

# PracticeFocus

quarterly magazine of the ADAM ■ winter 2013/14



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of success on page 17

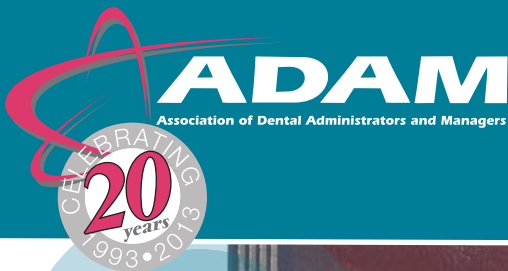


also in this issue:

■ one-to-one practice manager training p10

■ practice manager vocational training scheme p13

■ reception and telephone skills p15



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# PracticeFocus

quarterly magazine of the ADAM ■ winter 2013/14

## editorial

by **Hannah Peek**



**W**elcome to the winter edition of *Practice Focus*, and a Happy New Year to you all - I hope that, like me, you enjoyed the festive period and begin 2014 with renewed energy and enthusiasm!

For many people the New Year period is a time of reflection; a time to take stock and consider not just the past year but also what the next 12 months will bring. And it's no coincidence that during the first quarter of each New Year many practices undertake their annual performance appraisal interviews, when discussions around past performance and future development usually take place.

So this winter edition of *Practice Focus* is very much based around the theme of Training and Development for those who already are or aspire to be practice managers, and indeed for every member of the admin team seeking to develop themselves.

As an experienced practice manager I find it quite frustrating if, having prepared for an appraisal interview, the team member comes to our pre-arranged meeting without having done any

preparation themselves – after all, a proper performance appraisal interview is intended to be a two way discussion! So I'd encourage you to make one of your New Year resolutions that you'll prepare properly before your appraisal - remember the well-known quotation 'by failing to prepare you are preparing to fail'.

This month's publication includes a number of useful articles on the topic of training and skills development plus details of forthcoming training events across the country. And lots more besides, including the final part of our Trip Down Memory Lane which brings us up to date in our 20 year journey since the Association was formed.

Finally I need to make you aware that we've decided not to hold an Annual Conference this year but to make it a bi-annual event in future. However we will be running our ADAM Awards for 2014 in partnership with Denplan - you can read about how to enter in this edition of *Practice Focus*. More details about where and when the awards will be presented will be announced soon, together with information about this year's AGM.

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## Training

Knowledge, competencies  
professional development  
teaching of vocational or practical skills provides the best  
On-the-job training takes

### Consultation on changes to CPD requirements launched

**T**he General Dental Council (GDC) has launched a consultation on new statutory rules for continuing professional development (CPD).

CPD is a legal requirement for all registered dental professionals and those seeking to restore to the register. The GDC is proposing to change the rules which govern CPD requirements for registrants. Among the key changes being proposed are:

- New minimum CPD hours requirements;
- The introduction of high level learning outcomes that relate to the Standards for the Dental Team;
- Embedding planning and reflection into CPD requirements;
- Emphasising the importance of good quality CPD by requiring that all CPD be verifiable; and
- Introducing annual CPD declarations as a requirement of ongoing registration.

The new rules, which are set out in proposed new legislation, seek to embed CPD as a regular part of registrants' professional life.

They also aim to support registrants to meet the GDC's 'Standards for the Dental Team' and provide the GDC with regular assurance that registrants are keeping up to date.

The consultation is now open and the GDC is keen to hear views from registrants and the wider dental sector, including those involved in delivering and supporting CPD in dentistry.

- The consultation is open until 21 March 2014. Have your say here: [www.gdc-uk.org/CPDconsultation](http://www.gdc-uk.org/CPDconsultation)
- For further information about the consultation go to [www.gdc-uk.org](http://www.gdc-uk.org).

## BDHF says 'Lazy' middle aged men more at risk of gum disease

**I**nactive, middle aged men are at greater risk of developing gum disease compared to men who regularly exercise. Researchers discovered moderate to severe gum disease was associated with low levels of exercise in men aged 45-65, most of who worked in offices.

The research, which took place at Hannover Medical School, studied 72 healthy men who did not join in any sporting activity and had a predominantly sitting working position. Their gums were assessed during an exercise test, and results showed high age and low levels of physical activity were associated with moderate to severe gum disease. Most people have some form of gum disease, and it is the major cause of tooth loss in adults. However, the disease develops very slowly in most people, and it can be slowed down to a rate that should allow you to keep most of your teeth for life.

Previous research has also shown people who exercise regularly, have a healthy lifestyle and a normal weight were 40 per cent less likely to develop gum disease. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, used the research to remind people, especially those highlighted in the study, about the importance of good oral health.

Dr Carter said: "People see the health of their mouth and the health of their body as two very different things, but it is becoming increasingly

clear that this just isn't the case. This research pinpoints a very high-risk group who need to review their current habits. Whether you have concerns about the state of your teeth or your general health and fitness, you need to consider the bigger picture. Gum disease affects around 19 out of 20 of us at some point in our lives. As well as links to a whole host of general health conditions, it is also by far the most common cause of tooth loss in adults.

Dr Carter continued: "We already know that poor oral health can have a negative effect on the rest of your body and the fact that gum disease increases your chances of developing heart disease, heart attacks, diabetes, strokes and low birth weight babies needs to be taken very seriously indeed.

"To stay healthy you need to adopt a good routine that includes, but isn't limited to, brushing for two minutes twice a day with fluoride toothpaste, cutting down how often you have sugary foods and drinks and visiting the dentist regularly, as often as they recommend.

If you are serious about your health - and your teeth - you should also clean in between your teeth with interdental brushes or floss. If your gums do start to bleed this is a sign that you may have not been cleaning well enough so increase your tooth brushing. If things do not settle within a few days get along to the dentist before the problem becomes irreversible and you start to lose teeth."

### General Dental Council putting the new Standards in focus

**T**o support the implementation of the new 'Standards for the Dental Team', the General Dental Council (GDC) has developed an interactive site with case studies, scenarios and FAQs. These have been designed to help registrants test their knowledge on 'Standards for the Dental Team'. Learning materials for each of the nine principles are included. The new Standards were developed following intensive

consultation with patients and the public and took effect on Monday 30 September 2013. If a complaint is made about a dental professional their behaviour/conduct will be measured against the standards and guidance in this document, it is therefore vital that registrants are familiar with the nine Principles.

- The new web pages - which are available to all registrants - can be found at the GDC website - [www.gdc-uk.org](http://www.gdc-uk.org).

## DENTSPLY campaign says 'Goodbye Gaps'!

**T**he DENTSPLY Goodbye Gaps campaign increases the availability of information about dental implants for people with missing teeth. The campaign also aims to improve patient access to clinicians who provide implant treatment. It amplifies and builds on the company's proven programmes which are already helping:

- **General dental practitioners** - gain confidence to discuss dental implant

treatment with their patients and get involved with restoring the resultant cases

- **Implant dentists** - receive more case referrals, extra online and offline enquiries, and more consultations with potential implant patients
- **Dental technicians** - undertake more advanced crown and bridge work.

