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Inside this edition...



on page 4

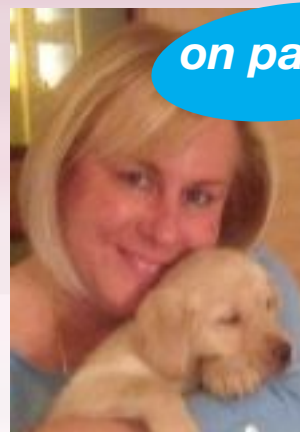
Forthcoming
training events



on page 12

Who's
In The Spotlight?

on page 3



on page 10



- Landlords deposit scheme
- President's AGM report to ADAM members

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eupdate
JUNE 2015

Read what's
In the News



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Welcome to my regular e-update column which each month will highlight the key events and news for busy practice managers and administrators.

Dear member,

It's hard to believe but my first year as ADAM President is already over and, earlier this month, at our Annual General Meeting in Salford Quays, I presented my report to members – you can read it on page 8 or on our website.

Looking back at the halfway point of my tenure as President I'm pleased with the progress we've made, but there's so much more I want to achieve – so, onwards and upwards!

This month's edition of e-update includes a reminder for every one of the wonderful work that the dental charity Bridge2Aid undertake in Tanzania - it's quite shocking to read in the article on page 10 that in the 21st century some 70% of the world still has no access to even the most basic dentistry!

If you or your dentist principal own some rented property – as many do these days - you'll find a very useful article inside this month's e-update. To avoid being one of the many landlords falling foul of the Tenancy Deposit Protection (TDP) scheme, read the article on page 9.

Finally a quick reminder to keep a close eye on the e-shots we regularly send to you, and on our website, for the growing number of offers and benefits available to ADAM members.

Recent additions include the Dental Tubules offer of **FREE premium membership until December 2015** - this provides you with free access to the UK's largest dental video library which has lectures, clinical videos and much more. You will also get access to many other premium benefits which can be seen at www.dentaltubules.com/memberships.

If you are interested please sign up by emailing info@dentaltubules.com with the title **ADAM Tubules Premium** - but you must do so by **30th June 2015** to take advantage of this offer.

Happy reading...

Niki Boersma
President



In this continuing series focused on **YOU**, this month we meet and ask questions of **Sue Mulholland**

Job: Practice Manager

Where do you live (and with whom):

Newcastle with my husband Ian and mental Labrador Beau!

Hobbies: Socialising, going to concerts.

How did you end up working in dentistry?

A local practice advertised for a trainee nurse and as I love working within a team and dealing with the public I thought it would be a good opportunity.

I was quite enthusiastic from the beginning and once I learned my trade and developed both personally and professionally dentistry became a real passion.

I always want my practices not only to look the best but to provide the best service we can.

When did you first get involved with ADAM?

In the early days of BDPMA.

What do you enjoy most about your role?

I love seeing a smooth patient journey; this is very important to me and when we conduct our patient forums I thrive on the positivity of patients and use it to validate all the hard work the team put in - which otherwise they would feel goes unseen.

What's the most challenging part of your role?

Keeping the show on the road day in and day out is a far bigger task than people realise!

Staff holidays, sickness, maternity leave etc. - it's a huge juggling act; keeping staff and clinicians happy, motivated and productive comes from far more work than any appraisal can demonstrate - it takes real interaction and a positive approach with transparent and honest feedback.

Dentistry is a profession where we help patients, but we also have to remember to help each other in the team - act like a team and you will become a team.

Would you recommend a career in dentistry?

Definitely; from reception to nurses to associates to specialists to domestics there is something for every human demographic in dentistry.

And if you hadn't gone into dentistry, what would you be doing?

I'd be in jail.....no seriously I would probably be in a GP practice doing the same job.



Sue Mulholland

Childsmile dental scheme 'saves NHS £5m a year'

A scheme to improve children's dental health is saving almost £5m a year in treatment costs,

Scotland's public health minister has said.



Childsmile offers young children free toothbrushes, toothpaste and two fluoride varnish applications per year.

Children attending nursery, and those in primary schools in deprived areas, are offered daily supervised brushing. In addition to free dental treatments, the scheme gives parents and adult carers dietary advice to help them prevent tooth decay.

The number of primary one children with "no obvious decay experience" has risen from 54% in 2006 to 68% in 2014.

To read in full go to
<http://tinyurl.com/oztoc9a>

Dentists call on the government to introduce a sugar tax

A sugar tax should be introduced to make up for the critical shortfall in the budget for NHS dentistry if the government is serious about providing NHS dentistry for anyone who needs it, dentists heard at the 2015 Conference of Local Dental Committees in London.

