

PracticeFocus

quarterly magazine of the ADAM ■ summer 2013



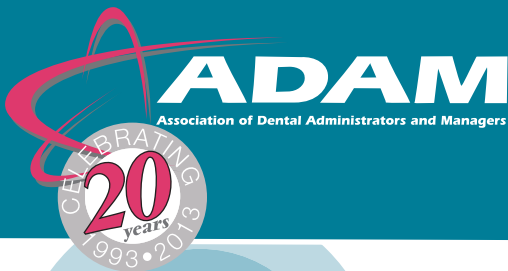
A bright future ahead...

We interview new ADAM President, Hannah Peek, about her plans for the Association she now leads

also in this issue:



- A trip down memory lane – into the new millennium p6
- When disaster strikes... p10
- 20th anniversary Conference photos p12
- Recruiting and retaining a successful team p17
- Illegal Tooth Whitening campaign goes viral p20



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ISSN 1756-5219

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PracticeFocus

quarterly magazine of the ADAM ■ summer 2013

editorial

by **Hannah Peek**



Welcome to the latest edition of Practice Focus – my very first since becoming President at our 20th anniversary Conference in June. I'm thrilled to have been appointed President and am really looking forward to the next couple of years. If you turn to page 9 you can read an interview with me when I share some of my ideas and thoughts for the future.

The photo on the front cover of this edition of Practice Focus is of Tony Reed, Executive Director of BDTA, and me. Tony had just presented to ADAM a new Chain of Office - the BDTA are good friends of ADAM and in fact provided BDPMA, as it was then, with our original Chain of Office back in the early 1990's, so our relationship is a really strong and long-lasting one.

This month's edition includes the second in our Trip Down Memory Lane series and covers the association from 1999 into the new millennium and up to 2003. I hope you enjoy this look back in time - we're indebted to a few of our early members for their recollections of those times – and for providing some photos too!

And sticking with the photographic theme, this edition of Practice Focus includes some great photos of last month's 20th anniversary Conference in Oxford which proved to be very successful – an amazing 94% of delegates rated both the Conference and the Venue as Very Good or Good, which is terrific feedback.

In this, the summer edition of Practice Focus, you can also read some useful articles on a range of topics from recruiting and retaining a successful team through to disaster recovery; from illegal tooth whitening through to due diligence; plus of course the usual snippets of news from within the profession and a summary of forthcoming training events.

There's also information about the benefits of ADAM membership and on how you can become more active in the Association that supports practice managers, treatment coordinators and other members of the administrative team. Why not apply for one of the volunteer vacancies currently on offer – find out more on page 8.

That's it from me – enjoy the summer!

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the publication for those who aspire to success



GDC launches on social media

As well as recently launching Twitter and Facebook accounts, the General Dental Council (GDC) is further reaching out to patients and registrants with a new YouTube channel.

Three videos have already been added to the site explaining the regulator's work around complaints that go to a full public hearing.

The videos are available to view on the GDC's YouTube channel.

They aim to:

- support dental professionals involved in a GDC hearing throughout the different stages of the process;
- help those giving evidence to explain what is involved;
- explain the part our independently appointed fitness to practise panel members play in our hearings process and how this role helps in providing proportionate and fair regulation of the dental profession.

For more information go to www.gdc-uk.org.



Final countdown begins to end of CPD cycle

At the end of this month almost 40,000 dental care professionals will reach the end of their five year cycle of continuing professional development (CPD).

By 31 July 2013 they must have completed 150 hours of CPD, of which 50 must be verifiable. This is a legal requirement and registrants will have until 28 August 2013 to declare the hours that they have completed or risk losing their GDC registration.

- Registrants can download a recording form from www.gdc-uk.org

Make a meal of it, new BDA campaign urges

Dental professionals across the UK are being urged to get involved in a new British Dental Association (BDA) campaign to reduce the harm done to children's oral health by taking sugary and acidic food and drink outside regular mealtimes.

The 'Make a meal of it' campaign, launched on 18 June 2013, proposes restrictions on the availability and advertising of such products. The BDA is also supporting a specific tax on sugary, carbonated drinks. The campaign seeks to encourage:

- supermarkets to restrict the availability of unhealthy foods at checkouts,
- cinemas to downsize their unhealthy food and drink offerings,
- schools and hospitals to withdraw unhealthy food and drink from vending machines.

The BDA is urging the dental profession to pinpoint local examples of outlets that are putting profits before health and help to challenge them. It is also seeking support for a Government e-petition it has launched which calls for a more rigorous approach to tackling the problem.



Professor Damien Walmsley, Scientific Adviser to the British Dental Association, said: "Despite a steady improvement to oral health in recent years an unacceptable number of children in the UK still suffer with tooth decay, which we must remember is an entirely preventable condition. The average figures for the prevalence of decayed, missing and filled teeth mask some disturbing pockets of very poor oral health.

"Regrettably, some retailers insist on putting profits before health, disregarding the potential ill effects of their products and dangling temptation in front of children. A more responsible approach must be adopted by such organisations to help address the poor oral health that dentists see in communities across the UK. I urge all members of the dental community to get behind this campaign."

- Further details of the campaign and how to participate are available at: www.bda.org/makeamealofit.

Enter Dental Showcase prize draw

Win a luxury wine tasting for two with BDTA Dental Showcase

The UK's biggest dental exhibition has announced an exciting prize draw for those who register for BDTA Dental Showcase 2013 before 31 July.

Everyone who registers will automatically be entered into a prize draw to win a wine tasting and champagne lunch for two in Birmingham, the location of this year's show.

Registration is free of charge for all members of the dental team. Those who have already registered will be automatically included in the prize draw – so there's no need to register again.

Don't miss out on the most popular dental event of the year, it's the destination for every member of the dental team this October - a visit to BDTA Dental Showcase offers the chance to discover what's new in today's fast-paced world of dentistry, learn about new products, equipment and services from over 350 exhibitors - with opportunities for one-



to-one discussions, attending company mini lectures and product trials, the chance to take advantage of special offers from manufacturers and suppliers and gain new ideas to enhance your practice and to earn verifiable CPD.

