

# Practice Focus

The ADAM publication for those who aspire to success

Winter 2015/16

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## CQC inspection looming?

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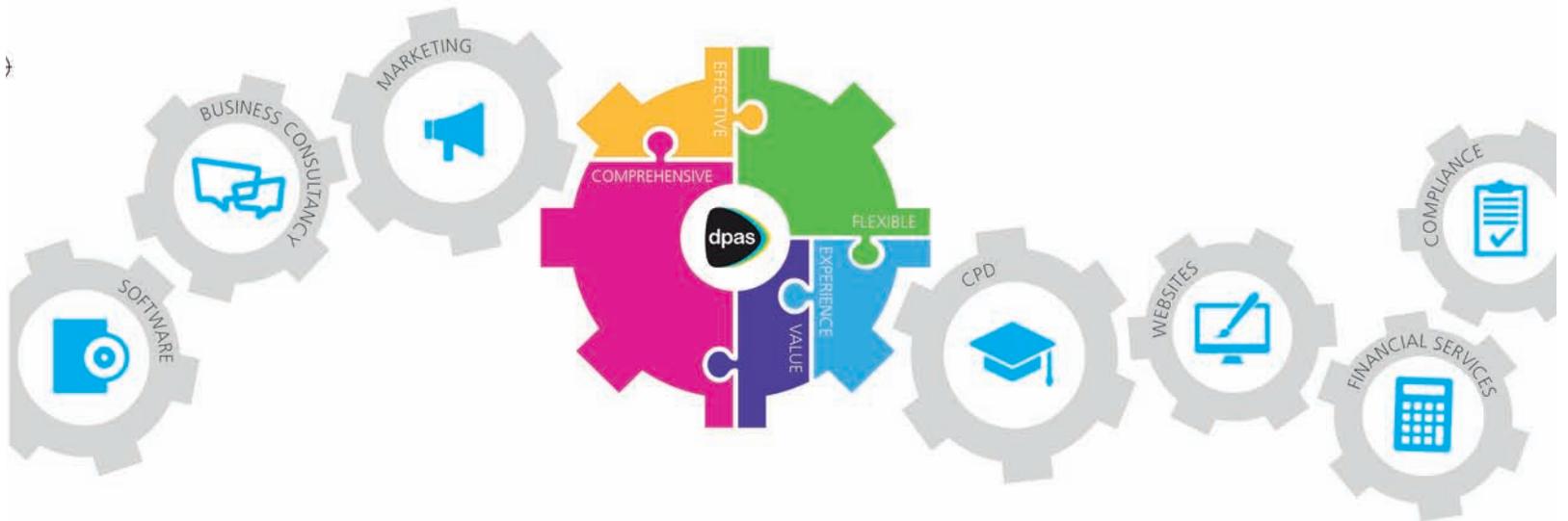
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## Editorial

### Happy New Year to you and yours!

As another year begins a good many of you can expect to face the stresses and strains of a **CQC Inspection** during 2016 so I encourage you all to read the results of our recent survey of members on this topic – check out page 6.

Typically – as you will see - your feedback is pragmatic and positive with many concluding from past inspections that it wasn't nearly as bad as they had feared!



This edition of Practice Focus also includes (on page 12) the results of our annual **Salary Survey** which has again been undertaken in partnership with our friends at Hazlewoods, Chartered Accountants who specialise in the dental sector; my grateful thanks to Hazlewoods for their continued support with the survey.

In the last edition of e-update and on our website you may have read of our new partnership with **Bluefin**; on page 8 there's a really useful (and practical) article for every practice manager to help avoid slips and trips in the practice car park etc.

And of course there's lots more besides – plus two hours of CPD to be gained!

Here's to a happy and prosperous 2016 for all.

Niki Boersma  
 ADAM President

### Important Changes to CPD in Practice Focus

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Please note that if you complete your CPD in this way you will get a certificate for each article rather than one for the whole publication. For the present time you can still complete the CPD form on page 25 in which case you'll still get one certificate for the whole publication.

You can still earn up to 20 hours FREE verifiable CPD with Practice Focus.

If you have any questions or need any help at all, email the support team at [dental@cpdpro.org.uk](mailto:dental@cpdpro.org.uk) and they'll be happy to assist you.

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## Acas summarises biggest employment law developments of 2015

### **Working parents**

Shared Parental Leave promised to be one of the biggest shake-ups to how working parents go about balancing their caring and career responsibilities in future.

The new rules allow couples to share maternity or adoption leave and pay for children due to be born or adopted from 5 April 2015. Parents are now able to share a 50-week 'pot' of leave, and can decide to be off work at the same time or take turns, or a combination of both.

Blocks of leave can be taken continuously between partners or in discontinuous chunks.

### **Pay**

The year saw increases in statutory maternity pay, ordinary paternity pay and adoption pay, as well as the standard rate of statutory sick pay.

The National Minimum Wage also increased, while plans were laid for a new National Living Wage in April 2016. Rules were also beefed up to discourage non-compliance, with a maximum £20,000 penalty for underpayment per worker, rather than per group of workers.

### **Zero Hours contracts**

The Small Business, Enterprise and Employment Bill was enacted in March 2015. Among its many provisions was one preventing the use of exclusivity clauses on so-called Zero hours contracts, which have previously been used to prohibit individuals from working under other arrangements or without an employer's consent.

### **Fit for Work**

The Fit for Work scheme was launched in England and Wales this year, allowing employers to refer employees who have been or are likely to be off work for four weeks or more for a free and confidential consultation with occupational health professionals.

Read more at:

<http://www.acas.org.uk/index.aspx?articleid=5579>

## Dentists can help turn the tide on oral cancer

The British Dental Association (BDA) has welcomed recognition from Ministers that dentists must be part of a joined-up response to mounting cases of oral cancer.

In a pre-Christmas Westminster Hall debate on tobacco control strategy both government and opposition health ministers acknowledged the vital role dentists can play in early diagnosis of mouth cancer. Oral cancers currently kill more people in the UK than cervical and testicular cancers combined.

The BDA recently partnered with Cancer Research UK to launch a new toolkit designed to help dental health professionals when identifying and referring possible cases of oral cancer. Dentists and their teams are the only healthcare professionals who frequently see patients who have not yet noticed any symptoms, and so are in an excellent position to catch possible oral health problems early on, massively increasing potential chances of survival.

Read more at: <https://www.bda.org/news-centre/press-releases/dentists-can-help-turn-the-tide-on-oral-cancer>

## New year's resolutions for our leaders

If Claire Stevens, British Society of Paediatric Dentistry media spokesperson, could influence the New Year's resolutions of the UK's Health ministers, she knows exactly what she would like them to ask for. Her overarching wish is for the next generation to be completely free from dental disease. In order to achieve this, she believes the following New Year's resolutions should be made by the Health Ministers in England, Ireland, Scotland and Wales:

**1** Clear and consistent labelling of foods and drinks should be made mandatory to benefit consumers of all ages. New rules should make labelling completely simple – nothing half-baked or cloaked in jargon – so it's possible to understand immediately the amount of sugar in any given product. For instance, nine teaspoons in a standard can of Coke.

**2** Introduction of a tax on food and drink with high sugar content but implemented in such a way that healthy food and drinks are incentivised. Currently, says Claire, her young patients tell her that a bottle of water in



a vending machine is the same price as a bottle of sweetened, carbonated drink. Not only should the latter be more expensive but the water should be cheaper.

**3** A clear plan of action is the third and last resolution that Claire would like our leaders to have. A report called Sugar Reduction The evidence for Action was published by Public Health England in October but BSPD has heard nothing since. She would like to be kept informed of developments and to see an implementation plan for the report's recommendations.

Finally, says Claire, as more money is accrued by the UK's governments through higher taxation on sugar, it should fund programmes of prevention to reduce inequalities and meet the needs of local populations.

Read more at: <http://bspd.co.uk/Portals/0/BSPD%20New%20years%20resolutions%20Dec%202015.pdf>



## Public access to good dental information top of the agenda for health charity's new President

The new President of the British Dental Health Foundation aims to address the issue of public accessibility to quality dental information during her presidency. Janet Goodwin made the pledge as she took up her position as President of the leading UK oral health charity.

Ms Goodwin replaces outgoing President Dr Tony Newton having

been a trustee of the charity for four years and has contributed immeasurably to its success through, amongst other things, her support of their two major campaigns - National Smile Month and Mouth Cancer Action Month.

Having worked in dentistry for more than 40 years Janet brings a wealth of experience to the position of President which will be invaluable as they continue to try and improve the nation's oral health.

Read more at:

<https://www.dentalhealth.org/news/details/894>

## Dental board to improve regulatory model

The Regulation of Dental Services Programme Board (RDSPB) has published a report outlining the key areas of improvement for an effective future model of dental regulation.

The future of dental service regulation is the culmination of a one-year programme carried out by the RDSPB. It outlines seven key areas of improvement and agreed actions that will make dental regulation more coherent, streamlined and effective.

The RDSPB was established in September 2014 to bring together the key organisations with a role and responsibility for setting, managing and regulating dental care in England.

The Board is made up of representatives from the General Dental Council, NHS England, The Department of Health, the Care Quality Commission, NHS Business Services Authority and Healthwatch England. It is chaired by CQC Deputy Chief Inspector of General Practice and Dentistry, Janet Williamson, and supported by CQC National Professional Dental Advisor John Milne.