Addressing 300 dentists at the conference, the chair of the BDA's General Dental Practice Committee (GDPC), Henrik Overgaard-Nielsen, said there is a huge mismatch between people's demand for NHS treatment and dentists' ability to deliver this care, when funding is limited to treating just over half of the population in England.

To read in full go to
<http://tinyurl.com/pydwl2x>

Oral Health leaders pay tribute to founder of modern dentistry

Earlier this month leaders from the British Dental Association (BDA) and the Royal College of Surgeons (RCS) descended upon Surrey to mark 200 years since the birth of the founder of modern dentistry.



Sir John Tomes was the founder the dental profession and the BDA. He brought science, standards and ethics to Victorian dentistry, which had previously been the preserve of backstreet operators with no formal training or qualifications.

To read more go to
<http://tinyurl.com/paawczj>

Tesco's plans for less sugar in drinks "a positive step", says FGDP(UK)

The Faculty of General Dental Practice (UK) welcomes Tesco's plans to remove all added sugar from its own-label children's drinks and cut sugar levels across all of its own-label fizzy drinks. A progressive reduction in the sugar content of food and drinks represents the most effective way to help tackle obesity and dental caries in children and young adults.

The FGDP (UK), the professional body for primary care dentists, has supported Action on Sugar's campaign to reduce sugar levels in the UK to less than 5% of total energy intake by working with food manufacturers and suppliers. This echoes advice given to the English Government by the Scientific Advisory Committee on Nutrition (SACN) in its June 2014 draft report on carbohydrates and health. The Faculty has also helped to inform Public Health England's plans to reduce dietary sugar.

New initiatives make dentistry safer for anxious and vulnerable children and young people



Two important changes which will help promote the welfare of young dental patients are welcomed by the British Society of Paediatric Dentistry whose members have played a role in bringing about both.

The first is the launch of new national standards for the use of conscious sedation in the delivery of dental care.

To read more go to
<http://tinyurl.com/pjjdkak>

Dental Complaints Service Annual Review 2014

The Dental Complaints Service (DCS) 2014 Annual Review gives an overview of the caseload handled by the DCS in the past year, as well as some interesting case studies where the early dispute resolution service has helped resolve a complaint.

In 2014, the DCS received over 7,718 telephone calls, processed 1,068 complaints regarding private dental care and dealt with 1,012 enquiries.

Head of Service at the DCS, Hazel Adams, said: In 2014, we received almost 8,000 calls to the service, and dealt with more than 1,000 enquiries.

The most common topics of complaints about treatment were dentures, crowns, fillings and implants.

To read more go to
<http://tinyurl.com/ocay7mz>

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Sharon Fletcher

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

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INTRODUCTION TO THE RECENT CQC CHANGES

The New CQC Operating Model

Article by: Stacey Firman
Compliance Consultant
The Dental Compliance Team



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

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

The core functions of the CQC are:

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

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

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

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

Fundamental Standards – Regulation 12 Safe Care and Treatment

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

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

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



Ultra Safety Plus complies with all new regulations

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

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

What is a safer sharp?

A safer sharp is a single unit incorporating protection mechanisms. This means that the needle cap slides up across the needle and is then disposed of directly into the sharps bin as a 'whole unit'. This should prevent needle stick injuries which may occur when the dentist or dental nurse has to re-sheath or dismantle a contaminated needle and syringe. A recent survey from the British Dental Nurse Association says that 41% of needle stick injuries occur after use/before disposal of needles and 1.24% of the dental nurses injured acquired a blood borne virus.

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

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

Adopt Safe Procedures

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

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

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

Training in sharp management should include:

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



Sharps Injuries

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

A written policy for managing sharps injuries is essential.

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

Occupational Health

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

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



'A year of development and progress...'

Below is a summary of Niki Boersma's first year as ADAM President and which she presented at the ADAM Annual General Meeting held in Salford Quays on 11th June 2015.

'It has been an interesting first year for me as President of ADAM with a number of new initiatives and developments introduced for members.

It was also a year that provided me with many great opportunities to network and build relationships between ADAM and organisations right across the dental profession. Here is an overview of some of the headlines for the past 12 months.

I represented the Association at the BDA Conference and Awards Dinner and at the winter BDIA Meeting at which we presented the ADAM Practice Manager of the Year Award to Hina Mistry.

I attended the Dentistry Show Awards where I saw some truly inspirational people working within dentistry and represented ADAM in particular and Dental Practice Managers in general on several dental committees involved in new developments within the profession.



And most recently I attended the BDNA's 75th anniversary celebrations in London.

It has been a great year to work with our sponsors and supporters, both current and new, and my grateful thanks go to each and every one of them. I'm especially pleased that we are now working closely with DPAS in a

number of areas including the setting up of local meeting groups so that members can have help and support from other managers in their own locality; this is taking a little while to set up but watch this space for future events.