To join DENTSPLY Implants' Goodbye Gaps campaign or find out more visit: [www.dentists4implants.com/goodbyegaps](http://www.dentists4implants.com/goodbyegaps)

## The BDTA is now officially the BDIA

**T**he BDTA has now officially become the British Dental Industry Association, reflecting the increasing diversity of its membership and its ongoing commitment to actively driving quality standards throughout the industry.

The Association represents over 80% of the UK dental industry making it the principal voice for manufacturers and suppliers of dental products and technologies. The Association also represents suppliers of a wide range of services to the dental industry, such as banking, insurance, software, publishing and accountancy. Since 1923, it has played a crucial role within the industry as a not-for-profit organisation, using its funds solely for the purpose of developing dentistry for the benefit of its members, the profession and the public.

The decision to change the Association's name to the British Dental Industry Association is part of a wider business plan which will ensure the Association is well positioned to meet the future business needs of its members and where appropriate, the industry as a whole.

BDIA Executive Director, Tony Reed comments: "The new name conveys the inclusiveness of the Association and its relevance in a sector that is experiencing accelerated change.

*Our members collaborate to address the challenges faced, such as new technology, regulation, government policy and globalisation. The Association will continue to build upon the main services our members have identified as being of most value, namely: shaping the future of the wider industry through continued collaboration with relevant bodies; statistics and information to provide greater insight; exhibitions; training and opportunities for networking and partnerships.*

*The new name has driven a brand refresh upholding the Association's heritage and values. To communicate the change, the BDIA is launching an exciting new brand campaign promoting the diversity of its members and the benefits offered to the profession of choosing to do business with quality-conscious member companies."*

- For more information on the BDIA call 01494 782873 or visit [www.bdia.org.uk](http://www.bdia.org.uk).



## Global Leaders Convene to Improve Oral Health

**T**he call for abstracts for poster and oral presentations is now open for the 5th American Dental Education Association (ADEA) International Women's Leadership Conference (ADEA IWLC), taking place September 14-16, 2014, in Barcelona, Spain.

Global leaders will gather at the 5th ADEA International Women's Leadership Conference to foster global alliances and share leadership strategies that women can use to improve oral health, and overall health, in communities through the world.

Dental educators, practitioners, health researchers, policy makers and business leaders in the health sector worldwide will learn skills and share strategies through plenaries, working groups and skills-building sessions.

Posters and oral abstracts will complement conference themes. The deadline for submissions is February 28, 2014.

With support from Colgate-Palmolive, Co., ADEA is pleased to offer scholarships to help defray the cost of attending the conference and to facilitate wide global representation and participation from professionals at all career levels. Scholarship criteria and online application are available at [www.adea.org/IWLC](http://www.adea.org/IWLC).

- For enquiries about abstracts, attendance scholarships or conference information, contact Sonja Harrison, ADEA Director of Program Services, at 202-289-7201, ext. 167, or [IWLC@adea.org](mailto:IWLC@adea.org)

# trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
	– ILM Level 3 Certificate of Leadership and Management <i>UMD Professional Ltd</i>	Distance Learning Programme	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
	– Performance management and appraisals in dental practices <i>UMD Professional Ltd</i>	This workshop course is delivered at your practice and covers managing and maximising staff performance, and how to carry out appraisals in dental practices.	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
commencing January 2014 London	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Grants available towards course fees. Distance learning and modular courses also available.	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
commencing January 2014 London	Dental Business Management Programme leading to the ILM Level 7 Diploma in Executive Management <i>UMD Professional Ltd</i>	Grants available towards fees plus a further 10% discount for ADAM members.	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
	– BTEC Level 4 Professional Diploma in Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme - 30% discount for ADAM members	<a href="http://thedentalbusinessacademy.com/shop/btec-level-4-professional-diploma-in-dental-practice-management">http://thedentalbusinessacademy.com/shop/btec-level-4-professional-diploma-in-dental-practice-management</a>
	– BTEC Level 5 Professional Diploma in Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme	<a href="http://thedentalbusinessacademy.com/shop/btec-level-5-professional-diploma-in-dental-practice-management">http://thedentalbusinessacademy.com/shop/btec-level-5-professional-diploma-in-dental-practice-management</a>
	– Introduction to Dental Practice Management <i>The Dental Business Academy</i>	Distance Learning Programme	<a href="http://thedentalbusinessacademy.com/shop/dental-practice-management-introduction">http://thedentalbusinessacademy.com/shop/dental-practice-management-introduction</a>
8 January 2014 Manchester	University accredited Dental Practice Management course <i>The Dentistry Business</i>	3 modules £2700-£3200 10% discount for ADAM members	Sim Goldblum 0161 928 5995 or email sim@thedentistrybusiness.com
15 January 2014 London	University accredited Dental Practice Management course <i>The Dentistry Business</i>	3 modules £2700-£3200 10% discount for ADAM members	Sim Goldblum 0161 928 5995 or email sim@thedentistrybusiness.com
16 and 17 January 2014 London	The essentials of staff management <i>British Dental Association</i>	BDA Training essentials £250 for Practice Managers	<a href="http://www.bda.org/training">www.bda.org/training</a>
24 January 2014 London	Online marketing and social networking <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	<a href="http://www.bda.org/training">www.bda.org/training</a>
24 January 2014 London	Online marketing and social networking <i>British Dental Association</i>	£115 per person	<a href="http://www.bda.org/training">www.bda.org/training</a> 020 7563 4590 events@bda.org
31 January 2014 London	An introduction to dental hypnosis for the whole team <i>British Dental Association</i>	BDA Training essentials £115 for Practice Managers	<a href="http://www.bda.org/training">www.bda.org/training</a>
commencing February 2014 Oxford and Exeter	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Grants available towards course fees. Distance learning and modular courses also available	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
14 February 2014 London	Law, ethics and record keeping <i>British Dental Association</i>	£115 per person	<a href="http://www.bda.org/training">www.bda.org/training</a> 020 7563 4590 events@bda.org

# trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
14 February 2014 Warrington	Business planning <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org
28 February 2014 London	Creating a successful practice: Treatment planning <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org
commencing March 2014 Belfast, Edinburgh, Leeds and Manchester	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Grants available towards course fees. Distance learning and modular courses also available	Fiona on 020 8255 2070 or fiona@umdprofessional.co.uk
7 March 2014 London	Clinical audit and its role in the dental practice <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org
14 March 2014 London	Safeguarding children and vulnerable adults: meeting the CQC essential standards <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org
14 March 2014 London	Management of medical emergencies <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org
28 March 2014 London	Growing your practice using effective retail strategies <i>British Dental Association</i>	£115 per person	www.bda.org/training 020 7563 4590 events@bda.org



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[www.umdprofessional.co.uk](http://www.umdprofessional.co.uk)

## twentiethanniversary

# A Trip Down Memory Lane: 2008 to 2013

In this, the last in our series of four articles looking back at the first 20 years of ADAM, who better to bring us right up to date than immediate Past President **Jill Taylor** who tells us how she first became involved with ADAM and her journey to leading the Association up until June 2013.



**L**ike many practice managers my early days were probably some of the toughest as I adjusted from no longer being part of the team to being their leader.

In 2008 the practice that I worked in was sold; I was the only remaining team member - a long standing dental nurse. The new owner offered me the position of practice manager and I accepted but it quickly transpired that my perception of the role of a practice manager was somewhat different to the new owner's expectations!

