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Summer 2015

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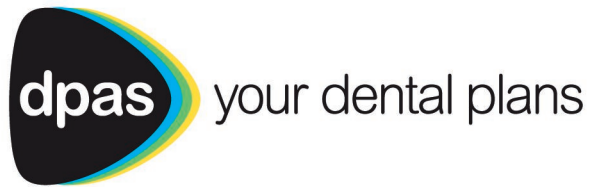
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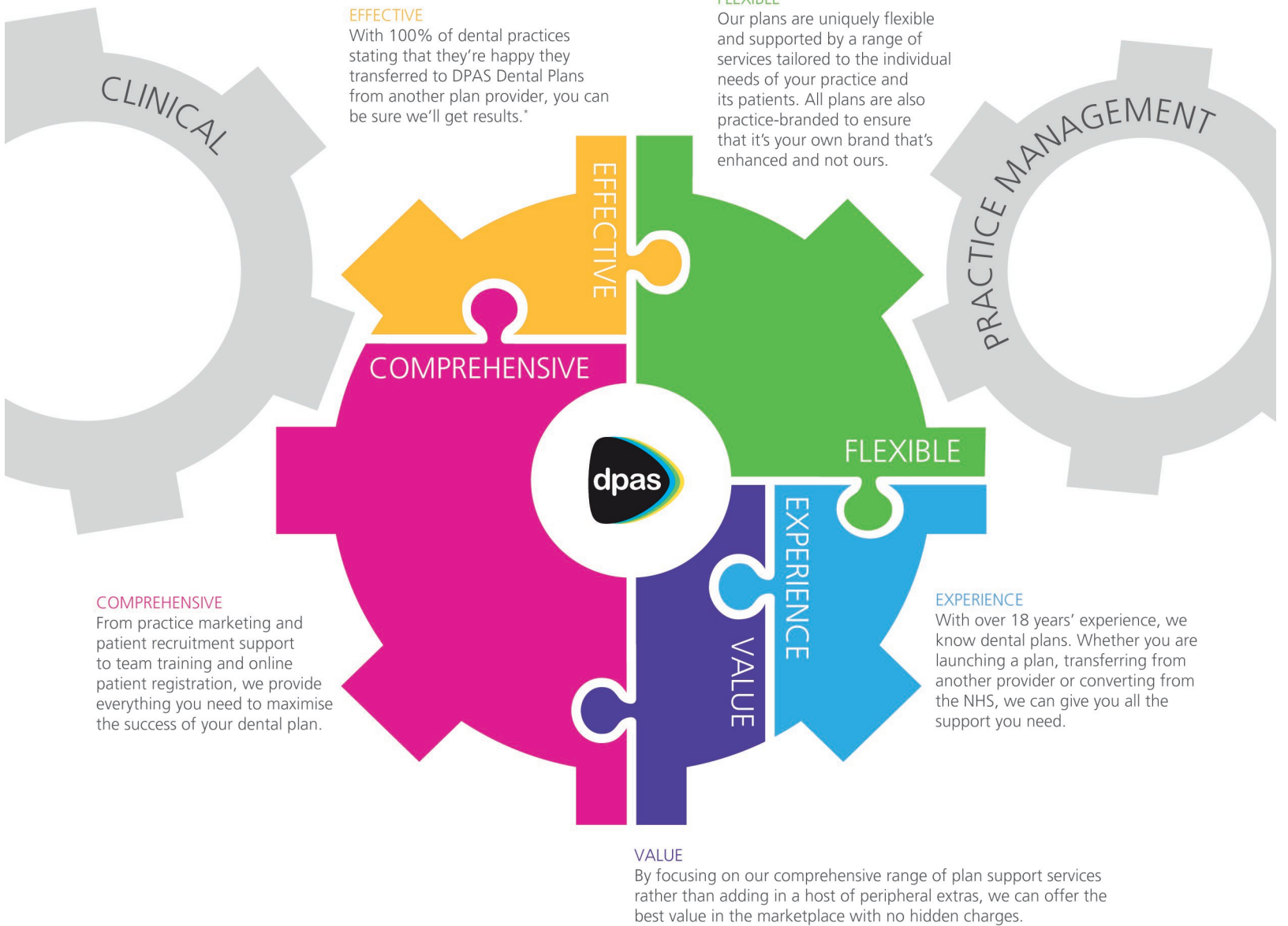
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Editorial

As I write this the tennis at Wimbledon is reaching its climax and by the time you read this we'll know if Andy Murray has managed to win the championship for a second time and if anyone has been able to stop the seemingly unstoppable Serena Williams!

Sticking with the topic of being your best, back here in the world of dentistry there's no doubt that Continuing Professional Development is becoming increasingly important to us all, and the challenge of finding affordable and relevant CPD is constant not just for practice managers but for all dental team members. That's why I'm so pleased to be able to announce our tie up with Dental CPD Pro.

Dental CPD Pro is helping to transform the way we capture our CPD and, in the process, making life so much easier for us all. If, like me, you've been completing your CPD the 'old fashioned way' – in other words with a pen and paper, this is a real step forward. Simply download the Dental CPD Pro app to your Smartphone and off you go! It's so easy to use, and it's FREE.

I'd especially encourage you to read the article on pages 12 to 14 which is reproduced in Practice Focus by kind permission of Nursing Times. Whilst written for their target audience of nurses and midwives, the principles of using reflection for revalidation will equally apply within dentistry when introduced.

Niki Boersma
ADAM President

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Important Changes to CPD in Practice Focus

ADAM has partnered with Dental CPD Pro to help make your CPD hassle-free.

Step 1: Download the Dental CPD Pro app onto your Smartphone.

Step 2: Read each article containing CPD.

Step 3: Using your Dental CPD Pro app scan the QR code on the CPD article page.

Step 4: Answer the questions either in the app or online; your certificate will be generated instantly!

Step 5: Save your CPD certificates online or if you prefer print a paper copy.

Please note that if you complete your CPD in this way you will get a certificate for each article rather than one for the whole publication. For the present time you can still complete the CPD form on page 25 in which case you'll still get one certificate for the whole publication.

You can still earn up to 20 hours FREE verifiable CPD with Practice Focus.

If you have any questions or need any help at all, email the support team at dental@cpdpro.org.uk and they'll be happy to assist you.



BDA anniversary lecture on the future of oral health

Professor Jimmy Steele gave a thought-provoking lecture on oral health care in a changing world at the BDI/BDA's anniversary lecture in London on the 2 July. Addressing a full lecture theatre, he said that although there has been a profound reduction in the prevalence of tooth decay, major inequalities still exist across the UK.

In his lecture, Oral health, epidemiology and the British way of life, Professor Steele highlighted that the decay experience of 15-year olds surveyed in 1983 was over 90 per cent but this had fallen to around 40 per cent in 2013, when the last survey of this cohort was carried out. At the other end of the age spectrum, the percentage of people who were edentulous - have no teeth - by the age of 74 fell from around 80

per cent in 1968 to circa 30 per cent in 2008; and these figures are projected to fall to around 15 per cent by 2028.

Professor Steele observed that these improvements have consequences for the way dentists are trained and dentist's roles and working lives in the future. For example, he pointed out there were a lot of sepsis and extractions in 1968 and therefore lots of dentures had to be made, compared to the situation now with relatively few dentures needing to be made by dental graduates during their training.



Professor Jimmy Steele

To read more go to:-
<https://www.bda.org/news-centre/bda-anniversary-lecture-on-the-future-of-oral-health-well-received>

2015 Salary Survey

Enclosed with this edition of Practice Focus is a survey form for you to complete for this year's Salary Survey which is being undertaken by ADAM in partnership with specialist dental accountants Hazlewoods LLP in order to gain a better understanding of current rates of pay within the dental sector.

By providing the information you will be able to benchmark your practice against others in your region so please take a few minutes to complete the survey and return it to Hazlewoods in the pre-paid envelope provided.

If you would prefer to complete the survey online, please follow the link on our website - www.adam-aspire.co.uk

One lucky respondent will win an iPad mini and one year's subscription to ADAM. To be entered into the prize draw your survey must be received by 30 September 2015.

Please note that by providing your details as part of this survey you agree to this information being shared with Hazlewoods LLP.

Thank you for taking part.

General Dental Council focused on patient-first regulation

A major change programme is already delivering real improvements in the protection of dental patients, the General Dental Council (GDC) said, following the publication of the annual review of performance by the Professional Standards Authority (PSA). The plan that the GDC has developed is designed to maintain the high level of confidence in the profession amongst patients.

The PSA report confirms that in the areas of guidance and standards, education and training, and registration the GDC is performing well. However, the GDC also recognise that the PSA has identified a number of areas within the Fitness to Practise (FtP) category where reform is required. The PSA has reported on data collected between September 2013 and September 2014, which confirms what was already known, namely that in this period the

GDC was faced with an increased number of complaints and a significant pressure on resources. The transformation programme we have put in place is already yielding results in this area and we are confident that it will continue to deliver improved performance.

