PracticeFocus
quarterly magazine of the ADAM ■ autumn 2013

A trip down memory lane – the noughties

Past President Amelia Bray's fond memories of the period 2004 to 2008 – p6

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PracticeFocus

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editorial

by **Hannah Peek**

Welcome to the latest edition of *Practice Focus*, this month jam packed with articles and news of interest to practice managers, treatment coordinators and the entire administrative team! Inside you'll find a wide range of topics from:

- **The legal** – with an article on NHS Contracts
- **To the topical** – with an up-date on Direct Access
- **To the memorable** – with the latest in our Trip Back Memory Lane, this time looking back at the period 2004 to 2008.

By the time you read this Dental Showcase will almost be upon us and, as usual, ADAM will have a stand there, so if you're attending please stop by and say hello - I look forward to seeing you then!

The news item on page 2 about the findings of the 2012 oral health survey of five-year-old children by the National Dental Epidemiology Programme for England really struck a chord with me. The item focuses on the huge variations across the country and whilst this is of course a cause for concern I'd prefer to focus on the more positive message that comes out from the findings of the survey, namely that, compared with the previous survey in 2008, there's been a reduction in both the severity and prevalence of decay in all parts of the country (except in London where the result was the same).

So why not read the full news item on page 2, think about how you, as a member of the dental profession, have contributed to this outcome - and give yourself a pat on the back!! Surely that's a cause for celebration!

in this issue

contacts

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Inequalities plague children's dental health, statistics show

New figures published on 20 September 2013 highlight the chasm of inequality that divides children's dental health, the British Dental Association (BDA) has warned. The Public Health England report reveals that, while there has been a slight overall improvement in children's oral health in recent years, significant variations persist between children in different areas of the country and from different backgrounds.

Across the whole of England, 27.9 per cent of five year olds have experience of decay, according to the survey. But that average figure hides wide regional disparities. In the south east just over 21 per cent had suffered decay, while in the North West the figure was nearly 35 per cent.

A reduction in both the severity and prevalence of decay between this survey being carried out in 2012 and a previous study in 2008 was observed in all parts of the country except London, where decay experience has not changed.

The *National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2012* is available on the Public Health England website.

- Children's dental health is the focus of a current campaign by the British Dental Association; Make a Meal of It. BDA policy work on oral health inequalities in all patient cohorts is available on the BDA website **www.bda.org**.

First full CPD cycle for DCPs sees huge numbers comply

The General Dental Council (GDC) have announced that more than 35,000 dental care professionals (DCPs) have declared that they have met their Continuing Professional Development (CPD) requirements, demonstrating a commitment to their on-going development as dental professionals. GDC added:

'CPD is a legal requirement and by 31 July 2013, those in the 2008-13 cycle needed to have completed 150 hours of CPD or risk losing their registration with the GDC. They had until 28 August 2013 to log their hours.'

Who's declared what by title?

- Dental Nurses - 25,636 (95%)
- Dental Technicians - 4,335 (91%)
- Dental Hygienists - 3,777 (98%)
- Dual Registrants - 1,483 (98%)
- Dental Therapists - 194 (95%)
- Orthodontic Therapists - 282 (99%)
- Clinical Dental Technicians - 26 (90%)

GDC explained what happens next if a DCP didn't comply:

Only 1,947 failed to declare compliant CPD hours (registrants must have completed 150 hours of which 50 hours must be verifiable). They will now be contacted in writing by the GDC advising them of the next steps they need to take. They will have a short period of time, 28 days, in which to send in a copy of their CPD records, which must include:

1. A log or summary of all their CPD activities carried out during the 5 year cycle indicating:
   - The date the activity took place;
   - A description of the activity or study itself;
   - Whether it constitutes verifiable or general CPD;
   - The number of hours attributed to each item of CPD.
2. The documentary evidence in respect of each item of verifiable CPD completed, for example, certificates of attendance'.

- For more information contact Moira Alderson on **020 7344 3726** or **malderson@gdc-uk.org**

Dental professionals should pause for thought before they pull out a patient's tooth

Dental Defence Union (DDU) warns:
Claims for erroneous extraction are rising, an analysis of files has revealed, as are other requests for assistance. In the six year period between 2006 and 2011, the DDU received 138 claims and opened 109 advice files involving allegations of erroneous extractions.

The number of files received in 2011 was nearly three times that in 2006 (57 compared with 21). The most common allegations were:

- the wrong tooth was extracted because the dentist had misread the chart or referral letter;
- the dentist failed to extract the tooth causing pain;
- the extraction was unnecessary and the tooth could have been saved;
- the dentist had not properly obtained consent from the patient.

- For more information go to **www.theddu.com**

Mouth Cancer Action Month

1st to 30th November 2013 - Charities lead call for mouth cancer action

The UK's leading independent oral health charity is today announcing the launch of the Mouth Cancer Action Month campaign, dedicated to raising awareness of the killer disease.

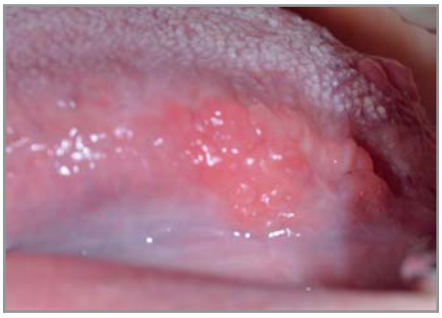
Taking place throughout November, organisers the British Dental Health Foundation are also delighted to announce that the Mouth Cancer Foundation will be supporting this year's campaign by raising awareness of the disease throughout the month.

Sponsored by Denplan and also supported by Dentists' Provident and the Association of Dental Groups (ADG), The Foundation will be calling on dentists, doctors and pharmacists to educate members of the general public about a disease that kills more people in the UK than testicular and cervical cancer combined, under the tagline 'If in doubt, get checked out'.

Latest figures show more than 6,500 new cases a year are diagnosed in the UK, with one person dying every five hours from the disease. As a result, action really must be taken to raise awareness and change these figures. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, highlights the importance of early detection in the battle against the disease.

Dr Carter says: "If the profession can inform and urge patients that regularly attending check-ups increases the chances of mouth cancer being detected at an early stage, together we can help to raise awareness of this killer disease.

"Almost nine in ten people survive mouth cancer if it is caught early, yet the five year



survival rate remains as low as 50 per cent. Encouraging patients to perform self-diagnosis such as looking for ulcers that do not heal within three weeks, red or white patches in the mouth and any unusual lumps or swelling can also help towards early detection."

Roger Matthews, Denplan's Chief Dental Officer said: "Denplan is extremely proud to be working so closely with the Foundation once again on Mouth Cancer Action Month, which we have supported for many years. Oral health and the prevention of disease is at the heart of everything we do at Denplan and we will be encouraging all our member dentists to offer free oral health screenings as part of their activity – particularly our Excel accredited dentists, who have access to our unique risk assessment software, endorsed by the Foundation. Together with the other organisations involved, we can help to raise awareness and ultimately save lives."

