. Three weekend course plus webinars and mentoring leading to the ILM level 7 Award in Strategic Leadership	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
From June 2014 Central London	Dental Business Management Programme and ILM level 7 Diploma in Executive Management <i>UMD Professional</i>	£3600 payable over 18 months (please note this fee includes a 25% grant)	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
Friday 20 June London	An introduction to the Customer Service Excellence Standard for dental practices <i>UMD Professional</i>	£150 per person 6 hours of verifiable CPD	Contact Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk

standingout

Tracy Stuart – Standing out from the Crowd

2014 saw the return of the British Dental Conference and Exhibition to the Manchester Central Convention Complex, with lots on offer and of interest to the whole dental team, including dental administrators and managers.



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.

Looking at the Conference Programme provided concrete evidence that, once again, this would be a major crowd-pulling conference – and so it proved to be.

The BDA once again came up with a compelling programme which combined the very best of industry speakers with the widest imaginable variety of topics – there really was something for everyone, which is probably why it's the longest running event in the dental calendar!

A particular attraction was the Training Essentials theatre situated in the Exhibition Hall which offered a three-day programme of 30-minute presentations based on the BDA's popular Training Essentials portfolio. Topics included complaint handling, building successful teams, conducting interviews and performance appraisals, managing stress, record keeping, and online marketing.

Of special interest to ADAM members attending this year's conference was the session entitled 'On track for success' and led by our Honorary Vice President Tracy Stuart.

For those of you who don't know Tracy, she's the lead trainer and practice development specialist at NBS Training. In her presentation Tracy shared with delegates the secrets of how to improve results and revenue streams in practice; how to turn an enquiry into business; how to qualify and convert more of the right patients; and how to make your practice stand out from the crowd. She also explained how to pull the team together to produce results and how to bring change through stronger verbal skills.

Tracy is a proven Practice Development Specialist known for her forward thinking;

she started out in the dental profession a few years ago and progressed through the ranks, so she really does know what it's like for each and every member of the dental team.

Her hands-on and straight talking approach has helped numerous Practices achieve success through improved performance in a variety of areas such as Profit, Vision, Growth, Structure, Systems, Leadership, Internal & External Communication, Telephone Technique and Marketing.

With such a wealth of experience we're delighted to have Tracy on board as our Honorary Vice President and on 27th June 2014, as a fore-runner to our AGM, Tracy will be running a half-day seminar entitled *Successful Marketing Strategies*.

- The session will be held at the BDA's offices in Wimpole Street, London and you can find more details, including a booking form, on page 21.



Dealing with disaster!

by **Fiona Stuart-Wilson**, Director of UMD Professional

Every year some practices have to deal with an emergency. I don't mean a medical emergency with which the vast majority of practices are well trained to cope, but a business emergency. It is all too easy to think that this sort of thing could never happen to your practice but it could; after all several practices are still dealing with the aftermath of the recent flooding in England.

Your practice may be well insured, but insurance is really not enough for your practice to continue to operate, care for patients and pay the staff, and insurance settlements can take months to come through. Your practice should have a business continuity plan – indeed it is one of the requirements of the CQC – to enable it to continue to function and survive a disaster, so here are some things every manager should consider.

1 What could happen?

Think the unthinkable and try to forecast some of the risks to your practice and what these might mean for the practice. This could include accident, such as fire, natural disaster or crime.

2 How safe is practice property?

Carry out a regular check on how secure the practice premises, equipment, computer

systems, records and website are. For instance, do any former members of staff still have access to the burglar alarm code? How often is the code changed? Where are important business documents kept? It is a good idea to photograph valuables and equipment for insurance purposes, take copies of key documents such as insurance policies, and of course keep these in a different safe location that more than one person knows about!

3 Where else could we operate?

If disaster befalls the practice your patients still need care and you still need to run the business. You should have arrangements in place now for an alternative location to see or send patients in the event that you cannot see them in your own practice.

However, you also need to decide where you will carry on the non-clinical business of your practice, such as contacting patients, arranging or cancelling appointments, administration, and paying bills. You should equip that place now with a PC, phone, headed paper, computer back ups etc.

It is a good idea too to keep copies of all of the contact information you will need, such as contact numbers and e-mail addresses for all of your team, contact information for NHS commissioning groups and area teams, plan providers, suppliers and of course your insurance company. Consider having copies of insurance policies, back up cheque books, debit and credit cards, and copies of passwords.

4 Is the team prepared?

Make sure that your team knows what your practice's disaster plan is and when and where they should relocate to work in the event of an emergency.



5 How will we pay the bills?

If you have to leave your practice premises you won't know how long it will be before you can return. If you have to leave in a hurry (and it does happen!) take the practice cheque book and credit cards and keep enough cash on hand to meet emergency cash-flow needs.

If you are not already using on-line banking you should consider this in order to monitor account activity.

