

October 2012

# e update



## PM shares her CQC inspection experience

Worried about your CQC inspection? So was Paula Parkes from a practice in Grantham!

Turn to pages 12 & 13 to find out how she coped and what her top tips are for other PMs expecting a knock at door...

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Read all about it



Read the latest news in the world of dentistry on pages 4 & 5.

Sick practice?



How should you deal with staff sickness? More on p.9.

PM event



PM event is a huge success. Find out more on pp. 10 & 11.

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## Tooth Fairies are all smiles at award

A Rumney business celebrated receiving Investors in People award recently. The Investors in People Award was presented to Debbie Hill the managing director of Tooth Fairies Dental Agency by David Thomas the chief dental officer for Wales and Cardiff South & Penarth AM Vaughan Gething. Tooth Fairies is the only dental agency in Wales to hold IIP recognition.

The Investors In People award recognises businesses that invest in the training and development of their staff and provides a quality assurance mark to customers. Tooth Fairies were founded three years ago and the agency has grown to approximately 25 staff, providing training for all types of dental staff including nurses and hygienists.

“While running and growing the agency we have managed to develop 21 courses that deliver high quality training for staff across South and Mid Wales. We expect to provide training for 900 staff this year that will go on to help care for people’s oral health in Wales. It’s great to get recognition for all the work we’ve put in over the past three years to invest in our staff and the quality that we provide,” said Debbie Hill.

Chief Dental Officer for Wales, David Thomas said: “I am very pleased to be able to celebrate the IIP award for Tooth Fairies. They are the first and so far the only Dental Agency in Wales to get IIP recognition. I hope that there



● Debbie Hill (centre) receives the IIP award from David Thomas (l) and Vaughan Gething AM (r).

are more to follow.”

Mr Gething commented, “I admire the sheer hard work and dedication that has taken Tooth Fairies from start up to being a successful business. The IIP recognition confirms that they are serious about investing in quality for their staff and customer alike. It was a real pleasure to be part of the celebration for everyone at the agency.”

## Don't miss the last of our free webinars

We have teamed up with The Dentistry Business with the support of DPAS, to bring members exclusive access to one and a half hour webinars, the last of which will take place on the evening of November 1st.

Aimed specifically at addressing our needs as practice managers, the series, entitled “Your role in running an effective and efficient practice”, is designed to help all those with management responsibilities to implement practical strategies that will make practice life more rewarding.

The final webinar will cover: *Attracting new patients and keeping those you have* will present ideas for new patient scripts, give tips on how to handle complaints and address the vital issue of how to retain patients through the current tough economic period.

The webinars have been presented by the partners of The Dentistry Business - Lester Ellman, Carl Parnell and Sim Goldblum. Lester and Carl are both highly respected practitioners with experience of both NHS and private practice and Sim is a business executive with extensive knowledge of business planning, marketing and finance. Between them, they have encountered every type of practice situation, making them uniquely qualified to help those with management responsibilities avoid the pitfalls encountered in running a modern dental practice.

● **To reserve your free place at the final webinar simply complete the online form available at [www.thedentistrybusiness.com/adamwebinars](http://www.thedentistrybusiness.com/adamwebinars) or email [sim@thedentistrybusiness.com](mailto:sim@thedentistrybusiness.com)**



## ADAM reveals new charity for year

We would like to thank our members for their suggestions for who should be our charity for the coming year and we are delighted to announce that we have chosen Diabetes UK.

Diabetes UK was put forward by Monica Morrison, practice manager for Chopra and Associates, and it is a charity very close to her heart because her younger sister, Billie Morrison, who is also one of her employees, is a type 1 diabetic.

Billie is a NEBDN qualified and GDC registered dental nurse and receptionist who was diagnosed with diabetes when she was 18. She is now 35 years old with two children.

“The reason I put it forward for a charity is because dental practices are one of the best advertising tools available and we know directly when a patient completes their medical histories, who has diabetes. It is quite common but if you have not got diabetes you are very much in the dark about it and what diabetics go through on a daily basis,” said Monica.