Over the last twelve months, the Board has focused on how to reduce the burden of regulation in dentistry, while still providing the protection that the public must receive. It consulted widely

with stakeholders, particularly with the dental profession and patient representatives.

The report identifies the areas of improvement as:

- Defining respective roles and responsibilities in the dental system;
- Defining a clear model for the regulatory system;
- Improving data, information and intelligence sharing;
- Defining a system with a recognised role for complaints handling;
- Developing a proactive approach to keeping patients informed and involved;
- Defining the role of quality improvement;
- Implementing a communications programme to providers.

Working groups led by each organisation represented on the Board will take forward the areas of improvement. A steering group made up of the members of the RDSPB will oversee the work of the groups.

Read more at:

<http://www.cqc.org.uk/content/dental-board-improve-regulatory-model>

## General Dental Council appoints Ian Brack as Interim Chief Executive

Ian Brack has been appointed as Interim Chief Executive and Registrar of the General Dental Council (GDC). He will join the organisation on 11 January 2016.

Commenting on his appointment, Chairman of the GDC Dr William Moyes, said: "I am delighted to welcome Ian to the team and I am very confident he will make a telling contribution to the work of the GDC.

"Having been at Office for Legal Complaints and the Olympic Lottery Distributor, he is used to leading complex organisations. Ian brings with him a wealth of experience as well as a commitment to making sure we continue to put patient and public protection at the heart of what we do.

"While I welcome Ian's appointment, I would like to pay tribute to Evlynne Gilvarry for her immense commitment and leadership during the past five years.

"She has driven forward some very significant and necessary improvements — not an easy thing to achieve during periods of change — which will benefit the organisation for years to come."

Read more at: <http://www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/Ian-Brack-appointed-as-Interim-Chief-Executive.aspx>

Location	Name of programme and provider	Cost and Notes	For more information
Distance learning programme	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	Twelve month programme. £2665 payable over 13 months Part-funding available	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
Distance learning programme	ILM Level 3 Certificate in Leadership and Management <i>UMD Professional</i>	Ten month programme £2280 payable over 11 months. Part-funding available	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
Online	Level 4 Professional Diploma in Dental Practice Management <i>The Dental Business Academy</i>	*£2,160 (£174 deposit & £165.50 p.m. x 12 months) or 10% discount if paid in full <b>*30% discount for ADAM members</b>	<a href="https://thedentalbusinessacademy.com/courses/level-4-professional-diploma-dental-practice-manager/">https://thedentalbusinessacademy.com/courses/level-4-professional-diploma-dental-practice-manager/</a>
Online	Level 3 Advanced Diploma in Treatment Co-ordination <i>The Dental Business Academy</i>	£1,440 (£216 deposit & £136 p.m. x 9 months) or 10% discount if paid in full	<a href="https://thedentalbusinessacademy.com/courses/level-3-advanced-diploma-in-treatment-coordination/">https://thedentalbusinessacademy.com/courses/level-3-advanced-diploma-in-treatment-coordination/</a>
Online	Level 3 Advanced Certificate for Decontamination and Infection Control Lead <i>The Dental Business Academy</i>	£1,440 (£216 deposit & £136 p.m. x 9 months) or 10% discount if paid in full	<a href="https://thedentalbusinessacademy.com/courses/level-3-decontamination-and-infection-control-lead/">https://thedentalbusinessacademy.com/courses/level-3-decontamination-and-infection-control-lead/</a>
Online	Level 3 Advanced Award in Dental Reception <i>The Dental Business Academy</i>	£1,350 (£204 deposit & £191 p.m. x 6 months) or 10% discount if paid in full	<a href="https://thedentalbusinessacademy.com/courses/level-3-advanced-award-in-dental-reception/">https://thedentalbusinessacademy.com/courses/level-3-advanced-award-in-dental-reception/</a>
Online	Introductory Awards in • Reception • Practice Management • Treatment Coordination <i>The Dental Business Academy</i>	£180 each	<a href="https://thedentalbusinessacademy.com/product-category/dental-introduction-courses/">https://thedentalbusinessacademy.com/product-category/dental-introduction-courses/</a>
Online	Core CPD modules • Modules covering Medical Emergencies • Disinfection & Decontamination • Radiography & Radiation Protection • Legal & Ethical • Dealing With Complaints • Communication <i>The Dental Business Academy</i>	£50.40 each	<a href="https://thedentalbusinessacademy.com/product-category/verifiable-core-cpd/">https://thedentalbusinessacademy.com/product-category/verifiable-core-cpd/</a>
Basingstoke Starts July 2015	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
Birmingham Starts July 2015	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
Bristol Starts Sept 2015	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
East and West Midlands	Professional Certificate in Dental Practice Management (L4) <i>The Dentistry Business</i>	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year 2 year and CPD courses also available <b>ADAM members' discount</b>	Contact Sim on 0161 928 5995 or <a href="mailto:sim@thedentistrybusiness.com">sim@thedentistrybusiness.com</a> or <a href="http://tinyurl.com/mkocjyk">http://tinyurl.com/mkocjyk</a> to watch video intro
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London Starts Oct 2015	Professional Certificate in Dental Practice Management (L4) <i>The Dentistry Business</i>	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year 2 year and CPD courses also available <b>ADAM members' discount</b>	Contact Sim on 0161 928 5995 or <a href="mailto:sim@thedentistrybusiness.com">sim@thedentistrybusiness.com</a> or <a href="http://tinyurl.com/mkocjyk">http://tinyurl.com/mkocjyk</a> to watch video intro
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London Starts Oct 2015	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
London Starts July 2015	ILM Level 7 Diploma in Leadership and Executive Management <i>UMD Professional</i>	Award winning 18 month programme involving 6 two-day workshops and monthly webinars held once a quarter. £4800 payable over 18 months. Part-funding available	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
London Starts Oct 2015	ILM Level 5 Certificate in Leading with Integrity <i>UMD Professional</i>	£995 payable over six months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
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Manchester Starts Oct 2015	Postgraduate Certificate in Dental Practice Management (L7) <i>The Dentistry Business</i>	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year CPD course also available <b>ADAM members' discount</b>	Contact Sim on 0161 928 5995 or <a href="mailto:sim@thedentistrybusiness.com">sim@thedentistrybusiness.com</a> or <a href="http://tinyurl.com/mkocjyk">http://tinyurl.com/mkocjyk</a> to watch video intro
Manchester Starts Oct 2015	ILM Level 5 Diploma in Leadership and Management <i>UMD Professional</i>	10 monthly one-day workshops plus tutorial support. £2450 payable over 13 months	Call 020 8255 2070 or e-mail <a href="mailto:fiona@umdprofessional.co.uk">fiona@umdprofessional.co.uk</a>
Wakefield	Professional Certificate in Dental Practice Management (L4) <i>The Dentistry Business</i>	UK's only university accredited Dental Practice Management courses 9 full-day workshops over 1 year 2 year and CPD courses also available <b>ADAM members' discount</b>	Contact Sim on 0161 928 5995 or <a href="mailto:sim@thedentistrybusiness.com">sim@thedentistrybusiness.com</a> or <a href="http://tinyurl.com/mkocjyk">http://tinyurl.com/mkocjyk</a> to watch video intro
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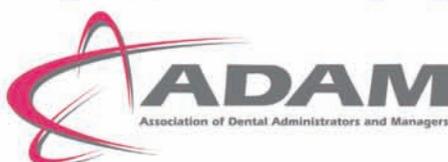
## Sharon Fletcher

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

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# CQC Inspection Looming?

## Keep Calm and Carry On



**A recent survey of ADAM members found this to be the most frequent bit of advice to those preparing for a CQC inspection; over 20% of ADAM members responded to the survey so we can regard these results as quite robust and representative of the membership.**

Let's look at the results of the survey in more detail.

Of those who responded:-

- Over 85% were Practice Managers;
- 35% were the Registered CQC Manager within their practice;
- Where the Practice Manager was not the Registered CQC Manager, it was the Practice Principal;
- Only 15% had been inspected by CQC in the past 12 months;
- 50% had been inspected by CQC more than 12 months but less than 2 years ago;
- Over 35% had been inspected by CQC more than 2 years ago;
- Around 50% found the experience of a CQC inspection better than they had expected; 40% felt it was very much as they had expected; and only 10% felt it was worse than they had expected.

Here are a few more snippets of advice from members based on their experience of a CQC inspection – with grateful thanks to everyone who took part in our survey.

<b>Know your weaknesses and have an action plan to tackle them</b>	Infection control, mental health capacity, and whistleblowing are popular topics for questions
Make sure you have documentary evidence to support what you say	<b>Have regular team meetings to ensure everyone is up to speed</b>
<b>Brief your team before hand as they may be asked questions on the day</b>	Make sure your employee induction processes are well documented.
Be helpful, honest and open – but be prepared	<b>Be prepared and don't panic - it's not as bad as you think!</b>
<b>Check everything before the inspection – and plan for the visit</b>	Keep Calm and Carry On!
Keep calm and don't panic	
<b>Be organised – have everything to hand</b>	
Check that your policies are all up to date and available for inspection	
<b>Read HTM01-05 and related documents</b>	





## Level 4 Apprenticeship

# DENTAL PRACTICE MANAGER

### ABOUT THE DENTAL PRACTICE MANAGER APPRENTICESHIP

The 'Trailblazer' apprenticeship programme has been designed as entry level training for the role of Dental Practice Manager. With approximately 8000 dental practices across the UK, the training for this role is applicable to both large corporate dental bodies and single dental practices.