My own personal experience of the work of a practice manager had been of someone who was responsible for little more than writing cheques and analysing the appointments; my new boss, having worked for Boots Dental, had very different type of practice manager in mind and, needless to say, I had a steep learning curve to contend with as I tried to cope with my new, much broader, responsibilities.

I began to look online to see where I could gather support and advice for my own

development in the role and quickly found the BDPMA website, but I also noticed that there was nothing much happening in Scotland - which for me was a bit tricky - I just didn't have the time to travel to York (the nearest venue) for events, and as it was I was already working much more than a normal working week! Not to mention three hours travel every day!

After a chat to the girls on the BDPMA stand at Dental Showcase I joined as a member, and enjoyed hearing about the experiences of other practice managers via the 'help a colleague' and publications such as Practice Focus, and then started attending the seminars in London - on some occasion dragging my principal along too!

After listening to me whinging about there being nothing in Scotland, my principal eventually suggested that instead of moaning I should do something about it and get involved. I was a bit taken aback by his response - but I knew he was right - and that the only way to implement change was to be part of the change process. So I contacted Denise at the BDPMA office to ask for





Below: An original BDPMA badge



information on the role of a regional coordinator.

I joined the team of regional coordinators (now called regional mentors) in 2009 and we set about organising two seminars in Scotland; one in Glasgow and one in Perth. In the same year BDPMA were looking for applications for a Vice Chairman (now called Vice President), which I decided to apply for – and succeeded in being appointed!

In 2010 we undertook a major review of feedback from both members and non members and discussed how we could make the association more inclusive so that all administrative members of the team could feel part of our association.

And out of this ADAM was born and we, at last, had the opportunity to embrace all members of the non-clinical dental team.

In 2011 we proposed the name change at our AGM and it was welcomed by all members present; and at this same AGM I stepped up into the role of President.

In the same year we introduced ADAM to the dental profession at a press conference at BDTA and secured sponsorship from Denplan to enable us to launch the ADAM Awards. It was a very exciting year for us all as we also reinstated the association's annual conference - organising events such as these is a huge undertaking and with two conferences under my hat I now feel that I could take on almost anything!

I was very privileged to be President of ADAM and I look back with pride at some of our achievements. At the time members often

## twentiethanniversary



asked for more local events but unfortunately due to poor attendance at some venues we were unable to maintain these - but we did introduce an alternative in the shape of online meetings. My goal throughout was always that members should benefit from their own association and having spoken to members

all over the UK I'm delighted that this has been achieved.



# Top Ten Accountancy Tips

As practice manager, are you doing all you can to stay one step ahead? Following these top ten accountancy tips will help.

## 1. Self-assessment online filing – 31 January

**T**he online filing deadline for 2012/13 personal and partnership tax returns is 31 January 2014. If your accounting year ends on or before 5 April 2013 these accounts should now be finalised. The earlier they are prepared the more notice the principals will have of their tax liabilities and therefore the cash needed from the practice.

## 2. Bookkeeping

If you are responsible for the practice's bookkeeping it is essential that you understand the software or processes you use.

Not only is it important to provide your accountant with comprehensive records it is also important for budgeting purposes within the practice and will enable you to work in an efficient manner. For example, are you keeping bank and petty cash reconciliations, mileage logs, stock takes, computerised associate pay schedules etc.?

## 3. Capital expenditure

Are you planning any capital expenditure? If so, it is important to tell your accountant so they can advise. The Annual Investment Allowance increased from £25,000 to £250,000 on 1 January 2013 for two years. You should ensure you are making the most of this increase, particularly if capital expenditure is planned for 2014/2015.

## 4. Companies House

If your practice is a limited company you should ensure you meet Companies House filing deadlines. Generally, abbreviated accounts for small companies need to be filed at Companies House nine months following the accounting year end. You also need to file an annual return detailing the directors, company secretary and shareholders. Failure to deliver accounts on time can lead to penalties and ultimately the company being struck off.

## 5. Laundry expenses and subscriptions

If the practice's employees wear a uniform to work and are responsible for cleaning the uniform themselves, are they claiming tax relief? Tax relief may also be claimed for professional fees and subscriptions, business travel and subsistence and specialist clothing, provided they have not been reimbursed by the practice owner.

## 6. Dispensations

If the practice pays for its employees' subscriptions it may be beneficial to have a dispensation in place. A dispensation is a notice from HMRC which removes the requirement for the employer to report certain expenses and benefits at the end of the tax year on forms P11D. It also removes the requirement for employees to submit claims for deductions against expenses reported on forms P11D.

by **Nigel Utting**  
of Hazlewoods LLP



## 7. Automatic enrolment for pensions

Although automatic enrolment began on 1 October 2012, the duties of individual employers will be introduced gradually over the following five years. The Pensions Regulator will tell employers when they must have a scheme in place twelve months before their staging date. Employers have to automatically enrol workers. However, even if employees do not qualify to be automatically enrolled, they still have the right to join the scheme. If an employee tells their employer that they would like to opt in to the scheme, they must allow them to do so. For further details our Financial Planning team will be happy to advise you.

## 8. NHS pensionable earnings annual reconciliation report

If you carried out NHS work at your practice for 2012/13 you will have completed an annual reconciliation report for net pensionable earnings using the dental portal for the first time.

Again for 2013/14, performers will have to agree their pensionable earnings figures (or their NHS income even if they are not in the superannuation scheme) before the provider can submit the declaration to the BSA. This

includes adjustments for laboratory fees relating to NHS work. Do you have systems in place to identify the split of NHS and private lab fees? Early preparation will help the reconciliation process.

## 9. NHS vital signs reports

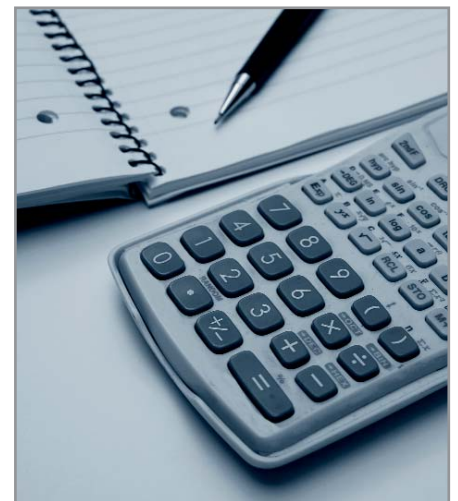
Did you know the NHS Business Services Authority has now made Vital Signs reports available to the public? The reports can be found at [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk). This means it is now possible for everyone to see contract values, numbers of UDAs, UDA achievement and much more for any NHS practice in England and Wales.

## 10. Practice management software

Are you making the most of available software? Patient reminder systems, online booking, sources of new patients, recall rates and monitoring patient debt are just a few examples which can help improve practice performance.

## Conclusion

Implementing these top ten tips will, where applicable, help with the smooth and efficient running of the practice.



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## training

# One to one Practice Manager Training

by **Wendy Bull**

**W**hat was your career path to becoming a Practice Manager - maybe you've been a dental nurse or a receptionist or started out in an administrative role? Whichever route you've taken you may feel that you don't have all the skills and knowledge you need to take you and your practice forward.

The challenges of working on a day to day basis in practice and meeting the needs of a growing dental business can be quite daunting. Sometimes it can feel like you're stumbling along in a reactive way trying to the demands of the team and your principle but never really feeling like you're in control.