The GDC is currently preparing its response to the PSA's review of its own methodology. As today's report highlights, providing commentary on data that can be as much as 18 months out of date, is clearly not helpful in scrutinising regulators' performance and helping them to protect patients. The GDC welcomes reforms that will enable the PSA to define what good, risk-based regulation looks like.

To read more go to
<http://www.gdc-uk.org/>



All answer charity's call to help make health campaign the most successful yet



Despite the curtain coming down on this year's National Smile Month, it's organiser's the British Dental Health Foundation really have something to smile about, as the charity says the campaign has been the most successful to date.

The UK's largest and longest running campaign to improve the nation's oral health, National Smile Month 2015 generated unprecedented levels of support from the dental health community, schools and educators, as well as with the general public.

The campaign, which took place between May and June, had the backing of more than 4,000 organisations across the UK, all promoting three simple key messages at the heart of good oral health; brush your teeth last thing at night and at least one other time during the day with a fluoride toothpaste, cut down on how often you eat sugary foods and

drinks, and visit the dentist regularly, as often as they recommend.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, had to take a step back to reflect upon the sheer scale and success of this year's campaign.

Dr Carter says: *"Since its inception National Smile Month has been a positive force in raising awareness of important issues regarding our oral health. We're delighted to see so many people continuing to embrace the campaign and take National Smile Month to their hearts."*

"I have seen the campaign grow year on year and it really takes me back at how far we have come and how the campaign has coincided with some of the major oral health improvements in the UK."

"A lot of the credit really needs to go to the dental community who have helped us reach an estimated five million patients nationwide. They have taken it upon themselves to go out into their local communities to help educate on the importance of good oral hygiene. Alongside promotion within their practices this has been a highly effective way of spreading the messages."

"We have also seen the campaign being taken to the classroom this year with more than 500 schools helping an estimated 75,000 children learn about the importance of good oral health. These lessons are vital as when children learn good habits at such a young age they are more likely to carry them through into the rest of their lives."

To read more go to <http://www.dentalhealth.org/news>

Using the Dental CPD Pro app

by Zoe Pollard,
Practice Manager at Black Swan Dental

Dental CPD Pro is a really useful app as it means you can log and record your CPD wherever you are and whenever you want.



The fact it updates your CPD record automatically via eGDC is also really useful as it saves having to record and update everything separately.

One particularly useful feature I find is that Dental CPD Pro even allows you to take photos of your certificates and upload them directly. It's all too easy to lose or misplace certificates, or forget about them completely, so being able to log and securely store your certificates is really very useful.

I'd definitely recommend the app to colleagues. In fact most of the staff here at Black Swan Dental are already looking to start using it!

For more information on the Dental CPD Pro app, visit <http://dental.cpdpro.org.uk>



Practice Focus the ADAM publication for those who aspire to success

FOCUS ON TRAINING EVENTS

Location	Name of event and provider	Cost and Notes	Contact details
Distance learning programme	ILM Level 5 Diploma in Leadership and Management UMD Professional	Twelve month programme. £2665 payable over 13 months Part-funding available	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Distance learning programme	ILM Level 3 Certificate in Leadership and Management UMD Professional	Ten month programme £2280 payable over 11 months. Part-funding available	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Online	Level 4 Professional Diploma in Dental Practice Management The Dental Business Academy	*£2,160 (£174 deposit & £165.50 p.m. x 12 months) or 10% discount if paid in full *30% discount for ADAM members	https://thedentalbusinessacademy.com/courses/level-4-professional-diploma-dental-practice-manager/
Online	Level 3 Advanced Diploma in Treatment Co-ordination The Dental Business Academy	£1,440 (£216 deposit & £136 p.m. x 9 months) or 10% discount if paid in full	https://thedentalbusinessacademy.com/courses/level-3-advanced-diploma-in-treatment-coordination/
Online	Level 3 Advanced Certificate for Decontamination and Infection Control Lead The Dental Business Academy	£1,440 (£216 deposit & £136 p.m. x 9 months) or 10% discount if paid in full	https://thedentalbusinessacademy.com/courses/level-3-decontamination-and-infection-control-lead/
Online	Level 3 Advanced Award in Dental Reception The Dental Business Academy	£1,350 (£204 deposit & £191 p.m. x 6 months) or 10% discount if paid in full	https://thedentalbusinessacademy.com/courses/level-3-advanced-award-in-dental-reception/
Online	Introductory Awards in * Reception * Practice Management * Treatment Coordination The Dental Business Academy	£180 each	https://thedentalbusinessacademy.com/product-category/dental-introduction-courses/
Online	Core CPD modules * Modules covering Medical Emergencies * Disinfection & Decontamination * Radiography & Radiation Protection * Legal & Ethical * Dealing With Complaints * Communication The Dental Business Academy	£50.40 each	https://thedentalbusinessacademy.com/product-category/verifiable-core-cpd/
Basingstoke Starts July 2015	ILM Level 5 Diploma in Leadership and Management UMD Professional	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Birmingham Starts July 2015	ILM Level 5 Diploma in Leadership and Management UMD Professional	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Bristol Starts Sept 2015	ILM Level 5 Diploma in Leadership and Management UMD Professional	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
East and West Midlands	Professional Certificate in Dental Practice Management (L4) The Dentistry Business	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year 2 year and CPD courses also available ADAM members' discount	Contact Sim on 0161 928 5995 or sim@thedentistrybusiness.com or http://tinyurl.com/mkocjyk to watch video intro
East and West Midlands	Postgraduate Certificate in Mastery of Dental Practice Management (L7) The Dentistry Business	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year CPD course also available ADAM members' discount	Contact Sim on 0161 928 5995 or sim@thedentistrybusiness.com or http://tinyurl.com/mkocjyk to watch video intro
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London Starts Oct 2015	ILM Level 5 Diploma in Leadership and Management UMD Professional	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
London Starts July 2015	ILM Level 7 Diploma in Leadership and Executive Management UMD Professional	Award winning 18 month programme involving 6 two-day workshops and monthly webinars held once a quarter. £4800 payable over 18 months. Part-funding available	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
London Starts Oct 2015	ILM Level 5 Certificate in Leading with Integrity UMD Professional <i>*new course*</i>	£995 payable over six months *new course*	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
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Manchester Starts Oct 2015	ILM Level 5 Diploma in Leadership and Management UMD Professional	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail fiona@umdprofessional.co.uk
Wakefield	Professional Certificate in Dental Practice Management (L4) The Dentistry Business	9 full-day workshops over 1 year 2 year and CPD courses also available ADAM members' discount	Contact Sim on 0161 928 5995 or sim@thedentistrybusiness.com or http://tinyurl.com/mkocjyk to watch video intro
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Sharon Fletcher

Practice Manager at Ravat & Ray Dental Care, Burnley. Winner: Practice Manager of the Year 2014

"Dental CPD Pro's dashboard not only makes it easier to comply with regulations, but to plan staff training to address any shortfall.

With an efficient, digital system to log CPD, practice managers can spend less time chasing people for records, and more time improving their practice."

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The devil IS in the detail!

Educational aims:

To provide members with an understanding of the importance of day to day operational procedures in ensuring the smooth running of a dental practice.

CPD outcomes:

- To gain a better understanding of the importance of operating procedures;
- To recognise the importance of a consistent approach;
- To appreciate the importance of every member of the team understanding their roles and responsibilities.

My article in the last edition of Practice Focus, about leaders serving the people who work for them, appeared to strike a nerve with practice managers. I hope that I gave you some food for thought with the examples I used.

This month however, I thought it would be useful to consider some of the challenges of practice management at the less strategic end of the spectrum. For while it is critically important for the management team to describe very clearly your vision for the practice and the behaviours and expectations that you have of all the team, it is equally critical that your vision is reinforced at the more "grimly", coal-face level.

I'd like to raise three examples of commonly occurring challenges that were brought to our attention by clients or by students on our university accredited dental practice management courses. They illustrate very precisely how important it is to follow through, to ensure that the behaviours you expect are reinforced and that you will not tolerate divergences from them. They relate to holidays, integrity and accountability, and of course, it is possible that one example may include evidence of all three "divergences"!

Let's start with holidays, particularly appropriate at this time of year. A client recently made us aware that two performers in their practice, who had recently formed a "relationship", decided to take a short-notice vacation. They did not consult the principal or the practice manager, but reached an "agreement" with another performer to cover their appointments.

How did they think it would be possible for one person to cover a further two performers' appointments without working 24/7? Why would they leave their patients without cover, even if only for a 2 to 3 day period, and assume the practice would neither mind nor notice?