During the year we have presented at both BDA and The Dentistry Show, with support from both Tracy Stuart of NBS Training and Sarah Buxton of LCF Law.

Over the past 12 months I have also continued to support our nominated charity Heart Your Smile and plan to do so again in the coming year.

Recent developments include:-

Insurance Brokers Bluefin offering us a great discount for their practice insurance product; more details will be published to members soon.

Xact offering members their Help & Support including Health and Safety matters as one of the free elements of their package. To take up these offers please respond to the email you'll shortly receive on this topic by registering with Xact.

Left to right: Sarah Buxton, Seema Sharma and Tracy Stuart

SOE have also offered our members generous discounts on the training packages they offer for their Academy of Excellence; they will also provide business advice and help with PC systems.

Dental CPD Pro are also working with us to improve their app for your team's CPD, which all helps make the life of a practice manager that little bit easier.

And there's a great offer currently available to members from Dental Tubules – see our website for more details.

Finally, some thank you's ...

My thanks go to our Head Office Team, Sue, Denise and Ian who have provided great support for me and worked hard to reduce our annual costs and make us a more efficient and cost effective association.

Thank you also to our Honorary Vice Presidents Tracy Stuart and Seema Sharma for their continuing support and for the seminars and workshops Tracy has provided us with over the last year.

I am looking forward to encouraging and working with my executive team colleagues over the next year, and thank you all for your support; please keep a look out for members' offers on our website, in our publications, and by e-shots.'

Niki Boersma
ADAM President



Landlord Dental Practitioners Tenancy Deposit Protection Scheme

Who does this affect?

All landlords who have taken a rent security deposit under an Assured Shorthold Tenancy. If you are a dentist or a practice manager who owns a property which is let under this type of tenancy and have taken a rent deposit you should take careful note of the recent changes brought in by the government.

Why is this important?

Many landlords continue to fall foul of the Tenancy Deposit Protection (TDP) scheme with financially crippling consequences.

What is the TDP scheme?

The TDP scheme came into force in 2007 and requires all landlords who have taken a security deposit after 6 April 2007 to put it into a government backed TDP scheme.

However, since the TDP Scheme was brought in a number of cases have come before the Courts which have led to the government bringing in some changes through legislation.

The Deregulation Act ("the Act") is the latest. This came in to effect on 26 March 2015 and is designed to ease the burden on landlords but the teeth of the original legalisation to force landlords to comply by imposing strict penalties for non-compliance remains.

What does the Act say?

A deposit received before 06 April 2007 and held under a statutory periodic tenancy, which also began before 06 April 2007, need not be protected.

However, from 26 March 2015, a landlord wishing to seek possession of the property must ensure the deposit is protected and the



prescribed information given to the tenant (otherwise any notice served under s21 Housing Act 1988 will be invalid).

If the deposit was received on or after 06 April 2007, and was properly protected at the time it is not necessary for the landlord to protect it again or provide the prescribed information each time the tenancy is renewed as long as the tenant, landlord and the premises remain the same and the deposit is held in the same scheme.

What are the sanctions for non-compliance?

There are a number of sanctions which could be imposed by the Court if the Landlord fails to protect the deposit or serve the prescribed information:

The landlord could be ordered to pay up to three times the amount of the deposit to the tenant plus the deposit. The Court could decide that the tenant does not have to leave the property when the tenancy ends.

Landlords must ensure that within 30 days of receiving the rent deposit, it is placed in the scheme and the tenant is given the necessary prescribed information which provides details of, but not limited to, the name and contact details of the TDP scheme, how the deposit is protected, and the process the tenant must follow to get the deposit back at the end of the tenancy agreement. Landlords should check the terms as these can vary from one to another.

What are the alternatives?

Landlords can opt for a simple life and avoid these potential pitfalls by: not taking a deposit at all; or insisting the tenant provides a financially sound guarantor; or taking out insurance to cover potential losses including non-payment of rent; or accepting a valuable item as a deposit instead – there is no obligation to place the equivalent value of that item into a TDP scheme.

However, a deposit paid by a third party must still be protected in the TDP scheme.

Conclusion

The TDP scheme is a tricky area. Unless the requirements are fully understood and complied with, proper advice should be taken as unpleasant consequences could follow for the unwary landlord.

This article was written by the Property Litigation team at **mfg solicitors, 1 High Street, Bromsgrove, Worcestershire, B61 8AJ**

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Bridge2Aid – the dental charity

For those of us who work in the dental industry we are often focussed on the need to innovate and discover new techniques and technologies – so it's sometimes a shock to remember that 70% of the world still has no access to even the most basic dentistry. One charity is working to solve the consequences of this using an innovative and sustainable approach which harnesses the good will of the dental profession to bring about positive change.

