

PracticeFocus

quarterly magazine of the ADAM ■ spring 2013

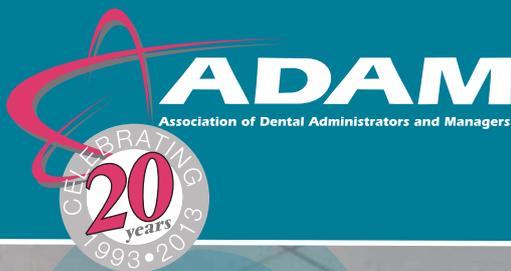
Experience of a lifetime

**ADAM member Elaine Gaffney's
two weeks in Tanzania with the
Dental Volunteer Programme**



also in this issue:

- A trip down memory lane – the nineties p8
 - Auto-enrolment for pensions p10
- What is an audit & how to conduct one p15
 - Responsibilities of a CQC Manager p20



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editorial

by **Jill Taylor**



contacts

Welcome to the latest edition of Practice Focus - I hope you had a terrific Easter break.

This month's edition includes the first in our Trip Down Memory Lane series and covers the birth of what was then BDPMA and its first few formative years - 1993 to 1998. I hope you enjoy this look back in time as much as I do - I think it helps put things in perspective and shows how we've developed and changed as an organisation just as the world around us constantly changes.

There are many interesting articles to enjoy this month including interviews with our very own Hannah Peek, Vice President, and dental recruitment expert Kelly Haggett on the subject of our recently launched Jobs Board. In addition you can find out about the impact on dental practices of the government's decision to introduce

auto-enrolment for pensions. There's also some very useful guidance on how to undertake an audit within your practice, and much more besides, including full details of our Annual General Meeting later in the year.

And, of course, there's also our front page story about ADAM member Elaine Gaffney who shares with us her life-changing experience of a two week trip to Tanzania as part of the Dental Volunteer Programme with Bridge2Aid.

Our 20th anniversary ADAM Conference in Oxford on 7th and 8th June is now rapidly approaching and I hope to see as many of you as possible there to celebrate our 20th anniversary. There's still time to book - go to www.adam-aspire.co.uk for full details about the Conference Programme and how to book.

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

t: 01452 886 364 f: 01452 886 468

e: info@adam-aspire.co.uk

w: www.adam-aspire.co.uk

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Editor: Ian Simpson

t: 01452 886 364 m: 07777 800 885

e: editor@adam-aspire.co.uk

Advertising: Donna Miller

t: 01606 599 025

e: advertising@adam-aspire.co.uk

Design and production: Kavita Graphics

t: 020 7450 1605

e: dennis@kavitagraphics.co.uk

STOP PRESS

Early Bird rates for the ADAM Conference extended to 5th May 2013

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the publication for those who aspire to success



GDC announcements on Direct Access

The long awaited decision on Direct Access was announced on 28th March 2013 by the Council of the GDC at their offices in Wimpole Street, London. Council approved the following recommendations:

- Dental hygienists and dental therapists should be permitted to carry out their full scope of practice without prescription and without the patient having to see a dentist first.
- Dental nurses should be permitted to participate in preventative programmes without the patient having to see a dentist first.
- Orthodontic therapists should continue to carry out the majority of their work under the prescription of a dentist.
- Orthodontic therapists should be permitted to carry out IOTN screening without the patient having to see a dentist first.
- The work of a dental technician (other than repairs) should continue to be carried out on prescription.
- Patients should continue to have direct access to clinical dental technicians for the provision of full dentures only.

Full guidance for registrants will be published by the GDC before these changes come into effect on 1 May 2013.

15,000 'Smileys' to giveaway!

National Smile Month: 20th May to 20th June

To mark the unveiling of National Smile Month 2013, campaign organisers the British Dental Health Foundation are giving away 15,000 'Smiley's' on a first-come first-served basis.

The first 3,000 eligible organisations who submit their interest on the National Smile Month website will each receive five free 'Smiley's' as well as a campaign guide packed with information on how to get the best out of this year's campaign. In its simplest form, National Smile Month promotes three key messages for great oral health:

- Brush for two minutes twice a day with a fluoride toothpaste;
- Cut down on how often you eat sugary foods and drinks;
- Visit the dentist regularly, as often as they recommend.

But there's more. After the success of the 'Smiley' in 2012, Director of Educational Resources at the Foundation, Amanda Oakey,

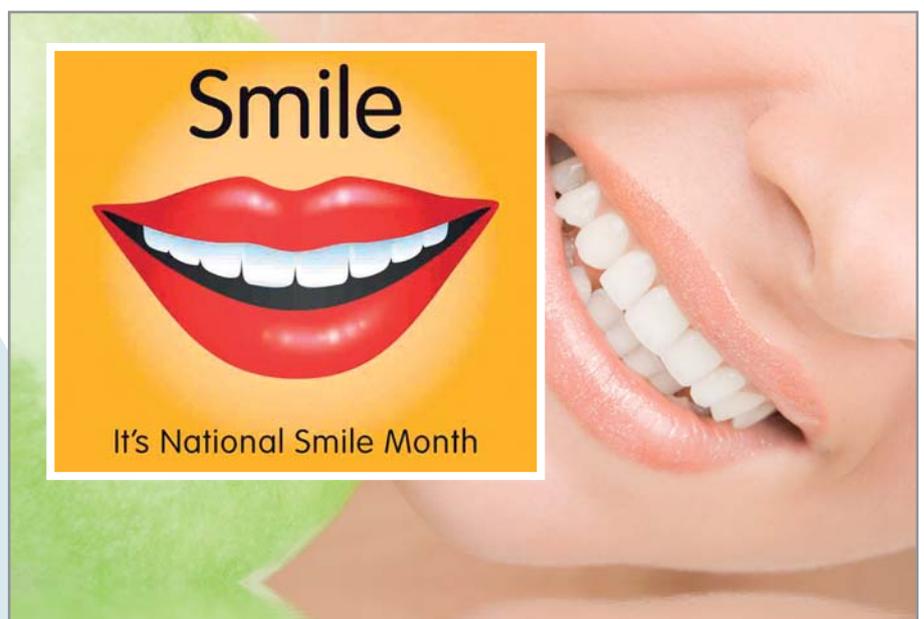
expects the re-vamped campaign icons to be a similar success this year.

She said: *"The feedback we received from those who took part in last year's campaign was extremely positive. People were absolutely thrilled with the Smileys. They're fun, they're educational and they are a great way to get people talking about oral health. Behind the smiles there are still some important oral health messages to remember."*

"That's why our Smileys have the Foundation's three key messages to improve oral health on them. We hope more people than ever before will take part in National Smile Month and help to educate as many people as possible about how to gain and the benefits of great oral health."

The campaign runs from 20 May to 20 June and is once again sponsored by Wrigley, Listerine and Oral-B.

- To find out more about National Smile Month and to register for five free Smileys, please visit <http://www.national-smilemonth.org/page/register>



MHRA launch Learning package on benzodiazepines

In March the MHRA launched a learning module on benzodiazepines for clinical practitioners. The self-directed learning package outlines the key risks of this widely prescribed class of medicines.

