Oral cancer CPD addition

Oral Cancer: Improving Early Detection becomes recommended CPD

The General Dental Council (GDC) has confirmed that Oral Cancer: Improving Early Detection is to be included as a ‘recommended’ topic in its Continuing Professional Development (CPD) scheme.

At its meeting held on Thursday 17 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 Dental Care Professionals (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-verifyable CPD. They are Legal and Ethical Issues, Complaints Handling and, now, Oral Cancer: Improving Early Detection.

Commenting on the decision, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “I am delighted to see this topic recommended for inclusion in the GDC’s Continuing Professional Development scheme.
Economic downturn blamed for bruxism

According to recent reports, there has been an increase in the number of patients suffering from bruxism, or teeth grinding, since the start of the economic downturn. Two contributing factors to the current economic situation are stress and anxiety, and many dentists feel that the current economic downturn is directly related to this. According to recent research, the condition is more prevalent than ever before.

A Dublin-based dentist Dr Michael Crowe said that bruxism, or teeth grinding, usually occurs at night and can go unnoticed. Symptoms will include things like soreness or stiffness of the jaw, headaches, or even people becoming more aware of wear on their teeth, he said in the report.

So there certainly seems to be a significant increase in the prevalence of this and as stress and anxiety are directly related to this, we can reasonably assume that in the current (economic) climate from the last number of years, this must have had some contribution to this phenomenon."

GDC “failing to monitor standards breaches”

According to Bridge the Gap, claimant dental negligence solicitors, adequate records are not being kept by the UK’s dental regulator making it ineffective at protecting patients.

The Dental Law Partnership has reported that in the last five years the firm has encountered an increasing number of legal claims in which the dentists have no liability cover and/or completely fail to co-operate with the claims.

Chris Dean, Managing Director at DLP, said: “These dentists deprive patients of the protection of a remedy in law when dental treatment goes wrong. Frequently good solid legal claims involving these risk-creating dentists fail simply because of the lack of records, lack of liability cover or not having co-operation with the legal process.”

According to Bridge the Gap, Dental Council figures show that the problem is getting worse. Chris Dean said: “For the first four months of 2012 the figures show that 55 per cent of all concluded dentist conduct hearings involved dentists who created risk for their dental patients by not having liability cover or not co-operating with the formal process.”

He added: “The rise in the number of dentists who put their patients at risk is bringing the dental profession into disrepute.”

The General Dental Council admitted in March 2012 that it had no idea how its own registered dentists have breached their professional standards in the last seven years.

Chris Dean said: “How can the GDC be regarded as an authoritative voice in the monitoring and determination of the quality of dental care in the UK? It is failing in its primary function – that of protecting dental patients.”

The law firm has responded to the regulator’s failings by creating an awareness campaign calling for changes in the law.

Help save water

According to new research conducted by Save Water Save Money and the British Dental Health Foundation for National Smile Month, turning off the tap when cleaning your teeth could save more than 12 litres of water per person, according to new research.

The research has revealed that nearly two thirds (64 per cent) of seven - 10-year-olds admitted to leaving the tap running while brushing their teeth and has shown that in homes using a water-saving aid, only six per cent of seven - 10-year-olds left the tap running, saving over 4,250 litres of water in the process.

The Foundation and Save Water Save Money are encouraging people to think about saving water as well as saving their teeth during the annual campaign, National Smile Month.

Chief Executive of the Foundation, Dr Nigel Carter, said: “Many people believe after brushing their teeth they should rinse their mouth with water, when in fact it is better for oral health to spit the toothpaste out. This ensures that the fluoride found in most toothpastes will remain on the teeth and therefore continue to remain effective.”

Tim Robertson, Director of Save Water Save Money, said: “Linking one of National Smile Month’s key oral health messages with the ‘turn off the tap’ campaign makes it an action everyone can relate to.”

Taking place from 20 May to 20 June, National Smile Month is the UK’s largest oral health campaign.

Save Water Save Money is working in conjunction with the UK’s Water Companies to encourage water efficiency by raising awareness of the high levels of water wasted in the bathroom. Some participating Water Companies are offering their customers free or discounted Toothy Timers, a two minute teeth timer with a funky crocodile attachment, in support of National Smile Month.