- Register now for your chance to win by visiting www.dentalshowcase.com or calling 01494 729959 or email register@dentalshowcase.com. You can also text your name, postal address, occupation and GDC number to 07786 206276.



UK moves towards safe and effective electronic cigarettes and other nicotine-containing products

All nicotine-containing products (NCPs), such as electronic cigarettes, are to be regulated as medicines in a move to make these products safer and more effective to reduce the harms of smoking.

The UK Government has decided that the Medicines and Healthcare products Regulatory Agency (MHRA) will regulate all NCPs as medicines so that people using these products have the confidence that they are safe, are of the right quality and work.

- For more information go to www.mhra.gov.uk/NewsCentre/Pressreleases/CON286855.



trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
- -	ILM Level 3 Certificate of Leadership and Management <i>UMD Professional Ltd</i>	Distance Learning Programme 15% discount on courses starting in July and August	Fiona 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 September 2013 London	ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>	Grants available towards course fees	Fiona 020 8255 2070 or fiona@umdprofessional.co.uk
commencing September 2013 Birmingham & Bristol	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available. Grants available towards course fees	Fiona 020 8255 2070 or fiona@umdprofessional.co.uk
commencing September 2013 London	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available. Grants available towards course fees	Fiona 020 8255 2070 or fiona@umdprofessional.co.uk
6 September 2013 London	Management of medical emergencies for the whole dental team <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	www.bda.org/training
13 September 2013 London	Safeguarding children and vulnerable adults <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	www.bda.org/training
20 September 2013 London	Business planning and financial management <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	www.bda.org/training
20 September 2013 London	Reception and telephone skills <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	www.bda.org/training
26 & 27 September 2013 London	The essentials of staff management <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	www.bda.org/training
commencing October 2013 Leeds & Manchester	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available. Grants available towards course fees	Fiona 020 8255 2070 or fiona@umdprofessional.co.uk
1 October 2013 Bristol	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining@denplan.co.uk
Commencing October 2013 London, Manchester & other UK locations (subject to demand)	1 and 2 year university accredited Dental Practice Management courses <i>Dentistry Business</i>	Download brochure at http://www.thedentistrybusiness.com/register.php	Email Sim Goldblum at sim@thedentistrybusiness.com

trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
9 October 2013 Leeds	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining@denplan.co.uk
20 November 2013 Stratford-upon-Avon	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining@denplan.co.uk

Introduce a new member to ADAM and earn £20 in High Street Vouchers!

£20

£20

£20

£20

If you're already enjoying the benefits of being a member of ADAM, why not encourage your colleagues to join? And for each one that signs up you get £20 in High Street Vouchers! To join all you need to do is complete the form below and send it in to us, we'll do the rest. But don't forget to add your own name and membership number!

Key Benefits of Membership

- Reduced rates for seminars and webinars
- Access to legal advice
- Access to verifiable CPD
- Free subscription to *Practice Focus*
- Free copy of *Probe* and *Vital*
- Networking opportunities
- Monthly emails on relevant and topical subjects
- Discounts on specific training courses
- Access to advice sheets and templates

Request for Membership application form

Please note this offer only applies to applications for Full Membership

Please send an application form to my colleague who wishes to join ADAM* and send me £20 in High Street Vouchers when they become a Full Member.

MY DETAILS: Name: ADAM membership number:

NEW MEMBERS DETAILS: Mr/Mrs/Ms/Miss* (delete as appropriate)

First Name: Surname:

Address and Postcode:

Contact Phone Number: Email:

* If you prefer, simply email the above information to denise@adam-aspire.co.uk and she will send the application form to your colleague.

twentiethanniversary

A Trip Down Memory Lane: into the new millennium (1999 to 2003)

In the second of our series of articles looking back at the first 20 years of ADAM, **Glenys Bridges** recalls the late nineties and into the new millennium with what was then BDPMA.

Thinking of the British Dental Practice Managers Association (BDPMA) back in the 20th century one question springs to mind. Did developments in the world of dental business create the need for management education and development, or did the professional education lead to the development of management standards?

One thing is certain - that once the ball started rolling an undeniable cycle began - and BDPMA had a role to play.

In its infancy the practice managers' training course initiated by Birmingham FHSA was very much the magnet that brought the Association together and facilitated networking and the formation of alliances between practice managers.

The course was initially accredited as the National Open College Network's - Level 3 Professional Development for Dental Practice Managers and Senior Receptionists Course but by 1998 had advanced to become a level 4 BTEC Professional Certificate.

Like many other well-known products before and since, the BDPMA was 'Made in Brum' and embraced by the nation. Many local practice manager groups sprang up and BDPMA grew into a national organisation due not least to the support from the General Dental Council, the British Dental Association and The British Dental Trades Association. Margaret Seaward, then President of the GDC, was one of our most high profile supporters, and was kind enough to speak at our first Conference.

Each year the BDA offered the Association a speaking slot at their Annual Conference. This had begun in Harrogate back in 1994, and continued through into the new millennium as it does to this day.

In the same way BDTA provided our chain of office, as well as a stand at the annual Dental Showcase enabling the Association to meet and greet both existing and potential new members.

Another major and highly influential source of support was the dental press, with BDPMA writing regular columns and articles in The

1999
2000
2001
2002
2003



Your Association Needs You!

Below: An original BDPMA badge



Dentist, The Probe and several others. These helped us raise our profile and as a consequence swell our membership numbers.

During this period the Association consisted of a national council supported by regional groups. The highlight of each the year was our Annual Conference, which attracted high profile speakers and featured a Graduation Ceremony for those who had achieved the recognised Practices Management Qualifications.

We were keen to encourage and develop new officers and so the time span of official roles was intentionally short. This was also in recognition of the fact that serving in key roles such as chair, treasurer or secretary, was demanding of both time and energy, and required a very supportive employer!

Looking back to those early years of my involvement with BDPMA, it was an exciting and rewarding time, and friends I made then will remain friends for life.

There's no doubt in my mind that the culture change in dentistry that began in the late 1990's marked the first steps toward the current care quality culture. Those managers who started their professional development during that time gained the knowledge and skills to embrace the new era and as a result were able to secure real and tangible benefits for their practices in the years that followed.