Founder of the Mouth Cancer Foundation, Dr Vinod Joshi, praised the partnership, saying: "The two charities share the common objective of raising awareness about mouth cancer and it makes total sense for us to join forces to make this November's Mouth Cancer Action Month a resounding success."

- For more information go to **www.mouthcancer.org/page/news**

A new website to protect the public from illegal and harmful tooth whitening has been launched this summer

Under the guidance of the Tooth Whitening Information Group (TWIG), the website - www.safetoothwhitening.org - aims to educate the public on how to achieve tooth whitening in a safe and legal way.

The site will also act as a resource for members of the public and allow for the reporting of illegal tooth whitening being carried out by beauticians, shopping centre kiosks and other non-dental professionals. In addition illegal sale of tooth whitening products containing more than 0.1 per cent peroxide to anyone other than a dental professional or direct to the public can be reported. In a recent case a prosecution of an internet company selling peroxide based products at up to 30 times the permitted limited resulted in an 18 month jail sentence.

The website also has informative and easy to understand information on all aspects of tooth whitening for members of the public including a quick report form if anyone has concern about treatment they've received.

The group, formed of a number of leading dental bodies and suppliers of tooth whitening materials, has been concerned about the continued advertising and promotion of illegal tooth whitening treatments and public safety since 31 October 2012, when the EU Council Directive announced that tooth whitening products containing or releasing between 0.1 and six per cent hydrogen peroxide can now only be sold to a registered dental professional with the first application to be carried out under a dentist's supervision in the practice.

- To find out more go to: **www.safetoothwhitening.org**

adamnews&information

HIV infected healthcare workers regulations "victory for human rights"

Landmark Government rules revealed this summer allowing healthcare workers with HIV to return to practice, are a victory for human rights, according to Dental Protection Limited. The dental defence organisation has lobbied for the last decade against rules that prevent HIV infected dentists from pursuing their professional vocation.

The regulations were brought in after the publicity associated with the death of an American dental patient in 1990, one of six patients believed to have been infected with HIV in an unresolved Florida case. Regulatory bodies in most countries responded to the case differently - the UK banned all HIV-infected healthcare professionals from undertaking exposure-prone procedures, leading to health workers becoming deskilled, losing their careers, or suffering in silence. Since most dental procedures are classified as exposure prone, the ban had a devastating significance for dentists diagnosed with the disease.

There have been two major developments since the rules were put in; anti-retroviral therapy, which is effective in lowering the viral level for patients with HIV, and improved infection control standards.
Together these mean that it is safe for a dentist with the disease to return to work provided they comply with the conditions of the new regulations.

Kevin Lewis, Dental Director, said: "This is a huge victory for human rights. After decades of living in fear and dealing with prejudice, dentists can finally return to their professional calling, although regrettably it is too late for some to do so. Patient safety should be at the forefront of healthcare, but the original rules were introduced as a reaction to a mysterious and exceptional case, the likes of which we have not seen before or since. We have long pushed for the scientific basis for limiting healthcare workers in their clinical practise to be reassessed. Although we welcome the new rules, we must know how they will work in practice, as well as ensuring that healthcare workers are given support and any additional training to re-enter the profession in order to deliver the safest possible patient care."

- For more information email David Croser of DPL at **david.croser@mps.org.uk**

adamvacancies

Your Association Needs You!

If you'd like to take a more active role in the running of your association and represent the views of practice managers, treatment coordinators, and administrators across the country, then read on ...

Membership Co-ordinator

The successful candidate will promote the features and benefits of ADAM membership to prospective members, whilst maintaining the existing membership. This will involve:

- Promoting ADAM membership
- Contacting prospective members to encourage them to join the association
- Keeping abreast of developments within dentistry and how ADAM members could be affected
- Effectively contributing as a member of the Executive team.
- Act in accordance with the Nolan Principles as determined by the Committee on Standards in Public Life, and to declare any potential conflicts of interest.

Regional Team Mentor

Acting as a point of referral for Regional Mentors, you will effectively manage, coach and develop Regional Mentors to ensure they are suitably equipped to provide mentoring advice guidance and support to members within their designated geographical area and to contribute towards the success of the organisation. You will assist in the sourcing of speakers, and manning of the ADAM stand at the conferences and events, and will:

- Promote ADAM membership
- Keep abreast of developments within dentistry and how ADAM members could be affected, , where appropriate, cascading information to Regional Mentors and the Executive.
- Effectively contribute as a member of the Executive team.
- Act in accordance with the Nolan Principles as determined by the Committee on Standards in Public Life, and to declare any potential conflicts of interest.

For more information please ring Denise on **01452.886364** or go to **www.adam-aspire.co.uk** and click on the Application Form link.

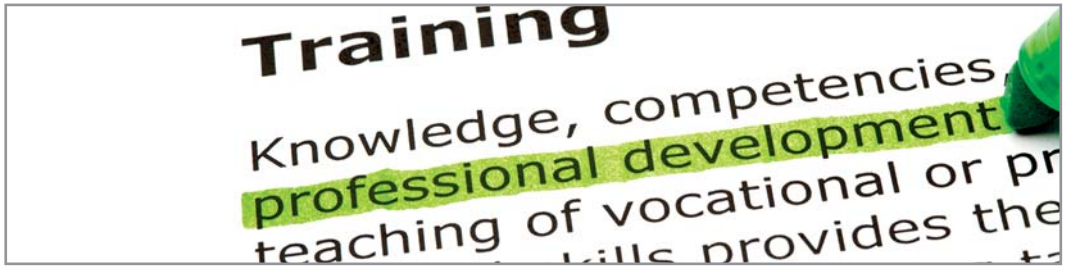
Regional Mentors

To become a Regional Mentor you must live and work in the area you represent. Appointment is for a two year period and a number of our current Regional Mentors have already or will soon come to the end of their tenure. You'll need to be comfortable communicating both verbally and in writing, and be willing to present on behalf of ADAM at events, seminars, and other meetings. You'll be expected to attend for at least one day at the BDA Conference, BDTA Showcase, and the ADAM Annual Conference, and to contribute at our team strategy meetings. Appointment to the role of Regional Mentor will provide the successful candidates with many networking opportunities as well as being able to help set professional standards and best practice within the profession. If you're interested in applying for a Regional Mentor role and would like to be considered, please email **denise@adam-aspire.co.uk** and we'll let know if there's currently a vacancy in your region or if there's one coming up soon.

