PracticeFocus

quarterly magazine of the ADAM ■ summer 2012

THE NUTS & BOLTS OF PRACTICE MANAGEMENT

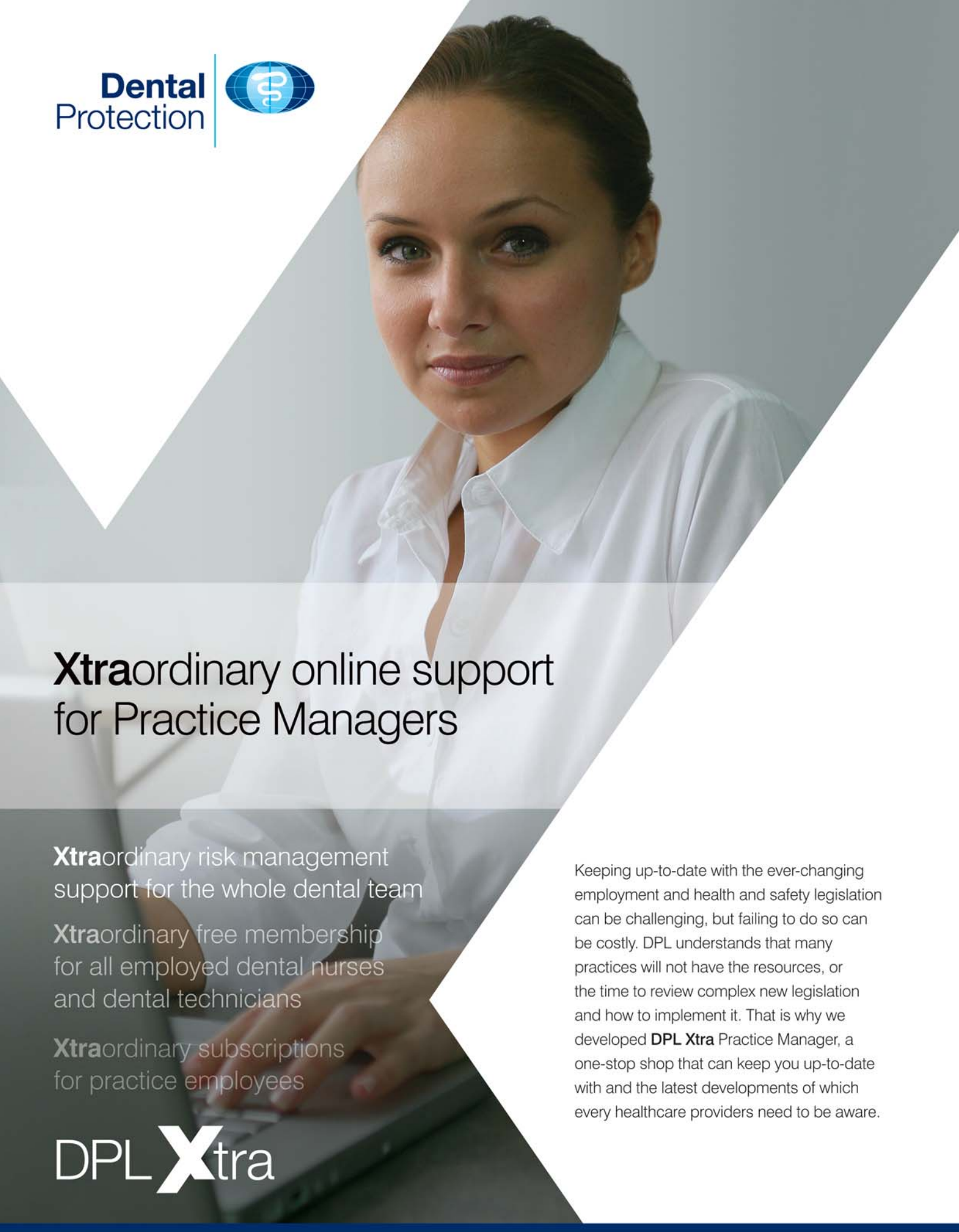
also in this issue:

ADAM
Association of Dental Administrators and Managers

the publication that promotes dental management

ISSN 1756-5219

CONTAINS TWO HOURS OF VERIFIABLE CPD



Dental Protection

Xtraordinary online support for Practice Managers

Xtraordinary risk management support for the whole dental team

Xtraordinary free membership for all employed dental nurses and dental technicians

Xtraordinary subscriptions for practice employees

DPL Xtra

Keeping up-to-date with the ever-changing employment and health and safety legislation can be challenging, but failing to do so can be costly. DPL understands that many practices will not have the resources, or the time to review complex new legislation and how to implement it. That is why we developed **DPL Xtra** Practice Manager, a one-stop shop that can keep you up-to-date with and the latest developments of which every healthcare providers need to be aware.

An **Xtra**ordinary Indemnity Programme for the Whole Practice

For more information go to www.dentalprotection.org/uk/dplxtra or call our Membership Helpline on 0845 718 7187

Download a QR code reader and scan the code for more information

PracticeFocus

quarterly magazine of the ADAM ■ summer 2012

editorial

by **Jill Taylor**

Welcome to the summer edition of Practice Focus, whose production conveniently fell soon after our 2012 Conference, enabling us to dedicate many of these pages to sharing the highlights. Delegates at the Harrogate event enjoyed two days of presentations, workshops, exhibitions and celebrations all kindly sponsored by MDDUS.

The feedback from those who attended was extremely positive. Thank you to everyone who invested their time and money in joining us and we are delighted that you felt your investment was wisely spent. We will use the feedback and comments to refine next year's conference, making it the most unmissable event in the practice manager's calendar. So in this issue, for those who didn't manage to attend conference, you can read all about the three winners of the ADAM Awards and see the photographs of their delighted smiles when award sponsors, Denplan, presented their trophies.

Our centre pages are devoted to the main conference presentations, based on our 'nuts and bolts' theme of managing a dental practice. Each of the speakers focused on a core element of practice management in the form of people, process and price. A good dose of theory whet everyone's appetite but the real fun was had in the afternoon workshops provided by conference sponsors MDDUS and treatment coordination speaker, Laura Horton.

But this issue isn't all about conference. For those of you who are GDC registered and having to keep up with CPD on top of everything else, we have one hour of core infection control CPD in addition to another hour of general verified CPD. We hope this helps you to fulfill those targets!

What a few months we have coming up. Following hot on the heels from our last webinars with Andy Toy from The Dental Business Academy we have a series of three webinars with Sim Goldblum from The Dentistry Business. Be sure to book early, you will find details within the pages of this issue.

It seems ages between issues of Practice Focus: much too long for us not to keep in touch and although we do interact via the monthly e updates we would like to know what is happening with you as and when it happens.

If you haven't done so already, make certain you like us on Facebook and follow us on twitter. Not only to keep up to date with news as it comes along but to feed us news about what's going on with you. We tailor our services around the kind of support our members need so it is vital we keep all channels of communication open and operating.

And on that note, I look forward to hearing from you in one form or other – soon!

contacts

Practice Focus is the official magazine of the **Association of Dental Administrators and Managers** (formerly the British Dental Practice Managers' Association or BDPMA), 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

ADAM members receive *Practice Focus* as a member benefit. Annual subscription for non-members is £100. *Practice Focus* is published quarterly on behalf of the ADAM by Stephen Hancocks Limited www.shancocksltd.com. ISSN 1756-5219. The inclusion of advertisements in this magazine does not constitute endorsement by the ADAM, of the products and services concerned.

Editors: Vikki Harper and Vicki Gumbley
t: 01949 851 723 **m:** 07932 402 561
e: vikki@goodasmyword.com

Advertising:
Donna Miller
t: 01606 599 025
e: advertising@adam-aspire.co.uk

Design and production:
Kavita Graphics **t:** 020 7252 1915
e: dennis@kavitagraphics.co.uk

in this issue

adamnews&information

Oral cancer: improving early detection becomes recommended CPD

The GDC has confirmed that oral cancer: improving early detection is to be included as a 'recommended' topic in its CPD scheme.

At its meeting held in May, members agreed to include the topic until new CPD rules and associated guidance come into force following the current CPD review.

The GDC introduced compulsory CPD for dentists in 2002 and for DCPs in 2008.