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

Membership Co-ordinator

The successful candidate will promote the features and benefits of ADAM membership to prospective members, whilst maintaining the existing membership. This will involve:-

- Promoting ADAM membership
- Contacting prospective members to encourage them to join the association
- Keeping abreast of developments within dentistry and how ADAM members could be affected
- Effectively contributing as a member of the Executive team.
- Act in accordance with the Nolan Principles as determined by the Committee on Standards in Public Life, and to declare any potential conflicts of interest.

Regional Team Mentor

Acting as a point of referral for Regional Mentors, you will effectively manage, coach and develop Regional Mentors to ensure they are suitably equipped to provide mentoring advice guidance and support to members within their designated geographical area and to contribute towards the success of the organisation.

You will assist in the sourcing of speakers, and manning of the ADAM stand at the conferences and events, and will:-

- Promote ADAM membership
- Keep abreast of developments within dentistry and how ADAM members could be affected, , where appropriate, cascading information to Regional Mentors and the Executive.

- Effectively contribute as a member of the Executive team.
- Act in accordance with the Nolan Principles as determined by the Committee on Standards in Public Life, and to declare any potential conflicts of interest.

For more information please ring Denise on **01452.886364** or go to **www.adam-aspire.co.uk** and click on the Application Form link.

Regional Mentors

To become a Regional Mentor you must live and work in the area you represent. Appointment is for a two year period and a number of our current Regional Mentors have already or will soon come to the end of their tenure.

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 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. If you're interested in applying for a Regional Mentor role and would like to be considered, please email denise@adam-aspire.co.uk and we'll let know if there's currently a vacancy in your region or if there's one coming up soon.

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



adam why you should join

Membership Benefits

In response to a request at last month's Annual Conference in Oxford here's a brief reminder of the benefits of ADAM membership

by **Niki Boersma**,
Practice Manager and
ADAM Vice President

Email or telephone advice

Contact us with your enquiry and we'll provide the answer or if we don't know the answer ourselves we'll point you in the right direction for assistance.

Practice Focus

Free subscription to our quarterly members' magazine and the only industry publication aimed specifically at dental team members. Each issue includes one hour of verifiable CPD plus all the latest news, details of events plus informative articles from members and other experts in the profession.

e-update

Free subscription to our high quality electronic newsletter sent directly to your Inbox each month when Practice Focus isn't published.

Members' area

Exclusive access to the Members' area of the ADAM website - containing downloadable advice sheets on a variety of relevant topics and a forum to exchange ideas and information.

Management and Personal Development events

Reduced rates to attend seminars, webinars and training courses focused on providing practice managers and administrators with the skills essential to run effective, profitable practices.

Free Legal Advice Service

Provided by Dental Protection.

Tax relief on your annual subscription

Simply contact your local HMRC office.

But don't forget...

It's also about the opportunities to network with colleagues, to share ideas and best practice, and to recognise and have some pride in your vital role in the effective running of the practice. All of this adds to the 'feel good factor' of being part of something professional and worthwhile, and important.



Meet the

In the May edition of e-update we met new ADAM President, **Hannah Peek**. So, this time around, let's focus on her plans for the Association she now leads

Q How long have you been involved with ADAM and why did you decide to get actively involved with the running of the Association?

I've been involved with the Association for 8 years after joining when I was at BDTA.

I decided to get actively involved because I knew about the problems practice managers face on a day to day basis and felt I could share that knowledge with others to help them work more effectively.

Q What do you see as the key reasons why Practice Managers and Administrators should join ADAM?

There are so many reasons to join ADAM I couldn't possibly list them all, but here are the ones I think are most important.

- Being a Practice Manager can be a lonely job so it helps having somewhere and someone to contact when you need advice.
- The Seminars and Webinars we run are aimed at Administrators and Treatment Coordinators as well as Practice Manager, and many of the events allow members to network with each other.
- We have a range of advice sheets available exclusively to members.
- The number of calls our legal helpline gets each year suggests this is a very valuable benefit to many members.

President



Q What are the hot topics you hear ADAM members talking about at present?

Over the last few years CQC has been a big topic but now that most practices have had their inspections our members seem to be a bit more relaxed about it. But the regulations are on-going so some of our members are still asking questions and trying to find ways to improve upon what they already have in place.

More recently Direct Access has taken over as the latest hot topic as Practices consider what it means for them and how they will manage the correct patient care whilst at the same time supporting their Hygienists and Therapists.

Social Media is also very topical right now, not only in terms of how to use it to promote your business but also how to manage what's written about the practice, patients or team members.

Q Where do you see dentistry in the UK going, and how do you think ADAM members should be preparing for these changes?

In the past few years we've seen many changes in dentistry, with the introduction of Clinical Governance, CQC and Direct Access, not to mention new NHS Contracts and new Dental Management Software.

I think we'll continue to see an increase in the responsibilities of Practice Managers, and the role becoming more like that of a professional business manager.

So we need to look at how we can ensure that ADAM members – whether they're already Practice Managers or currently aspire to be Practice Managers - have the proper skills and training for the job.

This might be through a formal qualification although this isn't essential as I know many

successful Practice Managers who aren't qualified. As I said earlier, what's more important is that they have the right skills and experience to do the job!

I think we may also see a decline in the number of NHS contracts and so believe we should be looking at how we can convert patients to private or capitation schemes. This, I feel, is where practices should have TCO's who will be able to make the transition easier for patients.

In many respects a Dental Practice is like lots of other businesses and so I think Team Training is a 'must' if you really want your team reach its potential and your business to succeed.

Q What's your view on the changes introduced earlier this year around Direct Access and how do you see those changes affecting ADAM members?

Direct Access is great for patients and will help to attract business into the practice. But practices do need to have careful and well thought-out procedures in place and ensure that patient care remains the primary focus of the wider dental team, especially as those patients may not see the dentist for routine examinations.

Any policies or procedures need to be carefully written and practices may wish to consult with their indemnity providers to be satisfied that those policies or procedures don't leave them open to claims.

Overall I think it's a great thing for the profession and for the patient – provided it's properly managed.

