

PracticeFocus

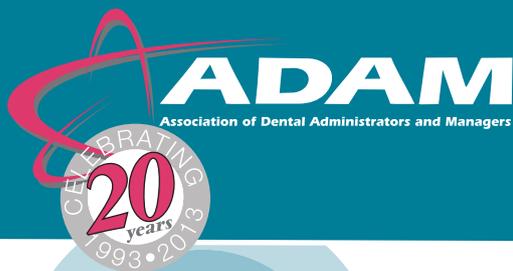
quarterly magazine of the ADAM ■ winter 2012

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also in this issue:



- How to build an effective Team p8
- Conference Programme & booking form p11
- Consent & Clinical Governance p15
- Charity of the Year - Diabetes UK p19

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PracticeFocus

quarterly magazine of the ADAM ■ winter 2012

editorial

by **Jill Taylor**



contacts

Welcome to the latest edition of *Practice Focus* - I hope you managed to grab a few days at home over the festive break and have returned to work with batteries fully charged - raring to go for the year ahead!

This month's edition includes a four page Programme for our 20th anniversary ADAM Conference which will take place on 7th and 8th June at the Oxford Hotel, Oxford. No matter how you decide to get there, it's in a great location, with excellent road and rail links. And Oxford is a beautiful city with some wonderful architecture.

I'm delighted to announce that for the 2013 Conference we're working in partnership with Dental Protection (DPL) - a name well known and respected by all of us within the profession. The Conference will be a heady mix of topics sure to attract the interest and attention of administrators and managers alike. In addition we will again be announcing the winners of our Denplan sponsored ADAM Awards - you can find out how to enter in the News section on page 2.

This edition of *PF* includes a very useful article on team building, news about the changes to PAYE systems recently announced by HMRC, plus information about how to claim a £20 High Street voucher simply by persuading one of your colleagues to become an ADAM member!

As you may have seen in last month's edition of e-update Vikki Harper and Vikki Gumbley, editors of *Practice Focus* in recent years, have decided to step down from their roles in order to focus on other areas of their business and I'd like to take this opportunity to thank them for

their work and wish them well for the future. At the same time I'm delighted to welcome and introduce you to Ian Simpson, who now takes over from Vikki and Vicki. Over the past couple of years Ian has regularly provided support to ADAM not only in relation to e-update and *Practice Focus* but also on other ADAM related work, and we look forward to working more with him in the future.

In years to come we may well look back at 2013 and reflect on how important a year it was for the profession with a decision expected from the General Dental Council on Direct Access.

Following closure of the consultation period at the end of last year, the GDC's decision (expected around March time) could significantly change the face of dentistry in the UK - I hope you took the opportunity to 'Have Your Say' during the GDC's consultation because if not you've missed your chance!!

But of course as I mentioned earlier, for ADAM, 2013 marks an important milestone as it represents the 20th anniversary of the organisation. We've changed quite a bit over those two decades and must continue to do so to ensure that we remain relevant to today's dental profession and the members we represent. But it's not only our profession that's changed - there have been fundamental changes in society at large over the past 20 years and I believe our more inclusive approach, which welcomes all of the Admin team and the practice manager, will stand us in good stead for the future.

A belated Happy and prosperous New Year to you and your colleagues and families.

Practice Focus is the official magazine of the **Association of Dental Administrators and Managers**, 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Waterwells, Gloucester GL2 2AT.
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the publication that promotes dental management

National Smile Month

The British Dental Health Foundation have confirmed that this year's National Smile Month will be 20th May to 20th June 2013.

At the time of going to print no further information is available but will be released shortly, so check out the following websites over the next few weeks to make sure you're practice is fully prepared in good time:

- www.nationalsmilemonth.org
- www.dentalhealth.org

ADAM President invited to join BDA Planning Team

It may still be early in the New Year for most of us but at BDA they're already thinking about their 2014 Conference! ADAM President, Jill Taylor, has been asked to participate in the planning process as a member of the BDA programme planning committee - and was delighted to accept the offer to contribute.

Spread the cost of attending the 2013 ADAM Conference

ADAM have announced that for the first time delegate members can - if they book before 28th February 2013 - spread the cost of attending the Conference, with four interest free monthly payments by credit/debit card or cheque.

- For more details see the Conference brochure on pages 11 to 14 in this edition of Practice Focus or go to www.adam-aspire.co.uk.

End of CPD 5 Year Cycle Looms

As you will know, if a DCP registered with the GDC on or before 31st July 2008 then the end of their 5 year cycle is fast approaching. So now is a good time for Practice Managers to review the CPD of those members of their team where the clock is beginning to tick louder and faster. By doing so now you can help them plan to achieve the minimum required hours before the arrival of the deadline - AND AVOID A FUTURE HEADACHE!

Office of Fair Trading launch 'Right to Smile' Campaign

In case you missed it in the last minute Christmas panic that is known as the month of December - here's an extract from the OFT Press Release:

The 'Right to Smile' campaign, which is supported by the British Dental Association, private dentistry providers and a number of consumer groups, has been launched to help patients make informed decisions, understand more about their entitlements to NHS treatment, and know what their options are if things go wrong.

An OFT study published earlier this year found that while the majority of patients are satisfied

with their dentist, they do not always have the information to allow them to make informed decisions about their choice of dentist and treatments. A survey carried out as part of the OFT study also found that some patients might be getting the wrong information about their entitlements to NHS treatment and be paying higher prices for private treatment as a result.

As part of the campaign the OFT has released a new film, available on its website and YouTube channel, and has produced an information leaflet.

- For more details go to www.of.gov.uk/news-and-updates/press/2012/114-12#.ULXxlobFI10

Court imposes 7 weeks imprisonment for fraud by misrepresentation

A dentist who continued to work after being struck off by the General Dental Council (GDC) has been sentenced to 7 weeks imprisonment.

Mr. Amir Kamburov, whose registered address is in Sutton in Surrey, was erased from the GDC's Register with immediate suspension on 11 July 2012, however he lodged an appeal against that decision but remains suspended and not allowed to practice dentistry in the UK.

The GDC has helped the Crown Prosecution Service and Metropolitan Police Drugs Directorate bring a case to court after allegations that he continued to practice dentistry despite being suspended.

On Friday 7 December 2012 Mr. Kamburov pleaded guilty at Lavender Hill Magistrates' Court in London to fraud by false

representation and to practicing dentistry unlawfully. He was remanded for Community Reports. A further complaint was received by the GDC that Mr. Kamburov continued to practice dentistry.

He was re-arrested by officers of the Metropolitan Police and charged with an offence of fraud by misrepresentation and two offences of unlawfully practicing dentistry. He pleaded guilty to these three offences at Lavender Hill Magistrates' Court on Friday 21 December 2012 and was again remanded until Friday 28 December 2012 for sentencing.