The programme has been designed and driven forward by an employer steering group and then challenged and refined through a development group of training and assessment experts including apprenticeship training providers and professional bodies.

The apprenticeship consists of two elements with an additional end of programme assessment - a level 4 ILM Certificate in Leadership and Management and the development of a work-based portfolio which is externally assessed.

It is hoped that this apprenticeship will help employers to adopt a more strategic approach to practice management and to improve the efficiency of day to day operations in practice of all sizes.

#### • DURATION & LOCATION

The programme runs for 24 months with ILM workshops taking place in London on 11th September, 6th November, 8th January and 4th March 2016.

#### • PROGRESSION

This is an entry level role which provides the foundation knowledge, skills and experience for progression into a number of career paths including Practice Manager, Area Manager and Regional Manager leading to senior management roles.

#### • COST

£2,700 employer co-payment with match funding from the Skills funding Agency. Depending on the size of your organisation and successful completion of the programme, you may be eligible to receive back up to £1,800.

#### • TRAINING CONTENT

ILM L4 Certificate in Leadership and Management completed within first 6 months and assessed through tasks and reflective reviews (using a blended approach, face-to-face delivery and online content). Portfolio of evidence for work based activities documented via monthly 1:1 reviews with line manager and quarterly progress reviews conducted by College Assessors. End point assessment - independent

assessment of scenario based project and face-to-face review of reflections from Portfolio and ILM Qualification.

#### • ENTRY REQUIREMENTS

Individual employers will set the selection criteria for their Apprentices. Most candidates will have achieved grade C or above in English and Maths at GCSE level prior to commencement. Most candidates will hold A levels or existing equivalent Level 3 qualifications. Other relevant or prior experience may also be considered as an alternative.

#### • THE EMPLOYER MUST

Commit to co-payments to fund the delivery of learning and assessment.

Be prepared to participate in regular 1:1 assessment / review meetings with the apprentice and external assessor.

This programme will have a tangible impact on your practice - through practical work based projects, managers will acquire key knowledge and skills in:

- Risk Management and QA
- Patient Care and Clinical Excellence
- Marketing and Finance
- HR and Industry trends

### HOW TO APPLY OR TO TAKE ON A DENTAL PRACTICE MANAGER APPRENTICE

You can either: (1) Call 020 3764 4333  
(2) Email [employer@barnetsouthgate.ac.uk](mailto:employer@barnetsouthgate.ac.uk)

BARNET & SOUTHGATE COLLEGE 020 3764 4333

# Winter proof your practice from employer's liability claims

**As snow flurries remain a possibility for many at this time of year, Bluefin, the preferred insurance broker for ADAM, is urging dental practices to 'winter-proof' their premises.**

The winter months bring more than just cold weather and shorter days, and bring the possibility for winter storms that may result in a snow and ice covered landscape. While it may be a winter wonderland for some, as a dental practice manager, snow and ice build-up poses a hazard with the potential for costly liability. Winter proofing tips are aimed at helping dental practices ensure their premises and outdoor areas are prepared for winter conditions, and help avoid employer's liability claims.

Beverly Mills, Technical Manager at Bluefin, said, *"Winter officially began on December 21 this year, so there's no better time to start preparing. Slip and trip accidents increase during cold season for a number of reasons: less daylight, wet and decaying leaves and rain on paths makes them slippery and cold weather spells cause ice and snow build up.*

*"Practices shouldn't wait for an official Met Office warning. There are effective actions they can take to reduce the risk of a slip or trip. If they follow our winter proofing tips, their practices will be winter-ready – and this will ensure they can protect their staff, patients and other visitors from slip, trip and fall accidents and reduce potential employer's liability claims.*

*"Whatever the forecast for winter, dental practices need to be able to ensure their premises are as safe as possible."*

Here are Bluefin's top tips to winter-proofing your dental practice:

## 1. Be prepared

Stock up on salt, shovels, spreaders and grit bins. A few years ago due to heavy snowfall, UK grit supplies ran low with many failing to make adequate preparations. Plan ahead and buy now while stock is available. The most common method used to de-ice floors

is gritting as it's inexpensive, quick and easy to spread and apply on outdoor spaces such as car parks or entrance roads. Rock salt (plain and treated) is the most commonly used grit which can stop ice forming and cause existing ice or snow to melt. Check out Health & Safety Executive website where you can find more information on most effective gritting practice including best times and conditions for gritting.

## 2. Recognise and take steps to prevent hazards

Winter brings a variety of hazards that dental practices need to prepare for; however, slips and falls are by far the most common injury associated with winter weather conditions. Diligent snow and ice removal can go far in keeping passageways and car parks safe. Remove snow quickly after snowfalls, and grit regularly to keep ice from building up.

Winter hazards can also come from above. Icicles, along with other accumulations of frozen or heavy snow above passageways and building entrances, can cause serious injury if they fall on those below. Remove icicles and other build-up as soon as possible. If it still appears to present a hazard, consider rerouting foot traffic around the area.

Performing preventative maintenance in the summer and autumn can also keep you prepared for winter storms.

## 3. Put a system in place for controlling wet and icy surfaces

Wet and icy surfaces always present a hazard for you, your co-workers and our customers. Water can come from rain, spills, wet winter conditions and activities that require the use of water, resulting in slippery conditions. Slipping on a wet or icy surface can result in bruises, strains and sprains, lacerations, fractures, head trauma and even fatality. And all that stacks up to lost wages, too. To reduce the risk of slips

and trips, assess the risk and put system in place to manage it. Protect your employees, patients and visitors by clearing outdoor areas, pathways and carparks and use canopies, entrance mats and warning signs as exterior and interior solutions.

## 4. Be aware of employer's duties

Workplace laws mean employers have a duty of care towards their employees. Ensure you have the correct first aid products in place for both on site and off site employees and any patients and visitors on premises. Employees should be informed of your company policies related to inclement weather – safety, attendance and pay-related. You should have an established communication method to inform your employees of a business closing or delay. When bad weather is coming, address all your policies again, remind employees of communication channels to address attendance and plan for the worst potential outcome to ensure your company is prepared for the weather. Having such procedures in place can not only avoid incidents, but also help in the defence of a liability claim.

If you are looking for further help and advice on protecting your dental practice this winter please speak to us today **0113 24 0700** or email **care@bluefingroup.co.uk**

## Disclaimer

Any views or opinions expressed in this briefing are for guidance only and are not intended as a substitute for appropriate professional guidance. We have taken all reasonable steps to ensure the information contained herein is accurate at the time of writing but it should not be regarded as a complete or authoritative statement of law.

# Bluefin

## The modern approach to managing CPD in the practice

**CPD regulation is on the increase, with both the GDC and CQC expecting records to be accurate and available for inspection. As a practice manager, the effect is compounded, as you are responsible for your own records and, most likely, for those of your staff.**

Over time, paper-based CPD records become costly and useless. They increase in quantity each year and must be held for as long as 10 years in case they're required for audit purposes. They can't easily be searched and they provide no insights into the overall educational balance of the practice.

As you have probably already experienced, chasing multiple staff members for their CPD records is an unending and thankless task which is made even more difficult in cases where part-time staff may have their records lodged with another practice.

But the increase in CPD regulation does not have to mean increased costs or administration. The solution to all of these issues is to encourage your staff to record their CPD digitally. This is much easier than it sounds: the Dental CPD Pro app is free to download and gives you and your team an easy way to log all of your CPD quickly and conveniently – on your phone.

With your entire portfolio in one place, your personal annual declarations become completely hassle-free, especially as the app is able to sync directly to your eGDC account. The process of uploading your CPD is quick, easy and secure and completely removes the worry over meeting the annual or five-yearly inspections from the GDC and CQC.

Moreover, the practice manager's dashboard provides a real-time overview of each staff member's CPD log – even if they work part-time at other practices. Instead of chasing staff for records, any inspection can be handled simply by logging into the dashboard and pulling out the required information. With all your staff using the same system, you can keep an eye on everyone's CPD compliance and any deficiencies can be seen and acted upon before they become a problem. Furthermore, staff who work at multiple practices don't have to duplicate their records or move them around all the time.

**Sharon Fletcher, Practice Manager at Ravat & Ray Dental Care in Burnley and 2014 Practice Manager of the Year says:**



*"I have been using the Dental CPD Pro app for several months. I like that it is a quick and easy way to save and access my CPD, and that I can log things immediately. I would definitely recommend it."*

*"Dental CPD Pro's dashboard not only makes it easier to comply with regulations, but to plan staff training to address any shortfall."*

*"With an efficient, digital system to log CPD, practice managers can spend less time chasing people for records, and more time improving their practice."*



**Every dental professional can benefit from the convenient, timesaving and reliable app that allows all CPD to be logged digitally, no**

**matter where it's earned.**

**Dr Frendo-Cumbo, a dentist at City Quay Dental Clinic in Dundee, also comments:**

*"Working as a dentist can be stressful enough without having to worry about all the endless filing of certificates and paperwork. The Dental CPD Pro app is much more convenient than paper copies and helps me to manage my*

*time efficiently, plus being available on my phone I can manage my CPD anywhere at anytime.*

*"Dental CPD Pro is perfect for conferences, and I would recommend anyone to download the app before they go, as you can log all your CPD while you are there."*

*"It is easy, fast and straightforward to use, and what's more it's great for the whole team. I have recommended it to a number of dental professionals."*

*"In my spare time, whether traveling on the train or during lunch, I can download articles and modules to read and log these straightaway. I love that the eGDC feature automatically syncs my CPD and my record is backed up online so I don't need to worry about losing it."*

Even lunch and learn events can be logged digitally with Dental CPD Pro QR codes, allowing you to bring new efficiencies to in-house training. Simply create a CPD QR code on the website before the event and let staff scan it at the end. Once scanned, the code automatically updates your CPD log and can even generate a personalised certificate if the CPD is verified!