Whilst all these roles are voluntary, expenses incurred on ADAM activity will be refunded.

trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
–	ILM Level 3 Certificate of Leadership and Management *UMD Professional Ltd*	Distance Learning Programme	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
–	Performance management and appraisals in dental practices	This workshop course is delivered at your practice and covers managing and maximising staff performance, and how to carry out appraisals in dental practices.	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
–	BTEC Level 4 Professional Diploma in Dental Practice Management *The Dental Business Academy*	Distance Learning Programme - 30% discount for ADAM members	http://thedentalbusinessacademy.com/shop/btec-level-4-professional-diploma-in-dental-practice-management
–	BTEC Level 5 Professional Diploma in Dental Practice Management *The Dental Business Academy*	Distance Learning Programme	http://thedentalbusinessacademy.com/shop/btec-level-5-professional-diploma-in-dental-practice-management
–	Introduction to Dental Practice Management *The Dental Business Academy*	Distance Learning Programme	http://thedentalbusinessacademy.com/shop/dental-practice-management-introduction
20 November 2013 Stratford-upon-Avon	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer *Denplan*	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining @denplan.co.uk
Friday 22 November 2013 London	Reception and telephone skills *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training
Friday 29 November 2013 London	Develop and deliver a performance appraisal system tailor made for your practice *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training
29 November 2013 London	A team approach to managing the young patient *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training
6 December 2013 London	Management of medical emergencies for the whole dental team *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training
16 and 17 January 2014 London	The essentials of staff management *British Dental Association*	BDA Training essentials £250 for Practice Managers	www.bda.org/training
24 January 2014 London	Online marketing and social networking *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training
31 January 2014 London	An introduction to dental hypnosis for the whole team *British Dental Association*	BDA Training essentials £115 for Practice Managers	www.bda.org/training



twentiethanniversary

A Trip Down Memory Lane: 2004 to 2008 (The Noughties)

In this, the third in our series of four articles looking back at the first 20 years of ADAM, **Amelia Bray** recalls her time with the Association during the mid-Noughties.

2004
2005
2006
2007
2008

What do you do when you're thrust into the position of Practice Manager with no management experience? My solution was to join the Practice Managers' Association.

At the time the Association ran regional branches, and the Devon and Cornwall branch was particularly active, meeting regularly at the Smile Centre at Liskeard. Of course it helped that the Chairman of the BDPMA was Bridget Crump, the manager at the Smile Centre! I was soon persuaded to take on the role of Branch Treasurer and thus began my association with the Association.

From Branch Treasurer I took on a progression of roles at national level, building up quite a collection of badges, which chronicle the changing image of the BDPMA – from our "nucleus" logo when I started as Vice Secretary, through two slight changes but keeping the green colour, and then to the current magenta and grey colour scheme, and of course, to the eventual name change. I remember suggesting way back in 2003 that we could change the name of the Association, I think I even came up with ADAM as a possibility. I always felt that the Association needed to be totally inclusive of the non-clinical team, and a name that incorporated some of the many titles the administrative team were known by would be a good starting point. My suggestion wasn't seized upon, but the seed was planted in my mind, and a few years later it germinated.

My time on the Executive saw many changes, not just of logos and names. Dentistry changed dramatically with the registration of Dental Care Professionals in 2006, suddenly the administrative team were the only team members with no official registration, but it also meant that CPD hours became very important, and we needed our CPD events to have specific aims and objectives – and the dreaded feedback form became essential.

We saw the introduction of the Care Quality Commission, with the importance of practice management brought to the fore, never had policies and procedures been so important.

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Below: An original BDPMA badge

Then there were the changes to our team, I have had the opportunity to work with some fabulous people thanks to my time with the BDPMA. I recall an early executive meeting at the (interesting) Astor Hotel in Plymouth (it was later to feature on Channel 4's Hotel Inspector and now it's closed – enough said!).

During our weekend meeting we were joined by business coach Dave Scarlett, someone who did a lot of work for the Association during some rather difficult times. One of his team bonding exercises involved each of us having to sing – now I can't sing at all but that was no excuse – so I treated the other executive team to a rendition of "My Father was the keeper of the Eddystone Light", if you're not familiar with it, you can find the words on Google.

Perhaps one of the most far-reaching changes we instigated was putting our administrative services out for tender. At the time we were looking to really trim the budget, and we investigated all sorts of possibilities, eventually choosing to move our admin to the Adam Partnership in Gloucester. This change brought benefits that every member will have enjoyed, thanks to the efforts of Sue, Denise and the team at Head Office, the day to day running of the Association was completely reinvented and Sue's expertise and experience has been invaluable.

My chairmanship of the Association saw the achievement of the inclusion of all the non-clinical team when we merged with the Dental Receptionists Association in 2010. We celebrated with cake and champagne at the Dentistry Show.

My time as Chairman was fascinating,

Amelia Bray

enjoyable, exhausting, emotional but ultimately hugely rewarding. If you have ever thought that you'd like to be more involved with the running of your association then please act on that thought, it will bring you huge professional and personal fulfilment.

I've finally retired from the executive, after 13 years of involvement, it's time for some fresh blood, and I wish Hannah and her team every success.

employmentstatus

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Employed versus Self-Employed

In this article, **Nigel Utting** of Chartered Accountants, Hazlewoods, outlines some of the issues that can arise when determining employment status.

There is a mixture of employed and self-employed hygienists working in the dental industry. It is important to understand the criteria and implications of both to ensure your practice is following the rules.

Is there a choice?

A choice over employment status exists to some extent, provided the agreement drawn up between the practice and hygienist supports the decision. However, it is not just having a contract in place which says a hygienist is self-employed, the contractual terms must apply in practice.

Whether you engage an employed or self-employed hygienist therefore depends on the nature of how they will be working for you. HM Revenue and Customs (HMRC) provides the following guidance:

"A hygienist working in one dental practice with conditioned hours, being either full or part-time with a regular wage and entitlement to holiday, sick and maternity pay will normally be considered as working under a contract of service and therefore earnings will be assessable as employment income and subject to Class 1 NICs.

A hygienist working at several practices, choosing their own hours of attendance, receiving payment on either a sessional basis or a percentage of the NHS/private treatment charges, with freedom to determine the nature and extent of treatment with only minimal reference to the dentist, normally using their own equipment and with no entitlement to holiday, sick and maternity pay, will be considered as working under a contract for services and as such will be self-employed."

This guidance reflects some of the key "badges of trade" which are used to determine employment status. It is worth noting that each case should be decided on its own facts.

Why is this important?

If HMRC were to challenge self-employment status and determine a hygienist should be employed they can claim backdated tax and Class 1 National Insurance Contributions and potentially charge penalties as well.

What are the pros and cons?

- **Work**

Engaging a self-employed hygienist would be beneficial to a practice as they would only be paid for work actually performed. Conversely, an employee will be paid regardless of how many patients they see as it is up to the employer to provide work.

- **National Insurance**

The practice has no additional National Insurance cost for self-employed hygienists. For employed hygienists, employer's Class 1 NICs are payable. These are currently 13.8% of the gross salary above the threshold of £148 per week.

From the hygienist's perspective, Class 4 NICs start at 9% for the self-employed compared to 12% for employees. In addition, the self-employed pay Class 2 NICs at a flat rate of £2.70 per week (for 2013/14).

- **Other benefits**

There is no requirement to pay self-employed hygienists holiday or sick pay. There will also be no need to pay statutory maternity/paternity pay.
Employees are entitled to holiday and sick pay, together with statutory maternity/paternity pay, although this can be reclaimed from HMRC.