I trust and hope that you all have a holiday policy for all members

of your practice team and I hope that this includes a requirement to seek approval for anything other than a one-day absence at least four weeks in advance. Having the policy is one thing, but do you enforce it – there are always exceptions that require a little flexibility – but if you allow one team member to obtain such an exception, you need to ensure that the reasons for it are explained to all team members so they understand. Irrespective of the wider issue of whether it is in the practice's best interests to employ team members who are in a "relationship", how should you deal with the "transgression" of which you been advised? Clearly you don't pay them, and you probably give them a written warning, because even as self-employed performers, you will have, in your contract with them, an agreement about working days, the number of non-working days, the notice that should be given, and so on. You do have a contract/agreement with all your self-employed performers don't you?

How about integrity? This should be fairly straightforward, as integrity is a fundamental part of both the standards expected of registered professionals and for all law-abiding businesses. But how do you measure it? How do you control it? How do you ensure that everyone is behaving in an appropriate manner?

If you are operating an NHS contract, how do you as practice manager, acting with the principal or alone, determine whether inappropriate claims are being made? Are all your patients' notes contemporaneous and unaltered? Do all your Band 3 treatments include an examination and an x-ray? Whether NHS or private, are any teeth extracted without an x-ray? Anyone reading the GDC's list of hearings – and you should all do so on a regular basis – will now appreciate the importance of providing the evidence that action was taken – if it is not in the notes, then nothing happened.

Who performs that monitoring role in your practice?

Another example of integrity or perhaps, lack of integrity, relates to the process of referrals. Do you have performers who regularly refer treatment out? Do you check why? Are routine





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extractions being referred out to minor oral surgery cases? Does the performer have any connection with the referred practitioner? Referrals are a big business opportunity for a practice and keeping referrals inside the practice, either by having specialist dentists within the practice to whom referrals can be made, or an acceptance and recognition that other dentists in the practice may have skills that a dentist does not yet have, represents a significant patient retention and business opportunity. Do make sure that your referral policy is clear and prioritises internal referrals first.

The final example is about accountability. This could be a topic on its own, as we all face this on a daily basis. It wasn't my fault; we don't have any more...; I didn't notice; he/she was supposed to... are all common occurrences of a failure to accept responsibility for one's role. But here I make the assumption, perhaps incorrectly, that everybody knows their role, that they have been inducted not just in task but in behaviour. How was I supposed to know that I should have behaved in a certain way, if you never explained it to me? We often assume that, because a team member has

experience, that this means they know how to do every task in the way that you want them to. But it doesn't, and if you don't model it, teach it, train it and reinforce it, that behaviour will only happen by accident; and we do everything in our power in practice to avoid accidents, don't we!

Bringing all three of these challenges together, you probably all know about Everybody, Somebody, Anybody, and Nobody. "There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody's job. Everybody thought that Anybody could do it, but Nobody realised that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done."

Enjoy your summer!



Sim Goldblum is an experienced businessman, trainer and educator, who helps Dental Practices make the most of their people and their businesses.

Sim provides Practice Managers and Principals with the tools to recruit, develop and retain the right people, and provides flexible leadership style training for the management team.

**Contact Sim at 0161 928 5995
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sim@thedentistrybusiness.com**





What does 'examination' mean – Recent Court of Appeal decision

In the case of **Dusza v Powys Teaching Local Health Board** - *Court of Appeal (Civil Division) [2015] EWCA Civ 15* - the Court of Appeal held that the default meaning of the word "examination" in the Standard General Dental Services Contract meant a full mouth examination.

A failure by a dentist providing treatment under the contract to record a full mouth examination in a patient's record did not preclude an entitlement to payment for a course of treatment delivered.

The appellant local health board appealed against a judgment against it in a judicial review of its decision to claw back payments made to the respondent dentists for dental treatments. The dentists cross-appealed against a determination that the word "examination" in the standard contract was to be interpreted to mean "full mouth examination".

The dentists had entered into a standard "General Dental Services" contract with the board by which it made an annual payment of almost £511,000 for the provision by the dentists of a target number of "units of dental activity" through courses of dental treatment. The contract required dentists to maintain a full, accurate, and contemporaneous record of the care and treatment given.

The contract also provided that a "course of treatment" included an "examination" of the patient. The word "examination" appeared at various places in the contract but was not defined. The phrase "full mouth examination" did not appear in the contract, nor in the underlying, [National Health Service \(General Dental Services Contracts\) \(Wales\) Regulations 2006](#).

The board disallowed a number of the dentist's claims and clawed back over £110,000 on the basis that either full

mouth examinations had not been carried out, or no written records of such examinations had been made. The issues were:-

- i. Was a dentist carrying out a course of treatment obliged to conduct a full mouth examination?
- ii. Did a failure to record a full mouth examination entitle the board to withhold payment, or to reclaim money already paid, for treatment actually rendered?
- iii. Did a failure to conduct a full mouth examination entitle the board to withhold payment, or to reclaim money paid, for treatment actually rendered?

The dentists submitted that there was no obligation to perform a full mouth examination in respect of every patient and there was no good reason for the term "examination" to be given the meaning "full mouth examination" as words would have to be read into both the contract and the Regulations.

Further, a number of contractual provisions, such as those referring to urgent, or orthodontic, treatment, used the term "examination" in a way which could not mean "full mouth examination", therefore it had to mean an examination that was clinically appropriate in context. The board relied upon the reasoning of the judge below to argue that a course of treatment necessarily involved a full mouth examination.

Both the Appeal and Cross Appeal were dismissed. The Court of Appeal held:

- (1) The judge had been correct in his determination of the default meaning of the term "examination". However, it had to be assessed in context, so that in specific parts of the contract, for example those relating to urgent, or orthodontic,

treatment, a different meaning from the default might be required. To interpret the term "examination", in relation to non-urgent courses of treatment, as being anything other than a full mouth examination was inconsistent with the guidance given by the Faculty of General Dental Practice in its publication, "Clinical Examination and Record Keeping".

- (2) The judge had been correct to hold that there was nothing in the contract, or in the Regulations, which expressly imposed compliance with the dentist's obligation to keep accurate and complete records, including a record of the examination, as a precondition to payment. Such a record could not be so vital to the course of treatment that a failure to record it went to the substance of the dentist's entitlement to be paid,
- (3) The fact that a dentist had breached their obligation to carry out a full mouth examination did not mean that they not receive any payment for treatment which had been carried out. The consequences of a failure to comply would be a pro rata deduction in their entitlement to payment.



For further information or to discuss please contact Tom Esler, Litigation Partner mfg Solicitors LLP

mfg
solicitors



The modern approach to managing CPD in the practice

CPD regulation is on the increase, with both the GDC and CQC expecting records to be accurate and available for inspection. As a practice manager, the effect is compounded, as you are responsible for your own records and, most likely, for those of your staff.

Over time, paper-based CPD records become costly and useless. They increase in quantity each year and must be held for as long as 10 years in case they're required for audit purposes. They can't easily be searched and they provide no insights into the overall educational balance of the practice.

As you have probably already experienced, chasing multiple staff members for their CPD records is an unending and thankless task which is made even more difficult in cases where part-time staff may have their records lodged with another practice.

But the increase in CPD regulation does not have to mean increased costs or administration. The solution to all of

these issues is to encourage your staff to record their CPD digitally. This is much easier than it sounds: the Dental CPD Pro app is free to download and gives you and your team an easy way to log all of your CPD quickly and conveniently – on your phone.

With your entire portfolio in one place, your personal annual declarations become completely hassle-free, especially as the app is able to sync directly to your eGDC account. The process of uploading your CPD is quick, easy and secure and completely removes the worry over meeting the annual or five-yearly inspections from the GDC and CQC.

Moreover, the practice manager's dashboard provides a real-time overview of each staff member's CPD log – even if they work part-time at other practices. Instead of chasing staff for records, any inspection can be handled simply by logging into the dashboard and pulling out the required information. With all your staff using the same system, you can keep an eye on everyone's CPD compliance and any deficiencies can be seen and acted upon before they become a problem. Furthermore, staff who work at multiple practices don't have to duplicate their records or move them around all the time.

Every dental professional can benefit from the convenient, timesaving and reliable app that allows all CPD to be logged digitally, no matter where it's earned. Dr Catherine Tannahill, Practice Owner and Lead Clinician at The Smile Rooms in York, also comments:

"The main attraction as a practice owner was the fact that I can have an oversight into where all the team members are up to with their CPD. This could prove invaluable during a CQC inspection as training could be viewed on one website without lots of pieces of paper.

"It will be particularly useful for team members who work at several different practices and don't want to carry CPD folders around with them or provide multiple copies of certificates.

"Personally I have found the Dental CPD Pro app incredibly easy to use and have started logging my CPD for 2015 by uploading certificates simply by photographing them with my phone.

Every dental professional can benefit from the convenient, timesaving and reliable app that allows all CPD to be logged digitally, no matter where it's earned. Dr Catherine Tannahill, Practice Owner and Lead Clinician at The Smile Rooms in York, also comments:



"The main attraction as a practice owner was the fact that I can have an oversight into where all the team members are up to with their CPD. This could prove invaluable during a CQC inspection as training could be viewed on one website without lots of pieces of paper.