6 How will we tell the patients?

Patients need to be alerted fast in the event of an emergency or disaster, and be told what to do and where to go. Arrange with your website provider that they can put this information as an urgent priority on the home page of the website if necessary. There is no reason why you cannot write that information copy now. Include your emergency contact information, details of your backup surgery premises, and what to do about appointments. You can also use Twitter and Facebook to let people know what to do.

This is a plan that hopefully you will never have to implement but going through this process does mean that you will have done the best for your practice and that you are prepared should disaster strike.

About the Author

Fiona Stuart-Wilson is Director of *UMD Professional*, a leading provider of management qualifications in dental practice and a consultant in dental practice management.

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2013/14 Net Pensionable Earnings

Are you confident you are completing the practice's net pensionable earning declaration correctly? The actual net pensionable earnings earned by every performer in the year ended 31 March 2014 must be declared. The estimated net pensionable pay stated on the Annual Reconciliation Report may not be correct and you should calculate the actual figures. This article will help you with the calculations.

by **Nigel Utting**
of Hazlewoods LLP

Pensionable earnings ceiling

The first step is to identify the pensionable earnings ceiling. This is 43.9% of the NHS contract value, which excludes maternity, paternity and sick pay and trainer grant. The contract value used should be adjusted for any agreed over performance/contract adjustment or conversely, for any underperformance or clawback.

Dentists who are not members of the NHS pension scheme (NHSPS)

Step two is to identify the pensionable earnings equivalent of dentists who are not members of the NHSPS. This might be dentists receiving their NHS pension, dentists

who have opted out of the NHSPS or incorporated associates who cannot 'pension' their NHS income. Pensionable earnings attributable to these dentists form part of the pensionable earnings of the practice and by law cannot be allocated to any other dentist.

Pensionable pay of associates

Step three is to identify the pensionable earnings of any associates. For an employed performer this is simply their gross basic salary.

For self-employed associates, pensionable pay is their net NHS income. This is best illustrated by an example.

Example

Performer A has completed 5,000 UDAs in the year at £20 per UDA. Their practice agreement states that they contribute 50% of the UDA value, lab fees and bad debts to the practice.

NHS: 5,000 UDAs @ £20	£100,000

Less:	
50% surgery contribution	£50,000
50% NHS lab fees	£3,000
50% NHS bad debts	£500
Statutory levy	£100
Superannuation	£4,000

Total deductions	£57,600

Net pay	£42,400

Performer A's net pensionable pay for the year is £46,400 (superannuation contributions are excluded).

If an associate is paid a set monthly amount for NHS work performed with an annual adjustment for UDA work actually achieved, then this adjustment should be included in the pensionable earnings calculation.

The above is a simple example and various other scenarios could arise. It is only the NHS

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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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HAZLEWOODS

DRIVING LIFELONG PROSPERITY



Declarations: Are yours right?

element which is pensionable, so any private fees and related lab fees or bad debts should be identified and excluded from the calculations. Please get in touch if you have any questions regarding your circumstances.

Pensionable pay of sole traders or partnerships

After determining the pensionable pay of associates and taking into account the NHS income of dentists not in the NHSPS, the remaining balance of the pensionable earnings ceiling is the amount the sole trader or partners can 'pension'. For a partnership the balance can be allocated between partners as per their agreement.

Pensionable pay if incorporated

After following steps 1 to 3, the remaining balance is the amount the dentist shareholders could 'pension'.

The dentist shareholders can only 'pension' income they take from the company in the form of salary and dividends. Income that is left in the company is not pensionable.

Where a limited company practice performs NHS and private work any salary and dividends are available for allocation as NHS pensionable income.

Agreeing the figures

The final step is to agree the figures with the performers. Once the practice has entered the figures onto the portal, the performers are expected to log in to confirm their pensionable earnings. If they disagree with the figures you will need to determine why.

Filing deadline

The pensionable earnings declaration should be submitted via the dental portal by 30 June 2014.



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ILM Level 5 Diploma in Management

for existing practice managers and dentists

ILM Level 7 Executive Diploma in Management

for dentists and practice business managers, and accredited by the Faculty of General Dental Practice as part of the FGDP Career Pathway



For full details, course dates and venues contact Penny Parry on:

☎ 020 8255 2070 ✉ penny@umdprofessional.co.uk

www.umdprofessional.co.uk

adamvacancies

Vacancies at ADAM – Your Association Needs You!

Each year at our Annual General Meeting elections take place for a variety of posts which are honorary and, whilst usually for a two year period, officers can be re-elected.

If you'd like to take a more active role in the running of your association and represent the views of practice managers and administrators across the country, then please read on...

Regional Mentors

We have vacancies in:

- East Midlands;
- The Midlands;
- South West;
- Wales.

You must live and work in the area for which you wish to be considered a Regional Mentor.

You'll need to be comfortable communicating both verbally and in writing, and be willing to present on behalf of ADAM at events, seminars, and other meetings. You'll be expected to attend for at least one day at the BDA Conference, BDTA Showcase, and the ADAM Annual Conference, and to contribute at our team strategy meetings.