- **Payment levels**

Due to the previous points, it is common for a self-employed hygienist to be paid at a higher rate than an employed hygienist.

Conclusion

The deciding factor in determining employment status will be the terms of the engagement. If is therefore important to have these terms clearly set out in a contract. If there is any doubt about employment status, seek professional advice.

About the author

Nigel Utting is a Chartered Certified Accountant, Chartered Tax Adviser and Director of the Hazlewoods LLP Dental Team. For more information contact:

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Introduce a new member to ADAM and earn £20 in High Street Vouchers!

If you're already enjoying the benefits of being a member of ADAM, why not encourage your colleagues to join?

And for each one that signs up you get £20 in High Street Vouchers!

To join all you need to do is complete the form below and send it in to us, we'll do the rest.

But don't forget to add your own name and membership number!

Key Benefits of Membership

- Reduced rates for seminars and webinars
- Access to legal advice
- Access to verifiable CPD
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- Free copy of *Probe* and *Vital*
- Networking opportunities
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- Discounts on specific training courses
- Access to advice sheets and templates

Request for Membership application form

Please note this offer only applies to applications for Full Membership

Please send an application form to my colleague who wishes to join ADAM* and send me £20 in High Street Vouchers when they become a Full Member.

MY DETAILS: Name: ..... ADAM membership number: .....

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

First Name: ..... Surname: .....

Address and Postcode: .....

.....

Contact Phone Number: ..... Email: .....

* If you prefer, simply email the above information to **denise@adam-aspire.co.uk** and she will send the application form to your colleague.

Dental Practice Manager Vacancy

We are pleased to offer the opportunity to join our exclusive Private Dental Partnership at Sloane Square, Chelsea, London, SW1.

Our vacancy is for a full time Dental Practice Manager to complement our five Partners and their excellent team of support and administrative staff in a very pleasant working environment.

We are seeking high quality applicants with comprehensive management experience and competence in accordance with the ADAM management framework and sub categories therein to fulfill responsibilities in the areas of :

- General Management
- Health & Safety Management
- Human Resource Management
- CQC Compliance Management
- Physical Resource Management
- Marketing Services and Sales Management

The manager will report directly to the Partners.

The position demands maturity, analytical curiosity, initiative, excellent communication and motivational skills and a confident demeanor.
An ability to recognize, devise and develop systematic business management systems will be crucial to succeeding in the role.

Compensation
- Formal qualifications and experience will be highly regarded.
- Salary scale will commence at circa £35k

Applicants are invited to submit curriculum vitae's directly to :
- Dr Anthony Bethwaite & Dr Andrew Harris.
  Anthony@no8partnership.co.uk

Microfibre cloths

Maintaining hygiene and decontamination within the practice

by **Stephen Selwyn**

HTM 01-05 2013 edition section 6.61 states, *"The patient treatment area should be cleaned after every session using disposable cloths or clean microfibre materials – even if the area appears uncontaminated."* Representing a dramatic innovation in cleaning equipment and processes, research confirms that e-cloth Professional microfibre cloths work as a highly effective way to help decontaminate and clean work surfaces, successfully removing over 99% of bacteria, just by using water.

With 30,000 fibres per square inch and more than 500 million fibre strands per cloth, these special fibres are capable of entangling and removing a wide range of pathogenic particles. When damp, its capillary action rapidly draws contamination into the fibre gaps, removing grease, dirt and bacteria from surfaces, which other cloths leave behind. Washing the cloths releases the contamination so that they are ready for re-use. In addition, every individual cloth contains antibacterial nanosilver, which remains active throughout the life of the cloth.

With cotton cloth and disinfectant removing only 92.78% of bacteria, these well-researched microfibre cloths are an extremely cost-effective and eco-friendly way to maintain hygiene around the surgery, saving time and money whilst reducing the need for harsh, needlessly expensive cleaning products or chemicals by up to 90%.

Additionally, the cloths are endorsed by Allergy UK as they neither contain nor require the use of disinfectants or cleaners, meaning that practice staff and patients alike are safeguarded against the possibility of allergic reactions or over exposure to chemicals.

When adhering to colour coding guidelines as specified by the National Patient Safety Agency and BICS/HACCP process, microfibre cloths can be used throughout the dental practice:
- **Yellow** - clinical and decontamination areas
- **Blue** - non-clinical areas (offices and waiting rooms)
- **Red** - bathrooms
- **Green** - kitchens

Quick and easy to use for all staff, the use of e-cloth Professional microfibre cloths reduce cleaning time, are highly resistant to tearing and snagging with extremely low levels of linting (shedding fibres), and are washable so can be reused again and again for up to 1,000 washes. Ultimately, these cloths successfully assist in minimising the risk of cross-contamination within the surgery, effectively removing, rather than just killing bacteria, so there is nowhere left for it to grow and surfaces stay cleaner for longer.

- If you require further information on how e-cloth Professional microfibre cloths can assist in effective decontamination within the practice, contact Evident on **Freephone 0500 321111** or visit **www.evident.co.uk**

Stephen Selwyn
Stephen is a practising dentist and managing director of Evident. His mission is to provide the whole dental team with an exceptional range of equipment and consumable products including professional e-cloths.

The Role of the Treatment Coordinator

by **Nikki Berryman**
Partner at 7connections

The role of the Treatment Coordinator (TCO) is currently growing in importance within the UK dental industry. As practices look for ways to streamline their processes and enhance the service they offer patients, TCOs provide a sort of quality guarantee – if they are doing their job effectively.

When training professionals for the role, I find many professionals face similar challenges and have similar misconceptions. The first of these is relating to money and finance. Despite being one of the most important responsibilities of a TCO, many professionals are uncomfortable with talking to patients about treatment pricing.

The cost of treatment is of course one of the first things patients will ask of the TCO when discussing whether to go ahead with treatments. In addition to wanting to know how much treatment will cost, patients also need to know how they can pay for it – does it have to be a lump sum or can they pay in instalments? If this is the case how long do they have to complete payment? These are all areas that the TCO should address, and the best way to make patients feel more comfortable about the situation is to explain all of their options. What finance plans are available at the practice? Is there a discount for a one-off, upfront payment? If a patient really cannot afford a treatment, is there a cheaper alternative that may provide similar results?

The main point to make here is that the TCO should not be embarrassed about discussing the cost of treatments with patients. They should be confident, open and completely honest, and make sure the patient understands that they have options. Good communication is key.

The second area that many professionals find challenging with the role of TCO, is getting to grips with the sheer amount of dental knowledge they should have. There are many TCO trainers in the industry at the moment who believe anyone within the practice with good 'selling skills' can be a great TCO. While these skills may be important, I believe TCOs should also have extensive knowledge of each treatment offered at their practice, or even have worked as a dental nurse. While they are of course not there to diagnose patients or recommend treatments, they should be able to explain treatment plans with details of what will be done, how long it may take and what factors may have an affect on the time-scale, the possible risks involved and of course the benefits they will enjoy as a result. It is the same for any big purchase or investment – if you go to a shop to ask about the latest TV for example, and the salesperson doesn't know much about it, you are unlikely to make a purchase.