For further information on National Smile Month, head to www.smilemonth.org
**Editorial comment**

As we move into a world that is ever more online and viral it is interesting to see the power that the individual can now have.

I am referring to the recent news story regarding a teeth whitening company which was reportedly highlighted by Prime Minister David Cameron as a shining example of the kind of entrepreneurship that can save Britain's economy.

**Brushing the wrong way**

According to a recent report, almost all Swedes brush their teeth, yet only one in ten does it in a way that effectively prevents tooth decay. Researchers at the Sahlgrenska Academy, University of Gothenburg, are eager to teach Swedes how to brush their teeth more effectively.

Most Swedes regularly brush their teeth with fluoride toothpaste. But only few know the best brushing technique, how the toothpaste should be used and how fluoride prevents tooth decay.

In two separate studies, Pia Gabre and her colleagues at the Sahlgrenska Academy, University of Gothenburg, studied the tooth brushing habits of 2,013 Swedes aged 15-16, 31-35, 60-65 and 76-80 – how often and for how long, how often fluoride toothpaste is used, how much toothpaste is put on the toothbrush and how much water is used during and after the tooth brushing.

The results show that only ten per cent of the population use toothpaste in the most effective way.

Swedes could improve their oral health considerably by learning how to maximise the effect of fluoride toothpaste, according to Gabre.

Nevertheless, the study shows that 80 per cent are generally happy with how they take care of their teeth.

The researchers conclude that Swedes’ knowledge about tooth brushing must be improved and that the provided advice must be made simpler, clearer and more easy to use.


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Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year

(Source: British Dental Health Foundation, [www.mouthcancer.org](http://www.mouthcancer.org))

**Oral Cancer**

**prevention • examination • referral**

Oral Cancer – prevention, examination, referral has been designed to support all health professionals by updating their knowledge, highlighting the importance of oral cancer screening, and providing practical tools for communicating with patients and colleagues.

The programme comprises four topics:

1. The facts - Providing a background into the incidence, causes and development of oral cancer
2. Team Approach - Looking at all aspects of communication both within the team and with patients
3. Screening Examination - Practical advice on improving the opportunistic screening procedure in practice
4. Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer

For more information call us on 020 7400 8989 or log on to [www.smile-on.com](http://www.smile-on.com)

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Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

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A dentist has issued a rally call to other dental professionals to stand up against illegal tooth whitening. Anthony Kilcayne, a dentist from Howard's, West Yorkshire, made the following comments:

"It's only cosmetic, but they risk their health and well-being at risk just to make profits by not following all the safety systems that dentists do.

Many of these companies say it's only cosmetic, but they risk spreading diseases like Hepatitis and TB between customers or damaging teeth and gums irreversibly, by not having the knowledge or skills that dental teams do.

Don't ruin your Smile or your Health by risking these with people who are promoting their services for illegal and potentially dangerous tooth whitening techniques - the GDC, a public protection body, has already secured convictions in the courts, but Salons and shopping Malls are simply over-run with these illegal whiteners, that they now pose a significant threat to Public Health generally.

For more information, please visit http://www.facebook.com/ColgateKeepingBritainSmiling

References
- Ann Keen Secretary of State for Health in July 2007 confirmed that government supports the GDC position that Tooth Whitening is the Practice of Dentistry: 23 July 2007: Column 1208H [R] http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070725/text/70725w0033.htm
- The House of Commons has heard Ministers endorse EU legislation which says ONX3 Den- toothwhitening-Tooth-whitening-Teeth-Whitening-UK-Tooth-whitening-GDC-wins-first-ever-qaposil
- In combative language: 25 July 2007: Column 521/523: "These appointments are also an important first step in taking forward our £25 million investment in manufacturing and construction, the risks can be present in the most unlikely work environments and employers should assess the risks and then take the steps necessary to implement the controls needed to safeguard their employees.

"You don't have to fall from a great height to lose your life. It's wrong that workers like the one in this case suffer serious preventable injuries because simple steps have not been taken to manage obvious workplace risks."

Keeping Britain smiling campaign

Colgate are running a nationwide Keeping Britain Smiling exhibition aimed at families, encouraging them to step into the unique world of their mouths, exploring what's behind their smile like never before.