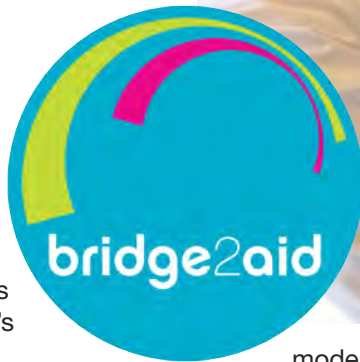
What we do:

Bridge2Aid works to address the causes of poverty in some of the poorest communities in the world. We do this by strengthening local healthcare systems – by training local healthcare workers to carry out emergency dental treatment.

There is a desperate need to tackle oral disease, infection and chronic pain in communities throughout the developing world - to enable people to work, attend school and care for their families. We want to see the skills taught in these communities that mean local people are able to function free from pain, and avoid the risk of preventable infections and diseases.

Crucially our sustainable training model passes these skills into local communities to provide long-term lasting change. All of these skills are taught by dentists, dental nurses, hygienists and therapists from the UK who volunteer to deliver one of our fortnight long intensive training courses.

Initially we have developed our working model in Tanzania, but our long term aim is to roll this training



model out to any country where there is a need.

Our East African programme:

Daniel Masesa from a health centre in the heart of Geita district is one of those we have taught vital emergency dental skills. When asked about the training he has received from Bridge2Aid David said:

"This knowledge trains health workers in lifesaving dental skills. I am now confident in carrying out emergency dental care, extractions, effective oral examinations, diagnosis and infiltration and inferior dental nerve block injections. I understand the causes of oral disease; the results of cross infection, and sterilisation techniques, and can communicate oral health messages throughout my village.

"In one year I can expect to free 200 people of dental pain, who otherwise faced the option of enduring the pain or risk visiting unskilled practitioners."

Each Health Worker that Bridge2Aid trains serves a rural community of around 10,000 people. This means that we have now provided over 3 million people access to emergency dental care in rural Tanzania

Our volunteers:

Our volunteers are amazing. The work of Bridge2Aid cannot happen without the support of dental practices in the UK. We recruit dental professionals – dentists, nurses, therapists and hygienists – year round to travel to Tanzania take part in our Dental

Volunteer Programme. Volunteering to train a health worker in emergency dental care is an opportunity to change the lives of thousands of people who currently suffer from debilitating dental pain with no hope of treatment.

"I really enjoy it, meet some great people through it and the training that we do is really important so you feel like you're leaving something behind" – Sarah Kime – one of our volunteer dentists.

You must have a minimum of 1 year's post-graduate experience for dentist applicants. We'd really like you to take part – to find out more look at our website, email us at visits@bridge2aid.org or give us a call on 0845 850 9877

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Supporting plan promotion

Tracy Webb, Practice Consultant at DPAS Dental Plans talks about how she helps practices formulate effective strategies to get more patients on plan.



"I joined DPAS nine years ago having previously been a practice manager, so I feel I have a true understanding of how the management side of a practice operates. I cover an area from Gloucester to Cornwall and work with practices of all sizes, from single dentists to large group practices. Over the years I have built great relationships with my clients and knowing I come from a dental background I'm often asked for

advice on general practice matters, so it's a great help being able to draw on my many years of experience.

My main aim is to help practices increase the numbers of patients on plan. I find that talking to patients face-to-face is a very powerful tool and to do this most effectively it's important to find out exactly what the patient's needs really are.

One practical way in which I encourage this is by getting the team to use the 'open questions' technique. Asking open questions exposes lots of useful information, which helps you find out which dental plan is best suited for the patient. I normally conduct a training session to introduce this technique and also do a practice support day, which can be during normal working hours or at a practice open day.

Ideally patients should be asked open questions before going into the surgery. The dentist or hygienist can then recommend the most suitable

plan depending on the patient's needs. The circle is completed when the patient returns to reception, often signing up to the recommended plan there and then. If patients want to think about whether to take up the recommendation, I always suggest a follow-up system is put in place, so that possible interest is not lost.

This simple system creates a really good workflow through the practice, in which the whole team gets involved in talking to patients and promoting their plans.

Using this approach means I can help practices improve plan promotion and uptake, with all the resultant benefits of a guaranteed income for the practice, security for the whole team and a loyal patient base, which keeps the diary busy and gives patients healthier mouths!"



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Online	The Dental Business Academy Level 4 Professional Diploma in Dental Practice Management	*£2,160 (£174 deposit & £165.50 p.m. x 12 months) or 10% discount if paid in full *30% discount for ADAM members	https://thedentalbusinessacademy.com/courses/level-4-professional-diploma-dental-practice-manager/
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