I do think this is yet another step in a journey of continuous change for the profession which makes it all the more important for Practice Managers, TCO's and Administrators to know where they can seek advice,

support, and guidance when they need it – at ADAM of course!

Q And finally, what are your plans for ADAM during your 2 years as President?

I have lots of plans for my 2 years as President – I've just had a great day of planning at our Head Office and I'm really excited about what's to come for our members.

Here are just a few examples of what we hope to do:

- Increase our membership numbers;
- Have lots of seminars, Webinars and workshops for Practice Managers, Administrators and Training Coordinators;
- Raise our profile by writing for more dental publications and attending different trade shows.
- Build our Conference Programme for all the Team.
- Review and enhance our membership benefits.
- Maintain our current partnerships and develop new ones.

And there's lots more – but I don't want to give too many away for now!!

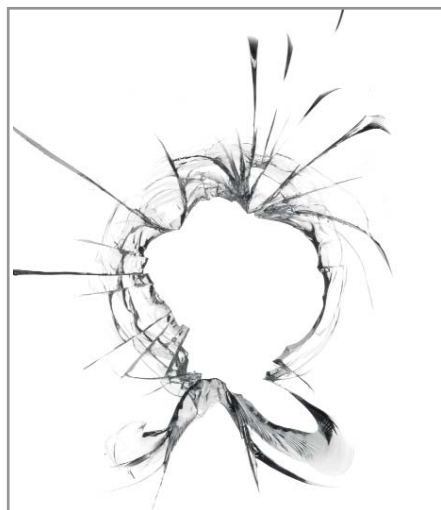
- If you have any comments or suggestions please email denise@adam-aspire.co.uk.
- Or if you're not yet a member, but would like to join, go to www.adam-aspire.co.uk.

businesscontinuity

When Disaster Strikes...

Business continuity and disaster recovery

It is important to ensure that a practice can return to “business as normal” as quickly and seamlessly as possible following a major disruption. This type of planning is often overlooked by businesses to their detriment. Having a solid plan in place can minimise financial losses and the effects on patients. This article provides some useful steps on how to go about this.



Analyse your practice

Identifying areas of the business that are crucial to keeping the practice running smoothly will help you prioritise which parts of the business to get up and running as soon as possible after a disruption.

Consider the following:

- What are the minimum resources required to deliver the key functions of the business?
- What are the impacts of losing critical functions of the practice?
- How quickly do you need to restore critical functions in order to minimise disruption?
- What external factors is the practice dependant on?

Risk assessment

Assess the risks the business faces by pinpointing factors that could cause disruptions to the practice. These could include:

- Loss of premises
- Loss of utilities
- Loss of IT systems
- Loss of staff

By considering how these risks impact on the critical functions you will be able to identify the greatest risks to the business. You can then consider how likely these are to happen and whether these is anything you can do to prevent them from happening.

Develop a plan

A business continuity plan will help to enable the practice to respond effectively to any crisis. The plan should be:

- Flexible
- Able to work on any day and in any weather
- Clear and user friendly
- Regularly tested
- Understood by everyone at the practice

Protecting your practice

- **Computers and IT** – Dental practices are becoming more reliant on technology, so it is vital to ensure that IT systems are secure. This can be achieved by the following; ensuring systems are password protected, setting up a firewall for internet connection, using up to date anti-virus software, backing up key information and storing back-ups off site and changing passwords regularly.
- **Fire** – Help to protect the practice from an outbreak of fire and to minimise the damage by the following; carrying out a fire risk assessment, outline emergency evacuation procedures, installing fire alarms and heat detectors, providing fire extinguishing equipment, identifying escape routes, installing fire doors, appointing a fire warden, training staff in fire awareness, carrying out regular fire drills.
- **Flooding** – Assess the risk of flooding to the practice. This could be from a river, excess surface water or a burst pipe internally. If you are at risk then consider the following to protect the practice; choosing flood protection products which best suit your building, checking the building is insured against flooding, storing important documents and valuables above flood level, keeping up to date with flood warnings in your area.

HAZLEWOODS

DRIVING LIFELONG PROSPERITY

by **Nigel Utting** at Hazlewoods

- **Insurance** – Checking that the practice has the right insurance is very important in helping the business to get back to normal in a disaster. If you are a tenant then you should also check what insurance your landlord has in place.
- **Security** – All businesses are at risk from criminal attacks but there are simple steps that can be taken to protect the practice. For example; ensuring materials and information that are critical to the running of the practice are kept in a secure place, communicating security measures to employees, installing a working intruder alarm system and maintaining this on a regular basis.
- **Supply chain** - It is critical to manage the resilience of the supply chain of the practice. If you have highlighted that an aspect of the practice's function is reliant on an external factor such as a particular supplier, you should find out whether they also have a business continuity plan in place.

Communicate your plan

Communicating your plan is a vital part of ensuring its effectiveness. Staff should understand what to do in an emergency. It is also important to involve staff in practising the plan and to welcome their feedback. You should also consider communicating your plan with neighbours, patients and suppliers.

Testing

Testing your continuity plan will demonstrate whether it works and highlight areas that need improvement. This can be done through seminar exercises, discussions or live exercises. Whichever method is chosen it is important to evaluate the plan and amend it if necessary.

Conclusion

Much of the above is common sense, however, having a formal plan in place could make a huge difference should a major disruption occur. You will not be able plan for every possible disaster, however planning can reduce the potential impact on the practice.



About the author

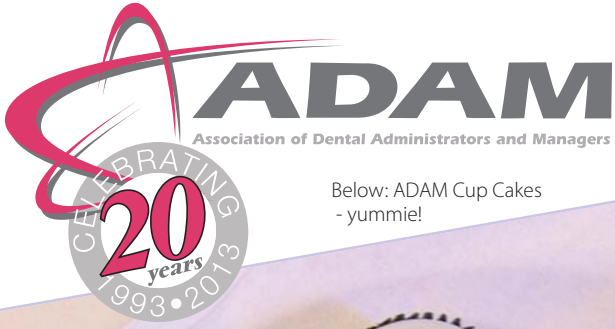
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Below: ADAM Cup Cakes - yummy!