In many other business sectors the job roles are more clearly defined, whether it's HR or Project Management, Marketing or Finance, the roles appear more specific and identifiable.

But the role of a Practice Manager can cover all of these areas and more besides – and so requires a broad and wide ranging knowledge of business management. You can't be an expert in them all but having a basic understanding of each aspect is essential.

It's often difficult to know if formal training such as a Diploma or Degree course is the right way and taking time away from the practice for

home study can mean a significant commitment in both time and money.

Alternatively you can attend seminars and training days which give you the opportunity to learn various relevant topics and network with other managers.

It's great to know about the trials and tribulations of other managers and hear about how they run their practices, and you often come away with a feeling of renewed enthusiasm. But often the reality is that within a few hours of being back in the practice those copious notes you made at the seminar are a distant memory - you're simply too busy trying to keep your head above water with day to day tasks.

Although each practice environment is unique there are proven management systems and processes that, when implemented, will help create a more successful and profitable business.

Examples include:

- Practice communications systems – not the telephones - but communication within your team!
- Policies and procedures for patient payments, front desk protocols, business continuity plans, referral tracking, appointment reminders and debt management.

These are all important management issues and there are many others. One thing is very clear - when a practice is running efficiently the practice manager has more time to concentrate on the development and analysis side of the business – such as reviewing the marketing strategy; measuring new patient uptake; assessing profitability; even a new project for expansion.

Not to mention having time to look at the notes from those seminars!

It's not easy convincing a practice principle to invest in developing their practice manager, when there are so many new gadgets out there for the surgery – and it's often difficult to recognise the benefits or to admit that help is needed until it's too late.

With almost 20 years experience in practice management I now visit practices of all sizes to provide one to one training with practice managers. I help managers to design and implement administrative systems to manage their workload in a more efficient way, giving them the time to concentrate on the strategies required to achieve growth, increase profitability and at the same time enhance their own business skills.

If you're interested in finding out more about how I can improve your management skills and, through this, the profitability of your practice - not to mention increasing your job satisfaction - just call me for a chat or send me an email.

## About the author

About Wendy: *'Since 1995 I have worked in the dental sector. I started as a receptionist in a small NHS practice in Bristol, learning the business from the front desk to the surgery to the management office. I qualified as a Dental Nurse and gained a Diploma in Practice Management.'*

*I have hands on experience of managing dental practices and a proven track record in both Private and NHS practice management. Over the past 18 years I've gained a vast amount of experience in how tough it can be to juggle all the management balls in the air at the same time, to keep control of a successful dental business.*

*In my experience the answer to achieving success in your practice is to employ and train the right staff, develop robust management, financial and clinical systems and have the time and knowledge to do this.'*

You can find out more about Wendy by visiting her website:  
[www.wendybull-dentalmanagement.co.uk](http://www.wendybull-dentalmanagement.co.uk)



Wendy Bull



**Join ADAM today for these benefits:**

- Reduced rates for ADAM seminars and webinars – these are focused on providing you with the commercial skills necessary to run an effective and profitable practice\*
- Free subscription to **Practice Focus**, your quarterly members' magazine – the only industry publication aimed specifically at the practice management team

- Monthly emailing about topical subjects\*
- Free information and advice – ADAM is your one-stop contact for queries on employment contracts, health and safety law, finance and taxation, information technology and much more. Advice sheets are available to members\*
- A range of advice sheets and templates specially designed to support your needs\*
- Verifiable CDP in Practice Focus, at seminars and webinars\*
- A free copy of The Probe and Vital
- The annual Recommended Pay Scale and Job Competences document\*

- Free Legal Advice Service through Corporate Membership of Dental Protection
- 30% discount on The Dental Business Academy Practice Manager courses for ADAM full members
- Extensive networking opportunities with colleagues across the UK\*
- Save £25 on annual membership if your practice is a Denplan practice#
- The backing of an influential association in dialogue with leading organisations within dentistry\*



**MEMBERSHIP APPLICATION FORM**

Surname \_\_\_\_\_

First name \_\_\_\_\_ Title \_\_\_\_\_

Your job title \_\_\_\_\_

GDC registration number (if applicable) \_\_\_\_\_

Practice name \_\_\_\_\_

Are you a Denplan practice? Yes  No

If so, please confirm your Denplan number \_\_\_\_\_

Postal address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone \_\_\_\_\_  
(include std number) \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Email \_\_\_\_\_

I wish to apply for Annual Membership £85

I wish to apply for the Denplan discount# £60

I wish to apply for E-membership £25 (only benefits with \*)

**Method of payment**

Cheque made payable to ADAM

Debit/credit card

Monthly direct debit - initial payment £21.00, balance by monthly direct debit

Card number - - - - / - - - - / - - - -

Valid from (MM/YY) - - / - -

Expires end (MM/YY) - - / - -

Issue number (Maestro only) - - - -

Security card number - - - -

Please debit my card with the amount of £ \_\_\_\_\_

**Data Protection Act**

Tick this box if you do not wish your name to be divulged to a third party

Tick this box if you do not wish your contact details to be shared with other members for the purpose of networking

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please complete all sections, tick the appropriate boxes and then send this form and payment to:

**ADAM**

**3 Kestrel Court**

**Waterwells Business Park**

**Gloucester GL2 2AT**

e info@adam-aspire.co.uk

## adamdirectdebitform

## Direct Debit Registration Form Monthly

Name:

Address:

Postcode:

Please complete the following questions and the mandate below, and return to the ADAM,  
3 Kestrel Court, Waterwells Business Park, Waterwells Drive, Gloucester, GL2 2AT

Date of Birth:	Sex ( M/F ):	Daytime Contact Tel Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Payment Information:**

12 monthly payments of £7.00 for your membership of the ADAM will be taken from your bank account on or around the 1st of the month.

Account Name:	Bank Name:	Sort Code:	Account Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes and Exclusions ( office use only ):	Reference from DPAS:
<input type="text"/>	<input type="text"/>

**Declaration:** I agree that DPAS can collect my membership fees on behalf of the ADAM.

Name:	Signed:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Instruction to your Bank or Building Society to pay Direct Debits



DPAS Limited, Place Farm Courtyard,  
Tisbury, Salisbury, SP3 6LW

Originators Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Name and full postal address of your Bank or Building Society branch

To: The Manager Bank or Building Society Name:  Bank or Building Society Address :   Postcode :
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3. Branch sort code  
(from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Bank or Building Society account number

<input type="text"/>
----------------------

5. Reference number FOR OFFICE USE ONLY

<input type="text"/>
----------------------

2. Name(s) of account holder(s)

<input type="text"/>
----------------------

6. Instruction to your Bank or Building Society:  
Please pay DPAS Limited Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with DPAS and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) :	Date :
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*Banks and Building Societies may not accept  
Direct Debits for some types of account.*

# Practice Manager Vocational Training Scheme (PMVTS) – more than a mouthful for the aspiring dental manager

by **Mark Fowler**

September 2012 was a significant date in the calendar for NHS Education Scotland, since its team witnessed the beginning of the very first cohort of trainee dental managers starting the new Practice Manager Vocational Training Scheme (PMVTS) in Scotland. The programme recognises the need for formalised training for dental managers in strategic leadership and management so that dental practice managers and thus dental practices, have the skills to take dentistry forward in the 21st Century.