Whilst the GDC has no current powers to introduce mandatory CPD topics, it has identified some 'core' topics that dental professionals should cover as part of their verifiable CPD.

They are; medical emergencies, disinfection and decontamination, and radiography and radiation protection (or materials and equipment for dental technicians).

The GDC also recommends some subjects that can be completed as verifiable or non-verifiable CPD. They are legal and ethical issues, complaints handling and, now, oral cancer: improving early detection.

CPD is a legal requirement of registration with the GDC and failure to meet the 250 hour requirement for dentists or 150 hour requirement for DCPs in a five year cycle could result in registrants being removed from the register and unable to practise. Registrants can check their cycle dates on the GDC website.

Any new CPD requirements will not be introduced before 2013.

- The GDC is currently reviewing its CPD requirements and throughout 2012 work will continue to develop a future CPD model, extensive stakeholder engagement and public consultation. All the details will be available on the GDC's website **www.gdc-uk.org**

Dental regulator issues tooth whitening reminder

As part of National Smile Month the General Dental Council (GDC) is advising patients not to have their teeth whitened unless a dentist has assessed whether such treatment is right for them.

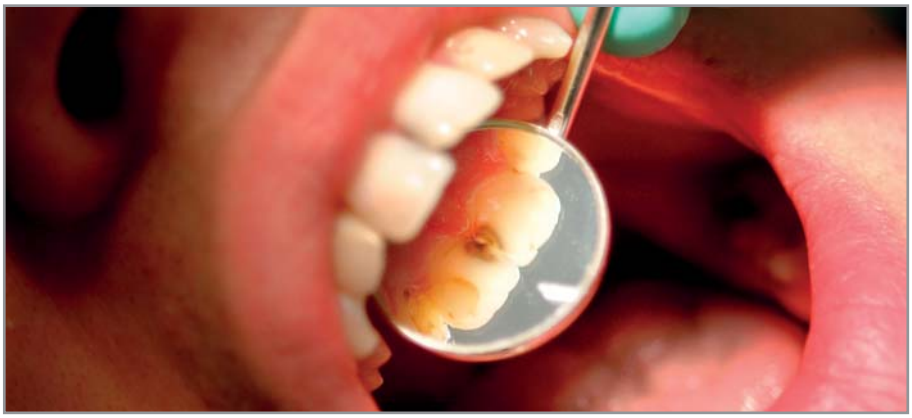
Tooth whitening can improve the appearance of natural teeth but it is important that patients are fully aware of what to expect and how it can be conducted safely.

Tooth whitening may only lawfully be provided by those who are registered dental professionals; specifically dentists, or dental hygienists or dental therapists working to a dentist's prescription.

The GDC has successfully prosecuted two cases in the criminal courts in the last 12 months involving individuals who were not registered with the GDC and therefore were not entitled to undertake tooth whitening.

The GDC will continue to prosecute these cases and is reminding patients and the public to alert it to any concerns they may have that tooth whitening is being undertaken unlawfully.

- A leaflet is available to download from the GDC's website offering advice to anyone who is considering tooth whitening treatment **www.gdc-uk.org**



ADAM autumn webinars

ADAM is delighted to announce that it has teamed up with The Dentistry Business and, with the support of DPAS, is bringing members three one and a half hour webinars that will be broadcast in the autumn.

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

The webinars, which will take place on the evenings of September 13th, October 11th and November 1st, will cover three specific topics in turn:

- "Front desk and operational control" will focus on the identification and measurement of key indicators and help managers understand why these metrics are now so important.
- "Effective team equals effective practice" offers practical tips on how to optimise staff meetings, how to make good recruitment decisions and how to use appraisals effectively.
- Finally, "Attracting new patients and keeping those you have" will present ideas for new patient scripts, give tips on how to handle complaints and address the vital issue of how to retain patients through the current tough economic period.

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

Our president Jill Taylor is particularly pleased to be able to offer the webinars to members: "The Dentistry Business works regularly with practice managers on its Level 4 and Level 7 university programmes and through this has a real insight and understanding of the multi-faceted role of practice mangers. This has enabled them to pinpoint exactly where practice managers need advice, help and support. To be able to deliver a series of webinars, sponsored by leading dental plan provider DPAS, perfectly illustrates our commitment to disseminating knowledge and learning to our members."

- To reserve your free place at any or all of the webinars simply complete the online form available at **www.thedentistrybusiness.com/adamwebinars** or email **sim@thedentistrybusiness.com**

BDTA survey trends in dental technology

The British Dental Trade Association (BDTA) recently commissioned its annual 'Adoption of New Technology' survey amongst members of the dental profession to gain the latest insight from dentists on their attitudes towards new dental technologies and training courses and providers.

Based on 225 completed surveys the results revealed some interesting insight on attitudes to and usage of technology products in dental practices, including the finding that more dentists surveyed in December 2011 had purchased intra oral cameras (47% vs. 41% 2009/10) and intra oral digital sensors (37% vs. 41% 2009/10). This trend looks set to continue as these are the products that dentists indicated they most intend to purchase in 2012 (13% intra oral digital sensors and 11% intra oral cameras).

Amongst other key findings, the research also revealed that almost three quarters (74%) have practice management software installed. Just over two thirds of which (67%) have had the software for over 12 months. Appointment making and patient record management are the activities for which most other computers within the surgery are used (85% appointment making and 81% record management). Overall use of chairside computers appears to have fallen, the only increase has been for image processing / storing (from 59% in 2009/10 to 65% 2010/11).

The BDTA would like to thank all those who took the time to participate in the research. A £2.50 contribution to Bridge2Aid has been made by the BDTA for every survey completed. A further donation of £250 was made to the National Mountain Rescue for England and Wales, on behalf of Carrie Poole, of Penistone Dental Practice, whose completed survey was chosen at random.

- The full survey results are available to BDTA members at **http://www.bdta.org.uk/bdta-area.html**. For more information on the BDTA please call **01494 782873** or visit **www.bdta.org.uk**.

charityfeature

"I can't see a reason why every practice in the UK shouldn't be signed up"

Volunteers from Saving Faces, our charity for the year, attended the BDA Conference in Manchester in April to promote its fast-track diagnostic service that promises to dramatically improve the care of patients with suspected mouth cancer.

Three patients, Eileen Kane, Abul Khairat and Roy Hume, who explained the advantages of the diagnostic advice service to patients, and whose stories helped illustrate that there are cases that remain undiagnosed by dentists, also joined them on the stand.

Early diagnosis of mouth cancer increases the chances of survival from 50 per cent to 90 per cent. Primary care clinicians still occasionally miss cancer but more often don't know the best surgeons to refer to in their locality. This wastes valuable time in starting treatment.

For just £3 a week*, the Saving Faces Diagnostic Advice Service (SFDADS) helps speed up the referral process and ensures referral to the most appropriate surgeons near to where the patient lives.

One dentist, who signed up to the service last summer, is Mark Kent. On the two occasions that he has used the service, he has received a detailed response by the end of the same day.

"I feel that this is a fantastic use of one's resources," said Dr Kent.

"It is amazingly reassuring from my point of view and means that I can provide an excellent service to my patients. This makes the cost of it almost irrelevant - I am investing in the care of my patients.

"Receiving an opinion from a specialist so quickly really helps allay patients' fears. I can't see a reason why every practice in the UK shouldn't be signed up. I have used the service twice but I could have used it 100 times and the cost would remain the same."

The dentist, who splits his time between Middlesex and central London and has been practising since 1983, said he first heard about the diagnostic service when lecturing at the Royal Society of Medicine about a year ago. He heard a presentation by oral and maxillofacial surgeon Prof Iain Hutchison, the founder of Saving Faces, and thought it sounded like a great idea.

Saving Faces Liaison Officer, Dr Louise Lemoine, said: "Dentists simply will never have the experience of looking at as many different lesions of the mouth as oral and maxillofacial (OMF) surgeons. The dentists that we spoke to at the conference were especially impressed by the fact that this service quickly reassures patients with benign disease whilst dealing promptly with those with mouth cancer."

Participating dentists upload patient details and electronic images of suspect lesions onto a secure system. Their patient is guaranteed to receive an urgent diagnostic service from a consultant oral and maxillofacial surgeon within three days, meaning the dentist can rapidly reassure those with benign disease within days of seeing them. Those with serious disease are immediately referred to surgeons with the appropriate expertise at their nearest hospital.