Appointment to the role of Regional Mentor is for two years and will provide the successful candidates with many networking opportunities as well as being able to help set professional standards and best practice

within the profession.

This opportunity will bring a wider exposure across the dental profession for the successful candidates and as a result increase their professional knowledge and skills.

Executive Team Membership Representative

The Executive team has vacancies for two **Executive Team Membership Representatives** elected to represent the ADAM membership. Applications are invited from any current ADAM member. As a member of the Executive team you'll contribute on a wide range of issues affecting the Association and its members.

Whilst all these roles are voluntary, expenses incurred on ADAM activity will be refunded.

- For more information please ring Denise on **01452 886 364** or go to **www.adam-aspire.co.uk** and click on the Application Form link.



Notice of

by **Hannah Peek**, President

Dear Member,

Our **Annual General Meeting** will be held at the offices of British Dental Association, 64 Wimpole Street, London W1G 8YS at 12:30pm on 27th June 2014. All members are welcome to attend when you will have the opportunity to find out more about ADAM, the organisation that represents *your* interests, and to raise any matter for discussion under Any Other Business (AOB).

Any matter you wish to raise under AOB must be submitted in writing 28 days prior to the meeting i.e. by **30th May 2014**. You can do so by email to denise@adam-aspire.co.uk or by letter to ADAM at 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Gloucester GL2 2AT.

If you would like to apply for one of our current vacancies, you can find out more on the opposite page or by visiting our website. The closing date for applications is also **30th May 2014**.

Prior to the AGM there will be a half day seminar on Sales & Marketing by ADAM Honorary Vice President Tracy Stuart. To book your place at the seminar go to page 21 or visit: www.adam-aspire.co.uk.

Yours sincerely,

Hannah Peek
President



Annual General Meeting

Notice of Annual General Meeting

Friday 27th June 2014 at 12:30hrs

British Dental Association,
64 Wimpole Street,
London W1G 8YS

Agenda

Welcome

1. Apologies for absence
2. Minutes from previous AGM
 - a. For approval
 - b. Matters arising
3. To receive the President's report
4. To receive the Financial Director's report
5. To elect new members to the Executive team
6. Any other business

By order of the ADAM Executive team



practicebranding

You have a brand – but do your

Think of a brand, any brand, High Street giant, global manufacturer, specialist store with one outlet, the local independent optician, pharmacy or even dental practice.



by **Sim Goldblum**, Partner,
The Dentistry Business



What do you think of their brand? Do its products or services match the visual or word image given by the brand and its logo? Are its people ambassadors for the brand, demonstrating its values on a continuing basis? Do let me know which brand you think is the most consistent in this case – it may be “Apple”, it used to be “Marks & Spencer” and “Tesco”; what does “Waitrose” conjure up compared to “Aldi” or “Lidl”? These are not trivial questions and I’m sure you have read them before and perhaps even discussed them in your practice. They are important because, in the increasingly competitive dental environment, the place of the brand becomes more important to have and yet even more difficult to deliver and maintain.

Dental practices used to be exclusively “Dr. or Mr. Jones” and perhaps made reference to associates, as in “Dr. Jones and associates”. Then location became a branding factor, so we saw the development of “High Street dental practice” or “Main Avenue dental practice”. In recent times, practice branding has developed into many variations of “smile, design and studio” and in fact, Google produces 77,400,000 results for the words “smile design”!

If you have created a brand, what were you trying to achieve? Most of you would answer differentiation, or “it helps with our marketing” or “it helps us increase our pricing”. Implemented effectively, good branding should help with all 3 of those. By branding, I understand it to mean that the physical appearance of the practice, both external and internal, the skills and attitudes of the people working in the practice and the type of dentistry delivered are all consistent with the “brand” and associated logo that we have developed. Our website, our stationery, practice information leaflets, the way we talk to patients, the type of patients to whom we direct our marketing, the variety of

treatments and their associated pricing (NHS or private) are all consistent with the brand values that we have clearly developed.

So, if our website is cluttered, slow to load, doesn’t have clear calls to action to ensure that prospective patients are drawn to ask for information, make appointments or otherwise engage with us, then that aspect of our brand is neither consistent nor delivering.

If our external appearance is messy or uninviting, why would patients associate the surgery with the up-market brand that adorns the premises? If the external appearance is overtly contemporary, is that matched by the internal appearance, not just of the reception area, but also the appearance and attitudes of the reception team?

And that conundrum brings me to the heart of the issue of branding – “engagement”. Engagement of our people in delivering our brand 24/7, whether in the practice or outside, is absolutely critical. What do you mean “outside”? I mean the way that members of the team conduct themselves when they are not in practice, whether it is during the working day or during their legitimate private, leisure time. We have seen ample evidence of members of the team (including practice owners and managers) demonstrating through their social network postings that they are inconsistent brand ambassadors when away from the practice!

Let us explore some of the key elements around engagement. According to a recent UK survey, only around 1/3 of UK employees say they are actively engaged at work; 20 million workers are not delivering their full capability or realising their potential at work and 64% of people said they have more to offer in skills and talent than they are currently being asked to demonstrate at work. Isn’t that frightening?

people “get it”?