In launching the new module MHRA said:

'We have developed a CPD-approved learning module on benzodiazepines for clinical practitioners. The self-directed learning package outlines the key risks of this widely prescribed class of medicines. The learning module outlines:

- the main features of the adverse effect
- factors that increase the risk
- how the risk can be reduced
- specific treatment for the adverse effect

Used with authoritative medicines information and guidelines on disease management, this module is an important and practical aid to doctors, pharmacists and nurses caring for individuals who might need treatment with a benzodiazepine.

Self-assessment questions, together with full feedback, accompany the learning material. Surveys tell us that learners greatly value the questions and the detailed feedback in our modules. This module incorporates a dozen self-



assessment questions around important risks and their management.

Participants are invited to complete a short online evaluation form at the end of the module — responses enable us to tailor our modules to users' needs.

The learning module on benzodiazepines has been approved for up to 2.5 CPD credits by the Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom.

This benzodiazepine learning module joins similar CPD-approved MHRA modules on selective serotonin reuptake inhibitors, opioids, and antipsychotics. You can access the full range of MHRA learning modules on devices and medicines through the Education page of our website.'

- <http://www.mhra.gov.uk/NewsCentre/CON249628>

MHRA simplification measures announced following Red Tape Challenge (RTC)

MHRA has announcing a package of simplification proposals.

This follows participation in the Cabinet Office Red Tape Challenge exercise last year. In total 253 MHRA regulations were published in this RTC theme for public comment. 208 (over 80% of these) were

consolidated in the Human Medicines Regulations 2012, which is one of the highest for any department that has been through the RTC so far.

- More information is available at <http://www.mhra.gov.uk/NewsCentre/CON254836>.

Unregistered dental professional found guilty of illegal practice

The General Dental Council (GDC), has successfully prosecuted a man for working as a dental technician whilst not registered with the GDC.

By law all dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with the GDC to work in the UK. This is to ensure only appropriately qualified and skilled dental professionals are part of the dental team looking after patients.

On Thursday 21 March 2013 Mr Ray Wolland appeared at Cambridge Magistrates' Court and pleaded not guilty to the offence of unlawfully holding himself out as being prepared to practise dentistry, contrary to sections 38 (1) and (2) of the Dentists Act 1984.

The court heard that on 29 May 2012 Mr Wolland offered his services as a dental technician at 6 Ronald Rolph Court, Wadloes Road, Cambridge, whilst not registered with the GDC.

In delivering their guilty verdict, the Chairwoman of the Magistrates' bench said the evidence of the prosecution witnesses was indisputable.

He has been fined £1000, ordered to pay a £15 victim surcharge and full costs to the GDC of £2,827.70.

- For more information go to www.gdc-uk.org.



Education, Education, Education the key to raising awareness about the risks of mouth cancer

"Research shows that 3 in 4 people who have mouth cancer have smoked at some point in their lives. Most people are now aware that smoking carries serious health risks – but they assume it means lung cancer. They do not always associate it with the lesser known head and neck cancers so we have to keep banging the drum until our message gets through."*

Dr Vinod Joshi. Founder, the Mouth Cancer Foundation

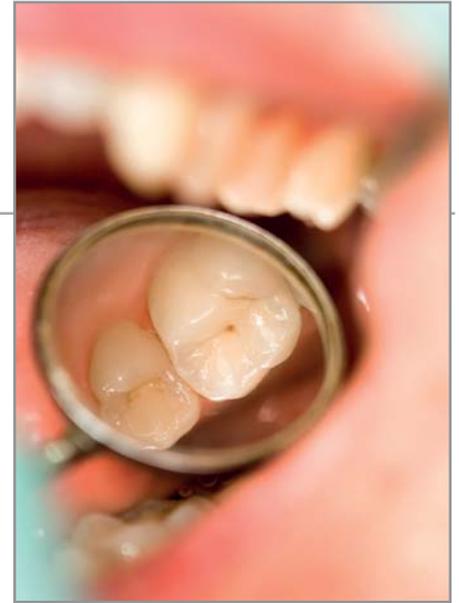
One way the Mouth Cancer Foundation is doing that this year is to use National No Smoking Day to shout about a brand new initiative the Mouth Cancer Screening Accreditation Scheme which aims to educate both dental practices and patients that a thorough head and neck

cancer screening can be carried out at routine dental appointments by Dentists in just 2 minutes.

This is particularly important for patients that smoke. Eighty-five percent of head and neck cancers are linked to tobacco use. Cigarettes, cigars, pipes and smokeless tobacco are not only addictive, but also have a harmful influence on the body. In addition, people who use both tobacco and alcohol are at greater risk of developing these cancers than people who use either tobacco or alcohol alone. It has been proved that smoking is one of the main causes of mouth cancer, which is now among one of the top ten commonly diagnosed cancers. It can be detected at an early stage with the help of a dentist who is more likely to notice the early symptoms of the disease. Early detection and a clear referral pathway can save lives.

The Mouth Cancer Screening Accreditation Scheme will recognise dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

The scheme officially launches at the BDA Conference on Saturday 27th April 2013. The Mouth Cancer Foundation will accredit dental practices that routinely participate in oral cancer screening. Full membership includes access to a dedicated section of the charity website and FREE 1 hour CPD



element as well as professional development and training modules suitable for all members of the practice team to ensure regular screening benefits practice patients.

The founder of the Mouth Cancer Foundation Dr Joshi says *"Smoking drastically increases the risk of Mouth Cancer. It is a thoroughly debilitating disease. We are encouraging everyone to have regular checks at their Dentists and ask their Dental Practice about Mouth Cancer Screening. Our new accreditation programme will encourage dentists to routinely screen for mouth cancer. The scheme helps dentists to know what they are looking for and how to check and refer patients. This will allow head and neck cancers to be caught earlier. Head and neck cancers are particularly vicious and debilitating when detected late. Patients who survive are a huge drain on medical resources for the rest of their lives, in terms of post operative and the psychological care required. With earlier detection, lives are saved and costs on the NHS will reduce dramatically."*

Every year, nearly one million smokers quit on No Smoking Day. People who quit smoking and attend a mouth screening will be taking first steps to drastically improve their health and quality of life.

● For more information go to www.mouthcancerfoundation.org.

Continuing Professional Development

As almost 40,000 dental care professionals reach the end of their first five year cycle on 31 July 2013 it's not too late to provide some in-house CPD support to your team. Here's a checklist to doing so, courtesy of the GDC:-

CPD Checklist

- Design activities based on set aims and objectives to meet the needs and demands of those taking part so that you're teaching them something of benefit to them;
- Structure activities to achieve the anticipated outcomes;
- Make sure you include details of the aims and objectives and exactly how much CPD you will provide;
- Take on board feedback so you can review and improve your activities;
- Make sure you meet GDC requirements if you are providing verifiable CPD including the provision of certificates.