Dental CPD Pro is pleased to offer members of ADAM free CPD for you and all of your staff. Just register today using this special link:

**<https://dental.cpdpro.org.uk/adam>**

To benefit from all the superb advantages the Dental CPD Pro app has to offer, visit the website today to find out more. Make your practice's CPD hassle-free and encourage your whole team to embrace Dental CPD Pro.

For more information on the Dental CPD Pro app, visit **<http://dental.cpdpro.org.uk>**

# Getting to grips with employment and HR law



**8 April 2016**  
**South West**

**13 May 2016**  
**North West**

**29 April 2016**  
**London & South East**

## These half day seminars will cover:

- The headache of recruitment – do's and don'ts.
- Contracts – why should you have them and what should be included.
- Policies and procedures – understand what to do with a flexible working request, how to use your grievance and disciplinary procedure effectively, sickness absence how to manage and what to do, why you need a Christmas party policy.
- Workers – who are they and what do they do?
- Auto-enrolment Pension – What's it all about? Have you received your staging date?
- Is my Hygienist/Therapist genuinely self-employed? Understand the self-employed status, the effects and the risks

## Our Speaker - Sarah Buxton



Sarah is a dental HR and employment specialist solicitor who has been acting for practice owners, employers and managers for several years.

She specialises in all aspects of HR and employment law including producing bespoke self-employed hygienist/therapist agreements, associate agreements and employment contracts.

She provides on-going daily advice on management and employment issues such as how to deal with lateness, sickness, absences, maternity/paternity leave, dismissals and redundancies.

Sarah also represents employers at the Employment Tribunal in respect of employment disputes.

## Delegate rates

ADAM member  
**£35.00**

Non-member  
**£65.00**

**Book online @**  
**[www.adam-aspire.co.uk](http://www.adam-aspire.co.uk)**  
**or by telephoning**  
**01452 729522**

Terms and conditions apply to all bookings – available upon request.

**7-8 October 2016 • London**



## ANNUAL CONFERENCE 2016

Watch out for more news on our website  
and in e-update

## Exciting new qualification in dental practice management

**The benefits afforded by apprenticeship schemes are clear. The Apprenticeship for Dental Practice Managers is the latest to be rolled out in dentistry and we at Dentabyte were excited to recently commence our first course with Barnet and Southgate College, London. Next year, we look forward to offering courses with the University of Bolton too.**

For delegates on this scheme, there is a unique opportunity to learn the craft of dental practice management on a practical level. Mentored by highly experienced professionals during classroom-based workshops and tutor support throughout two years, they also gain invaluable experience from working in a modern practice environment. What's more, a Level 4 ILM certificate in Management and Leadership is gained within the first 6 months, standing apprentices in excellent stead for more advanced management qualifications in the future.

From the employer's perspective, they can develop their existing team or introduce fresh staff members, confident in the knowledge that they will learn all the skills they need to perform the role competently and efficiently. By developing the talent of tomorrow, employers are also investing in the future of their business and ensuring a highly skilled workforce to continue driving the profession forward.

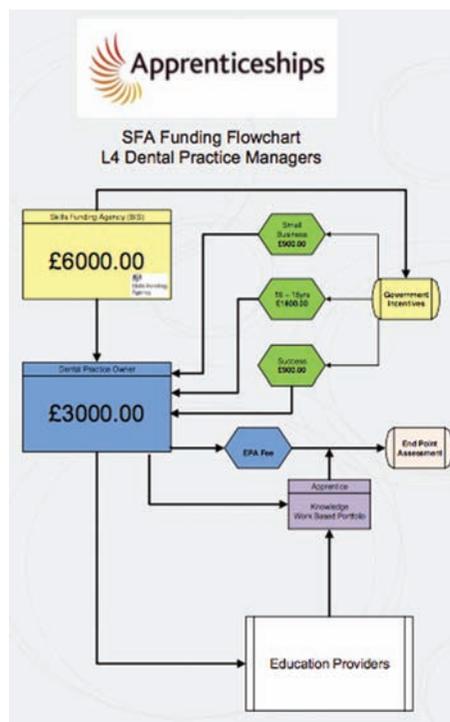
### Course content

The apprenticeship programme is designed specifically to equip delegates with the knowledge, skills, behaviours and practical workplace experience they need to manage a modern dental practice effectively. A wide range of topics is covered including human resources, patient care, clinical excellence, marketing, risk management, quality assurance, finance and trends within the dental industry.

Key skills such as those needed for strong leadership, management and communication are emphasised in all relevant areas and frequent reflection, reviews and assessments will ensure delegates are progressing successfully. As such, apprentices will develop a meaningful understanding of how to run and manage a dental business effectively, ethically and passionately.

### Funding

The government has pledged to heavily subsidise apprenticeship programmes in order to facilitate delivery. For every £1 the employer invests, the government will therefore contribute £2. The cap on this core funding is set at £6,000 – available if the employer invests £3,000 – but additional incentives are on offer as well. For example, practices with fewer than 50 members of staff who enrol an apprentice aged over 18 in our programme will pay £2,700 and this will be matched by £5,400. They are entitled to a small business rebate of £900, which is paid three months into an apprenticeship course. Upon successful completion, a further £900 is also available. Therefore, including core funding of £5,400, incentive government funding of £1,800 and the employers' own investment of £2,700, practices have a total investment of £9,900 for each apprentice aged over 18. The net employer outlay for a successful candidate is, however, just £900.



### How does it work?

Usually, apprentices are required to have attained a grade C or above in English and Maths at GCSE level, with most holding an A-Level or equivalent qualification, although previous relevant experience may also be considered.

To establish an apprenticeship programme, employers need to ensure they have the correct structure in place for delivery of the work portfolio and funding. The employer will need to organise monthly learning reviews with the apprentice.

A Lead Provider must be chosen in the first instance, such as Barnet and Southgate College, who is allocated the government funds for the course. They become responsible for managing payments to the employer and for the subcontract of programmes to Dentabyte, the educational provider who delivers the classroom based content of the course.

### Get involved

Effective management is an integral aspect of the modern dental practice and this apprenticeship scheme offers exciting new opportunities for staff and employers alike. Is it time you got involved in the transformation of dental practice management?

**For more information on the structure of the Apprenticeship in Dental Practice Management, please contact Barnet and Southgate College:**

[www.barnetsouthgate.ac.uk](http://www.barnetsouthgate.ac.uk)

020 8266 4000

email: [info@barnetsouthgate.ac.uk](mailto:info@barnetsouthgate.ac.uk)

[www.facebook.com/barnetsouthgate](http://www.facebook.com/barnetsouthgate)

[barnetsouthgate](https://www.facebook.com/barnetsouthgate)

twitter [@barnetsouthgate](https://twitter.com/barnetsouthgate)



**For more information on content and assessment, please contact me on [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk)**

# 2015 Salary survey – the results are in!

**In September 2015 the Hazlewoods Dental Team and ADAM carried out a joint survey in order to obtain a better understanding of current rates of pay within the dental sector. Thank you to all who responded.**

The survey requested information relating to the practice, including type (NHS, private or mixed), specialisms and size, together with details of the experience and salaries of key employees.

As this is the second year of the survey we have included comparative data where feasible. There were a similar number of replies to 2014, however please note that the respondents were not the same.

Those who took part in the survey were entered into a prize draw to win an iPad Mini and one year's subscription to ADAM. The lucky winner was Judith Hartley.



A private / NHS practice is defined as one where more than 80% of turnover is private / NHS respectively. All other practices are classed as mixed.

On average, the data showed the following hourly rates of pay:

	2015	2014
Trainee dental nurses	£6.97	£6.42
Receptionists	£9.43	£9.71
Dental nurses	£9.89	£9.91
Practice managers	£14.87	£16.02

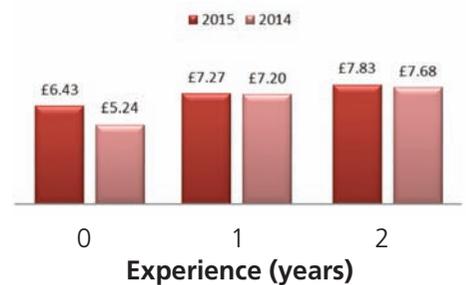
When determining the hourly rate for staff you should consider many different factors including experience and qualifications, type of practice, regional variations and the local job market, attraction and retention of staff, together with legal requirements such as the National Minimum Wage, equal pay legislation etc.

In the following sections we look at the results in more detail.

## Trainee dental nurses

The overall average from our survey was £6.97, up from £6.42 last year. This can be analysed by experience, as follows:

## Average pay - Trainee nurses



The largest increase is for those starting out in the profession, with small increases for other trainees. Given the increase in the National Minimum Wage (NMW) this might be expected.