Below: 2013 Awards Winners.



Right: Hannah with ADAM's longest serving member, Polly Toms.



Above: Hannah with

Below: Vice President Niki Boersma.



adam conference photomontage

Below: Niki and Hannah with Immediate Past President Jill Taylor.



Below: 20th anniversary celebration cakes.



other past Presidents and Tony Reed from BDTA.



Above: Time for dinner!

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Due Diligence Keeping the Paperwork in order

It is an obvious statement to make but it is incredibly easy to become disorganised. Never has this become a more fulfilling statement, now that there is an ever-increasing level of regulation of not only dentists, but of healthcare professionals across the spectrum.

It is this escalating level of regulation that has seen a parallel increase in the practice manager's level of responsibility to aid the already burgeoning role of the dentist.



As I identified in my previous article in Practice Focus Spring 2013, The Legal Responsibilities of the CQC Manager, the Health and Social Care Act 2008 brought a new wave of regulation to the extent that dentists now require practice managers to take on additional responsibility which invite legal liabilities. As such, as and when the Care Quality Commission ('CQC') undertake either a planned review or a responsive review, it is important that the documentation the CQC officer is required to assess is readily accessible.

It is good housekeeping for any practice to ensure that all practice documentation is up to date and stored in the appropriate place. Moreover, in their role as a registered manager, the practice manager may become equally liable together with the principal if the practice is found to be non-compliant.

The below should not be treated as an exhaustive list, as there are clinical criteria that the CQC would investigate that does not come under a practice managers remit, but may help guide practice managers in determining what they should collate in advance of a planned or responsive review:

- **Employment Contracts/Associate Agreements** – most dental practices will keep employment contracts and associate agreements in a central register, however not all dental practices will offer written associate agreements to all of its associates and will, at times, operate a verbal agreement between principal and
- **Proof of qualifications/professional indemnity insurance policies/staff appraisals** – these are essential in order to comply with Outcome 12 of the CQC essential standards. Example documents which can be produced to satisfy this outcome include GDC Certificates, professional indemnity certificates and CRB/DBS checks.
- **Immunisation records and Continued Personal Development ('CPD') records** – it is a requirement for the purposes of health and safety that evidence of, for example, Hepatitis B vaccinations of the dental staff are produced. Furthermore practice managers are to ensure that their dental staff are continually developing their knowledge and skills through Continuing Professional Development.
- **GDS/PDS/PDS+ Contract** – it is vital that any dental practice offering NHS services keeps their original NHS contract including any written variations (whether statutory or bespoke) so that they can be inspected. An example of a bespoke written variation would be the addition or removal of a partner to the NHS contract,

associate. Whilst this article does not intend to discuss the legal ramifications of not using written associate agreements, it is important to note that holding such agreements where there is a principal and associate arrangement in place, is important to protect the principal's goodwill and can affect a principal's ability to sell their practice.

duediligence

or a increase/reduction in the amount of UDAs ('units of dental activity') and/or UOAs ('units of orthodontic activity') provided by the practice.

- **Vital Signs Reports/BSA Schedules** – production of these documents is to prove the level of UDAs/UOA's achieved in each financial year together with proof of UDA/UOA rate.
- **Breach/Remedial Notices** – not all principals may be comfortable in providing these documents to their practice manager because they may contain sensitive information. However either a breach or remedial notice is an important document, not only to store on record, but also, in the case of remedial notices, to document how (if at all) the practice has complied with a purported breach. It is very common for breach notices to be issued in the wake of the recovery of monies from the principal for UDAs not performed in the previous financial year (what is known as 'clawback'). Any clawback payments must be accounted for by the contractor(s)/performer(s) of the contract.
- **Inspection reports** – this may include CQC inspections, but also Health Authority Inspections and inspections that are carried out by private companies at the principals own instruction and expense.
- **Property Deeds** – it has become a common request by principals and practice managers for all information and documents regarding the practice property to be passed to the practice manager to store for CQC inspections. Whilst my firm comply with such requests where we can, it is usual for deeds to be held by not only your solicitor but also banks in general. Much depends on the financing of the practice purchase by the principal. If bank lending has been utilised by the principal and the property deeds are held by your solicitor, it may be that before your solicitor can release the full



set of documents to you, that the consent of the lender will need to be both sought and obtained.

- **Commercial Agreements** – these can range from utilities to commercial waste, maintenance agreements etc. There are practices who in fact lease their oxygen portable supply and having one is important to comply with Outcome 4.
- **Maintenance Records** – for most hardware appliances, the most usual requirement for maintenance being the autoclave, pressure vessel systems and x-ray machines.
- **Complaints Policy and Register** – from a compliance point of view all complaints made by patients must be thoroughly managed and investigated to prevent any reoccurrence. It is important that every member of the practice team is aware and understands the process of the complaints policy. This is now particularly relevant considering the weight that is now placed on NHS Choices, which contains a dedicated and open forum webpage for all patients to rate their individual experience with their dentist.
- **Notifications to CQC** – registration with the CQC is a continuing relationship. The practice must ensure that it notifies the CQC in relation to matters that are classed as 'mandatory statutory notification incidents'. These include change of relationship manager, absence of the relationship manager from the practice for more than 28 days (including the return of the relationship manager) and any death or serious injury suffered at the practice etc.
- **Internal Policies** – it is important that the practice complies with and updates internal policies and procedures so that they are relevant to current laws and regulations. Such policies may include recruitment, infection control and decontamination, child protection and vulnerable adults, whistleblowing, violence, harassment and bullying, code of conduct (all encompassing staff handbook) and health and safety etc. These in any event should be made readily available to all staff working at a dental practice.
- **Insurance Policies** – public liability insurance, employment liability insurance together with personal insurance policies the practice has in place.

Furthermore, compiling these documents will also aid any principal that is planning on selling their dental practice. As the sale and purchase of dental practices is increasingly common any transaction will include a process called 'due diligence'. This is a process that requires the principal, as the seller, to answer the buyer's enquiries and provide documentary evidence where appropriate in relation to the practice. It is highly likely that the principal will delegate the collating of documents to the practice manager and having the documentation to hand can save a significant amount of time and consequently shorten the time of the transaction.