On 28 December 2012, he was sentenced to 3 weeks imprisonment on the first fraud offence, four weeks imprisonment on the second to be served consecutively making a total of 7 weeks imprisonment. No separate penalty was imposed in relation to the charges for unlawfully practicing dentistry.

GDC Press Release 2nd January 2013

New guidance for those employing trainee dental nurses or dental technicians

The General Dental Council (GDC) recently announced new guidance for those employing trainee dental nurses or technicians. In their Press Release the GDC stated:

The previous guidance in this area was put in place during the transitional period for dental care professionals – meaning they could register with the GDC without having a formal qualification. This ran from 31 July 2006 to 30 August 2008.

Since then what was meant by the term “in-training” has been reviewed and new guidance has now been agreed.

Anyone employing trainee or student dental nurses or dental technicians should make themselves familiar with it. The guidance contains a number of key points, including what defines a student/trainee dental nurse or dental technician:

They are either:

- Employed and enrolled or waiting to start on a recognised programme that will lead to GDC registration; or
 - Studying on a recognised programme that leads directly to GDC registration.
- The full guidance document can be found on the GDC website: www.gdc-uk.org/dentalprofessionals/education/pages/dcpsintraining.aspx

Cook up a treat and stop a silent killer

A very special cookbook has been launched to commemorate the work of the late Richard Horner. The Duck House Cookbook is a celebration of 93 of Richard's favourite recipes. The book, completed in his final weeks, gives more than a taste of one of Richard's great passions.

Cooking wasn't Richard's only passion. As the man who created the concept of mouth cancer awareness, Richard played a pivotal role in getting what we know today as Mouth Cancer Action Month off the ground. More than 15 years later, it remains the UK's largest mouth cancer awareness campaign.

For a minimum suggested donation of £5, you can share in Richard's passion. By visiting Richard's JustGiving page, you can download your copy of The Duck House Cookbook. Any donations made are gratefully accepted and will go to Mouth Cancer Action Month, a topic and campaign close to Richard's heart.

Caroline Holland, one of Richard's closest friends, said: "Richard was extremely well-

known and greatly respected within the profession. He will always be known as the man behind mouth cancer awareness, yet this book enables everyone to share in another of his passions."

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, said:

"Richard made an invaluable contribution in assembling key stakeholders to create the first mouth cancer awareness week. His passing has given everyone involved in raising awareness renewed vigour to make sure as many people as possible know about mouth cancer.

The cook book is full of truly wonderful dishes. I would encourage as many people as possible to donate and enjoy the recipes Richard so dearly loved."

- For more information contact David Westgarth at davidw@dentalhealth.org or on 01788 539 792 or David Arnold at davida@dentalhealth.org or on 01788 539 789.



ADAM Awards

Good news - you still have time to submit your entry because the deadline date has been extended to 15th March 2013. Here's a quick reminder of the three categories:

- Administrator of the Year
- Treatment Coordinator of the Year
- Practice Manager of the Year

Winners will each receive, courtesy of our Sponsors, Denplan, a cheque for £500.

- For full details of how to enter go to the News and Events section of our website at www.adam-aspire.co.uk

Good luck to everyone who enters. Winners will be announced at the ADAM Conference Dinner in Oxford on 7th June 2013.

Denplan Champion of the Year

The Denplan Champion of the Year will be announced at the ADAM Awards in Oxford on 7th June 2013. Below is an extract from a blog recently issued by Denplan explaining about Denplan Champions:

'A Denplan Champion can be anyone in your practice team; the Practice Manager, receptionist, dental nurse, hygienist or a dentist; as long as they're passionate about patient satisfaction and the success of your practice!

If you recognise that drive in one of your team members, then why not give them the chance to be a Denplan Champions?'

- For more details go to www.denplan.co.uk.

trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
Commencing January 2013 London	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing January 2013 Basingstoke	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing January 2013 Bristol	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing January 2013 Birmingham	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing January 2013 Leeds	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing January 2013 London	ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>		Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
Commencing February 2013 Exeter	ILM Level 5 Diploma in Leadership and Management. <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
7 February 2013 Portsmouth	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email ola@dentabyte.co.uk
8 February 2013 London	Law, ethics and record keeping <i>British Dental Association</i>	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
8 February 2013 London	Business planning and financial management for practice managers. <i>British Dental Association</i>	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
19 February 2013 Warrington	'A Time to Buy or a Time to Sell' <i>The Dentistry Business</i>	£19.99 (£30 for two) with £10 refunded for attendance	www.futuredentistry.co.uk
26 February 2013 Bradford	'A Time to Buy or a Time to Sell' <i>The Dentistry Business</i>	£19.99 (£30 for two) with £10 refunded for attendance	www.futuredentistry.co.uk
Commencing March 2013 London	ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>		Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
1 March 2013 London	Clinical audit and its role in the dental practice <i>British Dental Association</i>	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
6 March 2013 Edinburgh	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	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
7 March 2013 London	2-day Business Management Master classes <i>Dentabyte</i>	£300	Ring 020 3248 1100 or email ola@dentabyte.co.uk
7 March 2013 Leeds	CQC Essentials including: ● Child Protection, ● Vulnerable Adults ● Confidentiality, ● Data Protection ● Equality and Diversity. <i>Denplan</i>	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
8 March 2013 London	Social networking and online marketing <i>British Dental Association</i>	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
8 March 2013 Glasgow	Law, ethics and record keeping <i>British Dental Association</i>	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
12 March 2013 Crewe	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	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk

trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
15 March 2013 Leicester	CQC Overview including: ● Child Protection, ● Vulnerable Adults ● Confidentiality, ● Data Protection ● Equality and Diversity. Denplan	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
21 March 2013 Portsmouth	2-day Business Management Master classes Dentabyte	£300	Ring 020 3248 1100 or email ola@dentabyte.co.uk
22 March 2013 London	Safeguarding children and vulnerable adults British Dental Association	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
27 March 2013 Coventry	CQC Overview including: ● Child Protection, ● Vulnerable Adults ● Confidentiality, ● Data Protection ● Equality and Diversity. Denplan	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
18 April 2013 Bristol	CQC Overview including: ● Child Protection, ● Vulnerable Adults ● Confidentiality, ● Data Protection ● Equality and Diversity. Denplan	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
18/19 April 2013 Manchester	The essentials of staff management: a two-day intensive course British Dental Association	BDA Training <i>essentials</i> £115 for Practice Managers	www.bda.org/training
25 – 27 April 2013 ExCeL London	2013 British Dental Conference and Exhibition British Dental Association	£90 for a 1 day ticket £115 for a 2 or 3 day ticket	www.bda.org/conference
1 May 2013 Belfast	CPD Essentials covering: ● Infection Control, ● Ethics and Complaints ● Medical Emergencies, ● CPR, ● Mouth Cancer Denplan	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
8 May 2013 London (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice The Dentistry Business		Call Sim Goldblum for further details - 0161 928 5995
21 May East Grinstead	CPD Essentials covering: ● Infection Control, ● Ethics and Complaints ● Medical Emergencies, ● CPR, ● Mouth Cancer Denplan	Non-Denplan practices: £200 per delegate. Denplan Practices: Contact the Denplan Events Team for a possible discount	Ring 0800 169 5697 or email eventsandtraining@denplan.co.uk
22 May 2013 Manchester (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice. The Dentistry Business		Call Sim Goldblum for further details - 0161 928 5995
29 May 2013 Manchester (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice. The Dentistry Business		Call Sim Goldblum for further details - 0161 928 5995



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 who signs up - you get £20 in High Street Vouchers!