"It will be particularly useful for team members who work at several different practices and don't want to carry CPD folders around with them or provide multiple copies of certificates.

"Personally I have found the Dental CPD Pro app incredibly easy to use and have started logging my CPD for 2015 by uploading certificates simply by photographing them with my phone. The eGDC sync saves logging onto your account, as your eGDC record is updated directly from the app.

"Dental CPD Pro also provides guidance for creating your own QR codes, which can be used for the team to log in-house training sessions or meetings.

"I would certainly recommend the app to any one of the dental team – it saves on paperwork and stores all the information in one place in an easy access format. It is straight forward to use and invaluable for keeping the whole team organised".

The eGDC sync saves logging onto your account, as your eGDC record is updated directly from the app.

"Dental CPD Pro also provides guidance for creating your own QR codes, which can be used for the team to log in-house training sessions or meetings.

Sharon Fletcher, Practice Manager at Ravat & Ray Dental Care in Burnley and 2014 Practice Manager of the Year says:



"I have been using the Dental CPD Pro app for several months. I like that it is a quick and easy way to save and access my CPD, and that I can log things immediately. I would definitely recommend it.

"Dental CPD Pro's dashboard not only makes it easier to comply with regulations, but to plan staff training to address any shortfall.

"With an efficient, digital system to log CPD, practice managers can spend less time chasing people for records, and more time improving their practice."



Mouth Cancer – Is your Dental Practice playing its part?

Educational aims:

To provide members with an understanding of the importance of oral cancer screening and the role they can play in ensuring that their practice meets its obligations to patients.

CPD outcomes:

To gain a better understanding of the importance of oral cancer screening;
To recognise the need to raise awareness of oral cancer;
To understand what steps can be taken within a dental practice to ensure early intervention for patients.

So whose responsibility is it to prevent the next case of oral cancer? The answer is YOURS! With a 60% escalation in oral cancer across the UK since the 1970's and the raised public awareness that comes with it, patients are expecting their dentists and teams to thoroughly screen for the disease and many do not have an issue with taking legal proceedings if something is missed.



Log ME



Verified CPD

Learn, Scan, Log

Scan with your
Dental CPD Pro
app to record this
activity instantly

Your CPD, Hassle-Free

The Issue

The problem is that not only are the cases of oral cancer rising but more importantly it is not being detected early enough. Early detection is key to saving lives.

"A major problem is that more than half of all oral cancer cases have already metastasised to regional or distant structures at the time of detection which decreases the 5 year survival rate to less than 50% for tongue and floor of mouth cancers" (BDA, 2011).

Oral cancer, skin melanoma and cervical cancer cause about the same number of deaths each year, but oral cancer still has a worse ratio of deaths to cases. Why are we still seeing this trend?

A recent research article in the British Dental Journal highlighted that despite being aware of their professional duty of care to screen for oral cancer, clinicians said that time constraints and a lack of experience, knowledge and confidence are barriers to screening and talking to patients about 'cancer'. The study also reflected on the point that the whole dental team is often not trained to support clinicians in the early detection of oral cancer in general practice as access to CPD, time and funding are also standing in the way.

Outside of the dental world, there is no Government initiative to tackle oral cancer. Youngsters in secondary schools are not being educated about the risk factors as they start to experiment with lifestyle choices that increase their risk of developing the disease. This lack of education is worrying as more and more young people are dying from oral cancer. Only when public awareness is boosted will symptoms for oral cancer begin to present earlier in general practice.

The 'Take-Home' message.

Within CQC Outcomes 1 and 4, inspectors are now looking for evidence that your team 'cares' about safeguarding your patients against oral cancer. Not only does an oral cancer management system in your practice safeguard your patients' oral and systemic health, it also assists in meeting your professional obligation to do so. The take-home message is definitely "Screen, learn, talk and educate"

What can you do in your dental practice?

A huge difference can be made in raising oral cancer awareness and detecting it earlier in general dental practice by:-

- 1 Developing an oral cancer management strategy for the early detection of oral cancer
www.mouthcancerfoundation.org/mcsas/about-mcsas
- 2 Training the whole team in verifiable oral cancer management CPD – now a GDC recommended/core CPD topic for clinicians
www.pmp-consulting.co.uk/services-oral-cancer-cpd.html
- 3 Clarifying each team member's role and responsibilities within the practice's early detection system.
- 4 'Triaging' new patients for oral cancer before placing them on a waiting list.
- 5 Ensuring that every patient is screened opportunistically and in line with medico-legal guidance from the BDA.
- 6 Establishing a referral pathway with a specialist department with a 'fast track' system in place.
- 7 Using a custom-made format for documenting screenings systematically.
- 8 Following NICE guidelines for the referral of oral cancer.
- 9 Ensuring that all staff are knowledgeable and sensitive in speaking to patients during screenings, particularly if a referral is made.
- 10 Educating patients about oral cancer and self-screening e.g. advice leaflets, posters, verbal communication.
- 11 Offering free screening days and supporting national campaigns
www.mouthcancer.org
- 12 Contacting your local media about assisting in the promotion of an oral cancer event you might be organising.

Nicki Rowland has been practice manager at Perfect 32 Dental Practice in East Yorkshire for 9 years. Nicki has recently set up her own business, Practices Made Perfect by Nicki Rowland, which is a dental consultancy and training organisation.





Managing Holiday Requests – Five Key Points to Remember

The summer holidays may be here but managing holiday requests from team members can be anything but a breeze if not handled properly.



ACAS (Advisory, Conciliation and Arbitration Service) offers free

guidance to help you get it right and suggests the following five key points to remember:-

- Most workers are legally entitled to 5.6 weeks paid holiday per year (this is known as statutory entitlement).
- Part-time workers are entitled to the same amount of holiday (pro rata) as full-time colleagues.
- Employers can set the times when workers can take their leave - for example a Christmas shut down.
- If employment ends workers have the right to be paid for any leave due but not taken.
- There is no legal right to paid public holidays.

You can find out more by using the ACAS Helpline tool available free at <http://www.acas.org.uk/>

What else do ACAS offer?

ACAS training not only covers the 'what' that needs to be done to comply with legislation and best practice but importantly, it also covers the 'how' and the 'why'. Their highly experienced trainers can give managers the confidence to deal with workplace problems effectively.

If you are planning to arrange management, employment relations, HR or supervisor training here is a list of the wide range of courses available from ACAS:

- Reducing bullying and harassment at work;
- Mediation skills for managers;
- Improving supervisor skills;
- Managing absence at work;
- Managing discipline and grievance;
- Employment law;
- Equality, diversity and discrimination;
- Employing people;
- Contracts of employment;
- Conducting investigations;
- Having difficult conversations;
- Redundancy and restructuring;
- Performance management;
- Health, work and wellbeing;
- Understanding TUPE.

And remember, ACAS training can be delivered in your workplace.

But ACAS also offer e-learning on a wide range of topics including:

- Discipline and grievance;
- Equality and diversity;
- Contracts of employment and written statements;
- Pay and reward;
- Performance management.

New Acas training course: How to handle some of the trickiest workplace situations

This course focuses on the complex situations that employers may face when managing a diverse workforce. ACAS will take you through the relevant legislation and best practice related to different scenarios to enable you to manage these situations effectively.

For course dates and locations visit the ACAS website or call their Customer Services Team on **0300 123 1150** to register for an event near you.

ACAS (Advisory, Conciliation and Arbitration Service) provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law.

They support good relationships between employers and employees which underpin business success. But when things go wrong they help by providing conciliation to resolve workplace problems.

<http://www.acas.org.uk/>



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When revalidation is introduced in April 2016, reflecting on professional reading will be one way for nurses and midwives to fulfil revalidation responsibilities

Using reflection on reading for revalidation

In this article...

- › Benefits of reflection
- › Different models used to structure reflection
- › How to reflect on professional reading

Authors Guy Collins is senior lecturer; Jo Brown is senior lecturer; Lorraine Henshaw is senior lecturer; Bill Whitehead is head of department, all at University of Derby.

Abstract Collins, G et al (2015) Using reflection on reading for revalidation. *Nursing Times*; 111: 23/24, 14-16.

Revalidation for nurses, to be introduced in April 2016, will emphasise the need for nurses to show evidence of their continuing professional development through reflection on their learning; one way of doing this is to write a structured reflection on professional reading. This article outlines the reasons for reflecting on professional reading, how you can select the best journal article or guidance framework upon which to reflect, and possible ways to structure that reflection. It suggests a model of reflection that is designed for the purpose of reflecting on an article rather than on clinical practice.