About the author

Paul Krivosic is a solicitor at **mfg solicitors** specialising in advising dental practices. www.mfgsolicitors.com.

Recruiting and Retaining a Successful team

by **Richard Mander**,
of Mander HR

Last month at the Oxford Hotel in Oxford I presented to ADAM Conference delegates on this topic and, quite intentionally, sought to challenge conventional thinking around a number of HR issues.

For those who didn't make it to Oxford here's an outline of my presentation – and for those who did attend, here's a reminder of the key themes.



Killer Fact No. 1: Interviews are not always reliable!

The traditional interview is only 20% reliable as an indicator of future performance. So when you next look to recruit a new member of your team, especially if you want to build a successful team, remember:-

- **Recruit in haste and repent at your leisure** – it's time consuming and expensive to get it wrong, so take your time and make sure you know what skills you're looking for out of your new recruit.
- **Don't accept second best** – if none of the candidates are good enough don't lower your standards. Instead, start the recruitment process again.
- **Two heads are better than one**, so get a colleague to sit in on the interviews with you.
- **You are the brand** – this is your opportunity to sell the practice.

Killer Fact No. 2: Some Performance Management systems are a waste of time!

Many performance appraisal systems have been over-engineered - they've become time consuming and cumbersome, and in some cases have developed into a meaningless tick-box exercise. The HR industry has created a monster!

Let's get back to basics. It's about having

regular conversations about performance; about leading the way with good communication and coaching.

There are some key ingredients to a successful performance management system:

- Getting the right balance between quality conversations v form filling
- Little and often approach – don't save up the difficult conversations for the once or twice yearly reviews.
- Feedback – try the KEEP, LOSE, GAIN approach – 'I'd like you to KEEP showing this behaviour, LOSE this behaviour, and GAIN this behaviour'.

Killer Fact No. 3: People leave managers not companies!

Why do people *leave* your practice? Consider the costs and impact of employee turnover and ask yourself some difficult questions:

- Why do people leave?
- What influence/impact has the manager had on their decision?

The failure factors:

- Indecisive managers
- Micro managers
- Lack of courage/unwillingness to address issues

recruitmentandretention

Killer Fact No. 4 – Tackle poor performers!

Is this you?

- 'If I was starting from scratch I wouldn't recruit 30% of my current team'
- 'Some of my team do just enough to get by'
- 'Some of my team are disruptive and have a negative impact on others'
- 'Some of my team have a very poor attitude at work'
- 'I can't do anything about it because...'

The truth of the matter is that as Practice Manager you can and must do something about it – it's your job!

Killer Fact No. 5 - You need to focus on the big picture!

Most people love predictability and stability and whilst change can be good for any organisation, it can also be frightening for some individuals.

So, focus on the big picture and think about what change needs to happen within your practice – then talk to your team and take them with you on the journey of change. Don't just tell them and expect them to like it.

Communicate, communicate, and communicate.

Killer Fact No. 6 - Work isn't everything

People have – and increasingly demand – a life outside of work, and increasingly they're looking for a better work/life balance, with an employer that's willing to be flexible.

So, as an employer, do you offer flexible working that might include:

- Part time working
- Term-time working

- Flexi-time
- Compressed hours
- Annual hours
- Career breaks.

A flexible workplace is built upon TRUST and allows individuals the scope for flexibility that fits in with business needs.

Killer Fact No. 7: Part timers are not inherently evil!

The world has moved on. In times past the culture in the workplace was 'Managers know what's best and the rest of you just do as I say.'

Nowadays it's a different approach – 'give people what they want in line with the needs of the business' and that change has happened largely because an increasing proportion of the most talented people will seek part-time work in the future.

Killer Fact No. 8: Success lies in Succession

Are you planning for the future – have you identified your successor?

- Develop an informal approach to succession planning
- Growing your own is the most cost effective way
- Prioritise how and who you develop within your team
- Retain the best talent within the practice
- Coaching is rated as one of the most effective talent management activities
- 25% of firms say the most effective ways to develop employees are:-
- In house development programmes
- 360 degree feedback.

Killer Fact No. 9 - Tribunals support commercial decisions

So, don't be afraid to tackle those under-performance issues I mentioned earlier.

Killer Fact No. 10 - Embrace IT and Social Media

Take advantage of the benefits of being technology savvy to improve your efficiency and profitability.

So, in summary, here are my ten top HR tips to recruiting and retaining a successful team:

THE SUMMARY

- | | |
|---|--|
| 1. Recruitment is more than an interview. | 1. Keep performance review systems simple. |
| 2. People leave managers not companies. | 2. Tackle the poor performers. |
| 3. Focus on the big picture. | 3. Work isn't everything. |
| 4. Part time workers are good. | 4. Success lies in succession – plan for it. |
| 5. Don't be afraid of tribunals. | 10. Use new technology to your advantage. |



Richard Mander

If you would like to find out more about this topic or on related matters you can contact Richard at www.manderhr.com or by telephone 07715 326 568.

by **Andrew Bloomfield**,
of Gallions Reach Dental Clinic

policy

The Policy problem!

Getting your practice policies and protocol information, and any governing body regulations across to your team is one of the more difficult internal problems in any practice.

A year or so back Gallions Reach Dental Clinic faced the same problem. Their aim was to ensure that the message was delivered correctly and understood, whilst at the same time offering CPD to the team.

This is a common problem – how do you:

- keep the team informed of the latest regulations?
- keep them informed about practice policies/ protocols?
- invest in the development of your team?
- empower your team with the latest knowledge of CQC outcomes?

Working together, Director Jonathan Townsend and Practice Manager Andrew Bloomfield set about developing a training plan to address these issues. The process started by contacting the GDC to find out their requirements for verifiable CPD; once satisfied that they could achieve the required criteria, the solution was to take a policy/protocol or regulation, read through and draw out questions which would meet GDC requirements.



Andrew Bloomfield

A separate answer master sheet was then created, making marking the whole process quick and efficient.