**T**his landmark initiative, which mirrors that of the GP manager programme in Scotland, and which has been running since 2005, is run over a 13 month period and is validated by the University of the West of Scotland. Potential participants to the scheme apply for a place in the May preceding the start of the course by submitting an application and undergoing an interview.

Successful applicants are then matched to a trainer (or educational facilitator) who is an experienced dental manager. The facilitator mentors them throughout the next 13 months, providing regular tutorial contact, feedback on reports and support during project work.

At the beginning of the programme trainees

complete a questionnaire that identifies their learning needs and this informs the content of their tutorials with their mentor. Trainees also receive feedback from their peers twice during the programme using a multi-source feedback tool. The scheme doesn't hold back much: trainee managers are given the task of delivering a brief presentation at their very first training meeting in September and must prepare a management report by the end of the year.

The course content focuses on providing trainee managers with strategic leadership and management skills and is guided by the Institute of Healthcare Management (IHM.org.uk) using their six management competencies: communicating with others, managing risk, optimising resources, leading change, developing oneself and others & working with people. Central training days deliver core content via a host of internal and external speakers and enable trainee managers to meet up and network over the two-day period. A CPD allowance is available during the course to support course materials and travel expenses.

Trainee managers must complete a range of assessments during the course that include a management report, a significant event analysis, a project and a portfolio of evidence and reflection of the six IHM competencies. An oral interview (Viva) completes the assessment in October. Completion of the programme gives candidates 80 credits towards a degree.

The current dental leadership team for the programme and the current trainers are now taking the first cohort of trainees to

completion for October 2013. The programme has been such a success that the scheme has expanded from five dental trainees to eight trainees in its second year (2013-2014) and looks set to be a permanent feature of the NHS education Scotland calendar.

- For more information on the PMVTS scheme contact Alice Cliff on [alice.cliff@nes.scot.nhs.uk](mailto:alice.cliff@nes.scot.nhs.uk)
- Mark Fowler is a PMVTS facilitator, ADAM Regional Mentor for Scotland and Founder of Trevone Practice Building Solutions ([www.trevonepbs.com](http://www.trevonepbs.com)) [trevone@zoho.com](mailto:trevone@zoho.com)



# Changes to Terms and Conditions of Employment – Including TUPE

by **Sally Morris**  
of mfg Solicitors LLP

It is not unusual for an employer to want to make changes to an employee's terms and conditions of employment however employers need to be aware that changes cannot simply be imposed. Even with the inclusion of a clause permitting variations to be made, employers do not have carte blanche to make any changes they want, when they want.

**W**hen looking to implement changes an employer essentially has three options:-

1. Seek the employee's consent to the changes;
2. Terminate the existing contract of employment and offer to re-engage the employee on new terms; or
3. Impose the changes unilaterally.

Employers need to be aware of the high risks involved in simply imposing changes unilaterally or terminating the existing contract and offering to re-engage the employee on new terms.

If changes are imposed without obtaining the employee's consent then the employee could assert that a fundamental breach of contract has been committed, resign and bring a costly constructive dismissal claim against the employer.

Whilst an employer can terminate an employee's contract and seek to re-engage him/her on new terms this approach is not without its risks.

This is because a dismissal will have effectively taken place and the employee

could seek to bring an unfair dismissal claim against the employer.

Ideally therefore the employee's consent should be obtained before any significant changes are imposed. Sometimes this will be easy to achieve for example when an increase in the employee's pay is being made. Problems arise however when the employee is less willing to accept the changes.

It is therefore imperative for the employer to hold consultation meetings with the employee(s) to discuss the proposed changes. To a large degree the employer will have to 'sell' the changes. In my view explaining why the changes are necessary is critical. Often, accepting the changes will be the less of two evils for the employee.

Ultimately if the employee is not agreeable to the changes then the employer should think very carefully before deciding how to proceed because of the potential legal repercussions. A savvy employer would have already discussed this with their solicitor as it is always a real possibility that the employee will not consent to changes being made.

As well as the basic legal position, employers also need to be aware of the legal implications following the merger or an acquisition of a business. In such circumstances employees may transfer to the employer pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE').

Following a TUPE transfer, the employer will often want to make changes to the transferring employees' terms and conditions of employment typically, to harmonise terms. Unfortunately, any changes that are made as a result of the TUPE transfer or for a reason related to the TUPE transfer (that is not an economic, organisational or technical reason)



will be void. This is even the case when the changes are actually to the benefit of the employee.

Following a TUPE transfer, changes can only be made in very limited circumstances the most pertinent of which is when the changes are for a reason entirely unconnected with the TUPE transfer. In practical terms however this can be difficult for the employer to establish.

Whilst implementing changes to an employee's terms and conditions of employment is not particularly straightforward, it can be done. It is also important to ensure that any variations are set out in writing (by way of a letter of variation or by issuing a revised contract of employment). Ideally the document should be signed by the employee and on behalf of the Employer to help evidence consent to the changes in case there is a dispute later down the line.

- If you would like to discuss any aspect of employment law please contact Sally Morris, Head of the Employment Division at mfg Solicitors LLP on **01905 610410**. [www.mfgsolicitors.com](http://www.mfgsolicitors.com).





# Reception and telephone skills for the whole dental team

by **Heather Dallas**, Managing Director, Dallas Development

We know first impressions are hugely important and no more so than the dental reception. Often the person on reception might have a dual role and perhaps be a hygienist, dental nurse or practice manager without formal training.

## Some facts about first impressions:

- 55% of our first impression is visual
- They will immediately make at least 10 assumptions about you, the first person they see i.e. trust, honesty, professional, organised, likeability, etc.
- Nine out of ten first impressions stand
- Based on market research generic statistics we lose 75% of 'customers' on first communication

Let's be honest; few patients find a visit to the dentist enjoyable and most are nervous. Patients are nervous either because of a historic memory that gets 'distorted' and builds into something illogical, but it's real for them. Or their anxiety may be based on unfounded fear because they don't have any experience. Patients who are nervous may display rapid blinking, biting lower lip, fast fidgeting, change in skin tonality, high pitch voice, high breathing. It is essential who ever is 'front of house' has good rapport skills and can instinctively put people at their ease with small talk, being genuinely friendly and approachable.

All of us are either in a negative state (i.e. nervous, negative, unfriendly) or a positive state (i.e. relaxed, comfortable, in rapport).

The reception area can trigger positive feelings in patients by what they see e.g. decoration, paintings, distraction of tv, photos of the team, neat and organised reception area. What they hear e.g. friendly greeting, music, tv. What they feel e.g. comfort of chairs, nice magazines, warm temperature. What they taste and smell e.g. mouth gels, pleasant aroma, flowers, etc. I suggest receptionists put themselves in a new patients shoes and imagine how they feel, what they see, hear, as they walk down the street and into the reception area. Ideally gain feedback from new patients.

Receptionists are clearly juggling being on the telephone and dealing with face-to-face patients. As the callers cannot see them, they should get priority. If a patient arrives they can easily make a gesture, pointing to the phone and using open palm, invite them to sit down and smile to look welcoming. I witnessed a hospital receptionist who as we walked towards us, turned her back on us whilst she was on the telephone. This was very rude. There are some reception desks that have a window that is quite obtrusive.