Every penny raised from subscriptions will be used to fund the world's first National Facial and Oral Research Study Centre (NFORSC). NFORSC's work will improve treatment for all patients worldwide. The OMF surgeons receive no payment and are providing this service voluntarily. The donation can be claimed as a practice expense or, if given from a personal account, can be claimed back on tax. The dentist also transfers litigation risk to the OMF surgeon once the referral has been sent so there is never a risk of the dentist being sued by the patient. This is particularly important as a growing number of patients are taking legal action against dentists missing early cancers.

Each referral is evaluable for one hour's CPD and dentists and their staff can also attend an annual free conference, which also contributes to their CPD requirements. And those signing up receive a Charter Mark Certificate of membership for their waiting room, as well as a poster showing photographs of common lesions and a desktop calendar listing the symptoms of mouth cancer to remind receptionists to give patients with these symptoms an urgent appointment.

- Anyone interested in signing up can do so online at **www.sfdads.co.uk**, by emailing Saving Faces at **dads@savingfaces.co.uk** or by calling **0203 465 5755**.

* Saving Faces asks for a small subscription of £3 per week per dentist (or £9 per week for practices with three or more partners) payable by annual direct debit.

Saving Faces
Diagnostic Advice Service
SFDADS
Fast tracking mouth cancer treatment

BDTA Dental Showcase 2012
4-6 October 2012, ExCeL London
Register now at:
www.dentalshowcase.com

BDTA

"Delivering quality for dentistry"

The BDTA represents over 130 of the most reliable companies who can enable you to deliver the highest quality patient care and make your practice run like clockwork.

BDTA members adhere to our strict Code of Practice, so you can be confident that they will:

1. Deliver superior products and services, ensuring you work to the most precise standards.
2. Accurately fulfil your requirements in terms of help and support, minimising downtime.
3. Find time to devise innovative solutions bringing you the latest techniques and technologies to stay ahead of the competition.

High quality inputs are essential to producing high quality outcomes.

Scan the barcode with your phone to be directed to the BDTA website and view a full list of BDTA member companies.

www.bdta.org.uk

The British Dental Trade Association

The British Dental Trade Association, Mineral Lane, Chesham, Bucks HP5 1NL. Tel: 01494 782873 email: admin@bdta.org.uk

BDTA

BDTA DENTAL SHOWCASE 2012

4-6 October 2012, ExCeL London

A VOYAGE OF DISCOVERY

The UK's largest dental exhibition

Discover what's new

Gain technical & business advice

Experience hands-on demonstrations

Get 'out of this world' special offers

Register now for your free ticket:

ONLINE: www.dentalshowcase.com
HOTLINE: + 44 (0) 1494 729959
TEXT: your name, postal address, occupation, and GDC number to 07786 206276
EMAIL: ers@dentalshowcase.com

Scan the barcode with your phone to reserve your ticket for Showcase 2012

BDTA DENTAL SHOWCASE

4-6 October 2012
ExCeL London

BDTA Dental Showcase 2012 is organised by The British Dental Trade Association, Mineral Lane, Chesham, Bucks, HP5 1NL Tel: 01494 782873 e-mail: admin@bdta.org.uk

First ever ADAM Award winners revealed

Sponsored by:

Denplan
At the heart of dental care

The ADAM Conference took place in Harrogate on Friday and Saturday, May 18 and 19 and we are delighted to announce the winners of the first ever ADAM Awards.

Perfect 32 in Beverley had double the reason to celebrate as Nicki Rowland was crowned Practice Manager of the Year and her colleague, Christine Ferguson, received the accolade for Administrator of the Year. Melissa White from Soar Valley Dental Practice in Barrow-upon-Soar was awarded the title of Treatment Co-ordinator of the Year.

The winners of the ADAM Awards, generously sponsored by Denplan, each received a cheque for £500 and a beautiful, engraved glass trophy to display in their practice. The ADAM Awards are very special; they are awarded by the industry to individuals within the practice administration team recognise and acknowledge excellence within dental practices.

ADAM president, Jill Taylor, said: "We would like to sincerely congratulate the three winners of the first ever ADAM Awards. Nicki, Melissa and Christine have shown real commitment to their ever-changing roles within the dental team and should be very proud of their achievements. The standard of entries was high and we had a tough job choosing a winner in each category."

Roger Matthews, Denplan's Chief Dental Officer added: "Denplan has a long heritage of offering the highest quality support and customer service, so we were really pleased to help judge the ADAM Awards. We were highly impressed by the quality of the entries and the pride they clearly took in their work and their practices. A dental practice cannot function effectively without a committed practice team and these awards highlight their dedication and desire to continually improve."

ADAM's Honorary Vice President, Hew Mathewson said: "It was a real joy to be involved in such a positive conference. Delegates were not only educated but challenged, it was exactly what a good conference should be with plenty of opportunity to talk and share experience. It was a privilege to hand over the ADAM Denplan Trophy to a very worthy winner of Practice Manager of the Year."

Steve Gates, Managing Director at Denplan, commented: "Denplan is delighted to offer our support to ADAM and our three-year sponsorship agreement includes the fantastic annual ADAM Awards. From customer care to patient recruitment, personnel management to essential CQC training, we're very pleased to be able to recognise the expertise practice team members bring to an increasingly challenging environment through these important awards."

(left to right) ADAM Award winners: Practice Manager of the Year, Nicki Rowland from Perfect 32 in Beverley, Melissa White from Soar Valley Dental Practice in Leicestershire who won Treatment Co-ordinator of the Year, and Christine Ferguson from Perfect 32, who has the title of Administrator of the Year.

(left to right) ADAM Honorary Vice President Hew Mathewson, Denplan Managing Director Steve Gates, Practice Manager of the Year, Nicki Rowland, ADAM President Jill Taylor, Treatment Co-ordinator of the Year Melissa White, Administrator of the Year Christine Ferguson and Roger Matthews Denplan's Chief Dental Officer.

Surface cleaning an obsession

As practice managers are only too well aware, cleaning and disinfection processes within the dental practice are of paramount concern, not only in relation to CQC and HTM01-05 compliance, but also with regard to staff and patient wellbeing.

Protein contamination is an obvious area for serious concern, since residual soiling on surfaces can harbour pathogens. Blood has the potential to carry and transmit viruses such as HIV, HBV and HCV research and advances in the sphere of microbiology now provide evidence that many micro-organisms can survive on a variety of surfaces, making the danger of disease transmission from contaminated surgery surfaces or equipment a genuine threat to patients and staff. In addition, an increasingly mobile population including greatly increased economic migration has resulted in a resurgence of diseases such as TB, which are associated with overcrowding and poor standards of general health.

Within a dental surgery, both cleaning and disinfection are required but although the terms are often confused they are not the same thing. Cleaning involves the physical removal of soiling matter from surfaces while disinfection refers to the inactivation of pathogens. Cleaning must take place before disinfection to ensure that bacteria, proteins and other contaminants are removed from surfaces before disinfection takes place, unless an effective single stage process is in use.

Decontamination of a specific area is aided by the use of commercially available products and many of these agents are based on alcohol. In dentistry, alcohol has been widely adopted as a disinfectant for many years and its efficacy in this role is well documented.

The widespread use of alcohol as a disinfectant in dentistry has been largely driven by its low cost and quick drying properties, where its rapid drying is perceived as beneficial in achieving a short turn-round time between patients. However, rapid evaporation of alcohol based products also means that by the time the treatment of a surface has been completed, most of the alcohol has evaporated meaning that the areas wiped at the end of the process will be neither cleaned nor effectively disinfected. Despite the acknowledgement of alcohol as an effective disinfectant, it is not effective as a cleaner, particularly where

and disinfection – do you have with alcohol?

by Peter Bacon CChem FRSC
Technical Director at Dentisan - www.dentisan.co.uk

protein based soils are present as is likely to be the case in medical and dental environments. This fact is frequently overlooked, but is referenced in HTM 01-05 guidelines:

Section 6.57 of HTM01-05: 'Care should be taken in the use of alcohol wipes, which – though effective against viruses on clean surfaces – may fix protein and biofilm. However, the careful use of water with suitable detergents, including those CE-marked for clinical use, is satisfactory provided the surface is dried after such cleaning.