On the other hand, those businesses whose people are well engaged with the business have higher revenue, higher profits and much higher customer satisfaction. Oh and surprise, surprise, staff turnover is 40% lower compared to companies with lower levels of engagement.

When we developed our brand, no doubt in close consultation with appropriate brand gurus, did we involve the members of our team? Did they buy in to the concept, the implementation and the inevitable behaviour change that the new brand requires? Did the whole team discuss, as a group, what the new direction meant, not just in the disruption while renovation work was done,

not just that there was a new website, new stationery and new uniforms, but how the individual members of the group and the group as a whole were now going to work together to ensure that the rebranding was successful?

Did the reception team understand that the new website was designed to generate many new enquiries, not just general “are you taking new patients” enquiries, but for specific new treatments that you were marketing? Were they appropriately trained to answer those questions or to pass the enquiry to a specified member of the team? Did you set standards for how quickly those enquiries were going to be answered – the

prospective patient may have asked the question on your website at 11 o'clock at night; he or she would have been delighted to have received a response straightaway, but a 24-hour wait would have been likely to have generated disinterest.

Did the nursing team recognise that their role would also change, not in the details of infection control, or providing equipment and materials at the right time during treatment? What language would now be used to match the brand? What conversation would there be between nurse and patient when showing the patient the way from reception to the surgery or back to reception? What other “nice to haves” would reinforce the brand – not just the usual red mouthwash but, perhaps a hot towel or some other offering that demonstrates just how we do care.

And what about the dentists? Is it “dentistry as usual” for them, or is the language they need to use, the tone of voice and the demonstrable care and attention that the brand demands in evidence?

I have asked many questions and I've provided some clear hints as to what the answers ought to be. By ensuring that our people are fully engaged in our brand, in every interpretation of it, we stand a good chance of ensuring that delivery matches or even exceeds the brand promise – I know you can provide really good examples of businesses that have recently failed to deliver that promise and you know how much they are now struggling to regain their customers' confidence! Let us not be one of them!

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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 Monthly Workshops over 1 year]
    UAPC --> W1
    UACE --> W2[15 Workshops over 2 years]
    UC --> W3[9 Monthly Workshops over 1 year]
    
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THE DENTAL PRACTICE MANAGEMENT SPECIALISTS

About the Author

Sim Goldblum is an experienced business manager and is a Partner in *The Dentistry Business*, providing bespoke advice and training to dental practices; Sim leads the UK's only university accredited Dental Practice Management courses, some of which are eligible for Student Loans.

Sim is also a registered and approved Growth Coach for Growth Accelerator, providing expert, tailored advice, coaching and matched funding for training to help ambitious businesses achieve rapid, sustainable growth.

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Planning a Dental Surgery Refurbishment: A Practice Manager's perspective

by **Jim Hague**,
Hague Dental Supplies

Pooling together his engineering, design and ergonomics experience, Jim Hague founded Hague Dental Supplies in 1996. The intention was to provide a top quality service, looking after customers with service support, well thought-out achievable designs, full turnkey build projects and comprehensive aftercare.

Here are Jim's **Top Tips** on how to ensure your surgery refurbishment runs smoothly and is designed with ergonomics in mind for the whole team.

1 Project Management - yourself or a specialist company?

Whether you are planning just a refurbishment to a single surgery or to the whole practice, there are different ways of going about it – but always include a company capable of full Surgery Design. A poorly designed room will cause inefficiency and reflect badly on your practice.

It is not impossible to achieve a great result whilst project managing the build yourself, but it can be hard work! There are many issues including choosing the right trades people, legislation with commercial buildings and with the Dental industry, logistics for the project and the duration. There will be a lot of learning involved to ensure the target is reached, ask your Surgery Design and Equipment Company to assist you where they can.

It is possible to save good money by managing yourself, and using local

tradespeople, but don't be tempted by cutting necessary corners, though often the initial estimates of costs and duration go well over as many "unknowns" surface.

To this extent, ensure you spend good time with your trades people discussing the exact service requirement early on – so that these unknowns are minimised. Delays with one of your trades may cause extra costs in last minute delays to you, or your other trades.

By opting to use a reputable Turn-key company all will be taken care of for you but you can still be involved/ feel a part of your new surgery/ practice. The project management will be done for you ensuring the right surgery layout, equipment, service plans, experienced tradespeople, quality cabinetry, long lasting/ easy maintenance flooring etc.

The initial cost for the full turn-key solution can appear more, but you will be assured that there are contingencies built in so that there will be no unknown costs passed on to you and that all will be completed on time with the minimum disruption to your business. By working with the same well-coordinated team, time and time again, the efficiency improves and this is the way to get the job done well and quickly, on time and on budget.

2 Choosing Equipment and ensuring good Ergonomics, more than just choosing colours

When choosing your surgery layout and equipment, take time to make a prioritised wish list – speak to all of the associated staff - what you all expect from this room – draw on your experience of what has worked about the current room, and what has caused issue. This is usually subjective; don't assume the



refurbishment

Dental supply companies automatically know your list. There are many ways to design a room, but with your list can get the right solution without it costing any more.