As a reminder, the current NMW rates (from October 2015) are:

21 and over	18 to 20	Under 18	Apprentice*
£6.70	£5.30	£3.87	£3.30

\*This rate is for apprentices aged 16 to 18 and those aged 19 or over who are in their first year. All other apprentices are entitled to the National Minimum Wage for their age.

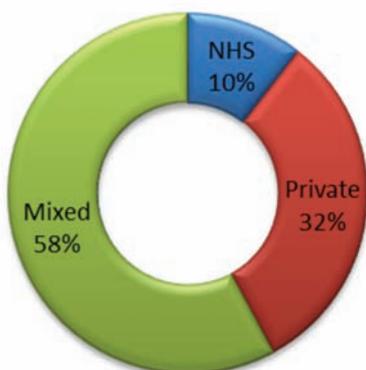
Source: [www.gov.uk/national-minimum-wage-rates](http://www.gov.uk/national-minimum-wage-rates)

## Summary results

All of the figures in this report are representative based on the data collected and are intended to be for information and discussion purposes only, not categorical statements of salary levels.

The survey results were collected from the following mix of dental practices:

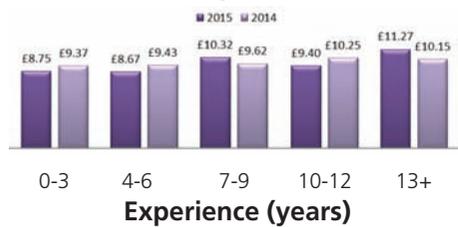
### Type of practice



**Receptionists**

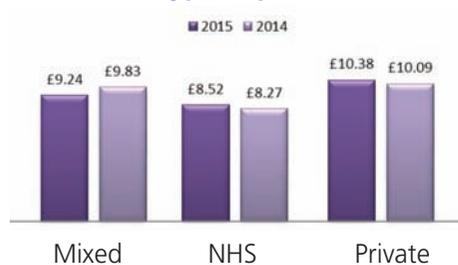
The overall average from the survey was £9.43, down from £9.71 last year. Further analysis is as follows:

**Average pay of receptionists based on experience**



As last year there was a large range of receptionist pay rates, with the lowest being £6.80 (2014 also £6.80) and the highest an exceptional £17.00 (2014 - £13.24). There were a similar number of replies for receptionists as last year; obviously some practices have more than one receptionist. Again, please bear in mind that the data is not from the same practices, so variances are inevitable.

**Average pay of receptionists based on type of practice**

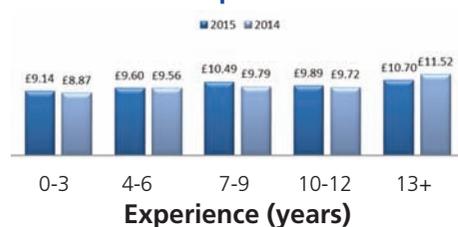


On average, private practices still pay higher receptionist salaries than mixed or NHS practices. Where respondents stated that dental nurses cover reception the data has been included within the dental nurses' figures.

**Dental nurses**

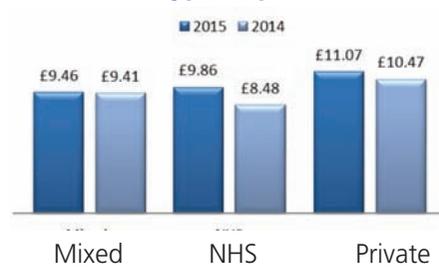
The overall average from our survey was £9.89, very similar to the £9.91 in 2014. Further analysis is as follows:

**Average pay of Dental nurses based on experience**



Average pay rates have increased for most bands of experience. The average pay of the most experienced nurses has reduced, which affects the overall average. Again, this may be due to replies being from different practices, so not comparing like for like.

**Average pay of Dental nurses based on type of practice**



The survey again shows private practices pay more than mixed or NHS practices and whilst the replies this year show higher NHS practice pay, there is still quite a difference overall.

**Practice managers**

The overall average from our survey was £14.87, down from £16.02 last year. Further analysis is as follows:

**Average pay of practice managers based on experience**



You may recall that last year the vast majority of replies stated 10 or more years of experience. This year there has been a greater mix of replies, however comparisons to 2014 by band aren't feasible. The average for 10 or more years' experience was £16.28 in 2015, compared to £16.11 in 2014.

**Average pay of Practice managers based on type of practice**



These results appear odd, with modest increases in the average pay for managers at private and NHS practices and a large drop in the average for mixed practices. This low figure has impacted on the overall average hourly rate. The results obviously depend on the number of replies provided, however more than half of these were from mixed practices. Were last year's figures the anomalies?

**In conclusion**

There are some interesting comparisons to be made with the previous year's figures, some which might be expected (e.g. modest increases in the hourly rate) and some which would not! As previously noted, the respondents this year were different to 2014, so strictly speaking the data is not comparing like for like and variances must be expected.

All of the figures in this report are representative based on the data collected and are intended to be for information and discussion purposes only, not categorical statements of salary levels.

When determining the hourly rate for staff you should consider many different factors including experience and qualifications, type of practice, regional variations and the local job market, attraction and retention of staff, together with legal requirements such as the National Minimum Wage, equal pay legislation etc.



More detailed information could be extracted from the core data and if this is of interest please contact Nigel Utting on 01242 680000 or email [nigel.utting@hazlewoods.co.uk](mailto:nigel.utting@hazlewoods.co.uk)



# Face to face or online training: what's the best option for your practice?

As a full service training company, we are regularly asked whether face to face or online training is better. There is no simple answer – it really does depend upon your circumstances. What we can say is that there are certain benefits to both types of training, which we explore in more detail below.

## Face to face training

### Pros:

One of the great things about face to face training is that it enables you to ask questions or seek clarification immediately if there are specific elements of the course you don't understand. Discussing scenarios or activities in small groups means that you can have conversations and work with other students, which can help with understanding content. There is always however, the concern with face to face that if there is no final assessment it can be tricky to maintain participant engagement. I'm sure most of us have been in the position where, having listened to a lengthy explanation, our concentration begins to waver...

### Cons:

Face to face courses involve either course participants travelling to a particular venue on a specific date and time or an external trainer coming to your premises to deliver training to staff members. Dependent upon the number of staff you're looking to train, it can be more cost effective to employ an external trainer as course fees and travel expenses can soon mount up.

It can potentially become a logistical nightmare if you have to bring together all members of your practice in one place, at one time, especially when some staff may be part-time and have to come in on their day off. The 'sheep dip' nature of face to face training can mean that if staff miss training due to illness or annual leave, you have to book another training session, potentially doubling the cost. You also need to consider how you cover the work of the practice while staff are attending training.

If you decide to book face to face training, it is worth checking what kind of assessment is included and whether or not there are personalised certificates

are available. As you'll need to evidence training to CQC, then it is vital that you have some means of doing so.

## Online Training

### Pros:

Online training has become increasingly popular over the last decade. It offers more flexibility than face to face training and can often save organisations a considerable amount of time and money. Completing training online also provides a more cost-effective delivery method for learners who find it difficult to attend face to face training programmes.

Without the need to factor in the cost of travel and parking or income lost through shutting the practice, online courses are generally a far more cost effective option than face to face training. What's more, if any staff miss the training, it's really easy for them to catch up at a time that's convenient for them and you.

To monitor learning, online courses usually culminate with an assessment, which then provides a personalised certificate. It also means you can rest assured that staff have fully engaged with their training. Providing the courses come with an online management system, this means it is very easy to demonstrate staff training to CQC inspectors and you won't need to have folders of paperwork cluttering up your desks!

Many dental practices are switching to online training, citing the rigour of training, flexibility and cost-effectiveness as key reasons.

### Cons:

Online training doesn't necessarily generate the same level of discussion as face to face courses do. It is also worth considering what format the online training takes and be prepared for the fact that it can be quite text driven, which may be problematic for some.

## How can we help?

At the [ChildProtectionCompany.com](http://ChildProtectionCompany.com), we offer a range of training options including our online courses used by over 700 dentists, and our unique blended learning opportunities where participants can get the best of both worlds by taking the online test after completing a face to face course.

To find out how we can help your practice today, email us on [help@childprotectioncompany.com](mailto:help@childprotectioncompany.com) or call us **01327 552030**.

The **ChildProtectionCompany.com** provides a range of safeguarding services for individuals and organisations in line with current child protection and vulnerable adult legislation. We pride ourselves on our straightforward and practical approach to your safeguarding needs.

Keeping children, young people and vulnerable adults safe should be of paramount importance to everyone, not least because all organisations have a 'duty of care' towards all those who they are involved with or who attend their activities and premises.

We offer a range of face to face and online courses written specifically for the dental sector, which combine adult and child protection.

Backed by a multi-agency team of experienced safeguarding professionals, we have been in the business of providing high quality, value for money safeguarding courses and support since 2008, with over 50,000 courses taken to date.

**Child  
Protection  
Company.com**

# Dental ethics and law – a real talking point

## Educational aims:

To provide members with an understanding of the importance of compliance with the *Core Ethical Principles of Practice* contained within the GDC's *Standards for the Dental Team*.

## CPD outcomes:

- To gain a better appreciation of the nine *Core Ethical Principles of Practice*;
- To recognise that they must be aware of how these principles are being implemented within their dental practice.