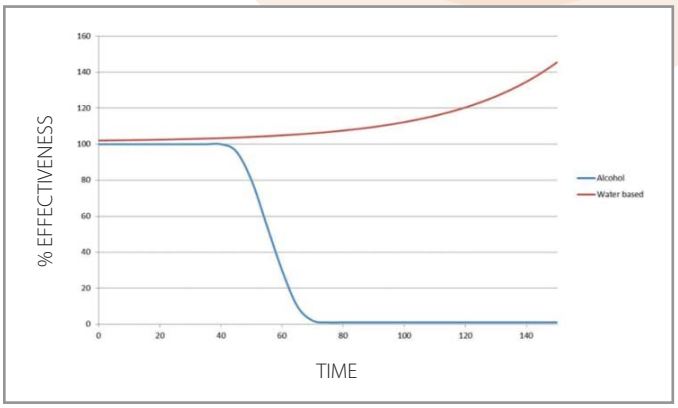
NOTE: Alcohol has been shown to bind blood and protein to stainless steel. The use of alcohol with dental instruments should therefore be avoided.'

We can conclude from this that alcohol based products are not suitable for single stage cleaning and disinfection in an environment where protein based soils are likely to be present and in order to ensure compliance with HTM01-05 should only form part of two-stage process.

1. Clean to remove physical soiling
2. Disinfect with alcohol to inactivate pathogens

This process however is less than desirable from an operational point of view due to the additional time required to carry out two procedures between each patient, as well as the additional cost of buying two products and the additional inventory required.

There are a number of key variables that in practice might influence the effectiveness of any cleaner / disinfectant and these include the type of surface material, the soiling that is present and of course the method and physical action used to clean, which varies with every individual. But one method of measuring effectiveness despite these variables is the efficacy of a product in terms of its contact time and in tests, the differences between alcohol and water based products are clear.



The graph illustrates the behaviour of water and alcohol based formulations. Each product type achieves its maximum effectiveness on immediate contact with the surface. However the rapid evaporation of alcohol based products quickly reduces their effectiveness so that after around one minute there are no effective cleaning or disinfection properties. In comparison, as the water based product starts to dry, it becomes more concentrated and its disinfection properties become increasingly effective, lasting more than twice as long.

Further limitations in the use of alcohol based products such as material incompatibility and flammability that makes storage a consideration in terms of health and safety, may lead us to question why alcohol has been such a popular choice for dental practices. Of course the low cost and quick drying properties referenced earlier have been key drivers in this market, but so too has the lack of a viable alternative.

In recent years a growing demand for water based products and the advent of HTM 01-05 has provided manufacturers with the necessary impetus to develop a solution that ticks all the boxes, without the need to compromise in any area. The ideal is a carefully formulated water based product that can both remove soiling and disinfect in a single process, is highly effective and compatible with a broad range of materials. Such a solution will greatly reduce the time taken in practice and deliver an effective answer that responds to the demands of the market and provides a means of ensuring complete compliance with current guidelines.

CONTAINS ONE HOUR OF INFECTION CONTROL CPD

financematters

Confused about the difference between cash, cash flow and profit?

Many businesses find it difficult to differentiate between cash, cash flow and profit. In this article we examine some of the key distinctions.

Cash is the liquid assets of the business, i.e. funds immediately available such as coins and notes, bank balances and overdraft facilities and therefore does not include money held in long-term deposit or money owed by patients. Cash flow is the movement of cash into and out of the practice.

From an accounts perspective, profit equals income less expenses. Whilst this may sound similar to cash flow, it isn't the same because there are normally several non-cash accounting adjustments in the profit and loss account. These include:

- **Depreciation**. When an asset is purchased it is capitalised for accounting purposes. The cost is then written off to the profit and loss account over its useful economic life.

  For example, a new computer may cost £1,000 and be expected to last four years. The cash outflow occurs when the computer is actually purchased so that £1,000 spent forms part of the cash flow. But for accounting purposes 25% of the cost, £250, is included as the depreciation charge when calculating profit each year.
- **Amortisation**. This is an accounting term and is similar to depreciation, only for intangible fixed assets. The most common example is the write off of goodwill.
- **Profit or loss on disposal of assets**. For accounting purposes, the profit or loss is the difference between the net book (depreciated) value and the proceeds actually received.
- **Debtors**. Where patients receive treatment this is recognised when calculating profit. However, they may not pay immediately so there is no cash inflow until payment is actually received.

  Another example is NHS contract income, which is normally received at the beginning of the following month (in arrears). This should be recognised for accounting purposes however the cash inflow would occur in the following month.
- **Creditors.** This is similar to debtors, whereby invoices for goods or services received from suppliers are recognised when calculating profit, however there is no cash outflow until the supplier is actually paid.
- **Prepayments**. Where goods or services are paid for in advance the cost is deferred to match against the corresponding accounting period. A typical example is rent paid in advance.
- **Accruals**. Similar to prepayments, an accrual for costs relating to the accounting year can be made without an invoice actually being raised in the year. An example of this is accountancy fees.
- **Stock movement**. If the level of stock of materials and goods for resale increases, this is a cash outflow (and vice versa). For accounting profit purposes stock in hand is matched against the corresponding fee income (materials) or sale (goods).

In addition to the above, there are some cash movements, which are not reflected in the profit and loss account. Examples include:

- Purchase of fixed assets such as computers, dental equipment, office furniture or a car (see example above).
- The proceeds from the sale of an asset such as a car.
- The receipt of a bank loan or an increased bank overdraft.
- The repayment of the capital element of a loan or hire purchase agreement. Remember it is only the interest element which is deducted against accounting profit.
- For sole traders and partnerships, drawings to pay personal living costs, tax and National Insurance liabilities or pension contributions.

Given all of the above differences, it is possible to make a profit and still have a negative cash flow. Managing the practice's cash flow is therefore very important and will be the subject of next quarter's article. If there are specific aspects of cash flow management you would like some tips on, please email denise@adam-aspire.co.uk and we will do our best to provide them.

About the author

Nigel Utting is a Chartered Certified Accountant, Chartered Tax Adviser and Director of the Hazlewoods LLP Dental Team.

For more information contact Nigel Utting
e: nigel.utting@hazlewoods.co.uk
t: 01242 680000
www.hazlewoods.co.uk

Development Focus

The nuts and bolts of practice management

What makes up the effective management of a dental practice? Simple. The successful control of the three Ps: people, process and price. There aren't a thousand plates to keep spinning, just three.

The 2012 ADAM Conference focused on the nuts and bolts of management i.e. the fundamental principles that underpin successful management. Nothing can be achieved without our teams and Margaret Ross and Roger Matthews provided delegates with their perspectives of getting the most from your people.

But people need to follow protocols and processes and Andy Toy gave an insightful presentation into the importance of good systems and how we might recognise, measure and improve them.

And of course if we don't understand the financial implications of the decisions we make and how we can improve our bottom line results where would we be? That's why Andy McDougall finished off with a vital look into how the numbers are impacted by each and every decision we make.

This Development Focus provides an insight into the presentations conference delegates enjoyed. We hope you take something away from what you read in this feature.

People

Delegates enjoyed two presentations that focused on the people aspect of running a practice: each coming from a different perspective.

Exploring your team's skills mix

Margaret Ross, a senior DCP lecturer and co-director of the dental therapy training programme for qualified dental hygienists at Edinburgh Postgraduate Dental Institute spoke passionately about utilising the skills mix within practice.

Her key message to managers was to keep abreast of the debate on direct access and to think carefully about how to effectively employ the skills of team members. Dentistry has evolved quite significantly in recent years and the clinical remit of certain DCP groups has been extended, offering new and perhaps more profitable solutions to patient care.

developmentfocus

Dental hygienist-therapists can undertake approximately 70% of routine dentistry amongst both the adult and child population, thus allowing dentists to concentrate on more specialised areas of treatment. Whilst this skills transfer is still new to patients and may be seen as a reduction in service and skill, if you can effectively educate patients that therapists are qualified and capable of treating, you could add thousands to your bottom line off the same sales.

Appropriate use of your team's skills should lead to a more efficient structure of patient care, with those professionals who are suitably educated and qualified assuming roles for which they have been trained. It would give you more flexibility to cover absence, see and treat patients and improve education and outcomes.

The question you should ask yourself is do you continue to pursue traditional team roles just because that is the way you have always done things or do you explore possibilities for re-shaping your team and your approach to your provision of dental care.