The British Dental Health Foundation says that people with diabetes are more likely to have gum disease than people without it. This is probably because diabetics are more likely to get infections in general. People who do

not know they have diabetes, or whose diabetes is not under control, are especially at risk. New research has also shown that people are more likely to develop diabetes if they have gum disease.

To help support the charity and its key messages, Monica would like to see practice managers promoting Diabetes UK in advertising campaigns within their practices, as well as having collection tins in reception areas.

She said: “My sister used to inject into herself but unfortunately was injecting all the time as her levels were never correct, so the hospital decided to install a pump. This comprises of a needle pierced into the skin at all times, which connects to a tube directly to the insulin chambers. This saves her injecting herself but she still does finger prick tests many times during the day.

“It can be quite scary as her levels can be really unstable. She has been admitted to hospital many times – it can also make her very depressed, angry and even aggressive.

“The bad days are awful. She has two children a 7 year old daughter and an 18 month old son. Diabetes affected her pregnancy and her delivery of her babies – very scary.” For more information visit [www.diabetes.org.uk](http://www.diabetes.org.uk)

## General Dental Council to keep fees on hold

The GDC has agreed there will be no increase in either the dentist or DCP Annual Retention Fee for the next year. This means for dentists the ARF will remain £576, due by 31 December 2012, and DCPs will pay £120, due by 31 July 2013.

The decision was made at the Council meeting on 27 September 2012, when the GDC’s 2013 budget was approved. Further investment is planned to improve and enhance the GDC’s performance including:

- Fitness to Practise reforms;
- A move to introduce online registration service which will lead to a cut in administration costs from 2014;
- Policy projects, notably the Standards Review, Direct Access, Scope of Practice, review of continuing professional development and Revalidation will be progressed;

- The new process for inspecting education in the UK;
- The continued implementation of electronic document and records management;
- The redevelopment of 37 Wimpole Street offices.

During 2012, progress made on cost effectiveness initiatives has continued. It is currently estimated that efficiency savings of the order of £2.8m will be achieved in 2012 resulting in cumulative savings over two years of some £3.6m

The decision to redevelop 37 Wimpole Street takes advantage of the existing lease. It does not expire until 2057 and is held on a peppercorn rent. The redevelopment means the GDC reduces the need to rent additional premises to accommodate staff. Compared to other options considered by Council, it was deemed to provide the best value for money.



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## Training & development diary

Date & location	Name of event & provider	Cost & notes	Contact details
25 October Durham	The role of the care co-ordinator. Denplan	From £75 for Denplan members. £50 disc for non-members	<a href="http://www.denplan.co.uk/event-sandtraining">www.denplan.co.uk/event-sandtraining</a>
27 October Manchester	Modern Management Skills for today's dental practice. The Dental Business Academy	£15 for ADAM members, £30 for non-members	Jan@ <a href="http://thedentalbusinessacademy.co.uk">thedentalbusinessacademy.co.uk</a>
1 November <b>Your desk at 7.30pm</b>	Attracting new patients & keeping those you have. ADAM webinar from The Dentistry Business	<b>FREE for ADAM members</b> (sponsored by DPAS)	<a href="http://www.thedentistrybusiness.com/adamwebinars">www.thedentistrybusiness.com/adamwebinars</a>
2 November London	Oral cancer: the dental team's responsibility. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
6 Nov & 3 Dec London	Two-day Business Management Masterclass. Dentabyte	£300 for the two days	<a href="http://www.dentabyte.co.uk">www.dentabyte.co.uk</a>
9 November York	Business planning and financial management. BDA with Andy McDougall	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
10 November Edinburgh	Advanced dental implant nursing. ADI	£95 ADI members, £140 non (membership is £37 p.a.)	<a href="http://www.adi.org.uk">www.adi.org.uk</a>
23 November London	Personalised care pathways (am) and records & information governance (pm). Dentabyte	£75 per module. <b>Early bird offer</b>	<a href="http://www.dentabyte.co.uk">www.dentabyte.co.uk</a>
23 November London	Handling complaints and improving communication skills. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
23 November Manchester	Law, ethics and record keeping. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
29 November Leeds	CPD Essentials. Denplan	From £85 for Denplan members. £50 disc for non-members	<a href="http://www.denplan.co.uk/event-sandtraining">www.denplan.co.uk/event-sandtraining</a>
30 November London	Reception and telephone skills for the whole dental team. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
7 December London	Management of medical emergencies for the whole dental team. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
7 December Leeds	Reception and telephone skills for the whole dental team. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
10 & 11 January 2013 London	The essentials of staff management: a two-day intensive course. BDA	<b>£200 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
11 January & 7 March London	Two-day Business Management Masterclass. Dentabyte	£300 for the two days	<a href="http://www.dentabyte.co.uk">www.dentabyte.co.uk</a>
1 February London	Treatment planning: the dental team's role. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
7 February & 21 March Portsmouth	Two-day Business Management Masterclass. Dentabyte	£300 for the two days	<a href="http://www.dentabyte.co.uk">www.dentabyte.co.uk</a>
8 February London	Business planning and financial management. BDA with Andy McDougall	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
8 March London	Online marketing and social networking. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>
8 March Glasgow	Law, ethics and record keeping. BDA	<b>£100 for practice managers</b>	<a href="http://www.bda.org/training">www.bda.org/training</a>