Do organise for the relevant staff members to try out the equipment, to discuss their ailments and issues with the designer so that the right format of equipment can be demonstrated, selected and put into practice. Options can be integrated in to the equipment and cabinetry layout to reduce clutter, improve the working environment, increase productivity and look sharp!

To put it simply you may well use this equipment/ sit in this room layout on this chair for forty hours a week, so try it all out first before you buy it, make sure it's right – it's your chance to get it right.

3 Timing – Planning ahead to do it when it suits you

Allow yourself plenty of time to work out the best solution for you/ your practice, as before, but within this time, if you are opting to project manage the refurbishment, work out the proposed itinerary with your dealer to establish a realistic duration for the works - you may be able to tie in this refurbishment with your staff holidays to avoid unnecessary surgery down-time.



If one company manages the whole refurbishment then all the work can be done in less time, sometimes just a few days (it depends on the job in hand). As the whole team know each other well, coordination and timing are made simpler. It varies, but with self-management allow a few more days down-time in order to complete the works.

4 Looking at legislation – Getting the right materials for the job.

Discuss your project with your chosen equipment supplier; they will be able to advise you on the current legislation and how to include this within your chosen design.

If you are project managing the refurbishment then ensure the chosen materials are suitable for the job and compliant – floors, cabinetry and even walls and ceilings – no grout, unsealed joints.

Remember - bespoke cabinetry is usually more suitable than off-the-shelf type as it will create the right housing for your needs, create space by avoiding wasteful empty areas, and be of a Medical grade (easily cleaned and a higher level of moisture resistant properties).

Medical grade flooring will have superior cleaning and slip resistant properties, can also lessen the risk of marking from your stools and can require less maintenance. The sub floor is equally important, using ply rather than hard wood on top of floor boards, and levelling screed on top of concrete floors. Do allow additional drying time for back-filled channels to dry, as well as the applied screed, this can be a good time for decoration.

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7. Run new services – electrics, plumbing and pneumatics
8. Services inspection meeting – to ensure all present and correct
9. Floorboards back down or back fill the channel
10. Decoration
11. Room lighting
12. Sub layer flooring
13. Final flooring
14. Cabinetry installation
15. 2nd fix of sinks and sockets etc
16. Equipment installation
17. Hand over meeting/ initial training
18. Final decoration
19. Meeting with builder for final snagging
20. 1-2 weeks after handover for further product and maintenance training

About Hague Dental Supplies

Hague Dental offer one to one appointment and group classes in surgery design and refurbishment at their NEW Dental Practice Design Centre, near Gatwick.

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Managing poor performance at work

by **Lisa Kemp**, Solicitor, mfg Solicitors LLP



Lisa Kemp

About the Author

If you would like to discuss any aspect of employment law please contact Lisa Kemp, Solicitor in the Employment Division at mfg Solicitors LLP on **01905 610410**.

Lisa advises both employers and individuals on the full range of employment law issues. She offers comprehensive HR advice and assists clients with Employment Tribunal disputes as well as drafting various employment documents such as employment contracts, policies and procedures and settlement Agreements.

Managing performance is crucial in ensuring that a business runs smoothly, is profitable and able to grow. It ensures that employees are given a clear understanding of how they fit into the business and know exactly what is required of them.

Employees need to be properly managed and employers must deal with any performance issues as they arise. As is often the case, the longer things are left the harder they become to tackle.

One of the most effective means of ensuring that performance is regularly reviewed is for an employer to have an appraisal system in place.

At the very least, appraisals should be held on an annual basis. This provides both the

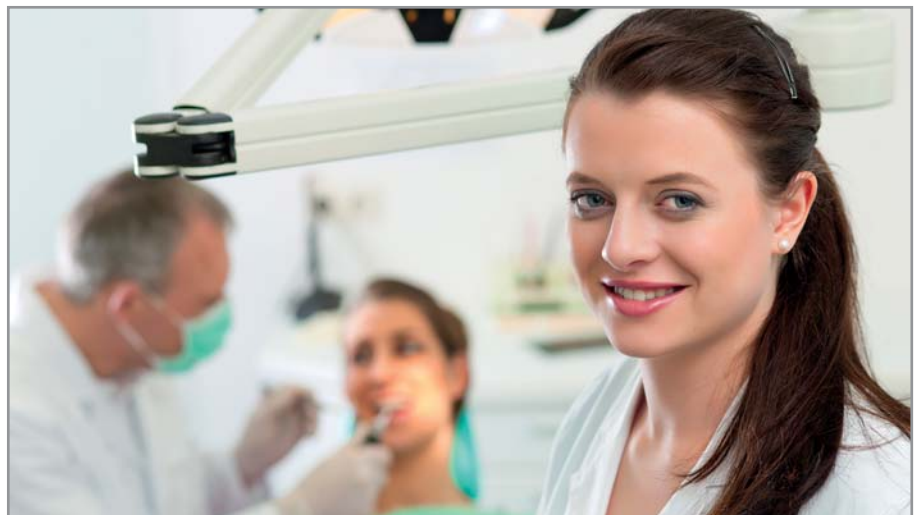
employer and the employee with a platform to discuss any issues and in particular, to set objectives.