Peak Performance

Conference speaker, Roger Matthews of Denplan, spoke passionately about the fundamental principle that without good people performing at their best, the financial, clinical and business success of the practice is undermined.

Roger suggested that the manager acts as coach, guiding and motivating the team to perform at its best. Three fundamental areas of focus are on skills, knowledge and attitude. The first two can be learned but attitude comes from recruiting the right people in the first place: motivated, positive people who are willing to flex and move with the ebbs and sways of practice life.

A good coach does not have an annual review with team members but manages performance through regular (monthly) one to ones: continuously cajoling and motivating the team to keep them on track. The use of a reward system supports success. Acknowledging and congratulating people when they do something right or well, and the provision of a system of payment for longer-term rewards is the desired approach.

One of the key factors is your ability to deal with conflict. It is never easy but being aware of your leadership style and conscious of how conflict makes you feel will help you to determine solutions. For instance a desire to be liked is common among managers so recognising the difference between being liked and being respected is a major step forward.

One of Roger's most important slides referred to Towers Perrin's five actions to engage people:

- Know them
- Grow them
- Inspire them
- Involve them
- Reward them

If you think about your approach to management, how well do you score on each of these criteria and what changes could you make to fulfil each of them, better?

Process

Systems run the practice – how robust are yours?

Andy Toy from Dental Business Academy kicked off the 'Nuts and Bolts' themed 2012 ADAM Conference with a presentation that focused on processes (systems). Andy's underlying message was that success is unlikely to be achieved without carefully monitored, robust systems.

Andy's message was clear. Systems run the practice and people run the systems. According to statistics Andy provided, 85% of quality issues are caused by defective or inadequate systems and only 15% by the people using them. So before you assess how well individual team members are performing, you need to be certain that the systems they are using are as effective and efficient as possible, and that they achieve their desired purpose.

Figures 1 and 2 illustrate two approaches. Fig 1 puts the delivery of dentistry at its bottom whilst Fig 2 suggests that if your approach to dentistry and your quality management systems are right, then your quality assurance is certain. NICE guidelines are evidence-based and drive your exam protocols; they are effectively your quality control.

Figure1

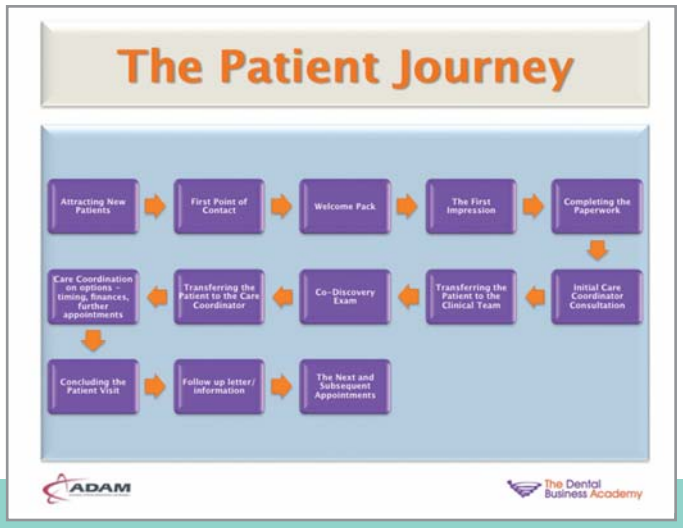


Figure3

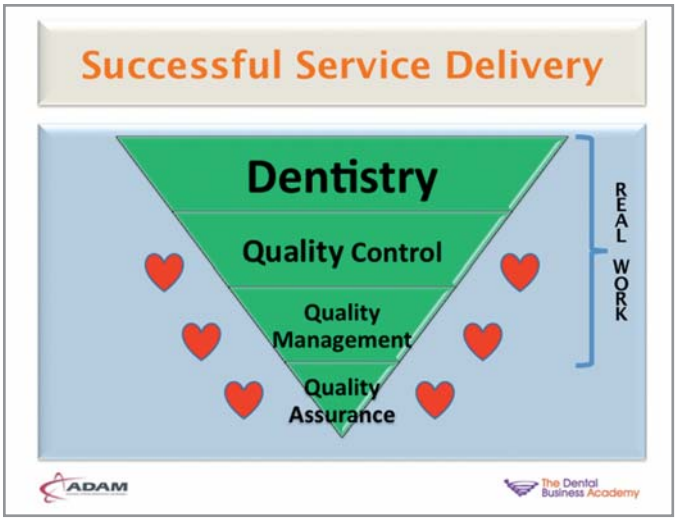


Figure2

Clinical Governance provides a quality audit to check that your protocols are working well and if they are, your quality assurance, as inspected by CQC, will look after itself.

It sounds simple enough but you should constantly assess your processes to make certain they work effectively and fulfil the desired business need. If you agree that Andy's diagram of the patient journey (Fig 3) fits your practice, then to determine if your patient journey is effective, you would need to measure each link. So for instance, what is your target for attracting new patients each month? Of those who make contact, how many receive a welcome pack, attend for a first appointment, accept treatment etc? It is vital you can easily measure each stage, every month and make changes or train to improve your results.

We all talk about success but we rarely define or describe it explicitly. So how do we recognise successful service delivery when we achieve it? Andy's definition was simple: it is the fulfilment of happy patients, happy regulators and a happy team. What are your criteria for measuring happiness across these three groups?

Price

It all comes back to the numbers

The final presentation of the morning was delivered by Andy McDougall from Spot On Business Planning and focused on the pricing element of the three Ps. Andy's premise was that because every function and activity undertaken in the practice has a financial implication, managers should learn to interpret their monthly accounts and to understand how key numbers are affected by the decisions they make each day.

Whilst there is never enough time in the day for managers to analyse each and every number, by applying the 80/20 rule and focusing on the 20% of activities that influence 80% of the result, we can influence and improve the financial results of the practice. Andy suggested the key areas for scrutiny are income, materials and associate pay. The best approach for assessing each of these is to undertake profitability by clinician analysis, tactical pricing and to investigate stock management by purchasing as keenly as possible and managing the levels of stocks within the practice.

Andy's key message was to encourage managers and owners to understand their own break-even analysis. (Fig 4) What Fig 4 illustrates is that at some point along your sales line, you would generate enough income to cover your fixed costs (those costs that remain fixed even if you have no customers, such as the rent on the building, or the team's wages) and those that are variable (costs that move up or down according to your levels of business. So for instance material costs would increase if you undertook lots of major cosmetic work).

Your break-even point is when your turnover exactly covers your fixed costs and it is important to know because once your fixed costs are covered, every penny you generate over and above the break even point then only needs to cover further variable costs. Simply put, once you reach the break-even point, the speed at which your net profit grows is radically improved.

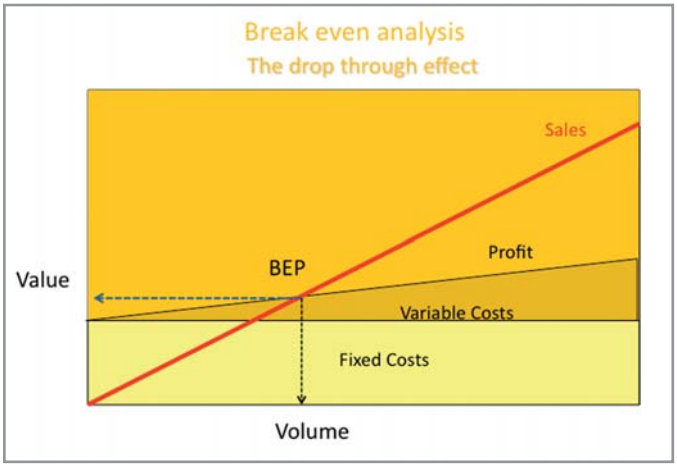


Figure4

developmentfocus

An evening of celebration

feature

Coordinating care - raising the standard

by **Andrew Toy** MMedSci BDS MFGDP(UK), Chief Executive Officer of the Dental Business Academy.

This article is part of a series that started with 'Consent – it's not worth the paper it's written on!' *Practice Focus*, Spring 2012. In this article we deal with how to set up your practice systems to create your own 'practice expert' in consent - the care coordinator.