Dealing with difficult patients is the most common objective for participants attending our programme. To analyse the source of conflict ask yourself – is this person like this with everyone or just me? If it's the latter, then it's you. Is their behaviour acceptable or unacceptable?

This is clearly subjective and will depend on your personal values. For most of us someone raising their voice or swearing is unacceptable and needs an assertive response. If someone is curt because they are under stress this is more acceptable and we can be more accommodating. If a receptionist is perhaps less experienced with difficult people, they must gain support from



Heather Dallas

the practice manager or business owner so they are not isolated when dealing with very difficult people. They must be trained in procedures of handling complaints.

Successful businesses, whatever their industry, rely on people with emotional intelligence i.e. how to deal with people and build rapport. This is essential for anyone who has the responsibility of working in reception.

- Heather Dallas will be presenting at the BDA Training Essentials course, 'Reception and telephone skills for the whole dental team' on Friday 16 May 2013 in London. For further information please contact the Events Office on **020 7563 4590** or visit [www.bda.org/training](http://www.bda.org/training)

**BDA**  
British Dental Association

britishdentalconference

# British Dental Conference and Exhibition 2014

## A place to meet, a place to learn

From 10-12 April this year the British Dental Conference and Exhibition returns to the Manchester Central Convention Complex for what promises to be three days packed with ideas, inspiration, and information. In this edition of Practice Focus we take a look at what's in store for attendees and pick out the sessions any practice manager or administrator will not want to miss.

**F**or those who like their learning in small manageable chunks the BDA's Training Essentials theatre, situated in the main Exhibition Hall, is sure to meet your needs. Based on the BDA's portfolio of Training Essentials courses the theatre will offer a three day programme of bite-sized 30-minute presentations covering regulatory updates, business management and personal development. Staff management and recruitment will be the focus of several sessions ranging from a

presentation on interview techniques to talks on how to be a successful leader and how to conduct successful appraisals. Further topics to be covered over the course of the three days include managing stress in the workplace, how to successfully handle complaints, as well as online marketing and record keeping.

Speakers already confirmed for the Training Essentials programme include business coach and mentor Heather Dallas from Dallas Development, dental and digital marketing expert Mark Oborn, Managing Director of Spot On Business Planning Andy McDougall, business psychologist Aida Mujan from Esteem Consulting, and Xanthy Kallis founder of Aspire Consulting. Plus, of course, several of the BDA's own expert advisors.

Outside of the Training Essentials theatre the large exhibition with more than 150 exhibitors, as well as a dedicated Innovation zone, is the perfect place to find out more about the latest products, discuss your requirements with suppliers, and see the latest technology in action. A number of professional services and associations will also be in attendance. And remember to visit the massage area if you feel in need of some rest and recuperation.

Away from the Exhibition Hall the Conference Pass programme of lectures and presentations includes several sessions that will be of interest to ADAM members. On Saturday dento-legal adviser from the DDU John Makin will present a tactical team approach to handling complaints whilst Friday sessions covering clinical governance and GDC standards may offer information to

assist you in practice administration. Those looking for a glimpse into the future of dentistry in England will not want to miss the daily sessions on Department of Health plans for the reform to the NHS dental contract led by the Chair of the BDA's General Dental Practice Committee, John Milne.

Finally, the event wouldn't be complete with the chance to network and socialise with colleagues from across the country. Thursday night drinks in the Exhibition Hall and the Friday night party at the Renaissance Manchester City Centre Hotel provide just such an opportunity.

- If all this has whetted your appetite you can find out more and register online at [www.bda.org/conference](http://www.bda.org/conference) or by calling 0870 166 6625. Conference Passes are available at a significantly reduced price for all DCPs including practice managers and administrators - those purchasing a three-day conference pass can attend from less than £50 per day. Alternatively if any of the dentists in your practice are an Expert member of the BDA they can attend for free for the three days along with two DCPs from their team.
- Regular programme and information updates will be available on the event website: [www.bda.org/conference](http://www.bda.org/conference) and via social media.



@thebda and @bdaevents  
#bda2014



[www.bda.org/facebook](http://www.bda.org/facebook)



<http://www.linkedin.com/company/british-dental-association>

**BRITISH DENTAL**  
CONFERENCE &  
EXHIBITION 2014

10-12 April | Manchester

# Support cycle for success

by **Seema Sharma** at Dentabyte

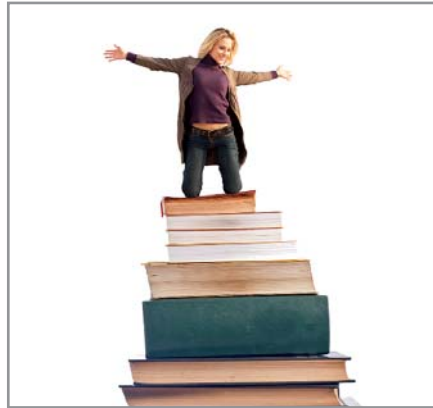
## Practice vision and culture

**W**ho ensures your practice delivers a “wow” patient experience, underpinned by sound clinical care, sitting on a bedrock of safety for every patient that walks through the door? You do! The practice owner and manager define the vision for the practice, and the team translates it into action, so the culture you create in the practice determines the outcomes for patients, and ultimately for the practice.

Take a look at the people in your team and assess the energy they bring to the practice. Which members of your team behave like victims, and which behave like victors? The optimistic team member sees an opportunity in every challenge keeps the practice buoyant and productive. The pessimist can rapidly bring the team down with every challenge portrayed as an obstacle.

What is **your** take on your own role in the practice?

Is your glass half full or half empty, and if it's half empty, what can you do to change it?



## Whose job is it?

The key to creating a dream team, in which everyone works in synergy, is to have the right person in the right job, but that isn't always easy because jobs keep changing! Just look at CQC compliance, which became a necessity for every practice overnight!

These days, nurses have to validate sterilizers and conduct audits as well as provide chair side assistance, receptionists have to constantly monitor and record patient feedback and review referral systems, and practice managers have to document every single aspect of compliance in preparation for assessment.

As for practice owners...well many are just pulling their hair out and contemplating early retirement! Meanwhile, associates are fed up of being squeezed and are buying practices, driving practice prices up, and looking for competent managers and other team members.

## People Placement

So what is the best way to build a dream team? A happy member of staff will tend to be the person whose day to day tasks suit his or her personality, and I find using personality assessments such as DISC fantastic tools for practices to create more synergy in their teams.

Team members need to be appreciated, and praise and recognition are often bigger motivators than financial reward but different personalities respond to different strokes. Success in the arena of people management comes from tailoring support to individual personalities, and this is as true for patients as it is for staff!

DISC profiles have their origins in the work of Dr. William Marston, whose book, Emotions of Normal People (1920), explained how people can be understood and fall into four distinct and predictable types or styles of behaviours:

- D - DOMINANT
- I - INTERACTING
- S - STEADY
- C - CAUTIOUS

Using DISC helps us see people, both team members and patients, differently. A DISC profile is not a test or an evaluation of how good or bad a person is. It is a tool which opens a doorway of communication allowing us to better understand why people do what they do, and even why we do what we do.