This free, fun and interactive exhibition will both entertain and educate whilst promoting the importance of a healthy mouth. As a dental professional promoting good oral health, Colgate would like to extend an invitation to you and your team to attend one of the national venues, to see the Keeping Britain Smiling exhibition for yourself and share the unique experience with your patients.

Launching at The O2 in London, the Colgate Keeping Britain Smiling Exhibition will travel to six locations throughout the UK. This free exhibition features a number of exhibits designed to engage and entertain.

The exhibition will tour the UK and can be found at the following venues:

- 7th May – 27th May: The O2, London
- 2nd June – 5th June: Hyde Park, London
- 50th June – 8th July: WestQuay, Southampton
- 13th July – 2nd September: Mag-na, Sheffield
- 12th September – 8th October: Glasgow Science Museum, Glasgow
- 12th October – 21st October: Westfield Shopping Centre, Stratford, London

For further information, please visit http://www.facebook.com/ColgateKeepingBritainSmiling

The court heard the flat roof of the surgery, based in Blyde Road, was easily reached using a door on the first floor of the main building. Although the door was locked, the key was left hanging nearby.

Some four years earlier, in a risk assessment by its own health and safety consultant, the practice had been warned the roof lights were fragile and that no protection was in place to prevent falls from the open roof edges.

The owner had also failed to act on advice to remove the keys to the roof access door and to post 'no entry' signs. The dental firm was found guilty of breaching the Health and Safety at Work Act 1974 and was fined £18,500 with costs of £71,632.79. HSE Inspector Mark Welsh said after the hearing: “Falls from height are the commonest cause of fatal injuries in the workplace and are also responsible for a large percentage of the most serious occupational injuries.

Receptionist’s roof fall puts dental firm in court

“While many falls take place in manufacturing and construction, the risks can be present in the most unlikely work environments and employers should assess the risks and then take the steps necessary to implement the controls needed to safeguard their employees.

New team to lead Peninsula

A top team of professionals has recently been announced to lead the new Plymouth University Peninsula Schools of Medicine and Dentistry. Professor Wendy Purcell, Vice-Chancellor of Plymouth University, said: “These exceptional appointment demonstrate our commitment to building on PCMD’s legacy as an innovative, patient centred and student focused medical and dental school, with a strong emphasis on research informed teaching.

“These appointments are also an important first step in taking forward our £25 million investment in manufacturing and construction, the risks can be present in the most unlikely work environments and employers should assess the risks and then take the steps necessary to implement the controls needed to safeguard their employees.”

Professor Rob Sneyd, who has recently been announced as the Dean of the School of Medicine and Dentistry, has been named as Director of the new Institute for Translational and Stratified Medicine and Mr Terry Vallance in his position as Head of Administration, will play a strategic role in the delivery of the School’s clinical education and research missions, and ensure that its professional services support those aims.

The team have all been recruited from within the established and nationally renowned Peninsula College of Medicine and Dentistry and will now take forward plans to develop the structure of the new schools, including the recruitment of medical and dental educators in addition to scientists, clinicians and professional staff.

Professor John Zajicek, a neurologist, has been named as the Dean of the Schools of Medicine and Dentistry, following all the safety systems in this case suffer serious preventable injuries because simple steps have not been taken to manage obvious workplace risks.”

Professor Wendy Purcell, Vice-Chancellor of Plymouth University, has been named as the Dean of the Plymouth University Peninsula Schools of Medicine and Dentistry, supported by renowned consultant neurologist Professor John Zajicek as Associate Dean for Research; Professor David Bristow as Associate Dean, Teaching and Learning; and Professor Adrian Couplstone as Associate Dean of Student Affairs.

Professor Christopher Trevdin has been appointed as Head of the School of Dentistry and will build on the successful legacy of Professor Liz Kay, Foundation Dean and Director of the new Institute for Translational and Stratified Medicine.

The team includes world-leading clinicians in anaesthesia, neuroscience, haematology and pain research who will now take forward plans to develop the structure of the new schools, including the recruitment of medical and dental educators in addition to scientists, clinicians and professional staff.

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SIGN UP TODAY
The Faculty of General Dental Practice (UK) launched its new standards book; Antimicrobial Prescribing for General Dental Practitioners, at the British Dental Conference and Exhibition last month.