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## |Column

# Members visit ADAM stand

What a great time the ladies had at BDTA and Hannah and I both thoroughly enjoyed doing our joint presentation at the Denplan practice managers' roundtable.

BDTA is always a favourite of ours and this one was certainly no exception. Some of the stands ranged from depicting a Belgian street to an American diner. Well done everyone!

I hope that you managed to come along to the ADAM stand to meet Hannah, Niki, Janine and Sarah who were all eager to chat to members. A huge thank you ladies for your help, it is greatly appreciated.

Welcome to my regular column. Each month I hope to keep you informed about ADAM news and to talk about issues that affect, annoy and delight us as practice managers and administrators. *Jill*



We are always keen to listen to our members and we are delighted that so many of you enjoy and appreciate what we do. It is also great to hear that so many of you enjoyed conference and intend to book for Oxford.

Later this year you will see a new and refreshed e update and Practice Focus. Please do tell us what you love or loathe about the current publications to ensure that your most favourite parts remain!

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1. Order six boxes (min) of TePe Interdentals
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## How does the promotion work?

1. For every two packs of TePe Interdentals purchased, give your patient a 'Sunshine Ticket'
2. Each 'Sunshine Ticket' has a unique prize code. The patient simply submits this code online
3. Both the patient and practice are entered together in the prize draw

## When will the promotion be running?

The promotion will be running from the 1 November through to the 31 December 2012. 'Sunshine Tickets' will be valid up to 28 February 2013.

## And the winner is...

The prize draw will take place on the 14 March 2013 and the winning patient and practice will be notified on the 15 March. Good luck!

**Terms & Conditions:** Minimum purchase of 6 boxes of TePe Interdental Brushes required. The prize draw is open only to bona fide dental practices operating in the UK. The prize draw is subject to normal terms and conditions and TePe UK/Molar Ltd reserves the right to remove or refuse entrants without notice. The draw will take place on 14/03/13 and the winner will be notified by phone or e-mail, on the 15/03/12. Scratch cards ('Sunshine Tickets') are limited and available only while stocks last. No cash alternative.



For more information please contact us on 01934 710022, e-mail [infoUK@tepe.com](mailto:infoUK@tepe.com) or visit [tepe.com/en](http://tepe.com/en)



# How sick is your practice?

Time lost to staff sickness can have a crippling affect on the running of a small business such as a dental practice. How healthy is your practice and what can you do within the law to reduce absence levels? Taking a firm line with intermittent absence can make a real difference to attendance levels.