For more details go to www.gdc-uk.org

trainingeventsdiary

Date & location	Name of event & provider	Cost & notes	Contact details
commencing April 2013 London	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Maidstone	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Gatwick	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Basildon	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Manchester	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Newcastle	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Leicester	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
commencing April 2013 Cambridge	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional Ltd</i>	Distance learning and modular courses also available	Penny Parry 020 8255 2070 or penny@umdprofessional.co.uk
1 May 2013 Belfast	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining@denplan.co.uk
8 May 2013 London (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice <i>The Dentistry Business</i>		Call Sim Goldblum for further details - 0161 928 5995
10 May 2013 London	Time management for the dental team <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training
17 May 2013 London	Growing your practice using proven marketing strategies <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training
21 May East Grinstead	CPD Essentials covering: ● Infection Control ● Ethics and Complaints ● Medical Emergencies ● CPR ● Mouth Cancer <i>Denplan</i>	Non-Denplan practices: £200 per delegate Denplan Practices: Contact the Denplan Events Team for a possible discount	eventsandtraining@denplan.co.uk
22 May 2013 Manchester (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice <i>The Dentistry Business</i>		Call Sim Goldblum for further details - 0161 928 5995
29 May 2013 Manchester (first of three workshops)	Module 3 of Certificate in Dental Practice Management - Creating a service led Dental Practice <i>The Dentistry Business</i>		Call Sim Goldblum for further details - 0161 928 5995
31 May 2013 London	Reception and telephone skills <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training
7 June 2013 Leeds	Safeguarding children and vulnerable adults <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training
14 June 2013 London	Handling complaints and improving communication skills <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training
21 June 2013 Birmingham	Business planning and financial management <i>British Dental Association</i>	£115 for Practice Managers	www.bda.org/training

twentiethanniversary

A Trip Down Memory Lane: The Nineties (1993 to 1998)

In the first of our series of four articles looking back at the first 20 years of ADAM, founder member **Cherie Booth** tells us about the chain of events that ultimately led to the birth of what was then BDPMA.

ADAM's heritage can be firmly traced back to the early 1990s when the winds of change that eventually brought us CQC, Clinical Governance, and Dental Nurse Registration, began.

During the late 1980s the government issued the Bloomfield and Nuffield Reports, each requiring dentists to make radical changes to the way they managed their practices. This meant that either dentists or senior receptionists needed to accept management responsibilities - and have or acquire the necessary skills to do so!

In 1992 two management consultants visited my dental surgery and asked me some strange questions about the way I ran my practice. At first I thought they were rather nose-y, but after their visit I realised they'd made me think completely differently about how I ran my business. From then on I had this feeling that things were never going to be the same again.

The Dental Advisor to the local FHSA - Stuart Hawkins - had obtained a grant from the Department of Health to run a pilot project to provide dentists with the basics of management training. As my practice was near his in southwest Birmingham and we knew one another from the local BDA, I was one for the first GDPs he called upon with Cary Adams and Bill Bailey from Stratford Management Training.

A few months later their tailor-made 10-week programme started. It involved spending one day a week out of the practice to attend a training course. Being away from my business for so many days was a big step for me as I'd never previously taken a day out of the

practice to engage in any form of what we now call 'professional development'.

At the same time Stuart Hawkins had also arranged for Glenys Bridges, the owner of Client Care Consultancy, to run a similar course for practice staff.

We learned so much about the fundamentals of how to run a business more professionally; how to empower the members of the team; to be open to new ideas; and to face challenges. The twelve dentists on the course continued to meet as a peer review group after it had completed, and we gained strength from each other as we developed our new skills on a 'trial and error' basis. I asked Glenys to come into my practice to do a one-to-one patient care programme with every member of my team - that's what I was now calling the girls who worked for me! My perspective of them had really changed and I knew that - Together Everyone Achieved More.

When I met Glenys it became clear that the support our peer review group had found so

1993
1994
1995
1996
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1998

twentiethanniversary



Below: An original BDPMA badge from this period



valuable was exactly what other managers were seeking.

It was this need that gave birth to BDPMA.

One summer evening in 1993, at the suggestion of Glenys, my practice manager and I met with a few other "keen" practice managers. The meeting went very well and Glenys proposed that we meet more regularly to exchange ideas and network, and through this continue with our professional development as practice managers.

We had another meeting with a much wider group at Wrights Dental Sales about a month later, but it was at our third meeting, at Glenys's house, we realised that as there was such a demand for what we were developing we really should find a name for our group.

Knowing that "great oaks from little acorns grow" we agreed the name "**British Dental Practice Managers Association**" which put us right up there with BDA, BDNA, BDTHA and BDTA.

We didn't foresee any blocks in the growth of this good idea. By then Glenys's training was being carried out around the West Midlands and we were sure the idea of continued professional development for dental practice managers and senior staff would expand. I paid

for the association's first mailshot to all the practice managers that Glenys knew and from then on the association continued to grow.

Over the next couple of years all my team completed Glenys's management training programme for dental practice managers, as I felt at that time that there was no other avenue for continuing professional development for the qualified dental nurse. We were a very happy bunch at Bartley Green which I'm sure was directly as a result of having an empowered practice manager with clear roles for everyone and open communication channels.

This knowledge & experience was shared with 3 vocational dentists over the years and we were one of the first dental practices to be recognised as an "Investor in People". We were also one of the first to connect electronically to the DPB and fully

computerise the practice - all organised by my wonderful practice manager. I felt very proud of my co-workers at that time and also of BDPMA, as our qualification became the benchmark for good practice managers and senior surgery staff.

But we wanted to get profile of the BDPMA into the national dental arena and so when the BDA conference was staged in Birmingham in 1995 we set up our first stand there. After this we continued to raise BDPMA's profile at various national BDA conferences where we ran the first workshops for dental practice managers.

I was very sorry when in the late 1990's my husband's job took us to South Africa and my close connection with BDPMA finished, although I think I am one of the association's longest serving members.



Cherie Booth and her team in the early 1990's

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*Source: Denplan member dentist research, October 2011-September 2012.
Base: All those who said 'applies fully' (85%).

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Denplan Limited, Denplan Court, Victoria Road, Winchester SO23 7RG, UK.
Tel: +44 (0) 1962 828 000. Fax: +44 (0) 1962 840 846. Email: denplan@denplan.co.uk

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Putting Managers in the Recruitment Driving Seat

In this article recruitment expert **Kelly Haggett** and ADAM Vice President **Hannah Peek** explain the benefits of the newly launched Jobs Board for ADAM members.

First let's hear from Kelly:

I've been involved in dentistry for over 15 years, and in that time I've been a Dental Nurse, a Practice Manager (and member of ADAM), and now a business owner offering cost effective dental recruitment.

My business started in 2007 when we were a fairly traditional 'bricks and mortar' style of recruitment agency but this has gradually evolved over time to become the forward thinking on line recruitment firm we are today.

In the past we found our clients were spending between one and two thousand pounds to recruit a new team member! Given that on average they would be looking to recruit every year or two we were convinced that there had to be a better and more cost effective way for them to find their new recruits.

That's when we decided to create an online system where job seekers could not only search for jobs, but also be alerted to, and apply for vacancies.

And with the new system practice managers who are looking to recruit can now post a job on-line and, instantly, all suitable candidates are alerted to the role, and given the opportunity to apply.