# personal development

Using DISC helps us to place team members in an environment where they can become top performing loyal team members, and to communicate with patients in a way that they can relate to.

Most people exhibit 1 or 2 dominant traits, although it is important to be aware that these can change when people are "under pressure". There are questionnaires and explanations that can be found online, which make fascinating reading (email the author at [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk) for a one page outline of the main characteristics of each personality type). As you read about DISC profiles, you are bound to visualize a member of your team who fits with each one!

## Team involvement

A dental practice manager has 2 roles –

- **strategic** – vision and long term planning *and*
- **operational** - administration and supervision

For a team to function as a whole, each cog in the operational wheel needs to be well oiled, so the whole team should receive training in verbal and non-verbal

communication, active listening and embracing a no-blame learning culture. Care Quality Commission have dedicated a whole section to outcome to Supporting Staff (Outcome 14) so , practice leads could also consider researching day to day listening techniques for supporting the team ( and patients!) such as matching (do the same as the other person) and mirroring ( be the mirror image of the other person) to make practice staff comfortable. Good communicators often do this anyway at a subconscious level with gestures, facial expressions and body language, and it goes a long way towards making people feel comfortable.

## Practice environment and systems

In a no blame environment, leaders and managers look for system correction rather than people correction. A good way to get the whole team engaged in change is to look at their individual perceptions of their roles and see if they align with the owner's perceptions. Try this little exercise – ask each member of the team to make 4 lists:

- 10 jobs which are productive for the practice
- 10 jobs which they enjoy
- 10 jobs they find stressful
- 10 jobs they find time consuming

This provides an excellent tool for ensuring productive jobs are allocated sufficient time and resource, changing systems around stressful and time-consuming tasks and ensuring that staff do more of what they enjoy.

## Recruit and induct

Once the culture in the practice is established, ensure that all new team members recruited are inducted and supported into this culture.

## Train and retain

It costs a practice untold sums to train new members of staff, so training and retaining good staff is key, especially now that all team members are expected to comply with CQC outcomes.

Never before have in-house training programmes and personal development plans been so important.



## About Dentabyte

Dentabyte is offering 100 government assisted Level 4 Diploma Programmes for practice managers, awarded through the Institute of Leadership and Management. The learner/employer contribution to get started is just £325/learner. Assisted Level 2 Team Leading qualifications for other members of the dental team are also available.

Email: [ola@dentabyte.co.uk](mailto:ola@dentabyte.co.uk)

Could you be...



**AWARDS 2014**

Acknowledging commitment to practice management and administration.

**Practice Manager of the Year**

**Administrator of the Year**

**Treatment Co-ordinator of the Year**

The winner in each category will receive a cheque for **£500**



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At the heart of dental care

The ADAM Awards are very special, they are awarded by the industry body to individuals within the practice administration team who demonstrate commitment to their ever changing roles.

Entries are invited from:

**PRACTICE MANAGERS**

**ADMINISTRATORS**

and **TREATMENT CO-ORDINATORS**



2013 winners *Lisa Parker, Karen Wheeler and Clare Maidlow* with ADAM President *Hannah Peek*.

Please see overleaf for rules and entry form



## AWARDS 2014

Send your completed entry to:

ADAM AWARDS,  
3 Kestrel Court,  
Waterwells Drive,  
Waterwells Business Park,  
Gloucester  
GL2 2AT

**e-mail:**  
denise@adamaspire.co.uk

### Entry form

- I wish to enter:  ADAM Practice Manager of the Year  
 ADAM Administrator of the Year  
 ADAM Treatment Co-ordinator of the Year

### Your details

Name: .....

Address: .....

..... Postcode: .....

e-mail:.....

Tel: (day)..... (mobile).....

ADAM membership number: .....

Job title: .....

Practice name: .....

Type of practice: .....

Private  Mixed  NHS

Other, please state: .....

### Entry criteria

- Closing date for entries is 18 April 2014.
- Individuals may only enter one AWARD category.
- Any entry that exceeds the criteria set out on the entry form will be excluded.
- Each entry will be judged by a panel of judges appointed jointly by ADAM and Denplan.
- Each category will have one winner.
- Following the judging, finalists will be invited to an Award Ceremony.
- Winners must be prepared to be interviewed for ADAM publicity purposes.
- The decision of the judges is final.
- The Award Titles can only be used with the permission of the Association.

### How to enter

Tell us what singles your practice out from the competition in a personal statement of no more than 750 words. Please affix your entry to this form with a brief CV (no more than 1 A4 page) in Word or PDF format only.

# Diabetes and Dental Health

Around 3.8 million people in the UK have diabetes, including 850,000 people who have Type 2 diabetes but have not been diagnosed.

**T**here are two main types of diabetes; Type 1 and Type 2. Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. Type 1 diabetes usually occurs in children, and there is nothing you can do to prevent it. Type 2 diabetes develops when the insulin-producing cells in the body are unable to produce enough insulin, or when the insulin that is produced does not work properly (known as insulin resistance).

Type 2 is the more common type of diabetes, and accounts for 85-90% of people with the condition. The risk factors of Type 2 diabetes include having a large waist (37 inches for a man, 31.5 inches for a woman and 35 inches for a South Asian man); having someone with diabetes in your family; being south Asian; being over 40 or over 25 if you are South Asian.

Both types of diabetes are serious and lifelong and can cause complications such as blindness, neuropathy, heart disease, stroke, kidney failure and amputation. Diabetes can also lower your resistance to infection and can slow the healing process – which can have an effect on oral health. It is estimated that people with Type 2 diabetes are three times more likely to develop dental problems than people without diabetes, and the risk is also increased for people with Type 1 diabetes.

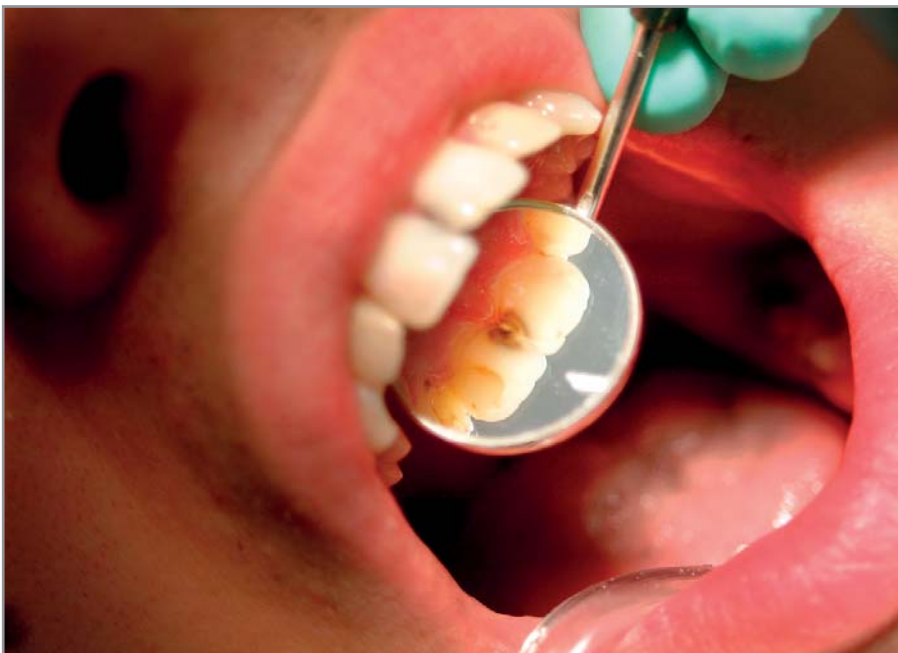
Oral problems can occur in people with diabetes for a number of different reasons, which is why it is especially important to be aware if a patient has diabetes. For example, people with diabetes who have persistent high blood glucose levels are more likely to suffer from dental problems.