## Do you have a problem?

Looking at national absence levels can be a bit misleading. You may take heart if you see less than the annual average of 5 days lost per employee in the private sector (2010). But this data includes medium and large enterprises where there tends to be more flexibility around resourcing. If a typical practice is losing more than 3 days per employee per year the impact can be crippling.

## How far can I go in tackling this?

The HR and legal professions are sometimes guilty of overplaying the risks in tackling absence. The focus is often biased towards the rights of the employee and highlights all of the things that you cannot do. As such, many businesses are put off and let the problem fester unmanaged. Whilst you are right to be mindful of the legal framework within the workplace and the rights of your employees, these are balanced by the operational needs of your business. When it comes down to it, tribunal chairmen will generally support a “reasonable approach” based on a legitimate business need.

## Policy

Make sure you have an absence policy in place and one that covers absence management as well as entitlement to sick pay. Include a section that makes it clear how people should report absence and how their absence will be managed. Return to work interviews can act as powerfully as penicillin in those cases where it's more of a “duvet day” than a genuine absence.

Critically the policy should distinguish between long-term absence, where there is often a single underlying medical condition and a keen awareness of disability discrimination legislation, and intermittent absence where odd days crop up here and there for a variety of reasons and where the disciplinary procedure may be a legitimate tool.

An evidence-based approach is essential if you are to establish reasonableness and the difference between long term and intermittent absence. So make sure you have an effective



system for recording attendance.

## What is unacceptable?

Your data will give you the average number of days lost to intermittent absence (exclude days lost to long term absence) and this makes a reasonable benchmark to assess against. For individuals who fall into this category your return to work reviews should explore whether or not there is a medical or other problem behind the poor attendance.

Once you are satisfied that you are just dealing with poor attendance you can make individuals aware that you are looking for a significant and sustained improvement within a specific timescale. In 80% of cases, this approach works and it is rare that you will need to resort to issuing formal warnings.

## Do attendance bonuses work?

Not in my experience. For me the requirement to attend is explicit within the contract of employment and once you start to pay bonuses for no sick days you start to undermine this principle. You also get into murky water around appearing to penalise people who are genuinely ill and you can end up forcing flu germs into the work place by enticing people to drag themselves in from their sick beds!

## Leadership matters

No surprises here that there is a massive correlation between leadership, culture and environment and attendance levels. When people feel they work in a comfortable environment, are well led, and make a meaningful contribution at work and get feedback on this on a regular basis, they take fewer ad hoc sick days!

Richard Mander is a freelance HR consultant with over 20 years' experience in strategic and operational HR. He specialises in providing support to SMEs and aims to deliver cost effective, pragmatic and practical solutions. For more about this topic, or advice on other HR matters, contact Richard at [www.manderhr.com](http://www.manderhr.com) 07715 326 568.



## Feature

# PMs are welcomed to roundtable

PMs' roles are increasing significantly to encompass more of the daily responsibilities of the practice business - including increasing legislation requirements as well as marketing and customer services. To address these issues, Denplan hosted a 2.5-hour practice manager roundtable at BDTA Showcase on October 5, which was very informative and well-attended.

The presentations took PMs on a journey covering current regulations and what to expect from inspections, business requirements and ongoing compliance, the training available to help with regulatory issues such as confidentiality, data protection, child protection, vulnerable adult protection, equality and diversity, maintaining effective communications with patients on regulations and how to get the whole team involved, and training and information on employment law and recruitment issues, which was expertly presented by Amanda Pillinger from MFG Solicitors (below right). Leading speakers from within the industry had 15 minutes for their presentations and PMs will have gleaned some real gems of information to take away with them.

ADAM president, Jill Taylor and vice president, Hannah Peek gave a presentation about introducing change to the team, top tens tips for successful practice management and implementing regulations, assessing how they will affect the team, where to research resources - particularly those available to ADAM members, and how to put together an action plan and protocols.

Denplan's managing director also complimented ADAM on last year's conference at Harrogate and encouraged attendees to book their place for next year's, which takes place in Oxford on June 7 and 8th. The Denplan-sponsored ADAM Awards will take place on the Friday evening at a special black tie dinner.