All you need to do is complete the form below and send it to us, we'll do the rest

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:

COLLEAGUE'S 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: ADAM Celebrates its 20th Anniversary

Yes, it's hard to believe that this year ADAM celebrates its platinum anniversary. OK, the name has changed, but fundamentally it's the same organisation with aims and objectives that have stood the test of time.

But let's put this into some context for everyone. Think back - what were you doing in 1993 when what was then British Dental Practice Managers Association was just springing into life?

Here are a few reminders of what was happening in the UK that year:

- Buckingham Palace opened to the public for the first time.
- The Grand National ended in chaos after a false start and the Jockey Club declared the race void.
- X Files was the must-watch programme on TV, with FBI agents Mulder & Scully trying to prove 'the truth is out there'.
- Top films of the year were Jurassic Park and Indecent Proposal.
- Whitney Houston's 'I Will Always Love You' was the best selling single.

Further afield major events across the world included:

- The World Trade Centre in New York was bombed by terrorists.
- A tsunami killed over 200 people on a small island near Japan.
- Launch of the Beanie Babies.
- The bag-less vacuum cleaner was invented.
- Intel introduced the Pentium Processor.

But back home to the present day and the big event we're celebrating this year which

is the 20th anniversary of the formation of what was BDPMA and is now ADAM.

To celebrate our platinum year we plan to run a series of articles in each edition of Practice Focus for 2013 and to do so we need your help.

The four articles will be:

- **1993 to 1998** – the early years
- **1999 to 2003** – into the new millennium
- **2004 to 2008** – a second decade unfolds
- **2009 to 2013** – a new identity for the future.

As you can see the spring edition of Practice Focus will concentrate on the early years and we'd like to hear from anyone who can help us piece together the history of the organisation from this period. This might even take us back to before 1993 to the time when someone, somewhere, had the idea of creating an organisation for Dental Practice Managers - these things don't happen overnight!

So if you were involved in BDPMA at or before its inception or in the first few years we want to hear from you.

Maybe you're a former Chairman or President, or Executive Committee member; or someone who regularly attended events at this time.

We'd like to hear not just stories about the organisation back then but also would love to see any old photos you can lay your hands on.

Remember it doesn't need to be anything formal – just something that gives us an insight into the organisation in its early years.



And if you weren't involved personally but know someone who was – drop us an email with their contact details and we'll get in touch with them.

You'll also see something on our website shortly on this same topic, and on Facebook and Twitter – again seeking contributions from members, past and present.

- Send your stories, photos etc to editor@adam-aspire.co.uk.

- And remember you can join our 20th anniversary celebrations in Oxford on 7th and 8th June 2013 - see [page 11](#) for more information.



teambuilding

Building an effective team

The Dentistry Business has recently presented 3 webinars to ADAM members, the second of which discussed "Building an effective team". In case you missed it, here are some key points



Whichever is your favourite team, there are few secrets to building an effective team. In dentistry, the same broad principles apply – clear leadership with a strong vision and clearly defined goals, clear responsibilities for all team members, complementary skills so that the team does not have any gaps in its skills and behaviours, great communications among all members in both directions, mutual respect for all by all and the flexibility/adaptability to meet the inevitable short-and long-term events that impact us all.

While each is a topic in its own right, let's focus on three key enablers - team meetings, recruitment and appraisals.

Team meetings

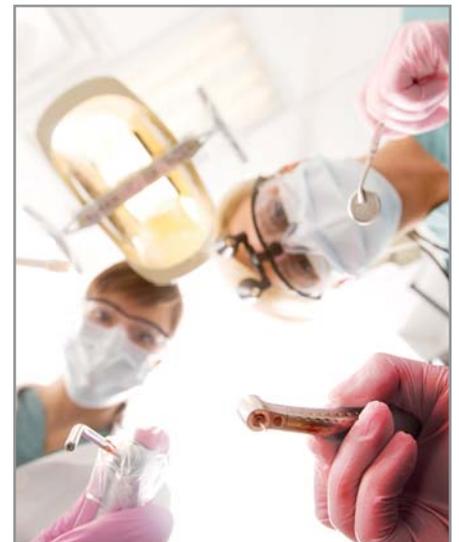
An effective team meeting provides a great opportunity to share and learn from each other, and lets team members understand progress on key goals and what they may need to improve. They can take place at anytime during the day, but the more familiar meetings include:

1. **Morning and/or evening "huddles"** are a great tool to either prepare for the day ahead and/or provide a summary of the day. Huddles needn't be longer than 5-6 minutes. The time can be modified to support part-time members who need to be brought up-to-date during the day
2. **Team meetings** should happen regularly, and not just when bad news needs to be shared! They are designed for all members, including associates/performers and should be purposeful (neither a moaning or beating-up session!) and have a clear agenda whose outcomes are followed up.
3. **Functional team meetings:** These meetings ensure work is being organised in the most effective way within the 3 key

dental groups (dentist/therapist/hygienist; nursing and infection control; reception and administrative). The key outcomes must be shared with the full team at the next team meeting

4. **Quarterly meetings:** an extended meeting to help all understand how the practice, business and team have performed over the last three months and what is planned/expected for the next 3 months
5. **Annual meetings:** Meeting annually (pre-Xmas lunch!) provides huge potential for celebrating the past year's achievements and getting everyone's commitment to the plans (in which they've been involved in preparing) for the following year

There are several sub-teams within the practice and everyone has both functional and behavioural roles within the larger team – problem-solving, innovating, coordinating – so understanding this dynamic helps to create a balanced team. Therefore, when recruiting a new member of staff, fill the gaps within the team, not just in clinical or technical skills, but also the roles each person plays.



by **Sim Goldblum** of Dentistry Business

Recruitment

The recruitment process is a critical pillar in building an effective team – we all have experienced the benefits when it is done well and reflected on the stress, expense, and wasted time of a bad hiring decision, which can have such a negative impact on the team.