Next time we will look at the curriculum required to train a team member to take on this important role. The final article will help you evaluate your own practice consent process and to provide you with evidence of how well you're doing as a team.

The Dental Business Academy

In the previous article I highlighted the need to understand that consent is not a just a paper exercise. Just to recap, according to the dento-legal experts Raj Rattan and John Tiernan, consent is:

A trusting, professional relationship in which the dentist respects the autonomy of the patient and gives them the means to make an appropriate choice.

The importance of the consent process grows by the year as patients' dental needs, wants and expectations increase and our dental techniques develop in range and complexity to meet them. The last article also highlighted the importance that bodies such as the CQC place on an appropriate consent process for every patient. (By the way, if you find the CQC *Essential Standards* a bit of a challenge to read, download the RQIA equivalent for dental patients. It's a pleasure to read!)

There's no doubt, too, that the economic downturn has focused our minds on making sure the practice is hitting its financial targets, both NHS and private. In the last article, I highlighted the fact that you could describe the consent process as the highest level of ethical marketing. Essentially, *Good Consent is Good Business* (if you want a sustainable, professional business of providing safe and effective dental care, of course!).

There could be a problem here. Good consent takes time, and dentist's time is expensive. Given that the consent/ethical marketing process is so important, I think there's an increasing need for developing a specialist role within the practice to look after this key function. Many of your practices may already have this role covered, of course – they're called the treatment coordinator (TCO).

Personally, I prefer the title 'care coordinator' (CC) for this role. You could say I'm playing with words but I think it's worth highlighting. The term 'care coordinator' explicitly places the emphasis on the need to build a trusting, professional relationship with the patient.

They take into account the patient's needs as a whole person and act as their partner and guide through the whole treatment plan. A treatment coordinator on the other hand, could be someone who is only used to make sure treatment is organised, completed and paid for. I know there are many TCOs out there who truly care for their patients and are highly skilled at their job. In my terms you are care coordinators, so I sincerely hope you're not offended by my distinction. I have also heard of less scrupulous dentists employing TCOs to sell as much treatment as possible, with the emphasis on boosting practice profits, regardless of patients' needs. This approach is all about fixing the teeth and the bank balance, not looking after the patient.

So let's look at how we can raise the standard of the care coordination (CC) process to ensure patients are able to make the best choice for themselves, have a treatment plan that runs like clockwork and build a long-term, trusting relationship with the practice. At the same time, the practice will prosper through more effective marketing and better use of the team's time.

In case you don't know, I love my SYSTEMS. Before I start, I am assuming that the aim of the CC process is to achieve those ethical business goals I have highlighted above. So for me, the first stage of raising the standard will be to map out the CC process. I have illustrated some of the key steps in Figure.1 overleaf. This is a good start for practices that are introducing this role for the first time. Practices that have used CCs for some time will recognise that the CC can also have a part to play throughout the course of a long treatment plan and in the after-care of the patient, too. But you have to learn to walk before you can run.

for the patient and the practice

You can see that the first stage of care coordination can actually start before you've even seen the patient. A personally signed introductory letter with a picture of yourself will help you quickly build your professional relationship with the patient on the first visit.

Once you have identified each stage, now work out what standard you would like to achieve. What needs to happen at each step in the process in order to achieve a high standard? Taking stage 2, the initial CC consultation, as an example, it might look something like this:

1. Sit down in a quiet, private area of the practice
2. Establish rapport: a little social chat, introduce yourself and explain your role
3. Complete patient information, smile assessment and medical history forms
4. Explore the patient's chief concerns and answer any questions they may have. NB: questions on treatment options can only be given in general terms, until the dentist has seen the patient and developed a prescription. Record these details in the patient's notes in an easy-to-read format. Ideally, you should be writing the notes to make it easy to audit them at a later date. Templates on computerised records or stickers for paper records are a great way of doing this.
5. Establish the patient's dental, medical and social history (described as 'get to know the patient' in the previous article). Consider the use of personality typing to help you communicate in the most effective way. For instance, some patients are very keen on detail; others prefer to spend time talking about themselves and their family. Record this information in the patient's notes in an easy-to-read format.
6. Once the dentist is ready to see the patient, take them through for their dental examination. At this handover, introduce them to each other and communicate the key points of the patient's 'story' (their chief concerns, important details of their dental, medical and social history).

Figure 1: Simplified Care Coordination Process

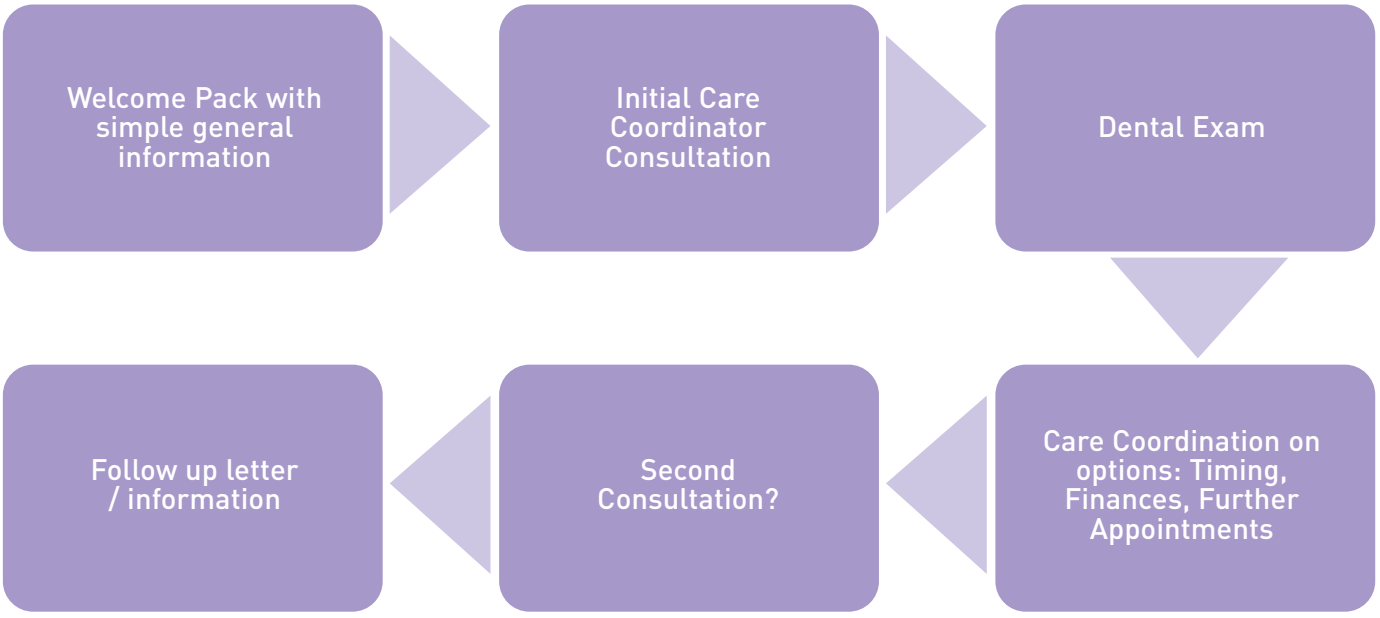


Table 1: Resources for Care Coordination

CC Step	People	Time	Equipment/Space	Money
1. Take patient into quiet, private area	Trained CC	1 minute	Table, 2 chairs, PC	See article
2. Establish rapport	Trained CC	2 minutes		
3. Complete forms	Trained CC	2 minutes	Patient information, Smile Assessment and Medical History forms	10p per sheet
4 Explore and record patient's chief concerns, answer general questions	Trained CC	5 minutes	Patient record, visual aids	

I hope you get the picture. In your own practice you may want to do things in a different order or add/subtract some of the stages. You also have to be ready to modify the process according to each patient, too. A patient banging their head against the wall with toothache will probably not want to talk about their job, family or hobbies at this point!

Now take each of those steps and work out what resources are required to deliver a high standard. Resources can be broken down into people, time, equipment / space and money. For instance, step 1 would require a quiet room with a couple of chairs and possibly a PC. I have given you a guide in *Table 1: Resources for Care Coordination*.

The value you put in the money column depends on what you can afford (of course!). If you're just starting up with a CC service, then this will be your initial investment. Where these facilities already exist, then there will be many steps that have no direct cost. In my experience, patients are delighted by the opportunity to have time with a skilled CC and don't mind too much about the quality of the furniture they're sitting on. So, in my opinion, it's better to get started with care coordination and build up your level of facilities, rather than wait until you can afford leather chairs and a crystal chandelier.