An employer who does not indicate a problem in an appraisal meeting which it later seeks to flag up as a performance issue is likely to run into difficulties if it seeks to discipline the employee later down the line particularly if the employee is ultimately dismissed.

Regrettably most employers will have to deal with underperforming employees at some point.

Poor performance covers a range of issues including failing to hit targets, lack of productivity to an inability to establish good working relationships.

Employers do need to be mindful of how to manage underperformance as it is not open to them to discipline employees without carrying out an investigation first.



staffmanagement

If it becomes apparent that an employee is underperforming the employer should initially:

- make the employee aware of the shortfall in their performance;
- give the employee the opportunity to improve within a reasonable timeframe;
- provide the employee with any relevant support and training (that is reasonably required) in order to reach the required standard; and
- inform the employee of the consequences for failing to sufficiently improve.

Thereafter, the employer should ensure that the employee's progress is monitored and reviewed within the period stipulated for improvement.

If the employee's performance has not improved to the required standard within the prescribed timescales it is open to the employer to escalate the matter by taking formal action which could eventually result in dismissal if employees fail to make the necessary improvement.

Some employers will have a specific capability procedure but for others, this will mean following the employer's disciplinary procedure.

Employers must always ensure that underperforming employees are properly managed to avoid liability. In particular, if an employee is dismissed, the employer will need to be able to demonstrate that they had reasonable grounds to believe that the employee was incapable of performing the

job to the employer's required standard and that the employer otherwise acted fairly when dealing with the matter.

The employer will have to show that:-

- A reasonable investigation was undertaken.
- The employee was made aware of the shortfall in performance.
- Consideration was given to other factors that may affect the employee's ability to do their job.
- The employee is treated consistently when compared to others in a comparable situation.
- The employee was given a reasonable opportunity to improve their performance.
- The employee was informed of the consequences for failing to improve their performance.
- The employee's performance was kept under regular review.
- Reasonable support, training etc was provided.

Alternatively, either party may wish to initiate a 'pre-termination discussion' (a concept introduced on 29th July 2013) to explore the suggestion of a settlement (pursuant to which the employee's employment would terminate).

Employers should however seek advice before engaging in such a discussion as there are limitations and conditions that must be satisfied.



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Getting the best out of Private Medical Health

The majority of ADAM members will be aware of private health plans, and will more often than not question if they really need it when they receive their annual renewal every year.

In most cases, the answer will be no, but the knowledge that it provides you with peace of mind when faced with a medical problem will encourage you to keep it.



The next question you ask yourself is can you get it cheaper, and then you start to hunt out other providers on comparison sites and trawling through adverts, which in all probability will make you wish you had not started.

The truth is that trying to compare medical plans is nigh on impossible because of the various clauses, jargon and rules that apply to different providers and plans. Do you want in-hospital and overnight stays, or in-hospital outpatient cover and choice of hospital. You will be inundated with moratoriums, excess, and so the list goes on.

You want simplicity and a full understanding of what you are buying. In order to try and simplify the process for you, the first step towards getting a plan is to make a list of what YOU want from your plan and one that best suits you, your state of health, lifestyle and cost.

If you spend a lot of time abroad or have sporting hobbies, you may want to consider a plan that covers you for travel and interests. What if you want to change from your current plan, does your potential provider offer you a free Transfer facility which has no breaks in your cover. Once you have made your list, you can start to research and compare the various providers and plans. A good tip is to balance what you need with the amount you want to pay.

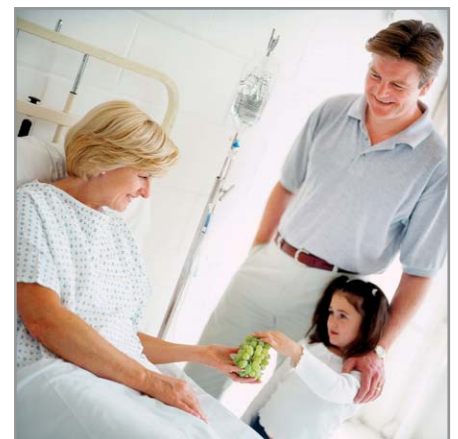
One of the key factors of taking out a private medical health plan is to give you peace of mind when faced with the prospect of surgery or medical condition. We interpret peace of mind as being able to talk to your

provider about any concerns you have and being treated in a personal, sympathetic and professional manner. The last thing you want is to be connected to an automated service and pushing buttons to get through to someone.

Ok, so you have done your research and now deciding who to choose. Quite simply, pick up the phone and call each provider. Speak to their Claims Department and assess their handling of your enquiry. Having to claim on your health plan is the reason for joining. You need to know how their system works, including how approachable the staff are, what is the claims procedure and how quickly will your claim be settled.