Proposed changes to the re-registration process for nurses and midwives, to be introduced in April 2016, include a system of revalidation. This aims to increase the regulator's focus on protecting the public (Nursing and Midwifery Council, 2015a). Nurses will be required to undertake a range of revalidation activities, including demonstrating that they are keeping up to date in their practice through continuing professional development, with a focus on reflection and linking their learning to the new NMC Code (NMC, 2015b). They will also be required to provide patient and colleague feedback and evidence of having undertaken discussions regarding personal development.

Benefits of reflection

Reflection has been identified as a means of maintaining patient safety (NMC, 2010). However, it attracts criticism due to the introspective nature of the process and its consequent lack of dialogue, which may not translate to the wider profession (Clouder, 2000). Nevertheless, reflective practice has long been seen as an important aspect of professional behaviour (Schön, 1994). Incorporating reflection into the revalidation process will demonstrate theoretical application, but will also show professional skills and knowledge (Clegg et al, 2002). Linking reflection to their area of expertise and the Code (NMC, 2015b) increases nurses' potential to shape and develop future care provision.

Reflection should be undertaken using a recognised model as this adds structure and provides direction. The model used should be chosen by the individual and influenced by a number of factors such as ease of use, understanding and ease of flow when writing. Models without these elements will give the writer a negative experience of the reflection process.

The cathartic nature of reflection should validate a situation that has occurred in clinical practice and provide a platform for further analysis and exploration (Johns, 2009). Reading and linking this to the Code (NMC, 2015b) provides a method of relating the theory to an actual practice situation. Researching information relevant to their specialty will ensure nurses' knowledge remains current. It will also enable them to challenge current views and reassess current care provision.

In preparing to meet the requirements for revalidation, nurses need to:

- › Know how to reflect on journal articles;

5 key points

1 Revalidation for nurses will be introduced in April 2016

2 Reflection is a well-established means of maintaining patient safety

3 Reflection on practice and on professional reading will be part of revalidation activities

4 Reflective models guide the process, providing a structure to shape learning and enable resolution

5 There is a wide range of journals for the nursing profession, some that are specific to a specialty, others across nursing as a whole



Nursing journals can be used to help nurses fulfil their revalidation requirements

BOX 1. JOURNALS

Specialist

- *Journal of Diabetes Nursing*
- *International Journal of Mental Health Nursing*
- *Nurse Education Today*
- *Nursing Children and Young People*
- *Community Practitioner*
- *Learning Disability Today*
- *Emergency Nurse*
- *Mental Health Practice*

Generalist

- *Nursing Times*
- *Journal of Advanced Nursing*
- *British Journal of Nursing*
- *Journal of Professional Nursing*

- » Know to search for relevant articles;
- » Understand the reflection process and reflection frameworks;
- » Appreciate the relevance of the documentation required by the NMC.

What should nurses read professionally?

A wide variety of sources can be read to keep up to date with the most recent and appropriate information to help nurses deliver the highest-quality care possible and to meet NMC revalidation requirements. Reading can also help to further professional development by increasing nurses' understanding of other specialties as possible future career choices.

Journal articles can provide a good source of information and evidence; they offer some quality assurance as they have been through peer-review and publishing processes. There is a wide range of journals available to the nursing profession; some are specific to a specialty or area of interest while others are targeted at the whole profession (Box 1).

In deciding what to reflect on, you should consider a range of factors. For example, does the required information need to reflect care in the UK only, or are you also interested in the international perspective? In the latter case you can access journals that include articles by international authors.

Clinical guidelines such as those developed by the National Institute for Health and Care Excellence and the Scottish Intercollegiate Guideline Network, along with national and local policies, can contain valuable sources of information across the whole spectrum of care delivery. It is important to use the most recent available editions of these and to consider the

evidence underpinning the guidelines. The Cochrane Library (www.cochranelibrary.com) provides a pre-appraised collection of evidence that has been synthesised into systematic reviews that often form the basis for NICE and SIGN guidelines.

A range of other resources available in the form of websites, blogs, forums and social media can provide useful information. However, it is essential to consider their credibility before using them to support practice. Reflecting on what you have read might help you to decide whether an information source is reliable and can be used to inform practice.

Finding the information can sometimes be time-consuming but a number of user-friendly online databases can help. NICE's evidence search facility (www.evidence.nhs.uk) provides access to some excellent accredited sources and is available to anyone who has signed up for a NICE account. NICE also provides access to OpenAthens and a large range of journals and databases. It is free to anyone with an NHS email address and those who support NHS patients.

When using these databases a key step is to identify the best search terms to enter. When an article is published and entered into a database it is filed under a number of key terms, which are used to search for the information needed. Table 1 shows some examples of what these search terms might be. Guides are available on the database help pages to support this.

Reflective models

Traditionally, reflective models encourage working through a situation to:

- » Define it;
- » Review the challenges;
- » Rework it to find an outcome favourable to the individual and the patient experience (Schön, 1994).

Reflective models guide this process by providing a structure to work through and suggesting key areas to shape learning and enable resolution. This promotes the premise of lifelong learning and CPD.

Reflective models are mainly classified into two types:

- » Structured reflection;
- » Reflective cycles.

Structured reflection, as discussed by

Johns (2007), provides a series of prompt questions you can work through to explore the reflective process in more depth from the perspective of exploring the feelings evoked. Johns promotes "bringing the mind home" as the initial thought process to help you concentrate on the situation on which you are reflecting. A series of cue questions are then explored to achieve a resolution.

An alternative is Atkins and Murphy's model (1995), which consists of three prompts, exploring the thoughts, feelings and knowledge required to analyse the situation to improve future learning and development.

Cyclic models as described by that of Gibbs (1988) differ in that they acknowledge that, although a reflective process has taken place, this may not fully resolve the matter and the cycle may arise again requiring further review. By incorporating evaluation of the situation early in the cycle, Gibbs developed a process that enables previous experiences to influence decisions yet to be made.

The choice of model is an individual one and may be linked to understanding, ease of use and positive experiences working through the reflective process. Individual models may not lend themselves to all situations and the ability to select and have awareness of what models are available is an essential skill to develop.

Reflecting on professional reading

To undertake a purposeful reflection on something you have read that has the potential to inform your clinical practice, the reflective exercise is best structured around a framework. The use of the reflective models outlined above may be more useful when reflecting on participatory or observational clinical experience.

When applied to reflecting on written formats, including published articles, these models may not offer a clear user-friendly structure to stimulate the right questions before, during and after reading. If an article is not read and reflected on in a wider context than the confines of your own background, it will have limited potential to inform wider clinical practice.

The following framework is designed to assist the process of reflection when

TABLE 1. EXAMPLES OF SEARCH TERMS

Topic of interest or question	Search terms
Clinical supervision for newly qualified nurses	Clinical supervision, nurses, nurse, newly qualified nurse, supervision, support
Does exercise help prevent falls in older people?	Falls, elderly, exercise, accidents, aged, mobility



Nursing Practice Review



“As the diversity of the workforce continues to grow, new talent and innovation will emerge”

Pearl Sakoane ▶p27

TABLE 2. REFLECTION PHASES: SEARCHING, REVIEWING, LINKING, ACTION

Phase	Guiding question points	Documentary evidence of action
Searching	<ul style="list-style-type: none"> ● What is your topic and areas of interest or question in relation to this topic, and what are the applicable search terms to help you explore this? ● What search terms are you going to use (what will inform your search terms)? ● What specific criteria are you using to select an appropriate article (what type of article – practice discussion or review, original research or research report)? 	<ul style="list-style-type: none"> ● The topic of interest or question posed, together with final search terms used ● The search engine or online database used ● The criteria used ● The article reference
Reviewing	<ul style="list-style-type: none"> ● Read the article in full for the first time (do so at a time and in a place when you know you can read it without being interrupted or distracted) ● Is this article potentially relevant to your own field of practice? ● What initial new or reinforced learning can you take from this article? 	<ul style="list-style-type: none"> ● Key issues within the article ● How this article relates (or potentially relates) to your current practice ● What you have learnt from reviewing this article
Linking	<ul style="list-style-type: none"> ● How does this article link to specifics outlined in the NMC Code (NMC, 2015b)? ● How does this article link to the Domains of Nursing outlined in the NMC (2010) competencies for nurses? ● How could this article content be specifically linked and applied to your own practice development and that of your colleagues? 	<ul style="list-style-type: none"> ● Aspects of the NMC Code (NMC, 2015b) relevant to the article ● Aspects of the Domains of Nursing (NMC, 2010) that relate to this article ● How personal practice and that of others may be changed or reinforced based on the article
Action	<ul style="list-style-type: none"> ● Read the article again – is there additional learning to gain from it or do you need to read and reflect on something else as well? ● Identify specific action points you are going to implement as a result of this reading and reflection in relation to your own practice development (eg further personal study) or that of your colleagues to benefit service users ● Revisit the article after a defined time period. Have you been able to implement these action points? If not, how could any defined obstacles be overcome? 	<ul style="list-style-type: none"> ● Additional issues identified on further reading ● Action points for practice ● Review of action points at subsequent date together with any additional action to take place

accessing, reading and applying published articles into clinical practice. The Searching, Reviewing, Linking and Action (SRLA) article reflective tool (Fig 1) provides an easy-to-use four-stage process that includes a series of guiding question points (Collins and Brown, 2015). Table 2 outlines the phases of an SRLA reflection, with phase-specific guiding questions and written documentary evidence of the completion of action.