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## Feature





## Feature

# Our CQC visit

by Paula Parkes, Dental Health Centre, Grantham

**The dreaded CQC inspections are gathering momentum and fear of the unknown is causing lots of extra stress to many already overstretched PMs. Here Paula, a practice manager in Grantham, gives a first hand account of what it was like when the inspector called.**

Like all practices we have been dreading the call to say the inspector was on his way. Many rumours surrounded his visit ...one being he has inspected a practice in our town so probably won't be with us for at least six months ....or one tale we were told was to watch the CQC website and if your box turns yellow your visit is imminent. These were all proved untrue when we got the call early on a Monday morning two weeks ago to say our visit would be that Thursday!

Deep down I knew I was as organised as I could be but still, sleepless nights followed. Since the introduction of the CQC our staff have been briefed at nearly every meeting not to forget we could be inspected at anytime. I decided from the beginning that as the manager I would try and make the visit as organised as I can and also that any information the practice may need for a visit was easily accessible, so that even if I wasn't there, the information was!

## Sleepless nights

Each outcome was printed – and the policies relevant to the outcome were also placed in the folder –followed by ways in which we could demonstrate compliance. This included things such as patient surveys but also proof that actions had taken place as a result of them, staff meeting agendas, minutes and actions, staff training records, patient notes to show consent, significant events, any way in which we thought we could prove we met an outcome we included. By doing this, if nothing else we thought we would have a good starting point.

Once we received the phone call on the Monday we scheduled a practice meeting for the following day and even though I felt prepared, I knew the girls were worried. Not because of anything sinister but purely on the basis they are not used to such questioning.

I printed off online reports from other practices that had



## Tell the truth!

had inspections already for the girls to read so they could get some idea of what they might be asked. The main advice we gave them was to tell the truth, describe what they do and how they do it. If there was something they didn't know – be honest

and tell the inspector but tell him what they would do – which when asked they all said they would refer to the practice manager or the principal dentist – and this was our advice. We reiterated the inspector was here to ensure that patients are cared for safely and in line with legislation.

## Double checking

The morning arrived, as did the inspector, at 9.30am like he said he would. I greeted him, introduced him to the front of house staff, asked him to sign the visitors' book and took him through general housekeeping such as bathroom facilities. We also advised him there was no planned fire drill that day so if he did hear the alarm he should follow the procedures and he was shown the meeting point.

The first part of the inspection he spent with me, asking questions and looking at procedures. He asked me to talk through a typical examination appointment, medical history taking, consent etc. He then picked a random patient in the diary to check that the notes corresponded with what I had said. I later found out he asked one of the nurses the same thing to talk him through – I believe this is just to prove we do what we say we do. This was carried out for each outcome.



The inspector asked for a tour of the practice. He looked at all the surgeries, patient information and posters in the waiting room. He then spoke to our infection control lead nurse and asked her lots of questions and watched the changing over of a surgery between patients.

## **Not as stressful as anticipated**

He spent a considerable amount of time in the decontamination room with the nurse, watched equipment working and checked our validation certificates etc. He also spoke to another nurse who was at the time carrying out a deep clean and she was asked why and what she was doing. He also spoke to patients and asked them about their experiences here and what they thought of our service.

The visit was not nearly as stressful as I had thought it was going to be. He told us that he had no concerns and

explained the next stage of the process, to wait for his report to come through, check we agree with its content and return it. The report would then go live. We received our report today so it should be on the website within 10 days.

Based on my experience, these would be my suggestions to any practice manager awaiting a CQC inspection:

- Create your CQC file providing policies and demonstrating compliance
- Brief staff continually about the visit even without a planned date
- Do read up in journals and share other people's experience; use the networking possibilities such as ADAM
- Print off other reports to see the kind of comments made and questions that you may get asked
- Tell the truth – there is no point trying to say what you think the inspector wants to hear – he will find out!



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## Feature

# Showcase round-up

by Hannah Peek, Vice President



(l-r) Hannah, Niki, Denise and Janine on the stand.