These few simple steps can help ease the stress of taking out a private medical health plan, and bring you the peace of mind that prompted you to provide it for yourself in the first case.

- You can call HMCA on **01423 866 985** for further advice and information or visit us at www.hmca.co.uk.



Successful Marketing Strategies

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Speaker Tracy Stuart

I am 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 I worked my way up through the ranks and can honestly say I have walked in the shoes of every team member. Today you will find me successfully running my own training company - NBS Training, which was a natural progression for me having delivered extensive training programs on behalf of Frank Taylor & Associates and latterly Designer Dental Training.

Mine is a fresh and innovative approach, but one that has delivered outstanding results for many of the Practices I have had the pleasure of working with. And that really is the key to my success as I truly believe change will only be achieved if we work with one another. I personally tailor each training program to my client as one size has never fitted all and never will!

I have previously walked in the shoes of every team member and ultimately the business owner and for this reason I can relate to the challenges that the team face and also those as a business owner which makes me pretty unique!

I am also well known for my hands-on and straight talking approach which has helped numerous Practices ring fence their businesses in this highly competitive climate, whilst they concentrate on delivering the dentistry they have a real passion for.



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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, 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 **28th June 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.

ANSWERS TO CPD QUESTIONS IN THE WINTER 2013/14 EDITION OF PRACTICE FOCUS

1.a, 2.c, 3.c, 4.c, 5.a, 6.b, 7.c, 8.b, 9.c, 10.b, 11.a, 12.b, 13.b, 14.a, 15.b, 16.a, 17.a, 18.b, 19.c, 20.b.

2013/14 NET PENSIONABLE EARNINGS DECLARATIONS - ARE YOURS RIGHT? (PAGE 8)

1. WHERE WOULD ESTIMATED NET PENSIONABLE PAY NORMALLY BE STATED?

- A. In a personnel file
- B. On an Annual Reconciliation Report
- C. On a payslip

2. WHAT PERCENTAGE OF THE NHS CONTRACT VALUE IS THE PENSIONABLE EARNINGS CEILING?

- A. 45.70% B. 38.40% C. 43.90%

3. WHAT IS REGARDED AS PENSIONABLE PAY FOR A SELF-EMPLOYED ASSOCIATE?

- A. NHS income B. Private income C. Both

4. WHAT DOES NHSPS STAND FOR?

- A. Normal Hospital Standard Pension Subscription
- B. National Health Service Pension Scheme
- C. National Health Service Pension Society

5. WHAT IS THE FILING DEADLINE FOR PENSIONABLE EARNINGS DECLARATIONS?

- A. 30-Sep-14 B. 30-Jun-14 C. 31-Dec-14

6. IF AN ASSOCIATE IS PAID A SET MONTHLY AMOUNT FOR NHS WORK PERFORMED WITH AN ANNUAL ADJUSTMENT FOR UDA WORK ACTUALLY ACHIEVED, SHOULD ADJUSTMENT THIS BE INCLUDED IN THE PENSIONABLE EARNINGS CALCULATION?

- A. Sometimes B. No C. Yes

MANAGING POOR PERFORMANCE AT WORK (PAGE 17)

7. AT THE VERY LEAST, HOW OFTEN SHOULD APPRAISALS BE HELD?

- A. Annually B. Quarterly C. Six monthly

continuing professional development

8. IF AN EMPLOYEE IS UNDERPERFORMING WHICH OF THE FOLLOWING SHOULD THE EMPLOYER INITIALLY DO?

- A. Dismiss the employee immediately
- B. Ignore the problem and see if their performance improves
- C. Make them aware of the shortfall, give them the opportunity to improve, and provide support and training

9. WHAT SHOULD THE EMPLOYER DO DURING THE PERIOD WHEN THE EMPLOYEE'S PERFORMANCE SHOULD IMPROVE?

- A. Monitor and review their progress
- B. Nothing until the end of the agreed period
- C. Watch them carefully but not discuss their performance with them

10. IF AN EMPLOYEE IS DISMISSED, WHICH OF THE FOLLOWING WILL THE EMPLOYER HAVE TO SHOW?

- A. That the employee was immediately escorted from the premises
- B. That the employee was made aware of the consequences of failing to improve their performance
- C. That the employee's personnel file is up-to-date

11. WHEN WAS THE CONCEPT OF A 'PRE-TERMINATION DISCUSSION' INTRODUCED?

- A. 01-Apr-13 B. 29-Jul-13 C. 24-Dec-13

12. WHY WOULD AN EMPLOYER OR EMPLOYEE WISH TO HAVE A 'PRE-TERMINATION DISCUSSION'?

- A. To agree settlement terms after which the employees employment would be terminated
- B. As part of a normal performance appraisal
- C. To negotiate a salary increase