The most common dental problems associated with diabetes include tooth decay; gum disease; fungal infections; infections and delayed healing and taste impairment. High levels of glucose in the saliva may help bacteria thrive – and this can turn into plaque and tartar, which is difficult for patients to remove themselves and can lead to further, more serious problems.

When treating a patient with diabetes, it is important to look out for the possible problems, for example gums that bleed easily or are red, swollen or tender; gums that have been pulled away from the teeth; persistent bad breath; permanent teeth that are loose or separating; any change in the way that teeth fit together; any change in fit of dentures.

It's essential to remind and encourage any patient, but especially those with diabetes, to brush their teeth twice a day, floss and give them the advice and help they need to maintain good oral health.

- For more information on diabetes and oral health care visit <http://www.diabetes.org.uk/Guide-to-diabetes/Complications/Related-conditions> or call the Diabetes UK Careline on 0345 123 2399.



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# continuing professional development

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

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

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

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

Practice managers or administrators wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to ADAM at 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Gloucester GL2 2AT by **28th March 2014**.

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

#### Aims and outcomes

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

- The aim of the Practice Focus CPD programme is to provide articles and materials of relevance to practice managers and administrators and to test their understanding of the content.
- The anticipated outcomes are that practice managers and administrators will be better informed about recent developments in management and that they might apply their learning within their own working environment for the benefit of the practice and its patients.

#### ANSWERS TO CPD QUESTIONS IN THE AUTUMN 2013 EDITION OF PRACTICE FOCUS

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

#### TOP TEN ACCOUNTANCY TIPS (PAGE 8)

1. WHAT IS THE DEADLINE DATE FOR ON-LINE SELF-ASSESSMENT FILING?
  - A. 31 January
  - B. 5 April
  - C. The end of your financial year
2. THE ANNUAL INVESTMENT ALLOWANCE INCREASED FROM £25,000 TO WHAT FIGURE ON 1 JANUARY 2013 FOR TWO YEARS?
  - A. £50,000
  - B. £100,000
  - C. £250,000
3. WHEN WAS AUTOMATIC ENROLMENT FOR PENSIONS INTRODUCED?
  - A. 1 January 2014
  - B. 1 July 2013
  - C. 1 October 2012

#### CHANGES TO T'S AND C'S (PAGE 8)

4. BY WHAT ACRONYM IS THE TRANSFER OF UNDERTAKINGS (PROTECTION OF EMPLOYMENT) REGULATIONS MORE COMMONLY KNOWN?
  - A. TUPER
  - B. TUR
  - C. TUPE
5. WHEN LOOKING TO IMPLEMENT CHANGES TO AN EMPLOYEE'S TERMS AND CONDITIONS THE EMPLOYER ESSENTIALLY HAS HOW MANY OPTIONS?
  - A. Three
  - B. Two
  - C. One
6. IDEALLY HOW SHOULD AN EMPLOYER RECORD CHANGES TO AN EMPLOYEE'S TERMS AND CONDITIONS?
  - A. In writing to the employee
  - B. In writing and signed by the employee and on behalf of the employer
  - C. In a brief note on the employee's personnel file



# continuing professional development

## PRACTICE MANAGER VOCATIONAL TRAINING SCHEME (PMVTS) (PAGE 8)

**7. WHEN DID THE VERY FIRST COHORT OF TRAINEE DENTAL MANAGERS START THE NEW PRACTICE MANAGER VOCATIONAL TRAINING SCHEME (PMVTS) IN SCOTLAND?**

- A. September 2013
- B. September 2010
- C. September 2012

**8. HOW LONG DOES THE SCHEME RUN?**

- A. 7 months
- B. 13 months
- C. 19 months

**9. COMPLETION OF THE PROGRAMME GIVES CANDIDATES HOW MANY CREDITS TOWARDS A DEGREE?**

- A. 30 B. 50 C. 80

## RECEPTION AND TELEPHONE SKILLS FOR THE WHOLE DENTAL TEAM (PAGE 8)

**10. WHAT PERCENTAGE OF OUR FIRST IMPRESSION IS VISUAL?**

- A. 10%
- B. 55%
- C. 75%

**11. BASED ON MARKET RESEARCH WHAT PERCENTAGE OF 'CUSTOMERS' DO WE LOSE ON FIRST COMMUNICATION?**

- A. 75% B. 50%
- C. 25%

**12. OUT OF TEN, HOW MANY FIRST IMPRESSIONS STAND?**

- A. 3 B. 9 C. 10

## SUPPORT CYCLE FOR SUCCESS (PAGE 8)

**13. WHEN WAS THE BOOK EMOTIONS OF NORMAL PEOPLE FIRST PUBLISHED?**

- A. 1950
- B. 1920
- C. 1900

**14. WHAT DOES DISC STAND FOR?**

- A. Dominant, Interacting, Steady, Cautious
- B. Determined, Introvert, Strong, Careful
- C. Docile, Interested, Smart, Casual.

**15. HOW MANY DOMINANT TRAITS DO MOST PEOPLE EXHIBIT?**

- A. One
- B. Two
- C. Three

**16. A DENTAL PRACTICE MANAGER HAS TWO ROLES – WHAT ARE THEY?**

- A. vision and long term planning
- B. administration and supervision
- C. strategic and operational

## DIABETES AND DENTAL HEALTH (PAGE 8)

**17. AROUND HOW MANY PEOPLE IN THE UK HAVE DIABETES?**

- A. 3.8 million
- B. 2.8 million
- C. 1.8 million

**18. WHICH IS MORE COMMON, TYPE 1 OR TYPE 2 DIABETES?**

- A. Type 1
- B. Type 2
- C. They are equally common

**19. AROUND HOW MANY PEOPLE IN THE UK HAVE TYPE 2 DIABETES BUT HAVE NOT BEEN DIAGNOSED?**

- A. 500,000
- B. 650,000
- C. 850,000

**20. HOW MUCH MORE LIKELY ARE PEOPLE WITH TYPE 2 DIABETES TO DEVELOP DENTAL PROBLEMS THAN THOSE WITHOUT DIABETES?**

- A. Twice as likely
- B. Three times more likely
- C. Just as likely



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# CPD answer sheet: Practice Focus Winter 2013/14

Please PRINT your details below:

First Name\*  Last Name\*  Title

Address\*

Postcode\*

Telephone  Email

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

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

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

Answer sheets must be received before **28th March 2014**. Answer sheets received after this date will be discarded as the answers will be published in the **Spring 2014** issue of *Practice Focus*.

## Answers

Please tick the answer for each question below.

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

## Feedback

We wish to monitor the quality and value to readers of the *Practice Focus* CPD Programme so as to be able to continually improve it. Please use this space to provide any feedback that you would like us to consider.

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