**A week rarely goes by without dentistry featuring in media headlines. Stories have ranged from scandalous, unacceptable fee setting to clinical failings in fundamental areas of dentistry such as informed consent and the administering of unnecessary treatment. Public observation of the dental profession is heavily influenced by this bad press and as there is little in the way of good news to offset consolidating views of our industry, our public persona is on a downward spiral.**

In 2010, the General Dental Council (GDC) commissioned investigative research in the UK as part of their consultation on *Standards for Dental Professionals and Principles of Ethical Advertising*. The results were worrying with a large proportion of participants reporting mistrust in dentists. People also felt that good communication, evidence for treatment and informed consent are elements that essentially underpin a trusting relationship between dentist and patient.

The underlying message was that people want dentists and dental teams with unquestionable integrity and high ethical standards.

## So what are ethics?

Ethics is the study of morality, that is, the human, decision-making dimension that influences our behaviour. Dental ethics are a set of rules and standards governing the conduct of a dentist and other members of the dental profession. Following the GDC consultation, a reviewed set of *Standards for the Dental Team* were published and brought into effect on 30th September 2013.

The document sets out principles, standards and guidance by which dentists and their teams should work and includes governance relating to conduct, performance and ethics. Patients' expectations of dental teams are also laid out.

## Ethics vs law

Ethics should not be confused with law. A law is a system of rules that are enforced to govern the behaviour of society. A proposed new law, called a

bill, must be agreed by the Houses of Parliament and given Royal Assent from the Queen. Violations of laws are seen as a criminal act and carry a punishment. Ethics are a guiding principle of law and a moral code that people should abide by. A defilement of a person's personal ethics does not carry a punishment. However, a violation of professional ethics such as those laid out in *Standards for the Dental Team* can result in the dental professional's fitness to practise being impaired and the imposition of a sanction by The Professional Conduct Committee.

## Do your ethics measure up?

Within the GDC's *Standards for the Dental Team* document, there are nine *Core Ethical Principles of Practice*. They are listed as follows:-

- 1 Put patients' interests first.
- 2 Communicate effectively with patients.
- 3 Obtain valid consent.
- 4 Maintain and protect patients' information.
- 5 Have a clear and effective complaints procedure.
- 6 Work with colleagues in a way that is in patients' best interests.
- 7 Maintain, develop and work within your professional knowledge and skills.
- 8 Raise concerns if patients are at risk.
- 9 Make sure your personal behaviour maintains patients' confidence in you and the dental profession.

## What do Practice Managers need to know?

Dental ethics and law is an extensive topic and it is advisable for every dental team member to be familiar with the GDC's *Standards for the Dental Team* document. The GDC requires that those members of the team who are GDC registered have a duty of care to ensure that those staff who are not, for example, receptionists and practice managers, are knowingly working

*continued on page 21*





## Is flexible working too flexible?

### Educational aims:

To provide members with an understanding of recent changes in employment legislation in relation to flexible working.

### CPD outcomes:

- To gain a better appreciation of what to consider and how to respond to employee requests for flexible working;
- To recognise the importance of developing and maintaining an up-to-date Flexible Working Policy.



As of the 30 June 2014, employees with at least 26 weeks' continuous employment will be able to make a request for flexible working for any reason. The employee's request may be for a change of hours, or a request to work from home. Only one request can be made in any 12 month period.

Prior to the 30 June, a request for flexible working could be made in order to care for certain children and adults.

The changes were introduced because the government would like to make employment practices in the UK more flexible and family-friendly. It is believed that flexible working allows employees to have a career that fits in with other commitments. By agreeing working patterns that suit both parties, the government believes that the staff will remain loyal and work harder, allowing you to develop your business and increase productivity. However, having acted for dental practices for many years, employees don't usually leave work due to inflexibility of hours, it is usually a house move, a career change, or a personality clash.

I am sure as a dental practice owner, you are concerned about how this will affect your business. It is difficult having many part time members of staff to ensure continuity of care for patients, and is a huge administrative headache.

The key is to remember that if it doesn't suit your business, you can reject the request, however a fair and reasonable procedure should be followed. The first

step is to update your Flexible Working Policy. The Policy should clearly set out how employees should make a request, include a statement to the effect that the employer will consider the request and will only reject it for one of the eight business reasons, set out reasonable time limits.

The employee triggers the procedure by making a written request. The employer then has the three-month decision period (which can be extended by agreement) within which to consider the request, discuss it with the employee (if appropriate) and notify the employee of the outcome.

The employer can still only refuse a request for one (or more) of the eight reasons which is set out in the statutes.

It is important that any request is dealt with fairly and reasonably. The employee can make a claim to the Employment Tribunal if you fail to deal with their application in a reasonable manner; fail to notify them of the decision on their application within the decision period; fail to rely on one of the statutory grounds when refusing their application; bases its decision on incorrect facts; or treats the application as withdrawn when the grounds entitling the employer to do so do not apply.

Please do not panic if an employee makes a request, give me a call and I will guide you through it.

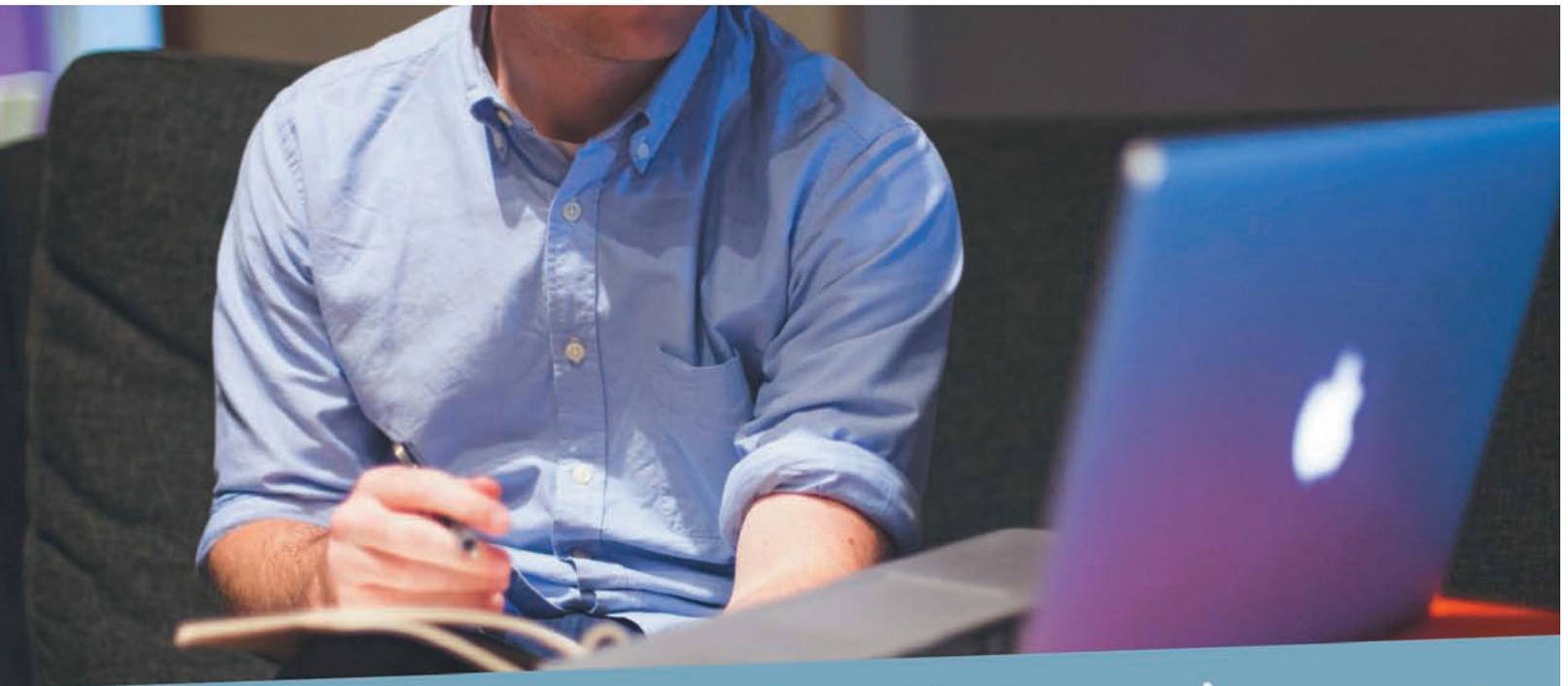


**Sarah Buxton** is healthcare specialist employment solicitor who has acts for dentist, practitioners and managers up and down the

country. Sarah has a number of years' experience in this specialist field and now works in Dental Team at LCF Law which offers an array of services including buying and selling practices, expense share, partnership and shareholders agreements, incorporations, employment, locum agreements, NHS disputes and regulatory issues.

Please contact 0113 2010407 or [sbuxton@lcf.co.uk](mailto:sbuxton@lcf.co.uk) for further information.

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## Why over 500 dentists rely on us

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*Callum Barr, Linden Cottage Dental Practice*

We've also got together with ADAM to offer members a great deal. Contact ADAM today to receive a **FREE** Introduction to Adult/Child Protection or Further Adult/Child Protection online course. What's more, if after taking your **FREE** course, you want to roll out our online training to your staff, we'll give you 5% off the purchase price! All you need to do is log into our website, choose the courses you want and enter the discount code ADAM15 at the checkout.