I think this is particularly important when it comes to treatment plans involving implants for example, as these can require a significant investment of the patient's time, money and trust. For patients considering such a treatment, they expect their first point of contact to be able to provide most, if not all, of the information they need. This is an area I therefore encourage anyone wanting to train as a TCO to consider.

While there is some degree of selling treatments to patients and increasing profitability and cash flow, pushing too hard is unethical and will simply not produce the desired results. It is far better therefore, to focus more on enhancing the patient's experience and ensuring a high level of care is provided. It is up to the TCO to manage the protocols in place when greeting patients, whether that is over the phone or in person for both new and returning patients. I believe they should be the ones to actually write and develop the practice's patient experience manual, and then they are responsible for overseeing that such systems are being followed, and that all patients receive a consistently good service. And this is a great way of promoting the practice as well – if patients receive a great service they will soon tell friends and family about it and word-of-mouth marketing has long been proven to be highly effective.

The resulting benefits of course include a higher uptake of treatments, higher revenue, a better patient experience and an enhanced reputation for the practice. In addition, with the TCO taking control of the non-clinical aspects of daily processes within the practice, this frees up valuable time for the clinical staff to spend time with their patients.

A TCO can therefore be a huge asset to a practice, if they are well prepared for the role and focus more on the patient journey than the sales figures. My one piece of advice for practice managers or owners looking to introduce a TCO into the practice, is to train someone working at the practice as they already know the daily processes, clinical staff and patient-base, saving you time, money and hassle when they start work.

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performanceappraisals

How important are performance appraisals to dental practices?

Aida Mujan, Founder of Esteem Consulting & **Xanthy Kallis**, Founder of Aspire Consulting s hare their views with ADAM members

In a modern, well-managed dental practice, performance appraisal is the single most important management tool. No other management mechanism has as much influence over individuals' careers and working lives. Performance appraisal can be the most powerful instrument that dental practices possess to mobilise the energy of every employee toward the achievement of strategic goals. Used well, performance appraisal can focus every individual's attention on fulfilling the company's vision and values. But used poorly, the procedure may quickly become an ineffective administrative process and in some cases can have a counter-productive effect on employee performance.

So what is performance appraisal? It is too often seen as merely an annual drill mandated by the practice principal, yet another routine administrative duty that needs to be completed as part of the process of CQC compliance. But in practices that understand the power of performance appraisal and use it effectively, this can be used to facilitate an ongoing process as opposed to a one-off annual event. In companies which pursue this modern approach, performance appraisal follows Planning, Execution, Performance, Assessment and Performance Review.

With the introduction of CQC compliance protocols, there is much more pressure on dental practices to demonstrate appropriate policies and procedures to CQC inspectors, showing how these are implemented and

helping them to operate as an ethical and professional organisation that continuously strives to improve its standards. One of the key challenges for dental practices is to overcome the industry's prevailing tendency to underestimate the value of professional management and sophisticated administration processes even though this is critical to profitability.

Unhappy employees will 'work to rule' with minimal physical and mental effort, even taking short cuts. If these short cuts were to involve something like cross-infection control, the consequences could be disastrous for patients and the practice.

It is important to remember that nobody goes to work to do a bad job, it is the way in which employees and associates are managed and motivated that determines how much they deliver and how effective they become. This goal is easily achievable and requires many skills such as knowing how to deliver feedback effectively; but if you incorporate a professional strategy-based performance management system you have far more chance of success.

This is a vital tool to keep employees engaged in their work and support them to continue to develop in the way that suits each individual employee and align their individual aspirations with the practice's overall objectives. It is only then that the dental practice can truly claim that they operate an ethical and professional organisation and have given their employees and associates the opportunity to achieve their full professional potential. It goes without saying that this would be highly CQC compliant.

BDA Training Essentials

The BDA Training Essentials course portfolio offers a one-day interactive course for the whole team, *Develop and deliver a performance appraisal system tailor made for your practice*, on **Friday 29 November 2013** in London. Visit **www.bda.org/training** or call BDA Events on **020 7563 4590** for further information.

The purpose of performance appraisal

Performance appraisal serves over a dozen different purposes in a dental practice:

- Provide feedback to support staff and associates about their performance
- Determines individual training and development needs
- Determines practices' training and development needs
- Determines who gets promoted
- Facilitates layoff or downsizing decisions
- Encourages performance improvement Sets and measures goals
- Counsels poor performers
- Determines compensation changes
- Encourages coaching and mentoring
- Supports manpower or succession planning
- Confirms that good hiring decisions are being made
- Provides legal defensibility for HR decisions

A Useful Guide to NHS Contracts

Paul Krivosic of mfg Solicitors provides an insight into the mysteries of NHS contracts in England.

The majority of dental practices will incorporate an NHS element into their business and will enter into a written contract with the NHS Provider (being NHS England who have been split into regional 'Area Teams', replacing the Primary Care Trust).

There are three common types of NHS Contract:

- General Dental Services (GDS)
- Personal Dental Services (PDS)
- Personal Dental Services Plus (PDS Plus)

The most common of these is the GDS Contract – which shall be concentrated on for the purposes of this article. The contract itself usually runs to approximately 140 pages and contains many clauses which are onerous to the contracting dentist and which they must comply with. It is not uncommon for contractors to delegate part of the constant requirement for compliance to the practice manager and this article serves to act as a guide to some of the main clauses in the dental contract and how they operate in certain situations.

Duration of the Contract

One of the fundamental differences between GDS Contracts and PDS Contracts is that a GDS Contract will subsist until it is terminated pursuant to the terms of the contract, whereas a PDS Contract is for a fixed term. Up to 1 April 2006 when the new contracts came into force, it was common for PCTs to incorrectly issue fixed term GDS Contracts or PDS Contracts without a definitive date of termination due to their failure to grasp the concepts of each contract and the regulations. Therefore it was not uncommon to discover incorrect dental contracts, be it through self-assessment or as part of due diligence in a transaction.

It was an issue that was recognised by many PCTs to the extent that as part of the handover from PCTs to NHS England, many PCTs had to conduct a review of all contracts it held so that any incorrect dental contracts were replaced.

Despite this audit, it is possible that there are some dental contracts out there that are incorrectly drafted and it is still worth noting and checking that any existing or new dental contract contains the correct duration clause, which can be found at clause 16.

Performance

It is usual for practice managers to have the responsibility of monitoring performance on behalf of the contractor. Every GDS Contract will have a contractual annual requirement for the units of dental activity ('UDAs') the practice must perform. The number of UDAs required under the contract will be found in either clause 77 and/or in Schedule 4 of the contract. Consequently there are clauses that allow the Area Team to govern the performance of the contract as the practice must try to meet targets throughout the year which take place midway through the year and at the end of every year.