And most importantly this has meant that our clients are now making huge savings on their recruitment costs.

Our new online system has been live for around 9 months and already our database has thousands of job seekers – all from within the dental sector.

We believe strategic partnerships with organisations such as ADAM are the way forward. I've known Hannah for many years and, through her, know how passionate ADAM is about providing support for Administrators and Practice Managers. So this partnership felt just right for both of us.

Our new model - which we now share with ADAM - is quick and easy to use, and very cost effective, and in just a few minutes your ad can be seen by thousands of potential candidates across the UK.

Hannah adds:

So – it's that dreaded moment when a team member comes up to you as their Practice Manager, and hands you an envelope - you know exactly what's inside – it's their letter of resignation! And as anyone who's received such a letter knows, with it comes the headache of finding a new team member!

- Where do you start?
- What's the best way to find that team member?
- Will they have the skills you need to fit into your practice team?

At this point many practices will contact the agency they'd normally use for finding new recruits, whilst others will use a website such as Gumtree.com.

But while both of these can work well, they're not instant as you have to wait for CV's to come through in response to your ad. With the Jobs

Board that's been developed by Kelly and her team, not only can employers post their vacancies but any candidates looking for a new position can also post their CV onto the Jobs Board. So it's a 'win win' situation!

It also means that as a Practice Manager you can check out the competition by looking at what other practices offer for similar roles, and comparing it with your role.

We're often approached by individuals looking for jobs, and by practices looking to fill jobs. Whilst we already have the option of sending e-shots to our members to advertise these, Kelly's suggestion of a Jobs Board within our website sounded like a great step forward. I've known Kelly for many years and so I was confident this would be a good and trusted partnership for ADAM.

- Check out the new Jobs Board at www.adam-aspire.co.uk. And please let us know what you think about it so that we can continue to improve this service.



Saving for Retirement Pension: Automatic Enrolment

What is Automatic Enrolment?

The Government has introduced a new law to make it easier for people to save for their retirement. It requires all employers to enrol their workers into a qualifying workplace scheme if they're not already in one.

At present, many workers fail to take up valuable pension benefits because they don't make an application to join their employer's scheme. Automatic enrolment is meant to overcome this.

When is this happening?

Although automatic enrolment began on 1 October 2012, the duties of individual employers will be introduced gradually. The Pensions Regulator (TPR) will tell employers when they must have a scheme in place twelve months before their staging date, however, key dates are as follows:

- Employers with over 250 employees will begin to enrol employees from 1 February 2014.
- Those with between 50 and 249 employees will have to enrol between 1 April 2014 and 1 April 2015.
- Those with fewer than 30 employees will have to comply between 1 June 2015 and 1 April 2017, depending on their PAYE reference number.

Employers must register with the TPR that they have an automatic enrolment scheme in place within four months of their staging date then re-register roughly every three years.

What is the effect on pension schemes?

Employers will have to set up and contribute to a pension scheme suitable for automatic enrolment.

How much are the contributions?

The minimum contribution level required for an automatic enrolment scheme is based on qualifying earnings. Qualifying earnings are a band between £5,564 and £42,475. These figures are for the 2012/13 tax year and are expected to increase each year. Qualifying earnings include salary, wages, overtime, bonuses, commissions, statutory sick pay, statutory maternity pay, ordinary or additional statutory paternity pay and statutory adoption pay.

To allow an employer to spread the cost of their duties they can phase in the minimum contributions as shown in the table below.

	Total must be at least	Employer must contribute
Oct 2012 to Sept 2017	2%	1%
Oct 2017 to Sept 2018	5%	2%
Oct 2018 onwards	8%	3%

The total required can be made up from an entirely employer-funded contribution or a mixture between employer and employee. These are minimum contributions, so the employer and employee can pay more if they wish. The contributions will benefit from tax relief.

What is certification?

The auto enrolment rules require contributions, ultimately of 8% (of which at least 3% are to be paid by the employer), to be paid on earnings between the qualifying band of £5,564 to £42,475. However many employers do not base their pension contributions on earnings within this prescribed band, preferring to make contributions from the first pound earned. Where contributions are based on earnings from the first pound, three certification options are available. These are different methods of ensuring that contributions are at or above the minimum required. For more

information about these methods please get in touch with us.

Who does this affect?

Employers have to automatically enrol workers who:

- Are not already in a qualifying workplace pension scheme.
- Are at least 22 years old.
- Are below state pension age.
- Have passed the three month waiting period.
- Earn more than £8,105 a year (the minimum earnings threshold).
- Work or ordinarily work in the UK.

A worker is defined as a wider category than just employees and can include some contractors and agency workers. As a general rule, if you have to pay the national minimum wage to someone, or they are working under an apprenticeship, they are a worker. However, even if an employee does not qualify to be automatically enrolled, that employee still has the right to join the employer's pension scheme, although in those circumstances no employer contribution would be required.

Here to help

Whether or not you have a pension scheme in place, if you'd like advice regarding implementing a "qualifying scheme" or just want to find out more, please contact Gary Cook of Hazlewoods Financial Planning who would be happy to assist you.

About the author

Gary Cook is the Financial Planning Consultant at Hazlewoods LLP.

For more information please contact him at
 e: gary.cook@hazlewoods.co.uk
 t: 01242 682141 www.hazlewoods.co.uk
 Hazlewoods Financial Planning LLP,
 Staverton Court, Staverton, Cheltenham,
 GL51 0UX

Why I Joined ADAM

by **Niki Boersma**, Practice Manager & ADAM Regional Team Mentor

I qualified as a dental nurse in 1985 but it was when I became Practice Manager in 2001 that I first joined ADAM or BDPMA as it was originally known. So, why did I join, and why am I still a member? Well, here are my reasons:

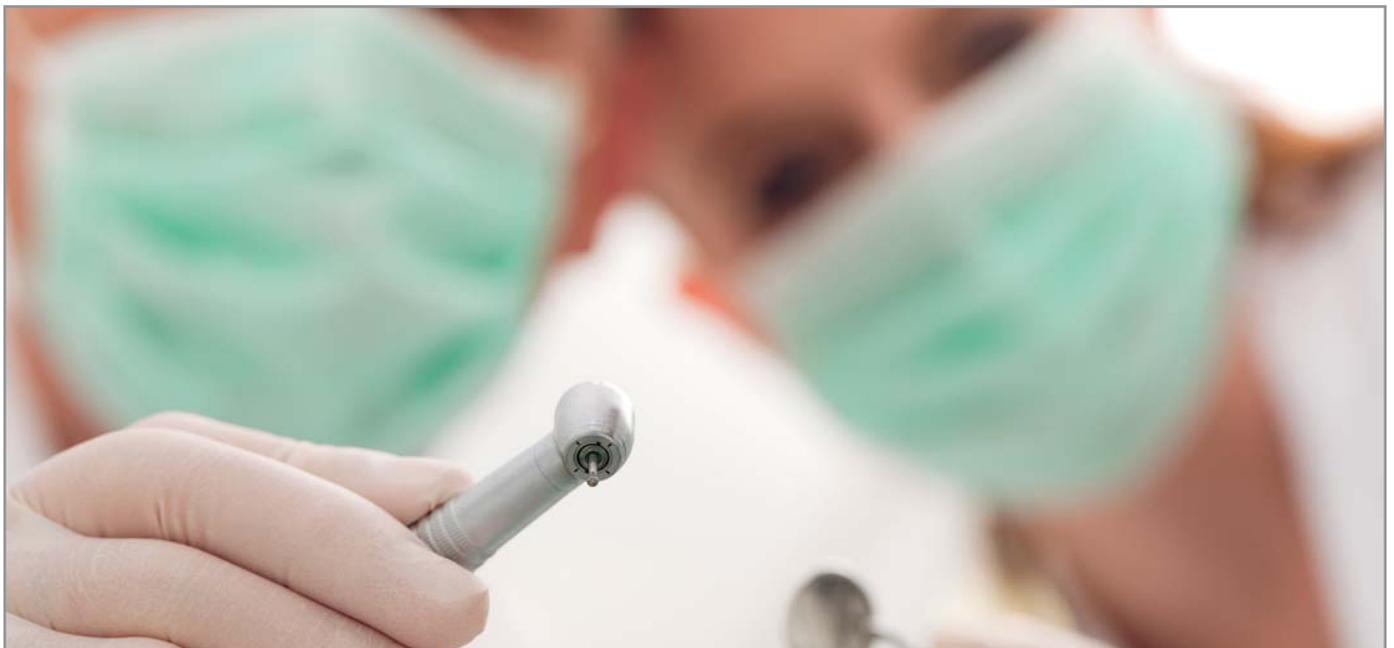
- Being a Practice Manager can be pretty lonely, with your Dentist principal above and your team members below, you can get stuck in the middle with no one to use as a sounding board or occasionally let off steam. Having easy access to ADAM colleagues in my part of the world gives me the opportunity to meet and share experiences with them.
- Access to other more general advice is available by email or telephone call to the ADAM office, including access to a library of advice sheets available to download via the website at www.adam-aspire.co.uk.
- *Practice Focus*, our quarterly members' magazine - and the only industry publication aimed specifically at dental team members - helps keep me up-to-date with what's happening in the profession and each issue includes one hour of verifiable CPD.
- And in the months when *Practice Focus* doesn't drop through the letterbox, the shorter and snappier electronic version - e-update - nicely fills the gap by dropping into my email Inbox.
- I can find out about seminars, webinars and training courses - all focused on providing practice managers and administrators with the skills to perform their roles even more effectively - and they're often at discounted prices to ADAM members.
- And if I need to speak to a lawyer my membership provides me with access to a free Legal Advice Service via ADAM's corporate membership of Dental Protection.

Finally, and not to be forgotten, is that my annual ADAM subscription fee is eligible for tax relief. If you're employed this can be arranged simply by contacting your local HMRC office, or if you're self-employed by mentioning it to your accountant who'll make sure it's included on your next tax return.

So, that's why I'm a member - what about you?

And what about your work colleagues - are they ADAM members? If not, why not introduce them to the benefits of ADAM membership by completing the form on page 14. You'll earn £20 in High Street Vouchers if they join.

- Annual membership of ADAM costs just £85 a year - that's **only about £7 a month!**



adamannualgeneralmeeting

Annual General Meeting: The Agenda

and a Letter from **Jill Taylor**, ADAM President

Dear Member,

Our Annual General Meeting will be held in Oxford on the opening afternoon of this year's Annual Conference. All members are welcome to attend when you will have the opportunity to find out more about ADAM, the organisation that represents your interests, and to raise any matter for discussion under Any Other Business (AOB).

Any matter you wish to raise under AOB must be submitted in writing 28 days prior to the meeting i.e. by **10th May 2013**. You can do so by email to denise@adam-aspire.co.uk or by letter to ADAM, 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Gloucester GL2 2AT.

If you would like to apply for one of our current vacancies, you can find out more on the opposite page or by visiting our website. The closing date for applications is also **10th May 2013**. And don't forget that following the AGM the ADAM 20th anniversary Conference gets into full swing. Please visit www.adam-aspire.co.uk to view the full Conference Programme.

Yours sincerely,
Jill Taylor
President



Jill Taylor, ADAM President, (left) with Past President Amelia Bray

Notice of Annual General Meeting

Friday 7th June 2013 at 15:00hrs
The Oxford Hotel, Godstow Road,
Oxford OX2 8AL

AGENDA

Welcome

1. Installation of New President
2. Apologies for absence
3. Minutes from previous AGM
 - a. For approval
 - b. Matters arising
4. To receive the President's report
5. To receive the Financial Director's report
6. To elect new members to the Executive team
7. Any other business

By order of the ADAM Executive team



Your Association Needs You!

Each year at our Annual General Meeting elections take place for a variety of posts which are honorary and, whilst usually for a two year period, officers can be re-elected. If you'd like to take a more active role in the running of your association and represent the views of practice managers and administrators across the country, then please read on...

Financial Director

The successful candidate will be responsible for monitoring the financial performance of the Association including annual budget setting and presenting annual accounts to members at the AGM. You will have good verbal and written communication skills and be numerate, ideally with previous experience in the area of finance and/or accounts.

As a member of the ADAM Executive team you'll contribute on a wide range of issues affecting the Association and will be a role model for members with a sound knowledge and experience of dental practice management and/or administration.

Appointment to the role of Financial Director is an honorary position for two years and the person appointed must conform to the Nolan Principles of Public Service.

Regional Mentors

We have vacancies for three new Regional Mentors in:

- Central Southern covering postcodes: BA, BH, DT, SN, SO, SP.
- East Midlands covering postcodes: CB, DE, IP, LE, LN, NG, NN, NR, PE, S.
- The Midlands covering postcodes: B, CV, GL, DY, HR, ST, TF, WR, WS, WV.

You must live and work in the area for which you wish to be considered a Regional Mentor. 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 is for two years and 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. This opportunity will bring a wider exposure across the dental profession for the successful candidates and as a result increase their professional knowledge and skills.

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.

Executive Team Membership Representative

The Executive team has vacancies for two Executive Team Membership Representatives elected to represent the ADAM membership. Applications are invited from any current ADAM member. As a member of the Executive team you'll contribute on a wide range of issues affecting the Association and its members.

Vice President

Members of the Executive team are invited to apply for the role of Vice President. The successful candidate will be responsible for supporting the President in providing leadership guidance and direction to ADAM,

representing the organisation within the dental profession and contributing towards its success by:

- Providing coaching, mentoring, advice, guidance and direction to the Executive team and others as appropriate, and chairing Executive and other meetings as necessary.
- Representing and raising the profile of the ADAM at external events such as Advisory Board Meetings, Industry Events, Seminars, and Dinners, promoting the benefits to members of attendance.
- Keeping abreast of developments in the world of dentistry and how it affects members of ADAM and, where appropriate, cascade information with regard to such developments to the Executive and members.
- Promoting the ADAM Vision and Mission and the benefits of membership at every opportunity.
- Supporting the President in ensuring financial security and viability of the organisation, and that all Executive Team members are aware of and act in accordance with the Nolan Principles as determined by the Committee on Standards in Public Life.