I always enjoy BDTA Dental Showcase. It's a great time to see all that's new in dentistry and I also love seeing the different and unusual stands. This year there was an American diner complete with staff wearing 1960s uniforms! Plus a Belgian street with cafe-style tables to sit and enjoy a drink.

But the thing I like most of all is meeting our members and finding out what they enjoy from their membership. This year it was our Help a Colleague service where members can ask a question, such as how to implement a bonus system, and we open the discussion to all our members to get feedback, as well as posting these questions on our social media pages.

We also had feedback from what members would like us to provide and I am happy to say that we are working hard on these so watch this space for news!

The highlight for me was speaking at the Denplan Practice Managers' Roundtable with Jill our President. There was a range of speakers giving tips on certain areas of practice management.

I also got to see some great new products, such as an app that allows CPD to be completed on smartphones. CPD gained from courses can be recorded and then at the end of the cycle can be emailed directly to the GDC.

I also attended the SUSAN Roundtable where I was able to look at its quality management system, which is cloud based. Wow what a great system and should be every practice manager's best friend!



SUSAN contains thousands of bespoke tools and resources that cover every area of dental practice activity. It also contains videos, such as showing team members the correct way of washing their hands. Everything is at the practices manager's fingertips rather than in a folder on a dusty shelf.

I am delighted to say that we had lots of new practice managers join the Association so I would like to say welcome to them all.

*Hannah x*



# Introducing a social media policy

We had a call from a practice manager last week asking if we had anything relating to a social media policy. We didn't have anything on record but we thought it would be beneficial to you if we dug a little and came up with something useful. So here is a brief overview about social media policies and how to go about producing one.

A recent report by the Institute of Employment Studies, commissioned by Acas, suggested some employers are having difficulty determining standards of behaviour for the use of social media. The report suggests a common sense approach based on 'norms' you might apply to non-electronic behaviour and if you already have email and internet policies then you can expand them to include social media.

The benefits of having a policy:

- To help protect the practice against liability for the actions of its employees.
- To give clear guidelines for employees on what they can and cannot say about the practice.
- To assist managers in monitoring performance.
- To clarify the distinction between the private and professional lives of employees.
- To comply with the law on discrimination, data protection and protecting the health of employees.
- To set standards for good housekeeping - for example, for the use and storage of emails.
- To clarify sensitive issues like monitoring and explain how disciplinary rules and sanctions will be applied.

## Determining your policy

It is always best to determine your policies via a consultative process. Get the team involved so a fair approach is agreed and they understand why it is necessary. Make certain that everyone is aware of it and that it forms part of your staff handbook for induction purposes. Dental practice teams are privy to sensitive, confidential information about patients so it is really important that your policy reflects this.

## What should the policy cover?

- Network security. Controls regarding the downloading of software should be included to avoid viruses and the like.
- Internet and emails: what are the limits on personal use of internet and email?
- Smart phones: what are the limits on using mobile phones



at work and accessing social media?

- Social network sites: remind employees of privacy settings. Research indicates that the most employees would change what they have written on their social networking sites if they thought their employer could read them. Also cross reference to your bullying and harassment policy for obvious reasons.
- Blogging and tweeting: if an employee is representing the company, set appropriate rules for what information they may disclose, the range of opinions they may express and reference relevant legislation on copyright and public interest disclosure.
- Disciplinary procedures: try and apply the same standards in virtual and non-virtual settings. To help you respond reasonably, consider the nature of the comments made and their likely impact on the practice. Provide examples of what might be classed as 'defamation' and the sanctions you will impose. Also, be clear about confidentiality and what constitutes intellectual property.

## What to do next

This is only a very brief overview of the process involved in introducing a social media policy. If you already have HR or legal support but your existing staff handbook does not include a social media policy, then get onto your HR partners to find out what to do next.

If you don't have that degree of support, we have provided [a link to an Acas publication](#) on social networking and the workplace for your further reading. We would welcome any information you would like to share about your policy or any issues you have had with regard to social media.

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