Generally, every practice should have performed 40% of its annual contractual UDAs at the mid-year review. If, at the mid-year review, a practice has performed 30% of less of its annual UDA requirement, the Area Team must notify the dentist that they are concerned with the current level of performance (clause 91.1), invite the dentist to a mid-year review meeting with the Area Team (clause 91.2) at which meeting the dentist can either challenge the review or provide mitigating reasons why the performance is so low. Following the review, the Area Team may withhold monies or put in place a plan so that the dentist can catch up, which may include reducing the contractual UDAs (clause 99).

The end of year review (or 'annual reconciliation') is a more simple procedure. Every contractor is provided with a 4% tolerance of performance (clause 100.2). If that tolerance is not met, the Area Team will likely initiate a clawback of monies for the unperformed UDAs and, in the event that the underperformance is severe, may attempt to reduce the contractual UDAs. If the

contractor has performed within the 4% tolerance it is usual that the Area Team will offer the contractor to carry forward those underperformed UDAs to the following financial year instead of instigating a clawback of monies. Of course, for those that do not perform within the 4% tolerance will likely receive a breach notice (see below).

It is important for practice managers to be aware of these clauses so that performance can be monitored so as to anticipate the potential consequences of underperformance.

Variation of the Contract

Generally, no variation of the GDS Contract shall be binding upon the contracting parties unless it is in writing and signed by both parties (clause 287). This is an important principle of the GDS Contract. There are instances where PCTs did provide bespoke written variations to GDS Contracts accompanied with a demand that the contractor sign the variation. Of course, the contractor is well within their rights to refuse to sign the variation and should always seek independent legal advice before doing so.

Breach/Remedial Notices

It is important for practice managers to recognise them and understand their effect on the practice. In the event that a contractor breaches any of the terms of the GDS Contract, the Area Team is afforded the right to serve a notice on the contractor depending upon the type of breach that has occurred. A breach notice will be served when the contractor has breached the terms of the GDS Contract that is not capable of being remedied (i.e. underperformance of UDAs). A remedial notice is served when the contractor has also breached the terms of the NHS Contract but that breach can and should be remedied (i.e. poor record keeping).

Of course, PCTs would on occasion issue the incorrect notice which provided contractors the opportunities to challenge the validity of them and, in some cases, have those notices retracted. As remedial notices a required under clause 331 stipulate a fixed time period for all remedial work to be completed (no less than 28 days), it is important that the practice manager identifies the notice and understands what is required as quickly as possible.

The importance of receiving either a breach or remedial notice is that in the event a contractor has received two or more breach and/or remedial notices, the PCT are afforded the right to terminate the GDS Contract (clause 334). Again, the PCT is not afforded a unilateral right to terminate, as seen above with clause 12, but it is also a condition of termination under clause 334 that the PCT must be satisfied that to allow the GDS Contract to continue would be prejudicial to the efficiency of the services (clause 335).

Acting Reasonably

Encompassing all of the above, the Area Team is subjected to its own contractual obligation under clause 12:

'In complying with this Contract, and in exercising its rights under the Contract the PCT [now the Area Team] must act reasonably and in good faith and as a responsible public body required to discharge its functions under the [National Health Service] *Act* [1977]'

This clause is possibly the most important in the GDS Contract. It serves to restrict the Area Team from having an unfettered right to unilaterally enforce the terms of the GDS Contract without having consideration to potentially unfair consequences to contractors and patients. Whatever the actions of the Area Team against a contractor, they should always be put into the context of whether their actions are reasonable.

About the author

Paul Krivosic is a solicitor at mfg solicitors specialising in advising dental practices. Please note this article focuses on NHS contracts in England; there may be variations in other parts of the UK.

www.mfgsolicitors.com

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dentalshowcase

Why BDTA Dental Showcase is an essential day out for Practice Managers

Running a practice today can be tough - costs need to be controlled but quality and patient satisfaction must remain high. Time is money and when you're managing a busy practice it can be hard to justify time away from the office.

With this in mind, BDTA Dental Showcase offers an excellent opportunity for every practice manager to invest a day looking at your future and that of your surgery. Time spent learning about the latest innovations in products and techniques from on-stand experts, comparing the widest selection of equipment, watching hands-on demonstrations, as well as attending informative mini lectures are all crucial for keeping up to date, and it's all under one roof.

This year, BDTA Dental Showcase will be held from 17-19th October at the NEC, Birmingham. The theme is 'Seeing what's new in dentistry'; the key reason why so many members of the dental team visit BDTA Dental Showcase year on year.

Exploring what's new in dentistry can help you and your practice prepare for the changing dental industry and challenges that the new dental contract will bring. These changes will no doubt have an effect on your practice.

So how can a visit to BDTA Dental Showcase help you? We spoke to ADAM President Hannah Peek for an insight into why an annual visit to BDTA Dental Showcase is essential for her profession.

Latest innovations

Hannah Peek, ADAM President comments, *"As a Practice Manager BDTA Showcase gives me lots of great opportunities to keep up with what's happening within the profession and is something I look forward to every year! It's a great place to look at what's new on the market, get great new ideas for your practice and if you are updating your surgery it's fantastic having all the different suppliers in one place so you can compare different equipment and products, not to mention the show discounts that are on offer!!"*

BDTA Dental Showcase promises to offer delegates a unique opportunity to interact with over 350 exhibitors.

This face-to-face contact allows you to ask any questions directly to the experts who innovate the new solutions to benefit your practice and your patients, making sure that what you buy is right for you.

As well as product tips, exhibitors can also provide advice on improving patient experience and satisfaction, this is particularly useful as effective communication with patients will continue to become even more essential when the proposed changes to the dental contract come into play.

Take advantage of exclusive special offers

With the current economic climate it is more important than ever to save money on materials and equipment but without compromising quality.

In 2012, 75% of all exhibitors used BDTA Dental Showcase as a platform to offer exclusive Showcase deals. With this in mind, make sure you ask exhibitors what special offers they have and make the most of this opportunity by purchasing products and equipment for your practice at special prices.

Enhance your management skills

As a busy practice manager it can be hard to find the time to complete extra training courses to improve on your skills and qualities as a manager. That's why a visit to BDTA Dental Showcase is great, as there will be several opportunities for you to attend free, informative and lively bite-sized sessions.

The exhibition will feature a series of complimentary mini lectures, including "How Smart Dentists are Attracting New Patients" from FooCo Ltd, "Is Social Media Right For My Practice?" from Dental Design and "Banking on Dental" from Lloyds TSB.

Other exhibitors will be hosting on-stand lectures over the three days on a range of topics, including Practice Plan's "Attracting and retaining new patients, without splashing the cash!" and "Top ten treatments to keep your books bursting with appointments!" from Les Jones and Sheila Scott respectively.

Networking

Working in practice for the majority of the year leaves little room to explore what's happening in your industry and even less time to meet with dental peers.

BDTA Dental Showcase offers the perfect opportunity to network with other practice managers as well as other team members.