What are you waiting for?



## Are you planning for success?

I've had enough!

It's that time of year!

### Educational aims:

To provide members with an understanding of the importance and benefits of business planning.

### CPD outcomes:

- To gain a better appreciation of the key points to be covered within a typical business plan;
- To recognise how the practice can benefit from developing and regularly monitoring performance against an annual business plan.



**Too often, as we begin to prepare for the new financial year, the clichés about “planning to fail” or “learning from our mistakes” get trotted out and nods are sagely produced. In just the same way, our flawed appraisal processes focus on what we did not achieve, or how we must improve following another year of “failure” .....**

Are you motivated by this negative approach? Will your team recognise a change in focus when you ask the same questions?

There is another way! We will change this year...we'll plan to succeed and in doing so, we'll “catch our people doing something right” (as Ken Blanchard recommends). The chart below may be personal rather than business related, but the point is the same - what will be different about this year's plan?

If we are to “catch someone doing something right”, then we have to ensure that their work is aligned to the goals that we have for our practice. If it is critically important that the practice improves its patient satisfaction ratings, then each individual must understand the part that they must play to achieve that goal. If the practice decides that it is going to introduce a significant new treatment option, for example implants or molar endo, then all those who contribute to that - dentists, nurses, reception staff, treatment coordinator's - must recognise their role in delivering the plan.

In addition, they must be appropriately trained in advance of the introduction of the service, or in those particular areas that contribute towards patient satisfaction; and we will need to put in place day-to-day coaching and support to ensure that we are delivering the service consistently.

So, what is it that we are going to plan? What are we going to achieve? When are we going to achieve and who is responsible for achieving those goals?

If you have not been through a planning exercise in previous years, do not be daunted! This is not about creating masses of paper, spreadsheets and checklists; nor is it about managing the trivia. It is about working on the important, on those few key items that are critical to the continued success of the practice.

You should start by reviewing the past year. If you set goals and/or budgets, did you achieve them? If you did, congratulate the team and highlight the particular results that pleased you the most and use the results to demonstrate how much can be achieved when we all work together as a team, united by shared goals.

If you did not achieve them, outline those areas that prevented us achieving and work with the team to understand what needs to be changed in order to achieve those goals in the coming year. If the goals were correct, you have just deferred achievement, not changed them.

If you set no goals or budgets last year, then it is hard to determine whether or not last year was a success; however, it is important to identify successful results from the previous year, so that they can be built on this year. Remember, we are planning for success!

Whether you are mainly private, mainly NHS or a fully mixed practice, you have many goals in common and it is only the specific terminology or implementation that may be different.

For example, all practices are patient-driven and therefore achieving consistently high levels of patient satisfaction is a critical goal. How will you measure it, how often will it be measured, what sample sizes will you use and will you use an automated or manual system? Each practice will be different and the only generic guideline is that the questionnaire should be as short as possible and the majority of the questions should be answered with a "yes" or a "no"; finally, you need to decide what your standard is - for example, 75% for new patients and 90% for returning patients. The numbers are whatever you choose, but critical part, as it is for any audit, is to agree the standard for which you are aiming.

All practices, however successful and however "full", need new patients - whether to satisfy practice expansion targets or to replace those who leave the practice. It is safe to say that all practices need to replace at least 5% of their active base each year, and for some practices it may be as high as 20%, depending on location and patient demographics.

It's therefore important to measure your patient conversion rate - how many new patient enquiries can be turned into patients who keep an appointment and accept treatment recommendations? Similarly, the Lifetime Value of a patient is a critical measure as it helps the team understand the financial value of a new patient and it helps those responsible for marketing develop an affordable marketing plan.

Other key patient-related indicators might include improving patient retention, the level of new patient

enquiries (as a prelude to the patient conversion ratio mentioned earlier), the number and value of patient referrals and the profitability of our patients.

If patients and the fees or UDA's that they generate represent the income side of our practice, what do we need to consider on the expenses side? Do we have the appropriate staff in position, clinical and non-clinical, full-time and part-time, fully trained and partly qualified? Is our spending on materials and laboratories competitive and of the right quality? Do we order materials in the most effective way?

While the potential list of income and expenditure items that can be measured and controlled is almost endless, we should be focussing on those few groups that represent significant proportions of our income or expenditure.

We have reviewed in previous articles the need to organise the appointment book to maximise predictable fee or UDA generation, to cost and price treatment according to our business needs, not according to the local market place.

As a result of your efforts to plan 2016 - 2017, you will be able to create monthly budgets and key indicators for which all of your team will be responsible. You therefore, will be able to relax throughout the year and reflect on a job well done!

Wishing you every success in the coming year - you know whom to call when you need help!



**Sim Goldblum** is an experienced business manager and is a Partner in The Dentistry Business, providing bespoke advice and training to

dental practices and leading the UK's only university accredited Dental Practice Management courses. He is an approved and accredited Growth Coach for GrowthAccelerator™, supporting practices as they expand their businesses, and is a fully trained user and interpreter of the Harrison Assessment Talent Solutions system.

[sim@thedentistrybusiness.com](mailto:sim@thedentistrybusiness.com)  
Tel: 0161 929 5120 or 07515 507 337



# Disputes and problems at work

Healthy workplace relationships are essential to the success of any organisation. Even minor problems can develop into grievances or disputes if they're not dealt with quickly and effectively.

## Educational aims:

To provide members with an understanding of the importance and benefits of healthy workplace relationships.

## CPD outcomes:

- To gain a better appreciation of how clear disciplinary, grievance and dispute procedures can help to resolve workplace issues;
- To recognise what can be done to minimise and resolve conflict in the workplace.

Acas helps organisations of all sizes to avoid and resolve problems with relationships at work, saving time, money and stress for both the employer and employees. We can offer health checks, as well as advice and guidance to develop robust working policies. But where issues turn into problems, we offer free individual and collective conciliation services.





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## What can be done to minimise and resolve conflict in the workplace?

### Simple steps for employers

- Train managers to handle difficult conversations with employees (Acas can provide advice and training).
- Encourage open expression of opinions and recognise the importance of feelings.
- Listen to what people have to say. Focus on interests not positions and personalities.
- Have clear discipline, grievance and dispute procedures for dealing with conflict (see our **Useful templates for letters, forms and checklists** for draft policies).
- Contact Acas Helpline (0300 123 1100) or **Helpline Online** for advice.

Include involving Acas support into your contracts of employment and/or individual disciplinary and grievance procedures.

### Simple steps for employees

- It's always simpler to talk to people directly and informally about a problem.  
  
Check with your line manager, HR, your finance team or others you think can help, to see if there has been a mistake or misunderstanding that has caused the problem unintentionally.
- Keep a record of relevant events: include dates and times and a description of what happened; plus copies of any relevant paperwork, e.g. letters, memos, emails, notes of meetings.
- Get advice about your rights from the Acas helpline (0300 123 1100) or **Helpline Online**.
- If all informal internal procedures have been exhausted, make a formal complaint (follow your employer's procedures - if you have a union representative or other adviser, ask them to help).
- Contact Acas for advice on Mediation, Acas Dispute Resolution and Arbitration. We provide all of these services for individuals and groups of employees (usually through a representative such as a Trade Union).



## About Acas

**Acas (Advisory, Conciliation and Arbitration Service) provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law. We support good relationships between employers and employees which underpin business success. But when things go wrong we help by providing conciliation to resolve workplace problems.**

- We also provide good value, high quality training and tailored advice to employers. Our expertise is based on millions of contacts with employers and employees each year and we are governed by an independent Council, including representatives of employer and employee organisations and employment experts.
- We provide advice and support to improve organisational performance and quality of working life.
- We improve employment relations and prevent conflict by producing statutory Codes of Practice and **advice and guidance** to help employers, for example on how to write an employment contract or handle discipline and grievance.
- We promote good practice by offering **tailored training** based on our respected guidance; we provide online training through the **Acas Learning Online** site and other tools for organisations to diagnose themselves; and we offer a range of training courses and employer network forums. Last year we trained around 30,000 people.
- When problems start to emerge, or people want help on their situation, we provide employers and employees with free impartial expert advice through our **Helpline and Helpline Online** services. Last year we handled over one million calls and queries through the Helpline (0300 123 1100) and Helpline Online, and around 86% of callers were able to take clear action based on our advice.
- Where more complex issues arise we offer in depth projects to assist businesses and their employees reach a lasting solution. Last year we conducted 225 projects to help address specific issues in workplaces.



<http://www.acas.org.uk/>

### *continued from page 15*

within ethical standards expected of the dental profession. The Care Quality Commission, the GDC and NHS England are now working as a Tripartite Program Board, to take appropriate action if dental service providers are not reaching their new Fundamental Standards. Ethical principles of practice are in the spotlight during CQC inspections and individual team members may be interviewed with regard to how these issues are dealt with in their practice.

### Train your team

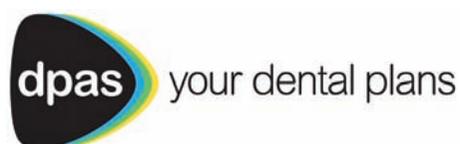
The message is simple and very clear. All team members now have a professional responsibility to ensure that they and those working around them have an intelligent awareness of why and how ethical principles of practice are implemented in their dental surgery.