What you'll notice under people is the term 'trained care coordinator'. In my opinion this is the place to spend the cash. All your investment in time and money will be wasted if you don't provide your team member with sufficient knowledge, skills and understanding to take on this valuable role within the practice. The next article will cover the curriculum required to create a competent and confident team member to carry out this important role and help you raise the standards for both your patients and your practice.

References

- Rattan R, Tiernan J. *Risk Management in General Dental Practice*, Quintessence London 2004
- Care Quality Commission. *Essential Standards of Quality and Safety* – http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
- RQIA (Regulation and Quality Improvement Agency, N.Ireland): *Minimum Standards for Dental Care and Treatment*, DHSSS Belfast March 2011 http://www.rqia.org.uk/cms_resources/Min_Stds_Dental_Mar11.pdf

Recruiting the right person

Former practice manager, **Angela Chadwick**, discusses how practice teams can get involved in finding the right person for a role and the benefit it can bring to the whole business.

Have you ever made a snap decision and employed someone who turned out to be completely at odds with the rest of your practice team? When you're under pressure to fill an urgent vacancy and there simply isn't time to look around for the perfect candidate, you're very likely to take someone on simply because they can start immediately. Similarly, you may have felt under pressure to accept a job offer just because it's in the right area and will pay the bills. However, it's worth spending the time and money it takes to make the right recruitment decision; it will pay dividends in the long run.

Denplan
At the heart of dental care

Establishing an induction process

Most practice principals and managers know the value of creating a cohesive team by investing in team training to build loyalty and strong working relationships among the team and the patients. Some practices, however, suffer from a high turnover, particularly of staff in the lower pay brackets.

The sudden departure of a colleague to pastures new can often force a busy practice to call on whatever replacement they can find at short notice. This can work out fine but sometimes the new person can demonstrate the right skills for the job but they just don't fit in with the ethos and values of the practice. This can upset the balance of the team and cause friction, regardless of whether the new person is a receptionist or a dentist. That's why it's so important to ease newcomers into the team ethos before it causes good members of the staff to look at moving elsewhere.

Ensuring you have an effective induction process in place for all newcomers, clinical and administrative employees alike can go a long way towards maintaining a happy, cohesive practice team. Keeping up to date with staff appraisals, encouraging each team member to be the best they can be (perhaps through additional training, a mentoring scheme, or peer review) and allowing them the chance to contribute their ideas on a regular basis can have a very positive motivational effect. It helps to retain good staff for longer and may also prepare them to step into other roles within the practice when the opportunity arises - which means filling that sudden vacancy will be less of a panic.

Team involvement

When a team has bonded well and is working towards the same goals with the same positive approach, it shines through and immediately puts patients at their ease. That's why it's useful to tap into the expertise of your team when recruiting. They know how the practice works, the ambience that's been created and what it's like to work there. This means they are well placed to know the kind of person who's most likely to fit in. It's worthwhile involving them in the initial interview stages as well as any trial days you may have for the applicant.

Some payment plan specialists not only offer training courses on recruitment and employment law, but can also offer a range of tailor-made training on topics such as team building and motivation to really ensure that the practice team is working well together. These are usually offered at a dramatically discounted rate for members and can also offer verifiable CPD for the practice, so it's worth asking your provider.

Where to look

Online – most people will start their search for work online. Specialist web-based recruitment companies are now proving to be a cost effective and efficient way of bringing dental employers and potential candidates together. The Dental Gateway, (**www.dentalgateway.co.uk**) for example, is harnessing social media techniques to replicate the professional networking concept, building up a large body of clinical professionals including dentists, hygienists, nurses, etc, open to potential career opportunities. It means that employers can narrow down a shortlist of candidates with the relevant skills before paying a fraction of the usual recruitment costs to make contact with them. Your payment plan provider may also be able to offer discounted rates on such services, so it's worth making the most of the value-added services your membership affords.

Newspapers/agencies – for receptionists and trainee roles you may find a good return from a local newspaper advert. However, since the registration of dental nurses and DCPs became a legal requirement, practices may find it more difficult to call in replacement staff at short notice for sickness or maternity leave. Those who might previously have been happy to work on an ad hoc basis are now less likely to maintain their registration for what may only be a few weeks' work per year. It means you may need to approach an agency, online or otherwise, for qualified temporary staff.

Professional journals – when it comes to dentists and qualified DCPs, a more targeted professional journal such as the British Dental Journal or The Dentist can attract candidates nationwide. There are also a number of established recruitment agencies that could help you narrow down the number of candidates or head-hunt a suitable person for you. For associate positions in Denplan practices you can look on Denplan's 'Find a Dentist' service and contact the principal directly.

Invest time and money

While your current practice team may be ticking along nicely, don't become complacent. Expect the unexpected and know in advance where to look for the best staff should you need to, as it's a shame to upset the applecart by making a rash decision. By investing the right amount of time and money, you can ensure you get the best person for the job, knowing you're offering the right job for the person.

About the Author

Angela Chadwick is a former practice manager, who joined the Denplan Training Team in 2008 after more than 25 years in general practice. Angela's background has given her a unique insight into the importance of each role within a dental practice and the valuable contribution everyone makes to its success.

dpas

Practice managers – you deserve to be cheerful

By Sam Brice DPAS

Last month the UK economy fell back into recession, the Eurozone is causing more pain than ever and even the weather has found it difficult to banish its winter blues... in fact there have been times when the driving rain and wind has been more reminiscent of November than spring or summer!

With all these issues constantly being paraded across the media and transmitted into our psyche via TV, radio, the internet and now social media platforms, it can be difficult for business managers to remain confident and optimistic about the future.

In dentistry, the future seems particularly uncertain. Although the NHS pilots remain in place, the timetable for roll-out remains unclear and many of us now believe that there will be no clear and decisive action until 2014 at the earliest. For those with an NHS contract such a timetable is difficult to assimilate, as principals and practice managers struggle with the day-to-day challenges of attracting new patients, maintaining regular attendance from existing patients and ensuring that those patients who do attend take up treatment plans, rather than simply having routine maintenance.

For private practices the long awaited OFT report may also yet have serious implications for fee setting and some regard the supposed quest for 'transparency of pricing', to be little more than another veiled attack on the credibility of the dental profession.

All of this uncertainty creates a very difficult environment in which dental practices must operate and some practice managers will rightly regard themselves as being directly in the firing line.

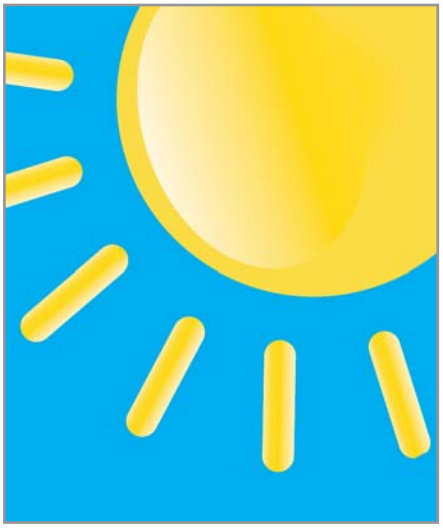
However, despite this fairly bleak picture there are many positive aspects to the profession at the moment, not least in the personnel working in practices striving to deliver a high quality of patient care.

Practice managers play a pivotal role in the wellbeing of practices. They have an enormous impact on the potential for growth and crucially are highly trusted by principals, whose chief priority remains performing the dentistry for which they were trained.

The role of the practice manager requires the wearing of many different hats: team leader, confidante, motivator, and owner of the regulatory and compliance needs of the practice. Performing the many facets of the role satisfactorily requires a particular type of person.

Practice managers are often required to effectively take care of internal marketing, communicating practice values to members of the team and managing how these values are filtered down to patients. The motivational impact of a highly positive practice manager in this communication process cannot be underestimated, pervading every aspect of practice life and determining its mood. The atmosphere of the practice is vital to patients, many of whom are fearful of the dentist at the best of times and practice managers play an important role in creating a welcoming environment of reassurance. Very few things can engender more confidence in patients than being met with a cheerful smile and pleasant demeanour.