The ADAM President comments, *"It's great having all the associations in one place, where delegates can meet the ADAM Team to discuss any issues they have and receive support in their role within the practice team. As ADAM President, I look forward to meeting all our members new and old and our business partners in dentistry".*

Plan your day

The exhibition offers a huge opportunity to gather information and make informed purchasing decisions. With the widest selection of products, equipment and technologies in the UK plus a host of free, thought-provoking and informative company lectures, it can be hard to know what stands you should visit first, so be sure to make the most of your day by checking out the BDTA Dental Showcase website at **www.dentalshowcase.com** to review the latest list of exhibitors.

To make your experience even more valuable, why not divide your practice team into groups and set a clear agenda or objective for the day. Use the exhibition as a unique opportunity to trial the latest products and then share your findings with your team over a coffee. *"Dental Showcase makes a great team day out and there are always plenty of places to have lunch together. A little tip - take some comfy shoes as it's a fun packed day with lots of walking!"* Hannah comments.

If you would like to register for BDTA Dental Showcase, visit www.dentalshowcase.com and to email your team all the details about this flagship event, one that the majority of visitors rate as the most important within the UK's dental calendar, simply click on the 'tell a colleague' button.

- Registrations for BDTA Dental Showcase are open now and are free when you book in advance, so best to book your place beforehand. It's easy to register, either online via **www.dentalshowcase.com**, call **01494 729959**, text your name, postal address, occupation and GDC number to **07786 206276** or email r**egister @dentalshowcase.com**. You will be sent your e-ticket ahead of the event which also means fast-track entry on the day!

Direct Access
What was all the fuss about?

Joe Ingham of Dental Protection Limited tells us how life for dental hygienists and therapists hasn't really changed much since the GCD announcements on direct access took effect earlier this year- not yet anyway.

Dental access has now been with us for three months. I suspect that there is an element of "what was all the fuss about?" prevailing within the profession, in much the same way as there was when "the millennium bug" failed to materialise in the early hours of New Years Day in the year 2000.

It is worth remembering then that the actual scope of practice, that is to say the list of services that a hygienist may provide, has remained unchanged. Hygienist still provides the same services to patients as those provided prior to May 1st 2013. The only difference is the removal of the necessity for the patient to be first seen by a dentist in order to provide a prescription for treatment. There are however various legal and ethical considerations which need to be taken into account following what may appear to be, on the face of it, a relatively minor change in the Regulations.

It may be worth considering some of the ramifications of the changes for the whole team, not least for the front line staff such as receptionists, who may well find themselves having to explain the new direct access practicalities to patients.

Direct access is available as an option, but in no sense it is compulsory. The staff of each work place are free to make up their own minds, whether to implement direct access and if so, how and to what extent. Some of them may not want to do so at all. What it does do, is make life easier for practises which use hygienists and therapists, and remove some of the obstacles to patient access to certain forms of dental care. Whether or not the dentists you work with will want to continue examining patients for the sole purpose of referring them to the hygienist for specified treatment, is a matter for mutual discussion and agreement. One of the major advantages for dentists is that they no longer need to do this, especially in circumstances where they could not receive any NHS remuneration for having done so.

The administration of local anaesthetics is governed by the Medicines Act 1968. The GDC has no influence over this legislation and it is quite separate from the new Direct Access Regulations. A local anaesthetic is a prescription only medicine (POM) and it may be administered by a dental hygienist or dental therapist either by using:

1. A patient's specific direction (in other words a written prescription for that particular patient) or
2. A patient group direction (PGD).

A PGD allows the administration of named medicines in an identified clinical situation without the need for the referring dentist to provide an individual written prescription. The Regulations state that the practice should be registered with the CQC in England(or HIW in Wales) and that the PGD is appropriately drawn up and signed by the relevant individuals. Because there are variations in the regional regulations associated with patient group directives, it is recommend that practices should familiarise themselves with the Regulations that are applicable in their particular region of practice. There is currently no provision for PGDs in Scotland for example. Currently then, unless a hygienist had a written prescription or a PGD in place it would be illegal for him or her to administer a local anaesthetic.

Similarly, tooth whitening in dental practice is governed by the Cosmetic Products Safety Amendment Regulations 2012. The first application of tooth whitening treatment must be done by a dentist or a dental hygienist or therapist under direct supervision (which means the dentist should be on the same premises): any subsequent application can be done by a dental hygienist or therapist acting on prescription from the dentist.

Receptionists should be acutely aware that tooth whitening cannot be carried out without the prior examination of a dentist. Once again, the GDC has no influence over the European Law which governs tooth whitening. It may also be worth noting that the Regulations state that the bleaching gel may only be sold to dental practitioners. Although not necessarily related to direct

access, the Regulations also state that tooth whitening should not be performed on any person under 18 years of age.

You will no doubt be aware that dental graduates are obliged to undertake a year's foundation training, following which they may apply to join the Performers List which enables them to provide NHS Dental Services. Many dental graduates feel that this 12 month period provides a welcome bridge between the relatively sheltered environment of dental school and the more challenging situations which they are likely to face as an independent practitioner.

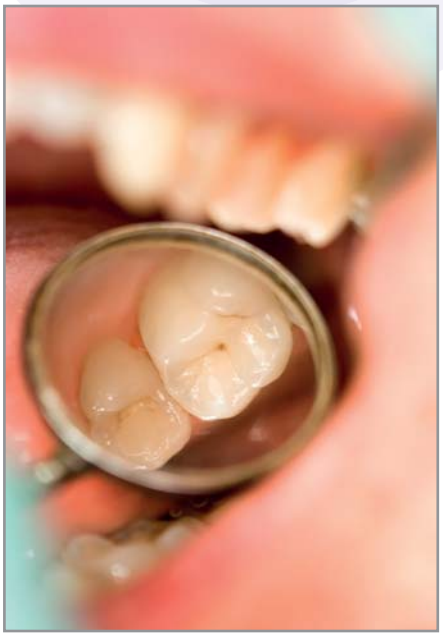
When direct access was introduced, the GDC decided that hygienists would not be obliged to undertake an equivalent year of Foundation Training. There was no legal mechanism for the GDC to make such a change. However, there are some Deaneries which do provide a Foundation Training Scheme for dental therapists. The GDC's view is that whilst there may be not be a formal requirement to work to a dentist's prescription, it strongly recommends that newly qualified dental hygienists and dental therapists should take the opportunity to practise in a sheltered environment, working on prescription in a supported team. It has been suggested by the GDC and the BSDHT, that this period could be 12 months. From a risk management perspective, this seems to be a good idea.


Joe Ingham

The GDC places the onus on the registrant to be capable of demonstrating that they have the necessary competences to work under direct access, with an added requirement that these competences can be evidenced on demand. This is particularly important for those hygienists who qualified prior to 2002 as they may not necessarily have had the chance to study for the extended duties which became part of the curriculum in 2002.