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

- For more information please ring Denise on **01452 886 364** or go to **www.adam-aspire.co.uk** and click on the Application Form link.



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

£20

£20

£20

£20

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

And for each one 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
- Free subscription to *Practice Focus*
- Free copy of *Probe* and *Vital*
- Networking opportunities
- Monthly emails on relevant and topical subjects
- Discounts on specific training courses
- Access to advice sheets and templates

Request for Membership application form

Please note this offer only applies to applications for Full Membership

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

MY DETAILS:

Name: ADAM membership number:

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.

What is an audit?

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An audit is a strategic process to measure, monitor and modify systems to ensure an organisation's vision is being put into action, through processes which lead to desired outcomes. It is just one of a range of tools available to monitor business and regulatory processes.



Why bother?

Vision without action is a daydream, and action without vision is a nightmare.

- **Vision** – is created by leaders with goal setting, planning and establishment of standards. These are communicated to

the team in policies (rules) and procedures (practical steps)

- **Action** - is what the manager does to implement the vision. This is done by engaging the team (with training), then monitoring (with checks, gap analyses, audits and key

What is the difference between a risk assessment and an audit?

A **risk assessment** is a process used to evaluate the likelihood of harm occurring, and the potential impact of that harm. The action plan produced is used to **reduce** the impact or likelihood of the occurrence.

An **audit** is a process used to verify whether systems in place and work being performed achieve the objectives originally set. The action plan produced is used to change processes to **improve** outcomes.

auditing

How to conduct your audit

PLAN – Set SMART objectives

Three fundamental questions are essential for guiding improvement work:

What are we trying to accomplish?
Be specific about your desired outcomes

How will we know that a change is an improvement?
Agree objectives which are realistic and measurable

What change can we make that will result in improvement?
Set time bound deadlines for conducting your audit.



DO – Measure



Use a data capture process to conduct your audit.

For example, an examination of ten record cards for a clinical record-keeping audit or of three months bills for an audit of expenses.

ACT – Monitor & Modify

Put your action plan into place.

Make adjustments, changes, or corrective actions which will improve outcomes or outputs.



STUDY – Analyse results → SMART action plan

Vision

Where are you now; where do you want or need to get to?

What tasks or processes (collection of tasks) are required to achieve this goal and what are your resource requirements

How will you deal with risks and operational issues?

Action

Who will undertake the tasks?

Why should they be involved?

When should each task be completed by?



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Dentabyte
Integrating practice management and compliance

An audit Management Calendar

The Dentabyte management calendar outlines the following monitoring processes:

- **Quarterly Processes** – Monitoring of clinical record-keeping, infection control and patient care should be undertaken quarterly. They are as important as quarterly financial reviews and marketing plans!
- **Annual Processes** - Other processes are spread through the year to support practices to achieve rolling compliance with regulatory requirements.



Audits can be a pain in the ... tooth!

The calendar is available in interactive format at www.vakmentor.com and will help guide you through all the monitoring processes.

Sign up today for FREE and get access to our audit library with health & safety, finance, marketing and other audits.

JANUARY Finance Review Records Audit Complaints and Incidents Review	FEBRUARY Spring Marketing Plan IC Risk Assessment Information Governance Audit	MARCH Patient Care Business Continuity & Operational Plan	APRIL Finance Review Records Audit
MAY Summer Marketing Plan IC Risk Assessment Focus Group	JUNE Patient Care Referrals Audit	JULY Finance Review Records Audit Health & Safety Risk Assessment	AUGUST Autumn Marketing Plan IC Risk Assessment
SEPTEMBER Patient Care Controlled Drugs Audit	OCTOBER Finance Review Records Audit Radiation Risk Assessment	NOVEMBER Winter Marketing Plan IC Risk Assessment Fire Risk Assessment	DECEMBER Patient Care

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Dentabyte
Integrating practice management and compliance

life-changing experience

A Life-Changing Experience

Elaine Gaffney – Practice Manager and ADAM member shares her experience of a two week trip to Tanzania as part of the Dental Volunteer Programme with Bridge2Aid.



Elaine Gaffney in Tanzania

returned from Tanzania on the 18th February 2013 after completing two weeks on the Dental Volunteer Programme with Bridge2Aid.

There are three words that sum up my experience throughout the whole programme “exceeded my expectations”. I am keen to share my experiences and emotions and hopefully plant a seed for somebody else to think about giving up their time and making a difference.

I qualified as a Dental Nurse in the 90's and have worked for the last 14 years as a Practice Manager in a large NHS practice. During my time at the practice eleven members of the team have taken part in DVP. I started to get involved by arranging the fund raising activities which did begin to make me think about volunteering myself at some point.

I must confess that because it was such a long time since I had practiced as a nurse I wasn't sure I'd have the skills to contribute but when we sent out four team members last September I felt very envious and decided I should give it a go.

A quick phone call to Bridge2Aid was all it took to start me on my journey!

The application process was straight forward and everything was done on line; the people at UK Bridge2Aid were excellent and offered advice when needed. My interview was painless and straight forward and I soon found out that I'd been accepted on the programme.

I attended an induction day in December before I went to Tanzania in February, which proved to be really useful as I had the chance to meet my fellow campers!

The induction day gave me a real insight into what was involved in a DVP programme, all

of my questions and doubts were answered – I just had to wait for February to come around and learn Swahili!

With just a couple of weeks to go the panic set in, *'what have I done?'* and I must admit at this point I wasn't looking forward to the experience.

How wrong could I have been! I was just about to embark on a journey that would prove to be a life experience. As soon as I met my fellow team members all my fears evaporated. I was made to feel so welcome and valued by everybody and suddenly felt like I belonged to the family.

Upon arrival at Mwanza we were treated to a welcome dinner and get together with the Tanzanian Bridge2Aid team. The next day we split into our teams – Musoma and Bukoba - and departed to what was going to be home for the next 10 days.

I was part of the Musoma Team and we were extremely fortunate to have a nurse from Hope Dental Centre working alongside us. For me this demonstrates that we're leaving a sustainable legacy behind as she will go on to Phase 2 and also train other Tanzania nurses for DVP.

Our accommodation in Musoma was basic but served its purpose, although the lack of water and electricity at times were a nuisance - it just added to the whole experience of African life.

Our days consisted of early starts, long drives out to site, hot temperatures, long hours and strange packed lunches which perversely were all part of such a wonderful experience - not forgetting the African toilets!

Arriving at site and seeing the waiting patients made me feel so proud of what we were doing and just by saying good morning

life-changing experience

This gorgeous little boy had the most wonderful smile



All of this just made our work more important and I went to bed some nights actually knowing that we had given dignity and self-esteem back to many people. The feeling of having made a difference to so many lives was very powerful.

Although I found some of the stories upsetting and painful to listen to at times, I did also have the most amazing time blowing bubbles for a group of waiting patients – and it wasn't just the children who enjoyed the bubble blowing, the village elders wanted a turn as well! And we even had a nun join in one day!