13. WHAT SHOULD AN EMPLOYER DO IF AN EMPLOYEE'S PERFORMANCE DOES NOT IMPROVE WITHIN THE AGREED TIMESCALES?

- A. Nothing
- B. Take formal action which could lead to dismissal
- C. Dismiss the employee immediately

YOU HAVE A BRAND - BUT DO YOUR PEOPLE 'GET IT'? (PAGE 12)

14. HOW MANY RESULTS DOES A GOOGLE SEARCH FOR THE WORDS 'SMILE DESIGN' PRODUCE?

- A. 77,400,000 B. 7,740,000 C. 774,000

15. AROUND HOW MANY EMPLOYEES SAY THEY ARE ACTIVELY ENGAGED AT WORK?

- A. One half B. One quarter C. One third

16. WHAT PERCENTAGE OF PEOPLE SAY THEY HAVE MORE TO OFFER THAN THEY ARE CURRENTLY BEING ASKED TO DEMONSTRATE AT WORK?

- A. 64% B. 74% C. 84%

17. IN BUSINESSES WHOSE PEOPLE ARE WELL ENGAGED, HOW MUCH LOWER IS STAFF TURNOVER?

- A. 25% B. 40% C. 65%

PLANNING A DENTAL SURGERY REFURBISHMENT (PAGE 15)

18. WHAT ARE THE FOUR RECOMMENDED TIPS ON HOW TO ENSURE YOUR SURGERY REFURBISHMENT RUNS SMOOTHLY?

- A. Project management; Choosing equipment; Timing; Looking at legislation
- B. Budgets; Décor; Negotiating contracts; Overtime
- C. Colours; Lights; Cupboard space; Reception

19. HOW MANY STAGES ARE THERE TO THE ITINERARY FOR A SINGLE SURGERY PROJECT?

- A. 40 B. 30 C. 20

20. AT THE END OF THE PROJECT, WHAT HANDOVER PERIOD IS RECOMMENDED FOR FURTHER PRODUCT AND MAINTENANCE TRAINING?

- A. 1 - 2 weeks B. 2 - 4 weeks C. 4 - 6 weeks



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Dear Member,

Time spent in hospital causes stress and inconvenience. We are therefore pleased to tell you that HMCA has arranged a PRIVATE MEDICAL PLAN for you, with savings of up to 50% and which gives you a 30 day money-back guarantee.

Subscriptions are highly competitive and the plan offers many advantages, the most important being freedom of choice: you choose the time, the specialist and the hospital. Cover continues whilst you are overseas on holiday or business. The benefits are comprehensive and your unmarried children, living at home or in full-time education (up to the age of 26) can be included in a family plan.

You can enquire on-line, by telephone, or complete and return the form on the reverse. Why not do so today, whilst this offer remains open? We will send you a quotation and application by return and if you choose to join us you will receive your membership certificate immediately.

NB: A special guaranteed transfer facility. If you already have cover you can transfer to HMCA with savings of up to 50%.

FURTHER BENEFIT PLANS

The **DENTAL PLAN** provides cover to visit any NHS or private dentist.

The **TRAVEL PLAN** provides medical expenses cover up to £10 million when you travel overseas.

The **LIFE EXTRA PLAN** provides your family with a lump sum if you die, up to the age of 79.

The **INCOME PROTECTION PLAN** ensures that, in the event of loss of earnings because of serious illness or accident, you will still have income.

WHO IS HMCA?

HMCA specialises in providing benefits exclusively for membership groups in the U.K. and Ireland and has done so since the 1970s. HMCA discusses the needs of the groups with their executives and provides the appropriate benefits for their members and their families.

5 STAR BENEFITS

- ✦ OUR GOAL IS TO PAY CLAIMS ON THE SAME DAY YOUR HOSPITAL AND SPECIALIST'S BILLS ARE RECEIVED BY US.
- ✦ COVER CONTINUES WHEN YOU TRAVEL ABROAD ON HOLIDAY OR BUSINESS AND IS INCLUDED AT NO EXTRA COST.
- ✦ WE HAVE A FREE 24 HOUR HEALTH HELPLINE.
- ✦ YOU MAY CHOOSE FROM OVER 550 HOSPITALS.
- ✦ SAVINGS OF UP TO 50% HAVE BEEN MADE BY THOSE WHO HAVE JOINED HMCA USING THE TRANSFER FACILITY.

**FOR MORE INFORMATION GO TO
WWW.HMCA.CO.UK/ADAM.HTM
FOR IMMEDIATE PERSONAL ATTENTION PLEASE
CALL OUR HELPLINE ON 01423 799949**

CPD answer sheet: Practice Focus Spring 2014

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 **28th June 2014**. Answer sheets received after this date will be discarded as the answers will be published in the **Summer 2014** issue of *Practice Focus*.

Answers

Please tick the answer for each question below.

Question 1: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 2: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 3: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 4: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 5: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Question 6: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 7: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 8: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 9: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 10: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Question 11: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 12: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 13: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 14: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 15: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Question 16: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 17: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 18: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 19: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Question 20: A <input type="checkbox"/> B <input type="checkbox"/> C <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.

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