When you have a job vacancy, follow these 10 steps:

1. Create a **job analysis** to establish whether you need a replacement and if so, what you actually need the new candidate to do, how to do it, and what functional and behavioural skills they must possess.
2. From this, you can **prepare an appropriate job description**, and then
3. **Advertise** the role. Do not cut corners here. This is the vital point of communication to the outside world. If cost is a factor, think how much it will cost, if you hire the wrong person for the job.
4. Provide sufficient information for the advert, and **send practice information and a job-specific application form to be completed**; do not ask for CVs. This allows you to understand what specific skills the individual can bring to the role.
5. **Determine a short list** using the job description to help you - you need a serious analytical approach to this.
6. Prepare very carefully for the interview, which should be structured and identical for all candidates.
7. All interviews should ideally be held on the same day and be given a sufficient amount of time. Include sample tasks for candidates to complete to validate their application assertions.
8. During the interview, keep a record of the answers given, and the point-scoring system you employ that will ensure everyone is evaluated fairly.
9. Provide all unsuccessful candidates with written feedback..
10. Once hired, **ensure the induction process is executed properly** – this shouldn't just

be the distribution of protocols and procedures for the new employee to read, as this doesn't suit all learning styles. Also, an induction should last approximately three months, and not just one day.

Appraisals

When done correctly, appraisals will enhance personal development and support an effective team. An appraisal is a professional, constructive and two-way process; it's a formal, structured reflection that:

- provides feedback on performance
- reflects on progress and
- identifies development needs to help improve contribution to the team.

However, appraisals are often perceived as stressful, time consuming and a waste of time. Employers hate doing them for fear of upsetting people and employees are often fearful of receiving criticism. However, appraisals are fundamental to a practice's ongoing success, helping the whole team to develop and grow. They need to be done frequently, at least once a year.

When conducting an appraisal, use core competencies, the job description and agreed

goals to review performance, as well as KPIs. Give due consideration to how an individual has improved the practice's services. Also, set, plan and agree on personal development needs and monitor accordingly.

A successful appraisal should have no surprises, as you should be appraising staff every day. Congratulate your team on work well done, and ask how they can improve on other things.

Both parties should be prepared for an appraisal, and have had time to reflect on goals and objectives. Don't dwell too much on the past - the appraisal should be future orientated and not backwards blame-oriented.

Conclusion

Teamwork is easy to preach, hard to implement successfully on a consistent basis. Start with the basics outlined at the beginning of this article, support it with appropriate meetings and effective recruitment and appraisal processes and you're well on the way!



PAYE Real Time Information: Are you ready?

by **Roy Thorogood** at Hazlewoods

HM Revenue & Customs recently wrote to all employers with a PAYE scheme reminding them of the planned introduction in April 2013 of a new way of reporting payroll information. The system is called Real Time Information (or RTI).

HMRC will obtain PAYE information in a more regular and efficient manner when employers submit their payroll data in the new format each time their workers are paid. The RTI system has been the subject of a Pilot programme since April 2012. HMRC propose for a further 250,000 employers to be submitting their PAYE data using RTI between November 2012 and March 2013.

Whilst one of the benefits to be gained following the introduction of RTI is the removal of the annual burden of submitting P14 information for each employee and also an annual employer PAYE return (P35), in reality the new system will electronically provide HMRC with similar data in each RTI report each time a worker is paid. Employers will therefore need to ensure that their payroll information is complete, accurate and in a format that is acceptable under the RTI reporting requirements each and every pay run.

The current PAYE rules have enabled some employers to make payments to workers



without the need for a PAYE scheme where payments have been below existing reporting thresholds. With the introduction of RTI all payments made to employees, even students in full time education, will need to be submitted to HMRC on or before the date that the payment is made. A PAYE scheme will therefore need to be registered if you make payment to any worker, casual employee or otherwise.

As RTI is an electronic based system those employers still operating with manual records to calculate their payroll will need to either purchase their own payroll software, use HMRC's Basic PAYE Tools software or outsource their payroll to a professional payroll bureau. The Basic PAYE Tools software can be found on the HMRC website using the following link;

- www.hmrc.gov.uk/payee/tools/basic-payee-tools.htm

RTI will require an increased discipline when recording the details of workers within your payroll software. By way of example, the RTI

system will reject the use of initials in place of forenames, made up NI numbers and dates of birth. All of this information will be cross referenced by HMRC's records each time a submission is made and rejected if wrong. Proposals for changes to the current penalty process for late or non submission of information to HMRC have been the subject of consultation. The outcome has yet to be determined but it is reasonable to assume that the rigid reporting requirements of RTI will have the potential for significant penalties for those who do not comply.

Qualification for the payment of PAYE liability will remain at either monthly, quarterly or annual intervals dependant upon the values and circumstances involved. However, RTI submissions will be required each time a worker is paid or at least each Tax month where no payments are made.

The quality and quantity of RTI reporting will involve additional input for employers. Outsourcing your payroll to a professional payroll bureau, such as Hazlewoods, will release you from the demands of ever increasing regulation and allow you to focus on your business. Our specialist knowledge, flexible approach to client requirements and the use of the latest technology enables Hazlewoods to deliver the best combination of services.

About the author

Roy Thorogood is Outsourcing & Payroll Manager at Hazlewoods LLP.

For more information For more information on RTI or to discuss your payroll requirements please contact him at
e: payroll@hazlewoods.co.uk
t: 01242 680000 www.hazlewoods.co.uk

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Programme

Friday 7 June

14.45 Registration, refreshments, networking & exhibition

15.00 **AGM** (ADAM members only)

15.15 Refreshments & networking & exhibition

15.30 **"Welcome & overview"** ADAM President

15.45 **"The HR Elements to recruiting and retaining a successful team"**
Richard Mander, Mander HR

16.45 Refreshments, networking & exhibition

17.00 - 18.00 **"Health & Safety"** Daniel McAlonan, BDA
Close

19.30 Drinks reception

20.00 **Platinum Dinner Celebrating 20 years of The Association & Awards Ceremony**
ADAM Awards sponsored by Denplan
Raffle for Diabetes UK



Saturday 8 June

08.30 Registration, refreshments, networking & exhibition

08.55 **"Welcome"** ADAM President

09.00 **"Goals and Own-Goals"**
Roger Mathews, Denplan Ltd

10.00 **"How to Attract the Patients you need with Online Marketing"**
Mark Oborn, Mark Oborn Ltd

11.00 Refreshments, networking & exhibition

11.30 **"The key things your team need to know and do to engage better with deaf patients"**
Suzie Jones, Deafwise

12.30 Lunch, networking & exhibition

13.30 **"Fifty Shades of Clinical Governance"**
Andy Toy, The Dental Business Academy

14.30 **"Pensions: Auto-enrolment and the impact on your practice"**
Lloyd Boston, Wesleyan

15.30 Refreshments, networking & exhibition

16.00 **"Successful Complaints Handling"**
Sue Boynton, Dental Protection Ltd

17.00 **Open Forum** with our panel of experts

17.30 **Closing address** & collection of CPD certificates

* programme subject to change

Overview of Presentations

Richard Mander, Mander HR

The HR Elements to recruiting and retaining a successful team

With over 20 years HR experience in the commercial world Richard is now an Independent Consultant supporting SME's in a range of professions from independent schools through to retail and the dental sector.