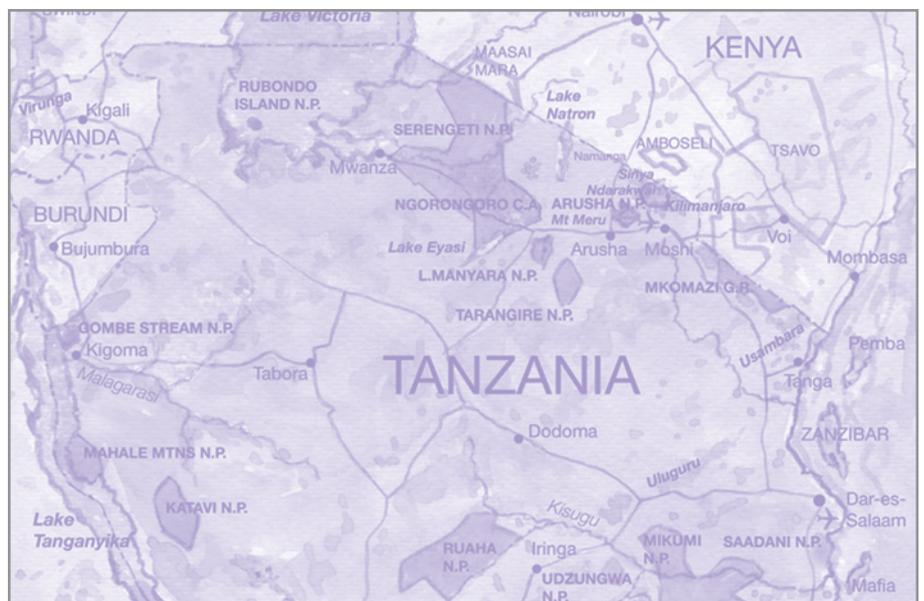
It was wonderful to gain their trust and hear them laugh and I hope we brightened their day as they waited patiently for treatment. They certainly brightened mine.

During my time with these patients I never once heard them complain about how long they had waited, they just sat patiently in a line, often on the floor. And if the clinic was running out of time to see them they would just come back the next day and wait again to be seen – they never ceased to amaze me.

to them in Swahili was rewarded by the most amazing and grateful smiles - it brought tears to my eyes at times.

Every patient we saw had their own story to tell and some had travelled many hours to attend the clinic. A lot of the patients had suffered excruciating and debilitating pain for years which left them unable to work or support their families. Some had even been cast out of their village as they were unable to contribute to the community; the list of stories went on and on, it was simply incredible.

And of course I saw lots of young children with badly decayed teeth.



life-changing experience

Musoma Team DVP February 2013



One of the roles of the DVP dental nurse is to teach the clinical officers in oral health instruction and cross infection control. I thoroughly enjoyed this aspect of the programme and found that my experience as a practice manager was invaluable as I was able to put my teaching and mentoring skills to good use. I felt this was an important part of the training as it focused on prevention rather than cure.

The Musoma team I worked with were absolutely amazing. Everyone including the Dentists, Nurses, Bridge2Aid staff, and the District Dental Officer, worked tirelessly with a passion for making a difference and ensuring that the programme was a success. I am extremely proud and privileged to say that I worked alongside these incredible people.

I experienced many different emotions during my time in Tanzania, shed many tears but also had lots of laughs and enjoyed the comradeship with my team mates. Conditions and the lack of facilities were tough at times especially when bath time was a bucket of cold water!

I suppose the test is would I do it again? The answer is yes I would – I have already put myself forward for a programme next year and to be honest I can't wait!

A special mention of thanks goes to YoYo Dental who kindly donated £500 towards my fund raising for the trip.

- And if anyone would like to sponsor me for my next trip please get in touch with me by email to: elaine.gaffney64@btinternet.com.

The Bridge2Aid Dental Volunteer Programme (DVP) was developed to allow qualified dental professionals to pass on their skills to local health care personnel in Tanzania. The programme began in 2004 in partnership with the Tanzanian Government.

For more information go to www.bridge2aid.org



The Legal of a CQC

The role of a practicing dentist has changed significantly, in which solely treating patients is now only part of a wide range of skills and requirements of a successful and lawful dental practice.

The modern dental practitioner must, in order to protect their practice, spend a considerable amount of time focusing on completing paperwork for the Primary Care Trust, Business Service Authority and the Care Quality Commission. The increased quantity of compliance required in operating a dental practice may make the prospect of sharing the burden very appealing, if not vital and it is not uncommon for practice owners to become heavily dependent upon their practice managers to assist and assume additional responsibilities.

The Health and Social Care Act 2008 ("the Act") brought into place a requirement for all dentists who carried out regulated activities from their premises (i.e. dentistry) to register with the Care Quality Commission by April 2011. Section 10 of the Act made carrying out a regulated activity without being registered with the Care Quality Commission, an offence. This law is now well known to any dental practitioner.

There is a fundamental provision of the Act that requires a practice owner, when applying for registration with the Care Quality Commission, to clearly identify a nominated registered manager for each regulated activity undertaken. A practice owner is only exempt from this requirement if it is a single dentist practice and they can demonstrate that (1) they have the day to day running

Responsibilities of the Registered Manager

by Paul Krivosic, Solicitor at mfg solicitors,

management of this service and (2) are fit to carry out the service (Section 5 of the Care Quality Commission (Registration) Regulations 2009), although it appears that this is a condition that is applied by the Care Quality Commission subjectively and at its discretion.

The Act clearly places great emphasis on the practice manager being involved in the day-to-day management of the regulated activities. This has led many practice owners to appoint more than one manager if the practice is conducting more than one regulated activity or is carried out from more than one location, which the practice owner is entitled to do. Although the Act does not explicitly state that a registered manager requires medical qualifications it can be inferred that the registered manager must be in day-to-day control of the regulated activities.

Before April 2011, due to the sheer volume of applications made by all dental practices it was common for a nominated registered manager to not have to go through a rigorous interview or assessment with the Care Quality Commission. Now, a nominated CQC officer will usually, upon receiving an application for registration of any nominated registered manager, undertake a telephone interview with that candidate to satisfy the Care Quality Commission that they fully understand the impact and obligations of their nominated role.

The registered manager will often take on the responsibility of complying with the regulated activity and 16 of the 28 CQC essential standards. Potentially, and more importantly to the registered manager is that, they will also assume legal responsibilities under the Act.

Any practice manager should therefore be aware of, and be concerned about, the potential legal repercussions of non-compliance within the practice. Section 33 of the Act states:

"a person who is registered under this chapter in respect of a regulated activity (whether as a service provider or manager) and fails, without reasonable excuse to comply with any condition for the time being enforced by virtue of this chapter in relation to the registration, is guilty of an offence and liable on summary conviction to a fine not exceeding £50,000.00"

This means that not only will the practice owner and service provider be liable for any failure to comply with the Act and CQC Regulations, but so too will the registered manager. Whether in practice, or indeed by the CQC's own advice, the registered manager will share all or some of the responsibility remains to be seen, but it is clear that the Act makes no such guarantees that any liability of the practice manager will be limited. What is clear is that any practice manager should be aware, not just of the practical day-to-day management of the regulated activity, but also of the legal implications of taking on such responsibility.