As soon as the initial questions had been selected, they were typed up and re-checked against GDC guidelines. Each question sheet had a copy of the policy/protocol or regulation attached. Team members were given an introduction to the topic and provided with a handout to read and answer.

A time of 1 hour was set for each, however individuals can return to their questions sheets within one week, giving them time to approach either Andrew or Jonathan with any questions.

Once marked, certificates were awarded at the next practice meeting. To measure quality control Andrew and Jonathan undertake surveys of members of staff and audit the questionnaire sheets. This has enabled them to refine the way in which they construct their in-house training in order to meet the needs of the team and the practice.

Having a proper structure to the process means that finding the appropriate question is straight forward - the Gallions management team draw up separate questions and answers; cross reference them; and select the most appropriate.

The training may sound time consuming but now that the process is in place, creating new question and answer sheets takes only a short time. This has not taken the place of traditional forms of external training, which is still used, but it's a beneficial addition, and one that the team certainly enjoy.



The Team at Gallions Reach Dental Clinic

Gemma, and RDN at Gallions Reach said: *"I think the training is extremely worthwhile, I like the way it's broken down into easy to understand sections. The relaxed way in which it's presented allows me to understand the topic, read through the hand out and gives me the chance to discuss any points with Andrew - plus we get CPD points and understand the CQC outcomes as well"*

Jonathan (Director) says *"The team have risen to the challenge and appear to enjoy the stimulating debate that arises from each new topic."*

Andrew Bloomfield says: *"The feedback from the team is extremely positive towards the training; they feel confident about each task and find our approach positive and un-daunting."*

More Information

If you require further information on how Gallions Reach Dental Clinic set up their system please log on to their web site: www.gallionsreachdentalclinic.co.uk and download the free guide or email Andrew Bloomfield : gallions-reach@btconnect.com

illegaltoothwhitening

Illegal Tooth Whitening – What

Beverley Carlyle tells us about her social media campaign to 'Stamp out Illegal Tooth Whitening'



How many times have you seen tooth whitening offered on your local high street or had a Groupon daily deal offering whitening 'from as little as £49' drop into your email inbox?

Have you ever checked the advertisement or looked to see who was actually performing the treatment? Chances are it's a self-styled "whitening technician" and not a GDC registered dental professional.

I've had a Facebook account for a long time and noticed that in the last two years there's been an influx of business pages offering tooth whitening from mobile technicians, hair dressers, whitening clinics and there are 'before and 'after' images shown to help draw in the business.

I've often shared images on my Facebook wall with a reminder to my friends and family that whitening should only be performed by a GDC registered dentist, hygienist or therapist and I've always had messages in response, mostly asking why it's unsafe.

At the start of February, a friend 'liked' and shared an offer from a mobile whitening technician, offering a free treatment for Valentine's Day if she reached 500 likes. I clicked onto the page and was shocked by the images I saw.

I was moved to do something immediately - to warn people that it was unsafe - so I started a Facebook group called Stamp Out Illegal Tooth Whitening.



I shared the images in the 'before' and 'after' folder from the whitening technician that was running her Valentine's Day deal and a message about what the images were showing and why it was dangerous. Within 3 hours, I had over 90 'likes' and 32 friends had shared my page.

Messages flooded in; reports of painful experiences received at the hands of salons and technicians, and people asking what could be done to stop it.

I provided links to the GDC website for reporting illegal practice and for their local trading standards. I also asked them to contact their local MP or copy them into the report.

I posted more images that I'd found on other business pages and within 24 hours I had over 200 'likes' and an inbox bursting with messages.

I struggled to keep up with the page that weekend and thankfully dental professionals had taken it upon themselves to reply to posts from members of the public and were posting up links to the legislation; advising people on how to treat sensitive teeth etc.

After 4 days I had to take on a Hygienist and a Dentist to help as Administrators on the page - I simply couldn't manage it alone!

We've been shocked by how widespread the tooth whitening business really is - so far we've uncovered:-

- Two dentists not registered with the GDC offering whitening and training on how to perform whitening;
- A dental surgeon removed from the GDC register selling whitening training;
- Whitening companies performing whitening en masse at a beauty show - with no hand washing facilities; no gloves in evidence; no sterilisation procedures

can you do?

between clients; no medical history checking; no auditable trail of clients treated; and the public aren't aware of anything out of order!

We've also found salons advertising fake awards on marketing material; misleading claims of "up to 28 shades lighter in 20 minutes"; "a whitening specialist using the only desensitizing light in the UK"; "trained by the top UK whitening specialist"; and "2011 Dentistry awards best whitening product".

They can look very professional and the public don't stop to check if these accreditations are real or false. One company even had a GDC number allegedly for the dentist providing the treatment but when checked against the register, no such number existed!

As you'll have seen for yourself, many beauticians and training companies who offer tooth whitening state that whitening is a cosmetic rather than dental procedure. This was found not to be the case on 10th May 2013 when two High Court Judges deemed tooth whitening to be the act of dentistry. As a result of this decision a Beautician was found guilty of providing dentistry when not registered with the General Dental Council.

Many "whitening technicians" believe that the EU law allows them to use a gel concentration of less than 0.1% Hydrogen Peroxide however that legislation doesn't cover application for that concentration. That concentration can be sold to the public and is found in many mouthwashes and whitening toothpastes.

The GDC have stated that Registered Hygienists and Therapists may provide tooth whitening on prescription from a GDC registered Dental Surgeon, but the dentist must perform the first application.

Since the GDC announcement on Direct Access many questions have been asked

about where this leaves hygienists and therapists. The simple answer is that they must only provide whitening upon prescription from a GDC registered dental surgeon as per the EU legislation and their scope of practice.

Dental nurses cannot perform whitening under any circumstances.

So what can you do to help? Well you can help to educate the public by sharing our Facebook page and 'liking' it.

You can educate your patients by having the BDA whitening poster available on your website, Facebook page, or in your practice. And there are patient information leaflets available from both the GDC and BDA.

It's said that 85% of the public want whiter teeth and the fact that so many beauty salons and mobile technicians are offering it suggests there's a strong demand for it.

So you must arm every member of your team with the information and ensure that your patients are fully aware of the dangers of illegal whitening.