Dentistry has traditionally had a poor public image, but in fact the work carried out at a dental practice can be quite literally life



changing for some people, transforming their social and professional lives, giving them confidence to meet life's challenges head on. Greeting patients with a smile will not banish all the woes of dentistry nor miraculously get us out of economic depression, but with a keen focus on the many positive aspects of practice management you can have a unique influence on the patient experience, team morale and the success of the practice as a whole. As a crucial part of the team that delivers the patient experience, practice managers should be proud of the job they do and cheerful and optimistic about the whole profession and its positive impact on patient outcomes.

There are literally hundreds, if not thousands, of reasons to be cheerful about your professional work right now.

dpas your dental plans

continuingprofessionaldevelopment

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

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

Although there is no mandatory requirement for dental practice managers or administrators who are not registered DCPs to undertake CPD, the 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 wishing to enter the programme can do so by completing the answer sheet on page 25 and sending it (or a photocopy if this is preferred, so as not to remove the page) to the ADAM head office address before **Friday 14th September 2012**.

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

Aims and outcomes

In accordance with the General Dental Council's guidance on providing verifiable CPD:

- The aim of the *Practice Focus* CPD programme is to provide articles and material of relevance to practice managers and to test their understanding of the contents.
- The anticipated outcomes are that practice managers or administrators will be better informed about recent management advances and developments and that they might apply their learning to their practices and ultimately to the care of patients.

Please use the space on the answer sheet to provide any feedback that you would like us to consider.

ANSWERS TO THE SPRING EDITION CPD QUESTIONS

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

DISINFECTION AND DECONTAMINATION CPD (ONE HOUR)

1. WHAT KIND OF RESIDUAL SOILING CONTAMINATION CAN HARBOUR PATHOGENS?

A. Protein **B.** Viral **C.** Bacterial **D.** Fatty

2. WHY IS THE DANGER OF DISEASE TRANSMISSION FROM A CONTAMINATED SURGERY A REAL THREAT TO STAFF AND PATIENTS?

A. Nurses do not clean as thoroughly as they used to
B. Many microorganisms can survive on a variety of surfaces
C. Germs have become more resistant
D. None of the above

3. ACCORDING TO THE ARTICLE, WHAT TWO PROCESSES ARE NECESSARY WITHIN A DENTAL SURGERY?

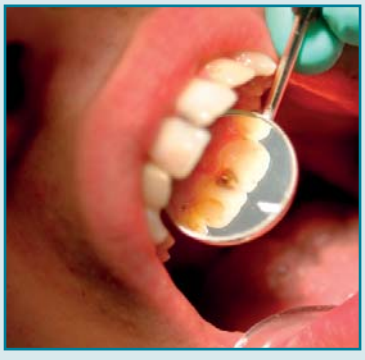
A. Cleaning **B.** Disinfection **C.** Sterilisation **D.** A and B

4. CLEANING AND DISINFECTION ARE NOT THE SAME. THE MAIN DIFFERENCE IS:

A. Cleaning takes much longer and is harder physically
B. Disinfection is the only really necessary process and can be done without cleaning
C. The former involves the removal of soiling matter whilst the latter is the inactivation of pathogens
D. None of the above

5. ONE METHOD FOR MEASURING THE EFFECTIVENESS OF A CLEANING AGENT IS?

A. Product efficacy in terms of surface contact
B. Ask the nursing team which they prefer
C. Undertake tests for pathogens present after cleaning
D. None of the above



6. WHAT HAS BEEN WIDELY ADOPTED AS A DISINFECTANT FOR MANY YEARS AND WHY?

A. Bleach: because it smells clean and reassures patients
B. Alcohol because of its quick drying properties
C. Alcohol because it is inexpensive **D.** B and C

7. ALCOHOL IS A GOOD DISINFECTANT BUT A POOR CLEANER. WHY?

A. It may fix protein and biofilm to surfaces
B. Its effectiveness relies on good cleaning to remove physical soiling
C. Its effectiveness depends on the type of surface, the soiling and the cleaning efforts
D. A, B and C

8. WHAT IS IT ABOUT ALCOHOL THAT MAKES IT A LESS EFFECTIVE DISINFECTANT?

A. The rapid evaporation **B.** The slow evaporation
C. The lack of evaporation **D.** None of the above

9. WHY HAS ALCOHOL BEEN SUCH A POPULAR CHOICE FOR DENTAL PRACTICES UNTIL NOW?

A. Its low cost **B.** Little viable alternatives
C. Its quick drying properties **D.** A, B and C

10. NEW WATER-BASED CLEANING PRODUCTS AIM TO ACHIEVE WHAT PURPOSE?

A. Remove soiling and disinfect in one process
B. Low cost and rapid evaporation
C. To be effective and compatible with other products
D. Reduce cleaning time in practice and A and C

GENERAL VERIFIED CPD (ONE HOUR)

1. EARLY DIAGNOSIS OF MOUTH CANCER INCREASES SURVIVAL CHANCES FROM WHAT TO WHAT?

A. Fifty to eight per cent **B.** Forty to seventy per cent
C. Fifty to ninety per cent
D. Early diagnosis does not impact survival

2. CASH IN ACCOUNTING TERMS IS DEFINED AS WHAT?

A. The liquid assets of the business
B. Immediately available funds
C. All the coins, cash, bank balances and overdraft facilities available
D. All of the above

3. PROFIT EQUALS WHAT FROM AN ACCOUNTS PERSPECTIVE?

A. Income plus expenses **B.** Income less expenses
C. Income, less expenses plus cash **D.** None of the above

4. DENTAL HYGIENISTS-THERAPISTS CAN UNDERTAKE APPROXIMATELY HOW MUCH OF ROUTINE DENTISTRY ON ADULTS AND CHILDREN?

A. Sixty per cent **B.** Seventy per cent
C. Fifty per cent **D.** Twenty per cent

5. MANAGERS ACTING AS COACHES SHOULD FOCUS ON THREE FUNDAMENTAL AREAS:

A. Skills, knowledge and attitude
B. Skills, knowledge and development
C. Overall performance, attitude and efficiency
D. Personal development, skills and clinical governance

6. TOWERS PERRIN'S FIVE ACTIONS TO ENGAGE PEOPLE ARE:

A. Know them and grow them
B. Inspire them and involve them
C. Review them and reward them
D. Reward them and A and B

7. WHAT PERCENTAGE OF QUALITY ISSUES ARE CAUSED BY PEOPLE?

A. 85% **B.** 75% **C.** 15% **D.** 5%

8. HOW DO WE RECOGNISE SUCCESSFUL SERVICE DELIVERY, ACCORDING TO THE ARTICLE?

A. Happy patients **B.** Happy team and regulators
C. Happy principals **D.** A and B

9. WHAT IS THE BREAK-EVEN POINT?

A. When turnover covers your fixed costs
B. When sales equal costs
C. When you make enough to stay in business
D. None of the above

10. WHAT RELATIONSHIP EMPHASIS DOES THE TERM CARE COORDINATOR SUGGEST?

A. A caring emphasis **B.** A friendly, selling emphasis
C. A trusting, professional relationship **D.** None of the above

advertising

CPD answer sheet: Practice Focus Summer 2012

Please PRINT your details below:

First Name* | Last Name* | Title

Address*

Postcode*

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 **Friday 14th September 2012**. Answer sheets received after this date will be discarded as the answers will be published in the **Autumn 2012** issue of *Practice Focus*.

Answers

Please tick the answer for each question below.

Disinfection and decontamination CPD (one hour)

Question 1:	Question 2:	Question 3:	Question 4:	Question 5:
A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐
Question 6:	**Question 7:**	**Question 8:**	**Question 9:**	**Question 10:**
A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐

General verified CPD (one hour)

Question 1:	Question 2:	Question 3:	Question 4:	Question 5:
A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐
Question 6:	**Question 7:**	**Question 8:**	**Question 9:**	**Question 10:**
A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐	A ☐ B ☐ C ☐ D ☐

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...

100% of practices are happy they transferred to DPAS*

"I am delighted I made the move to DPAS; it has been a very positive experience in which we have been able to reinforce the value of regular dental care to our patients."

Gill Haskell, Tutbury Dental Practice

dpas your dental plans

www.reasons-2-be-cheerful.co.uk

01747 870910

*DPAS Customer Satisfaction Survey 2011