Training is essential to this purpose and

is a recommended core CPD topic for GDC registrants. Only as a team can a united, moralistic approach be applied to our work and a principled and honourable profession be viewed through the public eye.

### References

- 1 [www.gdc-uk.org](http://www.gdc-uk.org)
- 2 [www.legislation.gov.uk](http://www.legislation.gov.uk)
- 3 [www.cqc.org.uk](http://www.cqc.org.uk)



*Nicki Rowland has been practice manager at Perfect 32 Dental Practice in East Yorkshire for 9 years. Nicki has recently set up her*

*own business, Practices Made Perfect by Nicki Rowland, which is a dental consultancy and training organisation. She is dedicated to sharing her knowledge and enthusiasm with other practices to assist them in identifying areas for improvement, achieving their optimum potential and ultimately driving turnover.*

<http://www.pmp-consulting.co.uk/>

# CPD Questions (Winter 2016)

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 up to two verifiable hours of CPD for those entering the programme.

Practice managers or administrators wishing to enter the programme can do so either by signing up – free of charge - with Dental CPD Pro as outlined below or by completing the answer sheet on page 25 and sending it (or a photocopy if you prefer) to ADAM at 2 Wheatstone Court, Davy Way, Waterwells Business Park, Quedgeley, Gloucester GL2 2AQ by **28th March 2016**.

ADAM members completing the programme will receive a certificate for up to two hours of verifiable CPD together with the answers to the questions. **Please note that you must achieve a score of 80% or more to receive a certificate.**

Any non-member wishing to undertake the CPD in this issue of **Practice Focus** must include a cheque for £25 payable to ADAM.

**To complete your CPD on your Smartphone or online follow these simple instructions:-**

**Step 1:** Download the Dental CPD Pro app onto your Smartphone.

**Step 2:** Read each article containing CPD.

**Step 3:** Using your Dental CPD Pro app scan the QR code on the CPD article page.

**Step 4:** Answer the questions either in the app or online; your certificate will be generated instantly!

**Step 5:** Save your CPD certificates online or if you prefer print a paper copy.

Please note that if you complete your CPD through Dental CPD Pro you will get a certificate for each article rather than one for the whole publication.

For the present time you can still complete the CPD form on page 25 in which case you'll still get one certificate for the whole publication.

If you have any questions or need any help at all, email the support team at [dental@cpdpro.org.uk](mailto:dental@cpdpro.org.uk) and they'll be happy to assist you.

## Educational Aims Objectives and Outcomes

### Aims

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.

### CPD Outcomes

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.

## Dental Ethics - A Real Talking Point (page 15)

**1** In what year did the General Dental Council (GDC) commission investigative research as part of their consultation on Standards for Dental Professionals and Principles of Ethical Advertising?

- A 2008
- B 2010
- C 2012
- D 2014

**2** Following the GDC consultation when were a reviewed set of Standard for the Dental Team published and brought into effect?

- A Wednesday, September 30, 2009
- B Friday, September 30, 2011
- C Monday, September 30, 2013
- D Wednesday, September 30, 2015

**3** The Standard for the Dental Team document includes governance relating to which of the following?

- A conduct performance and ethics
- B ethics manners and attitudes
- C performance attitudes and behaviour
- D conduct behaviour and manners

**4** Which of the following is not one of the nine Core Ethical Principles of Practice listed?

- A Raise concerns if patients are at risk
- B Obtain valid consent
- C Maintain, develop and work within your professional knowledge and skills
- D Always try to do your best for the patient

**5** Which organisations form the Tripartite Program Board?

- A General Dental Council, NHS England, Department of Health
- B Care Quality Commission, General Dental Council, NHS England
- C Care Quality Commission, MHRA, Department of Health
- D NHS England, General Dental Council, MHRA

### Is flexible working too flexible? (page 16)

**6** How many weeks continuous employment must an employee have worked in order to make a request for flexible working for any reason?

- A At least 13 weeks
- B At least 26 weeks
- C At least 39 weeks
- D At least 52 weeks

**7** How many requests can be made in any 12 month period?

- A 1
- B 2
- C 3
- D There is no limit

**8** When were these changes introduced?

- A 03 June 2013
- B 30 June 2015
- C 03 June 2014
- D 30 June 2014

**9** Your Flexible Working Policy should include a statement to the effect that...

- A The employer will consider a request only if you have children
- B The employer will consider a request only from female employees
- C The employer will consider a request for flexible working
- D The employer will consider a request entirely at their discretion, whatever the circumstances

**10** Within what period must the employer notify the employee of their decision?

- A 3 months
- B 6 months
- C 1 month
- D 3 weeks

### Are you planning for success? (page 18)

**11** Who said managers should catch our people doing something right?

- A Ken Blanchard
- B Jim Collins
- C Edward de Bono
- D Charles Handy

**12** When thinking about your plan, what should you start by doing?

- A Asking your Practice Principal what he/she thinks
- B Consulting with your team
- C Writing down all of your ideas
- D Reviewing the past year

**13** If you achieved last year's goals and/or budgets what should you do?

- A Congratulate your team
- B Ask for a pay rise
- C Go out to celebrate
- D Nothing - it's what you and your team are paid to do

**14** It is safe to say that all practices need to replace at least what percentage of their active database?

- A 9%
- B 7%
- C 5%
- D 3%

**15** How important a measure is the Lifetime Value of a patient?

- A Important
- B Not Important
- C Critical
- D Essential

### Disputes and problems at work (page 20)

**16** How important is it to have suitable policies and procedures to resolve workplace issues?

- A Useful
- B Preferable
- C Essential
- D Unimportant

**17** What three procedures should be in place to deal with conflict

- A Absence, training and discipline
- B Performance, grievance and holiday
- C Training, dispute and performance
- D Discipline, grievance and dispute

**18** Who should an employee first check with about a problem?

- A A friend or colleague
- B Their line manager
- C The Practice Principal
- D Their solicitor

**19** If all informal internal procedures have been exhausted, what should an employee do next?

- A Drop the matter
- B Find a new job
- C Speak to their solicitor
- D Make a formal complaint

**20** What does the acronym Acas stand for?

- A Association for Complaints and Arbitration Society
- B Advisory Conciliation and Arbitration Service
- C Advice and Conciliation for All Staff
- D Arguments and Complaints All Solved

### CPD Answers Autumn 2015

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

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# CPD answer sheet

## Practice Focus Winter 2015/16

Remove this page, or send a photocopy to the ADAM at:  
**2 Wheatstone Court, Davy Way, Waterwells Business Park,  
 Quedgeley, Gloucester GL2 2AQ.**

Please PRINT your details below:

Title	First Name*
Last Name*	
Address*	
Postcode*	
Telephone	
Email	
GDC no.* (if relevant)	
ADAM Member: Yes No	ADAM no.*

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

Please note that you must achieve a score of 50% or more to receive a certificate.

### Feedback

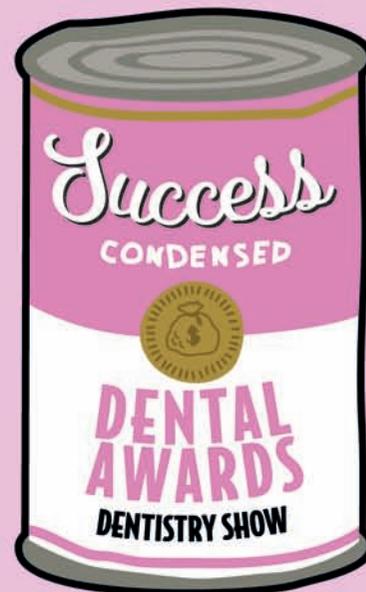
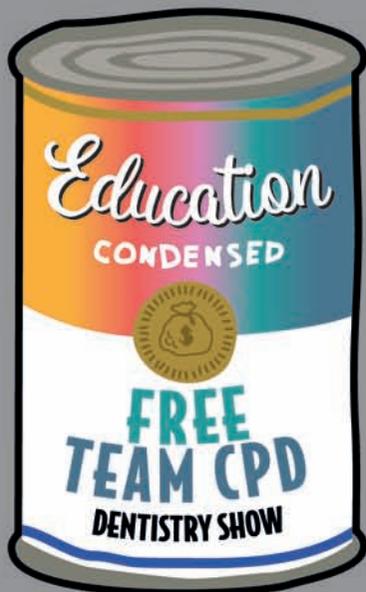
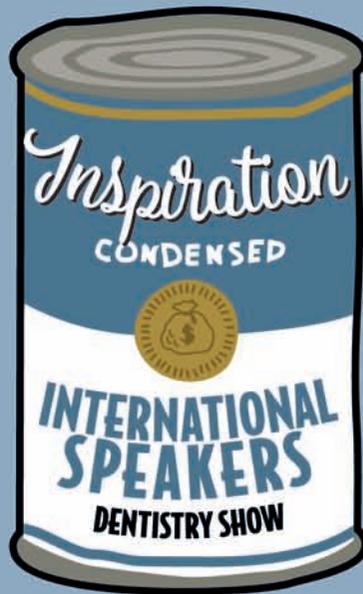
We wish to monitor the quality and value to readers of the Practice Focus CPD Programme so that we may continually improve it for the benefit of members; please use this space to provide us with any feedback or comment.

### Answers

Please tick the answer for each question below.

Answer sheets must be received before **28 March 2016**. Answer sheets received after this date will be discarded as the answers will be published in the next issue of Practice Focus.

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



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