Richard's aim in this session is to share some of his insights into recruiting and retaining the best and through this, building a successful team.

Roger Matthews, Denplan Ltd

Goals and Own-Goals

What KPI's are and how, used effectively, they can maximise the practice's achievements.

- Good and bad KPIs and how to tell the difference.
 - SMART rules and how they apply.
 - Sticks or carrots? – what works best?
 - Recognising and rewarding success.
 - Case studies.
-

Mark Oborn, Mark Oborn Ltd

How To Attract the Patients you Need with Online Marketing

- Why online marketing is more powerful than offline.
 - How to improve your overall marketing effectiveness in everything you do.
 - Why is Social Media & Online Marketing so powerful? And how can you harness that power.
 - How to monitor what is being said about you and your practice and deal with negative comments.
 - Patient attraction with social media need not be difficult, I'll show you how easy it can be.
 - Why you ought to have Facebook and Twitter for your practice, and how to set it up.
 - What to say on Social Media.
 - Who to say it to.
 - When to say it.
-

Suzi Jones, Deafwise

The key things your team need to know and do to engage better with deaf patients

DeafWise is a UK wide training company that helps organisations engage better with deaf people. DeafWise deliver a practical approach through workshops and consultancy to improve the understanding, confidence and skills teams need when it comes to communicating with deaf people. web: www.deafwise.co.uk twitter: @deafwise

Andy Toy, The Dental Business Academy

Fifty Shades of Clinical Governance

Clinical Governance is not the sexiest topic in the world – or is it?

Andy Toy aims to get you excited about the potential of Clinical Governance to brighten up your practice life.

Lloyd Boston, Wesleyan

Pensions: Auto-enrolment and the impact on your practice

The session will cover auto enrolment and what the Wesleyan can offer in terms of pensions that meet NEST criteria and what dental practices need to be aware of when implementing. We will also be discussing commercial lending and how this could prove beneficial to help the ever changing demands on dental surgeries. Finally, we will be informing about general insurance for surgeries and individuals.

Sue Boynton, Dental Protection Ltd

Successful complaints handling

Nobody likes to receive complaints but our ability to respond to them constructively, and to learn any lessons that they provide for us, goes to the very heart of professionalism. However good you and your team are from time to time you will receive complaints. Research shows that where a service delivery complaint is handled well, then the loyalty of that patient is often strengthened - a complaint handled professionally can actually be a practice builder. This presentation describes the key steps to help you to transform complaints from a threat into an opportunity.

Booking Form

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(Tick as appropriate)

	ADAM Member		Non-member	
	Early Bird Rate Until 5 th April 2013	Standard Rate After 5 th April 2013	Early Bird Rate* Until 5 th April 2013	Standard Rate After 5 th April 2013
Friday	£64	£80	£80	£96
Saturday	£120	£150	£150	£180
Friday & Saturday	£165	£215	£215	£265
Friday night Dinner, 3 course meal with 2 glasses of wine	£45	£45	£45	£45

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*only available for bookings made by 28 February 2013.

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Delta/Switch/Maestro/Solo/Visa/Mastercard only

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* EARLY BIRD RATES ARE ONLY AVAILABLE UNTIL 5 APRIL 2013.

* CANCELLATION: UP TO 60 DAYS: 50% REFUND. UP TO 30 DAYS: NO REFUND.

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

First Name:

Surname:

Address and Postcode:

Contact Phone Number:

Email:

Dietary Requirements:

Consent and Clinical Governance

This is the fourth and final article in this series on how to provide a high quality consent process in your practice. The Spring 2012 edition of *Practice Focus*, *CONSENT – it's not worth the paper it's written on!*, highlighted the importance of having the correct process in place, and not just relying on a signed piece of paper. 'Good Consent is Good Business' and 'People first, paperwork second' were the key messages.

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

In the second article, *Coordinating Care: Raising the Standard for the Patient and the Practice*, I concentrated on building a systematic approach to your consent process. The third article, *A Curriculum for Great Consent* (Autumn 2012), highlighted the knowledge, skills and attitudes required for developing a team member to become the practice Consent Manager (also known as a 'Treatment' or 'Care Coordinator').

Now we get down to the quality management or *Clinical Governance* of consent. As a Practice Manager (PM), how do you manage the quality of your consent process? How do you know your team are providing a high level of consent? And if they are, could you prove it to a Regulator, such as a CQC/RQIA Inspector?

As Practice Managers, this is probably going to be your key area of responsibility in the whole consent process. It's a vital role, too. How often does your practice owner have a rush of enthusiasm about a new technique or service they've just heard about? This leads to demands of time, money and effort from the team to introduce it as soon as possible – ideally yesterday! Yet a few months later, the new equipment is lying in a cupboard unused, or the new service is no longer being offered. This is a very typical scenario, in my experience, and can lead many a Practice Manager to groan with frustration when the next *Big Idea* comes along.

Well, in my opinion, introducing a high quality consent process is too important to be left to the hot/cold life cycle of Big Ideas

described above. *We have to convert an initial enthusiasm for consent into an enduring, systematic part of our daily practice.* So, if your practice has taken my advice and is investing in the team and facilities to provide great consent, you, as PM, have the very important role of ensuring the investment is controlled and developed – long after the initial heat of enthusiasm has cooled.

The Why and What of Clinical Governance

A quick look at Wikipedia will tell you that Clinical Governance (CG) is:

a systematic approach to maintaining and improving the quality of patient care within a health system¹

You will note the term 'improvement' in this short definition. This is an extremely important aspect of CG that is often overlooked. Inevitably, good CG involves the introduction of better and more extensive records – the dreaded Red Tape so hated by us all (and particularly dentists!). This isn't a great start to introducing your CG system!

It is also very easy for us to slip into making CG a stagnant, tick-box exercise if we don't firmly hold on to the idea that *the purpose of CG is to facilitate positive change.* Clinical Governance should be a dynamic, constructive process where problems are addressed and good practice is highlighted. As you will probably be the one to introduce CG to your team, it is very important that you firstly communicate the value of CG. Give them the *why* as well as the *what*.



consent&clinicalgovernance

Now you know the why, what is the what?

There is one major textbook for Clinical Governance in dentistry, written back in 2002 by Rattan, Chambers and Wakley.² They list 10 Pillars of Clinical Governance as a way of highlighting the underlying themes to a good CG system. They are:

1. Evidence-based practice
2. Dissemination of good ideas
3. Quality improvement processes in place
4. High-quality data to monitor care
5. Clinical risk reduction programmes
6. Adverse events investigation
7. Lessons learned from patient complaints
8. Poor clinical performance tackled
9. Professional development programmes
10. Leadership skill development.