The collation of written evidence when using the SRLA reflection tool should not be too onerous. Associated writing should provide concise documentary evidence to assist personal development and review that can be used for revalidation purposes.

Conclusion

This article has outlined the reasons for reflecting on professional reading, how to select relevant journal articles or guidance frameworks to reflect on, some possible ways to structure reflection and a suggested model of reflection that is specifically designed for reflecting on articles rather than clinical practice. Although the principle of reflecting on both are similar,

FIG 1. THE SRLA TOOL



the practical activities of active reading are better approached using the SRLA structured format. Once you have tried out this SRLA method of reflection on professional reading you can share your learning and action points on Twitter using the hashtag #SRLAref. **NT**

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For more on this topic go online...

- ▶ Reflective practice in an acute setting
- ▶ Bit.ly/NTReflectivePractice





**Too good
to be
true?...**

Educational aims:

To outline to members the issue of counterfeit products and the risks associated with purchase and use of such products.

CPD outcomes:

- To gain a better understanding of the risks of using counterfeit products;
- To understand the steps that should be taken if counterfeit products are identified.

The incredible growth of global internet retailing offers a world of seemingly amazing 'e-bay' offers, with many, especially those originating from China and the Far East, appearing too good to be true. Just look at all those cheap branded and designer goods available. How tempting!

 Log ME



Verified CPD

Learn, Scan, Log

Scan with your
Dental CPD Pro
app to record this
activity instantly

Your CPD, Hassle-Free

Unfortunately, as we generally know, these deals are not always offering genuine goods. Counterfeiting is a massive international business and it is not just confined to fashion and consumer goods. The Medicines and Healthcare Products Regulatory Agency (MHRA) has recently seized around £16million of fake medicines and medical devices in the UK as part of an international crackdown seizing over £56million worth of counterfeit and non-compliant product.

The world of dentistry is a growing target for the suppliers of fake and non-compliant instruments and devices. Last year over 12,000 counterfeit and non-compliant dental devices and instruments were seized by the MHRA, including 24 X-ray machines, 384 handpieces and over 3,000 dodgy root files.

Working with the MHRA and organisations across the dental sector the BDIA launched its Counterfeit and Sub-standard Instrument and Devices Initiative (CSIDI) last year as an industry wide activity to:

- Promote awareness of the dangers of poor quality, counterfeit and illegal dental instruments and devices,
- Provide a quick and simple method of reporting these to the relevant bodies,
- Promote purchasing only from reputable manufacturers and suppliers such as BDIA member companies.

Award winning CSIDI adverts regularly feature in the dental press and the initiative has also been covered in the national press and television news. However, we still have work to do to get our key messages across. The MHRA tells us that they have seen an increase in counterfeit devices purchased online, predominantly through e-bay, being sent to the 'real' brand manufacturer for repairs when they inevitably break who obviously discover that the item is a counterfeit.

Rather worryingly, we are aware of one case where this activity was reported to the MHRA by a manufacturer, the MHRA visited the dentist and seized further counterfeits, only to find later that the dentist went back onto e-bay and replaced the seized equipment



from the same counterfeit supplier! This risks registration, reputation and the whole practice. Ask yourself if this is a risk worth taking to cut corners and save money?

The overall message of CSIDI is very simple; substandard and counterfeit instruments and devices are potentially dangerous to patients and users and the BDIA recommends that all purchases, however small, are made from a reputable supplier and that all suspect instruments, devices and whitening products are reported to the appropriate authorities at the earliest opportunity. All reporting can be done via a simple, dedicated web page on the BDIA website: www.bdia.org.uk.

Counterfeit products are becoming more and more visually sophisticated. You cannot necessarily identify them by a missing CE mark or poor quality packaging and documentation, that is why we are emphasising the importance of the dental supply chain and the benefit of knowing and trusting your suppliers and visiting events like Dental Showcase to see and feel product first hand.

The MHRA fully supports CSIDI stating, "We do not want dentists to buy their equipment from unauthorised or unregulated suppliers. If an item is hundreds of pounds cheaper than their normal supplier then it's probably because it's counterfeit".

Using counterfeit and non-compliant devices not only puts registration at risk, it places patients, colleagues and the practice at risk too. Remember, if that deal looks too good to be true, it probably is.

For more information and to report any suspect instruments and devices visit <http://www.bdia.org.uk/device-reporting.html>



Edmund Proffitt is Policy and Public Affairs Director at the BDIA and responsible for CSIDI activity.



INTRODUCTION TO THE RECENT CQC CHANGES

The New CQC Operating Model

Article by: Stacey Firman
Compliance Consultant
The Dental Compliance Team



On 1st April 2015 the Care Quality Commission (CQC) changed the Essential Standards of Quality and Care (Outcomes) and replaced them with the new Fundamental Standards.

Now the legislation has been changed the CQC have a new operating model.

The core functions of the CQC are:

Registration – Monitor, Inspect and Rate – Enforcement – Independent Voice

Practices will see announced and unannounced CQC inspections. The inspections will usually take place over one full day. The inspection team will seek feedback from patients and staff, look at practice systems and ensure all regulations are being adhered to. The inspection team will also collect intelligence data prior to the inspection and they will advertise the date of the inspection to attract patients and staff to tell them of their experiences of the service.

The CQC will inspect 10% of the 10,000 dental practices in the UK between April 2015 and March 2016. The CQC reported that most dental services had cooperated well with the introduction of CQC. This does not mean that practice can become complacent. It is still very important to ensure practices are complying with the regulations set out by all of the governing bodies of dentistry. When the guidelines are not followed this can not only have an impact on staff and patient retention but it may carry the risk of legal implications.

If the CQC find that regulations are not being followed and causes for concerns are raised then breaches of the regulation can occur for the provider. Enforcement action can now be taken immediately for a number of the new regulations.

Fundamental Standards – Regulation 12 Safe Care and Treatment

The Dental Compliance Team still find a number of practices not using safer sharps. This is some of the feedback from these practices.

- 'We are unaware of the current regulation changes'
- 'The safer sharps are too expensive'
- 'I am not willing to try safer sharps as I am happy with what I already use'
- 'We don't know where to buy them from'
- 'We have safer sharps in stock but we do not know how to use them'
- 'The practice owner won't let us buy safer sharps'

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 came into effect in May 2013 and requires



Ultra Safety Plus complies with all new regulations

employers to use safer sharps which incorporate protection mechanisms to prevent or minimise the risk of accidental injury. Therefore, it is a legal requirement for ALL dental practices to use safer sharps.

'The employer must substitute traditional, unprotected sharps where it is reasonably practicable to do so'

What is a safer sharp?

A safer sharp is a single unit incorporating protection mechanisms. This means that the needle cap slides up across the needle and is then disposed of directly into the sharps bin as a 'whole unit'. This should prevent needle stick injuries which may occur when the dentist or dental nurse has to re-sheath or dismantle a contaminated needle and syringe.

A recent survey from the British Dental Nurse Association says that 41% of needle stick injuries occur after use/before disposal of needles and 1.24% of the dental nurses injured acquired a blood borne virus.

In the event of an injury and in a worse-case scenario a dental professional contracted a blood borne virus from a needle stick injury when safer sharps were not used, legal implications may occur for the employer. The employer may have to give very good reasons why the Health & Safety Executive advice on safer sharps was not followed.

41% of needle stick injuries occur after use/before disposal of needles and 1.24% of the dental nurses injured acquired a blood borne virus

Adopt Safe Procedures

Employers should ensure that their employees are safe and that risks to their health are reduced. Effective and safe management of sharps should be adopted. The risks to clinical staff should be assessed and adjusted accordingly so that the health of workers is not compromised. Information, training and support should be available at all times.

During our practice visits we always recommend the use of safer sharps and we suggest the Ultra Safety Plus as we believe from experience this is the best on the market and we have had the best feedback from this product. However, it is important to try safer sharps which suit the clinicians.

Employers are required to ensure members of the dental team are suitably trained and must provide training schedules to keep employees up to date with all continuous professional development

Training in sharp management should include:

- Correct use of safer sharps
- Safe use and disposal
- Procedures in the event of a sharps injury
- Arrangements for health surveillance



Sharps Injuries

Health and Safety (Sharps Injuries in Healthcare) regulations 2013 require ALL sharps injuries to be reported at work. Employers must ensure that the clinical team are free from infection and protected from exposure during work. Employer's must check immunisation details and obtain this evidence as part of the recruitment process. Employers should not allow employees to work in areas of possible contamination until evidence of immunisations has been sought.