Post-Registration

It is the CQC's primary function to monitor practices up and down the country to ensure compliance with the Act and, as such, will undertake routine inspections of practice premises and policies. After registration, it is important that the practice maintains its standards so as to comply with the Act and CQC Regulations. It will usually be the responsibility of the registered manager (usually in their capacity as the practice manager) to ensure that all records and internal policies are in place and regularly reviewed.



Upon registration, the CQC will not carry out an inspection within the first three months of registration, but will do within two years of the registration date (in what is known as a 'Planned Review'). Following the first Planned Review, one will take place every two years unless the CQC have any concerns surrounding the practice (in what is known as a 'Responsive Review').

It is important for the registered manager to be aware that there is no statutory minimum notice period the CQC have to give to providers or registered managers regarding an impending inspection of the premises. However, according to CQC literature and guidance, a CQC officer will only arrive unannounced or on very short notice when the CQC are undertaking a Responsive Review. It is clear that whilst the CQC do not wish to disrupt any practice in performing the regulated activity, they do want to see and inspect the practice in its purest, working state. Therefore, the registered manager must remain vigilant to ensure that the practice is maintaining the essential standards to not only protect the practice, but also themselves.

About the author

Paul Krivosic is a solicitor at mfg solicitors specialising in advising dental practices. www.mfgsolicitors.com.

continuing professional development

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

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

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

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

Practice managers or administrators wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to ADAM at 3 Kestrel Court, Waterwells Drive, Waterwells Business Park, Gloucester GL2 2AT by **28th May 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 WINTER 2012 EDITION OF PRACTICE FOCUS

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

AUDITING (PAGES 15 TO 17)

1. WHAT IS AN AUDIT?

- A. A strategic process to measure monitor and modify systems
- B. A method used by managers to assess their staff
- C. A time and motion study

2. WHAT IS A RISK ASSESSMENT?

- A. A method of identifying whether systems are achieving their objectives
- B. A process used to evaluate the likelihood of harm occurring
- C. A change to processes to improve outcomes

3. WHO CREATES THE VISION OF A PRACTICE?

- A. Everyone within the practice
- B. The manager on his or her own
- C. The leaders of the practice

4. WHO IS RESPONSIBLE FOR IMPLEMENTING THE VISION?

- A. Everyone within the practice
- B. The manager through engagement with the team
- C. The leaders of the practice

5. WHAT DOES SMART STAND FOR?

- A. Standard Manual Assumed Random Tests
- B. Special Mandatory Average Required Trials
- C. Specific Measurable Agreed Realistic Time-bound

6. WHICH OF THE FOLLOWING IS ONE OF THE THREE FUNDAMENTAL QUESTIONS ESSENTIAL WITHIN SMART OBJECTIVES?

- A. How can we attract more patients?
- B. What change can we make that will result in improvement?
- C. What can we do to reduce our costs?

7. WHAT ARE THE FOUR KEY STEPS IN CONDUCTING AN AUDIT GENERALLY CALLED?

- A. Meet – Discuss – Write - Review
- B. Plan – Do – Act – Study
- C. Talk – Listen – Consider - Ask

continuing professional development

8. WHEN ANALYSING THE RESULTS OF YOUR SMART ACTION PLAN, WHICH OF THESE SHOULD YOU ASK?

- A. Where are you now; where do you want to get to?
- B. Who is to blame for any shortfall against the Plan?
- C. Should we reduce our goals in order to achieve them?

PENSIONS - AUTOMATIC ENROLMENT (PAGE 10)

9. WHY HAS THE GOVERNMENT INTRODUCED AUTOMATIC ENROLMENT FOR PENSIONS?

- A. To make it easier for people to save for their retirement
- B. To enable Pension providers to sell more pensions
- C. To control consumer spending

10. WHEN IS AUTOMATIC ENROLMENT INTRODUCED FOR EMPLOYERS WITH FEWER THAN 30 EMPLOYEES?

- A. between 1 April 2014 and 1 April 2015
- B. between 1 June 2015 and 1 April 2017
- C. from 1 February 2014

11. FROM OCTOBER 2018 WHAT IS THE MINIMUM PERCENTAGE AN EMPLOYER MUST CONTRIBUTE?

- A. 2% B. 1% C. 3%

12. WHAT IS THE MINIMUM AGE AT WHICH EMPLOYERS MUST ENROL WORKERS?

- A. 22 B. 21 C. 23

13. WHAT WAITING PERIOD MUST HAVE PASSED BEFORE EMPLOYERS MUST ENROL WORKERS?

- A. 1 year B. 6 months C. 3 months

14. WHAT IS THE MINIMUM EARNINGS THRESHOLD AT WHICH EMPLOYERS MUST ENROL WORKERS?

- A. more than £9,998
- B. more than £5,109 a year
- C. more than £8,105 a year

LEGAL RESPONSIBILITIES OF A CQC REGISTERED MANAGER (PAGE 20)

15. IN WHAT YEAR WAS THE HEALTH AND SOCIAL CARE ACT?

- A. 2007 B. 2008 C. 2009

16. WHICH SECTION OF THE HEALTH AND SOCIAL CARE ACT MADE CARRYING OUT A REGULATED ACTIVITY WITHOUT BEING REGISTERED WITH CQC AN OFFENCE?

- A. Section 10 B. Section 2 C. Section 12

17. HOW DO CQC USUALLY INTERVIEW ANY NOMINATED REGISTERED MANAGER?

- A. By telephone
- B. By a 'desk top' assessment of the application form
- C. By 'face to face' interview

18. HOW MANY OF THE CQC ESSENTIAL STANDARDS WITH THE REGISTERED MANAGER OFTEN TAKE RESPONSIBILITY FOR COMPLIANCE OF?

- A. 16 of the 28 B. None C. All 28

19. IN ADDITION TO A SUMMARY CONVICTION, WHAT IS THE MAXIMUM FINE UNDER SECTION 33 OF THE HEALTH AND SOCIAL CARE ACT WHICH MAY BE PAYABLE BY THE REGISTERED MANAGER FOR NON-COMPLIANCE WITHIN THE PRACTICE?

- A. £500 B. £5,000 C. £50,000

20. WHAT STATUTORY MINIMUM NOTICE PERIOD MUST CQC PROVIDE IN ADVANCE OF AN INSPECTION?

- A. 5 working days
- B. 72 hours
- C. There is no statutory minimum notice period but CQC will normally only arrive unannounced when undertaking a Responsive Review.



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CPD answer sheet: Practice Focus Spring 2013

Please PRINT your details below:

First Name* Last Name* Title

Address*

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Telephone Email

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

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

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

Answer sheets must be received before **28th May 2013**. Answer sheets received after this date will be discarded as the answers will be published in the **Summer 2013** issue of *Practice Focus*.

Answers

Please tick the answer for each question below.

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

Feedback

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

Reasons to be Cheerful...



“ Having already worked with DPAS for many years, their marketing and patient recruitment support was absolutely invaluable when we needed to attract more patients. **313** new plan patients have joined in the last 12 months alone and we're still going strong! ”

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