Whilst these themes are important to be aware of, I prefer a simpler model to help me understand what I need to actually do. For me, good CG involves quietly working in the background to ensure all of the steps in the consent process are happening as they should. Essentially, CG can be split into three parts:

1. setting standards,
2. measurement of performance, and
3. systematic improvement.

I have already discussed the first stage of setting standards in my second article, *Coordinating Care*. Work out each stage of the consent process and set some standards to be achieved and procedures to be followed.

For measurement of performance, you can use various forms of feedback to provide evidence of good and bad practice, using a variety of measurement and feedback systems.

Systematic Improvement means you not only collect your evidence, but you actually do something with it! It is a common mistake to believe that just ticking boxes or collecting performance data is enough to control quality. It's not. You will need to make sure you have a management process in place to analyse the data, draw conclusions, develop an action plan, put it into practice and (crucially) measure the progress. The table below adds some more practical detail to the three main stages of CG, and how these relate to the 10 Pillars of CG as described by Rattan *et al.*

Setting Standards *(as described by Rattan et al)	
What you do to achieve this	CG Pillar*
1. <i>'People First, Paperwork Second'</i> . Talk about consent in your Induction Training, Team Meetings and Appraisals – it will demonstrate to your team the importance that management place on the issue. Make good consent part of your practice culture.	9 Professional Development Programme
2. Ideally, train a team member to be your 'Consent Manager' – for example, the new Laura Horton Treatment Coordinator BTEC Award available from the Dental Business Academy	9 Professional Development Programme 10 Leadership Skill Development
3. Consult guidance from bodies such as the General Dental Council, CQC/RQIA, your Defence Organisation or Professional Association (such as ADAM)	1 Evidence-based practice
4. As a team, write down each stage in the consent process, from first contact with the patient through to completion of the treatment.	9 Professional Development Programme
5. Identify which member(s) of the team is responsible for conducting each stage of the process	9 Professional Development Programme
6. Identify the critical stages and write down the procedure to be followed at each one, along with the related documents and templates. It's important to prioritise here as procedures for every stage may be too great a task to begin with – and we don't want too much paperwork! Critical stages would probably be the initial consultation, the comprehensive oral exam, the post-exam treatment planning discussion and the agreed treatment plan/consent letter (confirming risks, costs and timescales). You can add procedures for the other stages later.	2 Dissemination of good ideas 9 Professional Development Programme
7. Develop Cue Cards with the key facts for each treatment you provide (including a general guide to costs, risks and timescales), so that each team member has a basic knowledge and will provide the patient with a consistent message. Consult GDC guidance on advertising services to ensure you are not over selling yourselves.	1 Evidence-based practice 9 Professional Development Programme

Measurement of Performance *(as described by Rattan et al)	
What you do to achieve this	CG Pillar*
1. Audit your team performance at each critical stage by comparing their actions with your written standards and procedures. Are they doing what they should be doing? This may be achieved through direct observation, checking their knowledge of the standard and/or consulting the written records. If a team member has improved the process, this is your opportunity to change the procedure for everyone's benefit.	2 Dissemination of good ideas 3 Quality improvement processes in place 4 High quality data to monitor patient care 5 Clinical risk reduction programme

consent & clinical governance

2. Audit the quality of the patient information you provide – online, hard copy or verbally. Is it truthful, balanced and consistent with your Cue Cards?	3 Quality improvement processes in place 4 High quality data to monitor patient care
3. Use appraisals and team meetings to gain feedback on how your consent process is being conducted (keep a record for future reference)	3 Quality improvement processes in place 9 Professional Development Programme
4. Record patient complaints, comment and compliments in as many ways as you can, such as post-treatment interviews or patient satisfaction surveys or even a notebook next to the Receptionist.	2 Dissemination of good ideas 3 Quality improvement processes in place 4 High quality data to monitor patient care 7 Lessons learned from patient complaints
5. Measure your Treatment Plan acceptance rate – this would be a good indication of how well you are connecting with your patients and meeting their wants and needs (assuming you are providing them with honest, balanced information on which to base their decisions, of course!).	4 High quality data to monitor patient care
6. Measure your New Patient referral rate. How many of your new patients are coming to you as a result of recommendations from existing patients? Another good sign that you are providing a patient-centred service.	4 High quality data to monitor patient care

Systematic Improvement

*(as described by Rattan et al)

What you do to achieve this	CG Pillar*
1. Hold regular meetings with the practice owner (and team?) to review all of the evidence collected in stage 2, <i>Measurement of Performance</i> . Identify areas of good and bad performance. Provide feedback as appropriate to the team member(s) and develop an action plan for any improvements required. Keep a record of any meetings.	2 Dissemination of good ideas 5 Clinical risk reduction programme 8 Poor clinical performance tackled 9 Professional Development Programme
2. If there has been a major problem, such as a patient complaint, do not wait for a planned meeting! Deal with the issue directly according to your procedures and hold a special team meeting shortly afterwards to review the issue. Use a Significant Event Analysis process to learn as much as possible from the problem.	2 Dissemination of good ideas 3 Quality improvement processes in place 6 Adverse events investigation 9 Professional Development Programme
3. Ensure every action plan has a review date to ensure changes have actually occurred. Measure the change using the techniques in stage 2.	3 Quality improvement processes in place 9 Professional Development Programme

Conclusions

As I write this, the findings of a Department of Health consultation on Cosmetic Interventions have just been published.³ This review was prompted by the PiP silicone breast implant scandal in 2012. Amongst other things, the issue of the patient consent process for cosmetic treatment was highlighted as being inadequate and sales driven. The review had major concerns with the poor quality of information provided to patients, the training of the individual providing the information and the poor quality monitoring of the procedures. (It's worth noting that much of the more complex treatment provided in a dental practice is regarded as 'elective', like cosmetic surgery, and therefore similar standards of consent are applied.)

In the last few months there has also been an Office of Fair Trading Market Study into dentistry. The consent process featured in

this report, too. *'Insufficient information for patients'* to enable them to make *'active, informed decisions regarding their choice of dentist and dental treatment'* was raised as an area for improvement. It is clear that the issue of consent in dentistry is going to be at the forefront of the work of regulators such as the CQC/RQIA and the GDC. For this reason alone, there is much to be gained from a practice investing in its consent system.

However, I hope this series of articles has also demonstrated the value of creating a systematic process that will help you build trusting, professional relationships with your patients; help them make the most appropriate choice of dental care for themselves; and provide you with evidence to *improve* your practice and *prove* your ability to achieve high ethical standards. Good Consent is Good Business, after all.