A written policy for managing sharps injuries is essential.

1. Sharps injury protocol
2. Encourage Bleed
3. Wash Injury site
4. Report Immediately
5. Check patient's medical history for history of BBV
6. Contact occupational health to arrange a risk assessment
7. Complete an accident report which includes who was injured; how the incident occurred; what action was taken; who was informed; name of patient; date and signature obtained from the member of staff and a manager

Occupational Health

Employers must be able to demonstrate a relationship with a local occupational health team and this number should be displayed along with a flowchart for sharps injury.

Call The Dental Compliance Team if you would like a compliance audit of your practice. This will be done via telephone and should take around 60 minutes to complete. The audit will cover the new fundamental standards and key lines of enquiry. Cost £99.00 Tel: 0800 566 8159



Heart Your Smile launches 'A Wild Smile'

At Heart Your Smile we are dedicated to changing the public's perceptions of dentistry and helping dental teams connect with their patients and the wider community.

In 2014 we asked dental teams to come forward with innovative projects which we supported with a grant and resources. 'A Wild Smile' was inspired by our innovation team, who used animals to engage younger children, comparing their teeth with animal teeth and in some cases going into animal parks and taking oral health education to a new arena.

Healthy Smile Habits from our animal friends.

'A Wild Smile' offers free resources from our new website awildsmile.org which offers a range of activities to take the effort out of creating your own. We now have nine animal stories with original artwork for children and parents to enjoy. Each animal has a story that focuses on a different aspect of oral health or general health.

In the 'resource' section of the website you can download and print six activity packs with three more to follow very soon. Each pack includes five sections and follows the most recent guidelines on oral health education. The worksheets can be easily introduced into a national curriculum based program covering English, Mathematics and Science. The activities can be used in practice, by schools or independently by parents to entertain their children at home. Using the simple activity sheets, colouring and fun animal facts, children will learn about oral health, how to brush their teeth, sensible eating choices and other healthy habits in a fun innovative way. More activities will be available soon introducing counting and scientific enquiry to further encourage schools to include our resources in their educational syllabus.



Coming soon: A Wild Smile Club

Packs will include a children's toothbrush, toothpaste, sticker book, brushing chart and oral health tips. Sign up now to make sure you don't miss out. Don't delay, start downloading these original resources and transform the children's experience in your practice.

A Wild Smile recommends:

- Setting up a Wild Smile Corner in practice for children
- Holding a colouring competition
- Hosting a family event in practice or in the community
- Take A Wild Smile into a local school

The Heart Your Smile team will be at **Dental Showcase, NEC Birmingham 22-24 October 2015**. Come and visit us on stand A50, have a chat about 'A Wild Smile' or treat your team to a heart shaped mug or pick up some merchandise as a giveaway to patients. We'd love to see you there.

Help us to keep our resources free by donating to 'A Wild Smile' at awildsmile.org. You can also join one of our fundraising events at heartyoursmile.co.uk and choose 'Get Involved/FundraisingPacks'





Whistleblowing Review Findings Reported

Educational aims:

To provide members with an up-date in relation to whistleblowing and the implications for them as individuals, as practice managers, and as employers.

CPD outcomes:

- To gain an understanding of the outcome of the recent review into whistleblowing;
- To recognise the need to develop a culture which encourages whistleblowing within the practice;
- To understand the implications for individuals, practice managers, and employers.

Sir Francis Robert has recently undertaken a review into whistleblowing in private providers of NHS services such as dental practices.

The review was commissioned in response to concerns about the reporting culture and the way these concerns and those of the staff who raise them are dealt with.

It was found that some people find themselves singled out by their employer after raising a concern which in turn creates a culture of fear that deters others from raising valid concerns they may have.

The report by Sir Francis Robert, identified that the overarching principle is that every organisation needs to foster a culture of safety and learning in which all staff feel supported if they need to raise a concern. The key themes that the report concluded need to be addressed are culture change, better handling of concerns, support to ensure the system works well, measures to protect groups who are particularly vulnerable (for example student nurses and trainees) and extending legal protection.

The thinking behind the report is to encourage a culture in which staff feel encouraged to speak up and in which all concerns are heard and investigated properly with the right support on hand for staff where members of staff do raise concerns.

The employment legislation currently offers protection from unfair dismissal where "whistle-blowing" takes place. This protection extends to employees, agency workers and self-employed workers as well as people that are training with an employer but not necessarily employed by them. The legislation also protects workers from being subjected to any detriment as a result of any issue they may have raised.

So when do we know when an employee has "blown the whistle"?

A worker has blown the whistle when they have a reasonable belief that malpractice has taken place, is taking place or is likely to take place in respect of the following categories: criminal offence, breach of any legal obligation, miscarriage of justice, danger to the health and safety of any individual, damage to the environment and the deliberate concealing of information regarding any of the above. The wrongdoing can be past, present, prospective or merely alleged and therefore whistle-blowing can have an extremely wide meaning.

As an employer, you have a duty to encourage staff to report suspected wrongdoing as soon as possible, safe in the knowledge that their concerns will be taken seriously and investigated as

appropriate and that their confidentiality will be respected.

All these individuals will be protected under the law if they honestly think what they're reporting is true, they think they are reporting it to the right person and they believe their disclosure is in the public interest. It makes no difference whether or not the issue they raise is with or without merit or substance.

If an individual believes they are dismissed as a result of their whistleblowing, then that individual can make a claim to the Employment Tribunal and if the Tribunal agrees with the employee, it can order that they are reinstated to their position and/or paid compensation. There is no cap on the amount of compensation which can be awarded to an employee and therefore more and more employees seem to be bringing such claims in the Employment Tribunal as a way of receiving more compensation. With respect to the compensation awarded, the Tribunal can reduce any compensation by 25% if they find the person has acted dishonestly.

So, how should you handle this in your Practice?

I would recommend you think about having a clear and consistent written policy in place. I have a number of clients who during a CQC investigation have been asked to provide their Whistleblowing Policy. The CQC view the presence of such as policy as evidence of you encouraging an open and honest culture in your practice.



Sarah Buxton is dental specialist employment solicitor who has acted for Dental Practice Owners, practitioners and managers up and down the country.

Please contact 0113 2010407 or sbuxton@lcf.co.uk for further information.





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Dental Practice Manager Apprenticeships

How often have you wished for a practice management course which was specifically tailored for the dental industry AND affordable? Trailblazers is a group of industry employers and other stakeholders who, led by Mustafa Mohammed, CEO of Genix Healthcare, have spent the last year developing exactly that in the form of a Dental Practice Manager Apprenticeship.

This is an apprenticeship, designed as entry level training for the role of Dental Practice Manager. It provides the foundation knowledge, skills and experience for progression into a number of career paths including Practice Manager, Area Manager and Regional Manager leading to Senior Management roles.

Entry Requirements

Candidates will have achieved grade C or above in English and Maths at GCSE level prior to commencement of the apprenticeship. Most candidates will hold A levels or existing relevant Level 3 qualifications. Other relevant or prior experience may also be considered as an alternative.

Apprentices will undertake

- The ILM Level 4 Certificate in Leadership and Management, available through a training provider such as Southgate College, working with Dentabyte Ltd
- An in house portfolio based Performance Management (PM)
- A project which is assessed
- An interview which is assessed

This combination of assessment methods aims to ensure that the assessment of each apprentice is based on their performance and reflects accurately the quality of their work and the application of skills, knowledge and behaviours specified in the Standards.

The competencies expected are set out in the Practice Manager Standard as follows:

Knowledge

The practice manager will have knowledge of:

Human Resources

Policies, procedures and processes for:

- recruitment, selection, contracts
- personal/professional development planning (induction and training)
- performance management (supervision and appraisal)
- equality, diversity, grievance, discipline, whistleblowing
- rota management and absence management

Patient Care

Clinical frameworks, guidelines and processes for:

- establishing high quality patient care/customer service standards
- managing the patient journey
- managing patient records and databases (updates, recalls, governance)

Clinical

- understanding and knowledge of all roles within dental team
- broad understanding of dental diseases
- understanding and executing of clinical audits
- understanding of dental terminology

Marketing

The market within which the practice operates with regard to:

- size, share, competitor profile
- effective strategies for attracting and retaining patients
- how to represent the practice in the local community

Risk Management

Legal and ethical requirements set out by external regulators with particular reference to:

- General Health and Safety (e.g. facilities, fire)
- Healthcare Safety (e.g. Infection Control, Waste, Radiation, Medical Emergencies)
- Information Governance (e.g. confidentiality, information security, data protection, access to records)

Quality Assurance

A Registered Manager's responsibilities to:

- Establish internal standards (policies and procedures) for high quality care
- Train the team to meet internal and external standards
- Implement monitoring systems for continuous improvement e.g. complaints handling, learning from feedback, incidents, complaints

Finance

How to collect, use, interpret and report relevant financial data to:

- establish budgetary and production targets
- manage claims and monitor compliance with claim requirements
- meet the expectations of organisational stakeholders

Dental Industry Requirements for:

- service delivery and remuneration under the National Health Service
- service delivery and remuneration for private delivery of dental care
- local/national changes in dental service delivery



Skills

The practice manager will be able to:

Lead (in non-clinical matters) and motivate the practice team effectively by:

- Understanding the role and responsibilities of a manager
- Communicating the organisation's vision and strategy
- Clarifying and supporting company policies

Leadership Skills

- Setting clear goals and expectations
- Supporting individual personal and professional development
- Providing mentoring and coaching for individual team members
- Being able to seek feedback on workplace performance
- Leading by example
- Strategic thinking at a local/practice level

Organise efficient operational practice systems by:

- setting SMART objectives

Management skills

- planning and delegating work
- allocating resources efficiently to meet deliverables and deadlines
- monitoring, evaluating and improving individual and team processes
- developing advanced IT Skills to meet requirements in role (SOE/R4)

Communication Skills

Communicate effectively with internal/ external stakeholders (senior management, patients, team, dental reps, colleagues, third parties) when:

- negotiating
- presenting internal and external marketing plans and campaigns
- presenting and interpreting data for Senior Management
- briefing the work team
- communicating change



Behaviours

The practice manager will demonstrate:

Ethical

- Integrity and moral leadership
- Commitment to the General Dental Council Standards for the Dental Team

Professional

- An approach which is fair, equitable and credible
- Reliability with high standards
- A commitment to excellent customer service
- Effective time management and self-management
- Willingness to help others as required, e.g. on reception

Commercially astute

- ability to be business focused and patient/customer centric.
- capability for managing budget, practice development and growth
- ability to improve data from local knowledge e.g. using practice profiles

Passionate

- A caring approach toward patients and colleagues
- A commitment to striving for the best at all times

Responsible

- ownership and accountability for practice and leads team.
- informed decision-making to ensure safety and best practice at all times

Reflection and Self

Awareness

- Impact and influence when working with others
- an awareness of how to get the best from each individual

Further details about the standard and assessments can be found on at Gov.uk

<https://www.gov.uk/government/publications/apprenticeship-standard-dental-practice-manager>



Seema Sharma is Honorary Vice President of ADAM and CEO of Dentabyte Ltd, training

provider for the ILM Level 4 certificate in Dental Practice Management. For more information, or to enrol as a PM Apprentice for the September 2015 programme, please contact her on **Seema@dentabyte.co.uk**

CPD Questions (Summer 2015)

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 up to two verifiable hours of CPD for those entering the programme.

Practice managers or administrators wishing to enter the programme can do so either by signing up – free of charge – with Dental CPD Pro as outlined below or by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to ADAM at 2 Wheatstone Court, Davy Way, Waterwells Business Park, Quedgeley, Gloucester GL2 2AQ by **28th August 2015**.

ADAM members completing the programme will receive a certificate for up to two hours of verifiable CPD together with the answers to the questions. Please note that you must achieve a score of 80% or more to receive a certificate.

Any non-member wishing to undertake the CPD in this issue of Practice Focus must include a cheque for £25 payable to ADAM.

To complete your CPD on your Smartphone or online follow these simple instructions:-

Step 1: Download the Dental CPD Pro app onto your Smartphone.

Step 2: Read each article containing CPD.

Step 3: Using your Dental CPD Pro app scan the QR code on the CPD article page.

Step 4: Answer the questions either in the app or online; your certificate will be generated instantly!

Step 5: Save your CPD certificates online or if you prefer print a paper copy.

Please note that if you complete your CPD through Dental CPD Pro you will get a certificate for each article rather than one for the whole publication.

For the present time you can still complete the CPD form on page 25 in which case you'll still get one certificate for the whole publication.

If you have any questions or need any help at all, email the support team at dental@cpdpro.org.uk and they'll be happy to assist you.

Educational Aims Objectives and Outcomes

Aims

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.

CPD Outcomes

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.

The devil IS in the detail (page 6)

1 How important is it to describe your vision for the practice?

- A Useful
- B Helpful
- C Unimportant
- D Critical

2 What prior notice period should your Holiday Policy include for a request for holiday approval?

- A 4 weeks
- B 3 weeks
- C 2 weeks
- D 1 week

3 Which of the following describes how patients' notes should be recorded?

- A Short and to the point
- B Contemporaneous and unaltered
- C Clear and concise
- D Brief and understandable

4 What assumption do we often make about experienced team members?

- A They know how to do every task in the way you want them to
- B They don't need to be 'managed'
- C They don't need to learn anything
- D They know more than we do about their work

5 Which of the following does the article say should describe your referral policy?

- A Brief
- B Up to date
- C Clear
- D Short

Mouth Cancer - Is your Dental Practice Playing its Part? (Page 10)

6 By how much has oral cancer increased since the 1970's

- A 30%
- B 60%

- C 75%
D 95%

7 Which of the following causes the same number of deaths each year as oral cancer?

- A Cervical cancer
B Liver cancer
C Lung cancer
D Breast cancer

8 How many oral cancer cases have already metastasised at the time of detection?

- A Less than a quarter
B More than half
C More than three quarters
D Less than one in ten

9 What is the first step your practice should take to raise oral cancer awareness and early detection?

- A Carry out more research on the subject
B Consult with the General Dental Council
C Speak to your indemnity providers
D Develop an oral cancer management strategy

10 What is the 'Take Home' message of the article?

- A "Look, listen, decide and act"
B "Screen, learn, talk and educate"
C "Examine, discuss, act and review"
D "Check, understand, consider and do"

Too good to be true?.... (page 15)

11 The Medicines and Healthcare Products Regulatory Agency recently seized fake medicines and medical devices to the value of around how much?

- A £16 million
B £26 million
C £66 million
D £6 million

12 How many dodgy root files were seized by MHRA?

- A Over 5,000
B Over 12,000
C Over 3,000
D Over 1,000

13 What was the total value of counterfeit and non-compliant products seized as part of an international crackdown?

- A £46 million
B £56 million
C £66 million
D £76 million

14 What does the acronym CSIDI stand for?

- A Confidential Search for and Identification of Illegal Dental Implements
B Contractual Standards of the Institute of Dentistry Implements
C Counterfeit and Sub-standard Instrument and Devices Initiative
D Confederation for the Standardisation of Instruments used by the Dental Industry

15 Where do many of the products that appear to be too good to be true tend to originate from?

- A Central America
B Africa
C China and the Far East
D Eastern Europe

Whistleblowing - the latest..... (page 19)

16 What example is given of particularly vulnerable groups needing protection?

- A Agency staff
B Hygienists
C Managers
D Student nurses and trainees

17 Who recently undertook a review into whistleblowing in private providers of NHS services such as dental practices?

- A Sir Francis Robert
B Lord Denning
C Lord Justice Taylor
D Sir Robert Francis

18 As an employer you have a duty to encourage staff to report suspected wrongdoing when?

- A When it's convenient for them to do so
B When they next have a scheduled meeting with their manager
C When they have hard evidence of the wrongdoing
D As soon as possible

19 What is the maximum compensation that can be awarded at an Employment Tribunal to an employee dismissed as a result of whistleblowing?

- A £10,000
B £50,000
C £100,000
D There is no cap

20 If an Employment Tribunal finds that the whistleblower has acted dishonestly how much can their compensation be reduced by?

- A 5%
B 15%
C 25%
D 35%

CPD Answers Spring 2015

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

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CPD answer sheet

Practice Focus Summer 2015

Remove this page, or send a photocopy to the ADAM at:
**2 Wheatstone Court, Davy Way, Waterwells Business Park,
 Quedgeley, Gloucester GL2 2AQ.**

Please PRINT your details below:

Title	First Name*
Last Name*	
Address*	
Postcode*	
Telephone	
Email	
GDC no.* (if relevant)	
ADAM Member: Yes No	ADAM no.*

*Essential information. Certificates cannot be issued without all of this information.

Please note that you must achieve a score of 50% or more to receive a certificate.

Feedback

We wish to monitor the quality and value to readers of the Practice Focus CPD Programme so that we may continually improve it for the benefit of members; please use this space to provide us with any feedback or comment.

Answers

Please tick the answer for each question below.

Answer sheets must be received before **28 August 2015**. Answer sheets received after this date will be discarded as the answers will be published in the next issue of Practice Focus.

Question 1: A B C D

Question 2: A B C D

Question 3: A B C D

Question 4: A B C D

Question 5: A B C D

Question 6: A B C D

Question 7: A B C D

Question 8: A B C D

Question 9: A B C D

Question 10: A B C D

Question 11: A B C D

Question 12: A B C D

Question 13: A B C D

Question 14: A B C D

Question 15: A B C D

Question 16: A B C D

Question 17: A B C D

Question 18: A B C D

Question 19: A B C D

Question 20: A B C D

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