Get to know the illegal salons and technicians in your area; find out where they are and ensure that you are one step ahead of them; the desire for whitening is out there and you can bring those clients into your practice.

I'm happy to discuss this topic further to help you open up conversations about safe and effective whitening and how to maximise the uptake of tooth whitening treatments within your own practice.

- If you'd like further information please visit the **Stamp Out Illegal Tooth Whitening** Facebook page or email me on illegalwhitening@hotmail.com.

Together we can make a difference.



Beverley Carlyle

About the author

Beverley Carlyle is Business Development Manager for **Ballynahinch Dental Clinic** in Northern Ireland and has worked in dentistry for 23 years, starting as a dental nurse and working through the ranks to become a PM then a BDM.



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 August 2013**.

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 SPRING 2013 EDITION OF *PRACTICE FOCUS*

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

BUSINESS CONTINUITY (PAGES 10 AND 11)

1. WHAT IS THE PRIMARY REASON FOR HAVING A BUSINESS CONTINUITY PLAN?

- A. To return to 'business as normal' as soon as possible.
- B. To get a discount off your practice insurance premium
- C. To comply with regulatory requirements.

2. WHICH OF THE FOLLOWING IS AN IMPORTANT STEP IN DEVELOPING A BUSINESS CONTINUITY PLAN?

- A. Checking that you have insurance cover in place.
- B. Knowing who to contact in the event of an emergency.
- C. Undertaking a risk assessment to assess the risks the business faces.

3. WHO SHOULD KNOW AND UNDERSTAND YOUR BUSINESS CONTINUITY PLAN?

- A. It should be confidential to the Practice Manager and Practice Principal.
- B. It should be understood by everyone at the Practice.
- C. It should only be shared with senior members of the Practice team.

4. SHOULD YOU CHECK THAT YOUR SUPPLIERS HAVE A BUSINESS CONTINUITY PLAN IN PLACE?

- A. Yes, always.
- B. Yes, if an aspect of your practice's function is reliant on them.
- C. No, that isn't your concern.

5. HOW SHOULD YOU TEST YOUR BUSINESS CONTINUITY PLAN?

- A. By reading it through and making sure it sounds OK.
- B. By asking your Practice Principal to approve it.
- C. By running seminars or live exercises or discussions.

6. WHERE SHOULD YOU STORE YOUR IT SYSTEM BACK-UPS?

- A. In a desk drawer or filing cabinet within the Practice
- B. Off site.
- C. It's not important as long as the system is backed up.

7. WHO SHOULD YOU CONSIDER TELLING ABOUT YOUR BUSINESS CONTINUITY PLAN?

- A. Your neighbours, patients and suppliers.
- B. Your friends and family.
- C. No one.

continuing professional development

DUE DILIGENCE (PAGES 15 AND 16)

8. IN 2008 WHAT ACT BROUGHT A NEW WAVE OF RESPONSIBILITIES FOR PRACTICE MANAGERS?

- A. Health and Social Care Act.
- B. Dentists Act.
- C. Health and Safety at Work Act.

9. IF CQC FIND THE PRACTICE TO BE NON-COMPLIANT, WHO MAY BE HELD LIABLE?

- A. The Practice Principal.
- B. The Practice Manager.
- C. Both.

10. WHICH OF THE CQC ESSENTIAL STANDARDS REQUIRES A PRACTICE TO RETAIN PROOF OF QUALIFICATION, PI INSURANCE, AND STAFF APPRAISALS?

- A. Outcome 7 B. Outcome 14 C. Outcome 12.

11. AFTER WHAT PERIOD OF ABSENCE BY THE CQC RELATIONSHIP MANAGER MUST THE PRACTICE NOTIFY CQC?

- A. 10 days. B. 28 days. C. 56 days.

12. FROM A COMPLIANCE PERSPECTIVE, WHY IS IT IMPORTANT TO DEAL PROPERLY WITH PATIENT COMPLAINTS?

- A. Because all complaints must be managed and investigated to prevent any reoccurrence.
- B. To avoid being sued.
- C. To protect your reputation.

13. WHAT STAFF RECORDS SHOULD BE RETAINED FROM A HEALTH AND SAFETY PERSPECTIVE?

- A. Absence records. B. Immunisation records.
- C. Holiday records.

14. OTHER THAN FOR CQC, WHAT OTHER INSPECTION REPORTS MIGHT YOU WISH TO RETAIN?

- A. It's not necessary to retain any others.
- B. Health Authority Inspections and any reports carried out by private companies at the Principal's own instruction and expense.
- C. All of them, however old and out of date they may be.

RECRUITING AND RETAINING A SUCCESSFUL TEAM (PAGES 17 AND 18)

15. HOW MANY PEOPLE SHOULD IDEALLY INTERVIEW A POTENTIAL NEW EMPLOYEE?

- A. Just one. B. Two
- C. As many as you feel necessary.

16. WHEN SHOULD YOU HAVE A DIFFICULT CONVERSATION WITH A MEMBER OF YOUR TEAM?

- A. When the problem arises.
- B. At their next performance review meeting.
- C. If the problem re-occurs.

17. WHO IS RESPONSIBLE FOR TACKLING POOR PERFORMERS IN THE NON-CLINICAL TEAM?

- A. The Practice Principal.
- B. The Practice Manager.
- C. No one – that's just the way it is.

18. WHAT IS A FLEXIBLE WORKPLACE BUILT UPON?

- A. A bit of 'give and take'.
- B. People being able to do what they want when they want to.
- C. Trust.

19. WHAT'S THE MOST EFFECTIVE WAY OF DEVELOPING YOUR TEAM?

- A. Telling them what to do.
- B. Allowing them to get on with things for themselves.
- C. Coaching.

20. HOW RELIABLE IS THE TRADITIONAL INTERVIEW AS AN INDICATOR OF FUTURE PERFORMANCE?

- A. 20% B. 50%. C. 100%.





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CPD answer sheet: Practice Focus Summer 2013

Please PRINT your details below:

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Answer sheets must be received before **28th August 2013**. Answer sheets received after this date will be discarded as the answers will be published in the **Autumn 2013** 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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