Notes

1. The Online Dictionary - http://en.wikipedia.org/wiki/Clinical_governance - accessed 31.12.12
2. Rattan R, Chambers R, Wakley G: *Clinical Governance in General Dental Practice*, Radcliffe Medical Press, Oxford 2002
3. Department of Health: Review of the Regulations of Cosmetic Interventions. Summary of the Responses to the Call for Evidence - www.wp.dh.gov.uk/publications/files/2012/12/Call-for-evidence-summary-report.pdf - accessed 31.12.12
4. Office of Fair Trading: *Dentistry: a Market Study* - www.oft.gov.uk/shared_of/market-studies/Dentistry/OFT1414.pdf - accessed 31.12.12

BDA dental conference & exhibition

Three packed days in London

A varied programme of seminars and presentations, an exhibition showcasing the latest products, a full programme of evening entertainment, and a dedicated session for practice managers – all this and more awaits those attending next year's British Dental Conference and Exhibition. This year's event takes place from the 25-27 April at London's ExCeL Exhibition Centre, a former Olympic venue in London's Docklands. It is the first time the event in its current format has been held in London.



Headlining the programme in 2013 are presentations from inspirational speaker Andy McMenemy and Dentistry Minister Earl Howe. Speaking in the main auditorium on Friday morning, world class endurance athlete Andy McMenemy will share how you can achieve success in your life by challenging the limits you place on yourself. Famous for running 66 ultra-marathons in 66 consecutive days in 66 cities, Andy also brings with him a wealth of experience from the business world having worked at organisations with turnovers of £1.3 billion and £500 million. Speaking directly before Andy on Friday morning Dentistry Minister Earl Howe will set out how he sees the future shaping up in England under the brave new world of a new NHS dental contract.

Of course it's not just about the headliners. Programme highlights of interest to administrators and managers include a presentation on Thursday by Len D'Cruz from Dental Protection, who will answer the question 'Can complaints be good for your business?'. On Friday morning Dento-Legal Adviser Andrew Hadden will look at good record keeping practice whilst on Friday afternoon Michael Ball, Partner in Employment Law at Gateley LLP will take you through 'the top five employment law issues made simple'. And on Saturday Business Mentor for Dental Practices, Kevin Rose, will explore the lessons that dentistry can learn from other professions in his presentation 'Is doing the right thing always good for business?'

A further must visit for all those involved in the administration and management of a dental practice is the Training *essentials* theatre. Based in the Exhibition hall it offers a programme of 30-minute bite-sized lectures running for the full three days of the event. Seminars include a special session presented by ADAM President Jill Taylor, and vice-President Hannah Peek 'Performance

management and beyond – top tips for platinum success'. The ADAM team will share their tips and experience for successfully managing team members, retaining the ideal team member, how to reward outstanding team members and how to motivate the team members who are falling below par to bring them in-line with your practice champion. Further presentations in the Training essentials theatre will cover effective time management, tax and investment planning, managing a successful team, using online marketing, and preventing complaints.

Always a big draw at the event, a host of other attractions will also be on offer in the main Exhibition Hall. As well as the regular mix of suppliers, product launches, show offers and competitions, 2013 sees the return of the Innovation zone where you can discover the latest products and technology.

And, after all that hard work, you'll be ready to relax and let your hair down. Something will be on offer from Thursday to Saturday but the highlight will be the Friday Night Party in The Fox, a converted tobacco warehouse next to the event venue. Music on the evening will be provided by live disco band Uncle Funk.

- If you want to find out more you can find the event programme and booking details on the dedicated website www.bda.org/conference.

Tickets are significantly cheaper for all DCPPs (including practice administrators and managers) than for dentists, and if a dentist at your practice is attending for two or three days they will be entitled to register a DCP to attend free of charge. So, it's worth finding out if they are.

- And, don't forget to keep up-to-date via Facebook www.facebook.com/bdaconference and Twitter www.twitter.com/bdaconference.

Diabetes UK - An Introduction

A DAM member Monica Morrison is Senior Practice Manager at Chopra & Associates in Kent. Over 15 years ago her sister was diagnosed with Diabetes. Having seen the effects of this condition first hand Monica has been a supporter of Diabetes UK for many years and last year nominated them as ADAM charity for 2013. Here's Monica's story:

'I've been a Dental Practice Manager since 1996 and a course tutor for the NEBDN for the past 6 years (I am a NEBDN Qualified and GDC Registered Dental Nurse).

As a practice manager it's not easy when you have requests from so many worthwhile charities to place donation boxes within the surgery.

The reason we've always chosen Diabetes UK, is because my younger sister Billie is diabetic and has been since she was 18 - she's now 35, so has lived with the condition for many years. A few years ago Billie had a diabetic pump fitted because her diabetes was so unpredictable.

Billie is employed as one of our receptionists and is a qualified and GDC registered Dental Nurse, and has been working with us for the past 13 years. She works part time and has a 7 year old daughter and a son aged 20 months.

Without the support of Diabetes UK and our local Diabetic Clinic it's unlikely that Billie would have been able to control her diabetes sufficiently to have children and I probably wouldn't have a beautiful niece and nephew - and most of all I'd be without my sister.

ADAM member Monica Morrison with her sister Billie



As Healthcare Professionals we see and treat thousands of diabetic patients each year and yet few of us have any insight into the condition, what causes it or how it is treated and managed.

I believe we should all be made more aware of diabetes and the charity Diabetes UK are an organisation that can help to raise awareness across the dental profession - that's why I nominated Diabetes UK as the ADAM Charity for 2013.'

● Turn to page 20 to read more about Diabetes UK.

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Alison Dee-Shapland, Practice Manager, Delegate 2012



REGISTER NOW: www.bda.org/conference

diabetesuk

Who are Diabetes UK and what do they do?

Diabetes UK is the UK's leading diabetes charity that cares for, connects with and campaigns for everyone affected by and at risk of the condition. There are 3.7 million people in the UK with diabetes, including an estimated 850,000 people who have Type 2 diabetes but do not know it.

But what is diabetes? There are two different sorts: Type 1 occurs when the body is not able to make any insulin and it is treated with insulin injections. We do not know what causes Type 1, but it is definitely not related to lifestyle or being overweight. Type 2 happens when the body can still make some insulin, but not enough. In some cases, Type 2 diabetes can go undetected for more than 10 years but the longer you are undiagnosed, the higher your risk of developing complications.

The risk factors include: having a larger waist (31.5 inches for a woman, 37 inches for a man and 35 inches for a South Asian man); being over 40 (or over 25 if you are from a South Asian background); having a parent, brother or sister with diabetes or coming from a Black African, Caribbean or South Asian background. Diabetes is a big problem, and it is growing.

Every three minutes someone learns that they have diabetes, and another 7 million people could be at high risk of developing the condition. This figure is set to rise, and if current trends continue then it is estimated that by 2025 there will be 5 million people will have diabetes.

Without careful management and adequate healthcare, diabetes can cause serious complications including blindness, kidney failure, amputation and stroke. Many of these complications can be avoided with good risk assessment and early diagnosis for the general public, together with patient education, support and good ongoing services once people have been diagnosed.

We need to raise more awareness of the signs and symptoms of diabetes, as well as the risk factors of Type 2 diabetes, to ensure that people with the condition get diagnosed as soon as possible, while those who are at high risk get the support they need to help prevent it. We are also campaigning for people with diabetes to get better care and more support managing their condition. 'Putting Feet First', the '15 Healthcare Essentials' and the '4Ts' are all campaigns that we have worked on in 2012.