Clear information for patients is vital. Practises which offer treatment via direct access should make sure that their practise publicity (for example leaflets, brochures and websites) is clear about: what treatments are available via direct access; the arrangements for booking an appointment with a hygienist or therapist; and what will happen if the patient needs treatment which a hygienist or therapist cannot provide. It would also be helpful to have clear information prominently displayed in the practice about members of the team and their roles.

There is an expectation when a patient has been seen under direct access who needs treatment which cannot be provided by a hygienist or therapist that mechanisms are in place for onward referral for that patient. Practice meetings would be the ideal forum to discuss what pathways are in place for referring patients who would benefit from further examination or treatment by a dentist or specialist.



Bearing in mind patients' autonomy, a patient cannot be forced to undergo any such further treatment or examination but hygienists would have a responsibility to inform the patient of the likely consequences of not doing so.

About the author

Joe Ingham BDS is Dento Legal Adviser at Dental Protection Limited. He trained at The London Hospital before spending more than 25 years predominantly in NHS general practice. For 8 years he was concurrently practice adviser for Berkshire PCT.

Joe now works at Dental Protection's London office 4 days a week and at the School of Hygiene & Therapy, Eastman Dental Hospital 1 day a week.

continuingprofessionaldevelopment

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 **21st December 2013**.

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

Aims and outcomes

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

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

ANSWERS TO CPD QUESTIONS IN THE SUMMER 2013 EDITION OF *PRACTICE FOCUS*

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

EMPLOYED VERSUS SELF-EMPLOYED (PAGE 8)

1. IF A HYGIENIST IS PAID A REGULAR WAGE AND HAS AN ENTITLEMENT TO HOLIDAY, SICK AND MATERNITY PAY FROM ONE DENTAL PRACTICE WHAT WILL HMRC NORMALLY CONSIDER THEIR EMPLOYMENT STATUS TO BE?

A. Employed **B.** Self-Employed **C.** Unemployed

2. WHAT MIGHT A HYGIENIST NEED TO PAY IF HMRC WERE TO SUCCESSFULLY CHALLENGE THEIR SELF-EMPLOYMENT STATUS?

A. Backdated income tax
B. Backdated National Insurance Contributions
C. Both of the above plus a possible penalty charge

3. WHY DOES A SELF EMPLOYED HYGIENIST NORMALLY GET PAID MORE THAN AN EMPLOYED HYGIENIST?

A. Because they are more experienced
B. Because they do not get paid for holiday, sick and maternity leave etc
C. Because they are better at negotiating

4. WHAT IS THE DECIDING FACTOR IN DETERMINING A HYGIENIST'S EMPLOYMENT STATUS?

A. The terms of engagement as set out in a contract
B. Whether the hygienist calls themselves employed or self-employed
C. What the Practice Principal decides their employment status to be

MAINTAINING HYGIENE AND DECONTAMINATION WITHIN THE PRACTICE (PAGE 10)

5. HOW OFTEN DOES HTM 01-05 2013 EDITION SECTION 6.61 REQUIRE THE PATIENT TREATMENT AREA TO BE CLEANED?

A. After every session **B.** Every hour **C.** Once a day

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PATIENT CENTRIC SERVICE (PAGE 11)

6. WHAT IS ONE OF THE FIRST THINGS A PATIENT WILL ASK A TCO WHEN DISCUSSING WHETHER TO GO AHEAD WITH TREATMENT?

A. How painful it will be **B.** How long it will take
C. How much it will cost

7. WHAT WAY OF PROMOTING THE PRACTICE HAS LONG BEEN PROVEN TO BE HIGHLY EFFECTIVE?

A. Mail shots to potential customers **B.** Word of mouth
C. An impressive website

8. WHAT WILL BE THE EFFECT ON CLINICAL STAFF IF THE TCO TAKES CONTROL OF THE NON-CLINICAL ASPECTS OF DAILY PROCESSES WITHIN THE PRACTICE?

A. It will free up valuable time to spend with patients
B. It will mean they can work fewer hours
C. It will make no real difference

HOW IMPORTANT ARE PERFORMANCE APPRAISALS (PAGE 12)

9. USED WELL, WHAT CAN A PERFORMANCE APPRAISAL SYSTEM DO?

A. Give managers an opportunity to tackle longstanding performance issues
B. Allow staff to talk about the poor performance of some colleagues
C. Focus every individual's attention on fulfilling the company's vision and values

10. WHAT IS THE KEY BENEFIT OF A STRATEGY-BASED PERFORMANCE MANAGEMENT SYSTEM?

A. It will keep employees engaged in their work
B. It will enable the practice to get rid of poor performing staff
C. It will enable the manager to emphasise their status and importance

11. WHAT IS GENERATING MORE PRESSURE ON DENTAL PRACTICES TO DEMONSTRATE APPROPRIATE POLICIES AND PROCEDURES?

A. Health & Safety at Work legislation
B. CQC Compliance Protocols **C.** Human Rights Act

A USEFUL GUIDE TO NHS CONTRACTS (PAGE 13)

12. WHAT IS THE MOST COMMON TYPE OF NHS CONTRACT?

A. PDS **B.** PDS Plus **C.** GDS

13. TYPICALLY, HOW LONG IS A GDS CONTRACT?

A. 40 pages **B.** 140 pages **C.** 400 pages

14. FOR WHAT PERIOD OF TIME DOES A PDS RUN?

A. For a fixed term **B.** Until it is terminated **C.** It can be either

15. WHAT DOES UDA STAND FOR?

A. Universal Dental Appliance **B.** Units of Dental Activity
C. United Dental Authorities

16. WHAT CLAUSE IS CONSIDERED TO BE POSSIBLY THE MOST IMPORTANT IN THE GDS CONTRACT?

A. Clause 1 **B.** Clause 12 **C.** Clause 21

DIRECT ACCESS – WHAT WAS ALL THE FUSS ABOUT? (PAGE 20)

17. WHEN DID THE RECENT CHANGES TO DIRECT ACCESS TAKE EFFECT?

A. 1st March 2013 **B.** 1st April 2013 **C.** 1st May 2013

18. WHAT PRACTICE WITHIN DENTISTRY IS GOVERNED BY THE COSMETIC PRODUCTS SAFETY AMENDMENT REGULATIONS 2012?

A. Tooth whitening **B.** Dentures **C.** Fillings and Crowns

19. WHEN DID THE MEDICINES ACT COME INTO FORCE?

A. 1948 **B.** 1968 **C.** 1988

20. DENTAL GRADUATES ARE OBLIGED TO UNDERTAKE A PERIOD OF FOUNDATION TRAINING PRIOR TO APPLYING TO JOIN THE PERFORMERS LIST. HOW LONG IS THAT PERIOD?

A. 6 months **B.** 12 months **C.** 18 months

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CPD answer sheet: Practice Focus Autumn 2013

Please PRINT your details below:

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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 **21st December 2013**. Answer sheets received after this date will be discarded as the answers will be published in the **Winter 2013** issue of *Practice Focus*.

Answers

Please tick the answer for each question below.

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

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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