As a charity almost entirely dependent on donations, we rely on our 300,000 supporters, or 300 voluntary groups and our army of 5,000 volunteers and their donations, time, enthusiasm and dedication are the bedrock of the important work and research that we do.

For every pound you raise for us, we put 90p into our research, services and campaigns. We use the remaining 10p to raise the next £1. But what can the money you raise for us help us to achieve?

- £2 can give vital information to a parent about managing their child's diabetes.
- £5 can pay for a child to talk to a healthcare professional for 30 minutes at a Diabetes UK event.
- £50 can help to fund research into ways of preventing diabetes related complications.
- £250 can pay for someone living with diabetes to go on a Family Support Weekend.
- £365 can pay for a child to go to a weeklong event for children and young people.
- £1,000 can train 20 volunteers to help us connect with the seven million people at increased risk of type 2 diabetes.

From everyone at Diabetes UK, thank-you for choosing us as your charity of the year: together with the money you raise for us, we can work together for a future free of diabetes.

DIABETES UK
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MORE CPD Full-day conference programmes for every member of the dental team, plus mini-theatres presented by the Association of Dental Implantology (ADI) and the British Society of Periodontology (BSP). A bigger Live Surgery and a full range of hands-on, clinical and business workshops.

MORE NETWORKING With over 6,000 dental professionals expected, longer conference break times will mean plenty of networking with colleagues, peers and friends throughout the day, and at Friday's delegate reception.

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continuing professional development

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

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

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

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

Practice managers or administrators wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to ADAM at 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Gloucester GL2 2AT by **Thursday 28th March 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 AUTUMN EDITION OF *PRACTICE FOCUS*

Equipment and Drugs in a Dental Practice Setting
1.b, 2.d, 3.b, 4.b, 5.a, 6.c, 7.a, 8.a, 9.b, 10.d 11.d,
12.a, 13.d, 14.b, 15.d, 16.d, 17.b, 18.b, 19.c, 20.c

CONSENT AND CLINICAL GOVERNANCE

1. WHAT ARE THE DEMANDS OF INTRODUCING A RIGOROUS CONSENT PROCESS?

- A. More staff needed
- B. Longer opening hours
- C. Time and money demands

2. WHAT IS THE WIKIPEDIA DEFINITION OF CLINICAL GOVERNANCE?

- A. A state funded medical service for the poor
- B. A systematic approach to maintaining and improving the quality of patient care within a health system
- C. A democratic system of controlling the NHS budget

3. WHAT IS THE PURPOSE OF CLINICAL GOVERNANCE?

- A. To facilitate positive change within a health system
- B. To enable the CQC to monitor what dentists are doing
- C. To reduce the costs of providing health care

4. WHAT YEAR DID RATTAN, CHAMBERS AND WAKLEY PUBLISH THE 10 PILLARS OF CLINICAL GOVERNANCE?

- A. 2001 B. 2002 C. 2004

5. WHICH OF THE FOLLOWING WOULD PROVIDE EVIDENCE TO ENSURE YOU ARE MANAGING THE QUALITY OF YOUR CONSENT SYSTEM?

- A. A qualified Treatment Coordinator
- B. An animated treatment information package for the waiting room
- C. A dedicated consultation room at the practice

6. WHICH OF THE FOLLOWING WOULD PROVIDE EVIDENCE TO ENSURE YOU ARE MANAGING THE QUALITY OF YOUR CONSENT SYSTEM?

- A. Standardised consent forms
- B. An audit of patient records to ensure they record all of the patient's needs and wants
- C. Colour photos of patients' treatment in the waiting room

7. WHAT PROMPTED THE REVIEW BY THE DOH RE COSMETIC INTERVENTIONS?

- A. Teeth Whitening by beauty salons
- B. PiP Silicone breast implants C. Amalgam fillings

continuing professional development

8. COSMETIC SURGERY IS REGARDED AS..

- A. Selective B. Essential C. Elective

9. WHO DECLARED THE FOLLOWING STATEMENT: INSUFFICIENT INFORMATION FOR PATIENTS' TO ENABLE THEM TO MAKE 'ACTIVE, INFORMED DECISIONS REGARDING THEIR CHOICE OF DENTIST AND DENTAL TREATMENT' WAS RAISED AS AN AREA FOR IMPROVEMENT.

- A. CQC B. GDC C. OFT

BUILDING AN EFFECTIVE TEAM

10. WHICH OF THESE IS ONE OF THE SECRETS OF AN EFFECTIVE TEAM?

- A. An experienced manager
B. Clear leadership with a strong vision and clearly defined goals
C. A good working environment

11. WHAT IS A KEY BENEFIT OF HAVING TEAM MEETINGS?

- A. Team members understand progress on key goals and what needs to improve
B. They provide an opportunity for team members to moan about things
C. It's an opportunity for bad news to be communicated.

12. WHO SHOULD ATTEND TEAM MEETINGS?

- A. Full time staff only B. Managers and senior staff only
C. All members of staff

13. WHICH OF THE FOLLOWING SHOULD YOU ASK JOB APPLICANTS TO PROVIDE?

- A. A letter of introduction B. A CV
C. A completed job application form

14. WHAT FORM SHOULD JOB INTERVIEWS TAKE?

- A. Structured and identical for all candidates
B. An informal chat
C. It depends on the candidate

15. HOW SHOULD YOU EVALUATE EACH JOB INTERVIEWEE?

- A. By thinking about which one you liked the most
B. By using a point scoring system for all candidates
C. By looking at their references

16. WHICH PHRASE BEST DESCRIBES THE PURPOSE OF AN APPRAISAL SYSTEM?

- A. An opportunity to criticise an employee about their performance
B. A time consuming task that everyone needs to go through once a year
C. A professional constructive and two way process

17. WHAT SHOULD A GOOD APPRAISAL PROCESS HELP TO IDENTIFY?

- A. Development needs
B. Mistakes made in the past
C. Disciplinary issues

18. WHICH OF THESE SHOULD YOU USE TO REVIEW SOMEONE'S PERFORMANCE?

- A. Gossip and hearsay
B. Their performance against agreed goals
C. Your own gut feeling

19. WHAT SHOULD THE FOCUS OF AN APPRAISAL BE?

- A. The past B. The present C. The future

20. SHOULD A TEAM BE CONGRATULATED IF THEY'VE DONE A JOB WELL?

- A. No it's not necessary, that's what they're paid to do
B. Yes – and they should be asked how they can improve other areas
C. Maybe but only if it's exceptional



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CPD answer sheet: Practice Focus Winter 2012

Please PRINT your details below:

First Name* Last Name* Title

Address*

Postcode*

Telephone Email

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

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

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

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

Reasons to be Cheerful...



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