Speaking at the launch, Dean of the FGDP(UK) Rosh Ladwa (pictured) said: “This is a very timely book. I was at a talk this morning on the non-surgical treatment of periodontal disease, where the speaker talked about the over-prescription and misuse of antimicrobials. As a profession we need to ensure that antimicrobials are only prescribed when necessary and in the right dosage.”

As well as being an essential reference tool, Mr Ladwa also said that the book provided practitioners with a useful opportunity to review how they work.

“At as a practitioner for over 50 years I found through reading this book at least three changes I need to make when prescribing.”

Antimicrobial Prescribing for General Dental Practitioners is an important standards book from the FGDP(UK), designed to help general dental practitioners with prescribing antimicrobial agents. This book expands on and updates guidance provided in the previous book (Adult Antimicrobial Prescribing in General Dental Practice) including for the first time, dosage recommendations for children.

The authors have reviewed all of the available data and guidance, and consulted widely with professional bodies and specialist groups to provide a consensus on best clinical practice. The guidance gives clear, simple and practical advice on when to prescribe, for how long and in what dose.

Editor Nikolaus Palmer said: “This book was produced to complement the BNF and provide general dental practitioners with an ‘in surgery’ easy to read evidence based guide on the management of dental infections. The authors hope that the advice provided in the document will promote appropriate antimicrobial prescribing in primary care and improve the standards of patient care.”

FGDP(UK) standards are viewed by many bodies including regulators and indemnifiers as the definitive guides to good practice in dentistry. This 2012 edition will prove to be an invaluable asset to any dentist’s library.

Help to follow healthy diet

Keeping track of what people eat and helping them choose healthier foods could be made easier thanks to a UK-wide consultation recently launched by Health Secretary Andrew Lansley.

UK health ministers want to see all food manufacturers and retailers use the same system to show – on the front of packs – how much fat, salt and sugar, and how many calories are in their products.

Around 80 per cent of food products sold in the UK already have some form of front-of-pack labelling. But different retailers and manufacturers use different ways of labelling which can be confusing for consumers.

Some use labels showing Guidelines Daily Amount (%GDA); some use traffic light colour coding that highlights high fat sugar and salt content; and some use both. Research indicates that people who buy 70 per cent of fast food and takeaway meals have some form of front-of-pack information, combining information, making it easier for consumers to compare the nutritional information across all products, would have some form of front-of-pack labelling. But different retailers and manufacturers use different ways of labelling which can be confusing for consumers.

If the biggest seven super-markets used the same labelling system for their own brand foods, it would cover around 50 per cent of the food sold in the UK and encourage others to adopt the scheme.

Health Secretary Andrew Lansley said: “Being overweight and having an unhealthy diet can lead to serious illnesses such as cancer and type 2 diabetes. We must do everything we can to help people make healthier choices.

“Offering a single nutrition labelling system makes common sense, it would help us all to make healthier choices and keep track of what we eat. Making even small changes to our diet can have a major impact on our health. Cutting our average salt intake by 1.6 grams a day would prevent over 10,000 premature deaths a year.

“Initiatives like the Responsiblity Deal are already showing what can be achieved if we work in partnership with industry. For example, customers who buy 70 per cent of fast food and takeaways sold on the high street can see from the menu how many calories are in their meals and how many calories are in their meals and how many calories are in their meals.

New EU regulations on food labelling were introduced at the end of last year that requires manufacturers and retailers to make many changes to their food labels. While providing front of pack information is voluntary under the regulation, every company that does so has to provide information about calories alone, or calories plus the amount of fats, saturated, sugars and salt.

The UK has always led the way in providing consumers with more information. Consulting now should help industry to identify a common scheme, which will bring benefits to consumers.

GDC prosecutes former registrant

A Surrey-based dentist has been successfully prosecuted by the General Dental Council (GDC) and ordered to pay £2,000 in costs for the illegal practice of dentistry.

On Friday 11 May 2012 Mr Richard Spencer, who formerly worked Aberfoyle Dental Surgery, Epsom Road, Epsom, Surrey pleaded guilty at Redhill Magistrates’ Court to unlawfully holding himself out as being a dental surgeon on registration with the GDC to work in the UK.

Mr Spencer received a conditional discharge of 12 months on both offences and was ordered to pay £2,000 towards GDC costs.

Chief Executive of the GDC Evynne Gilvary said: “We are committed to taking action against people who practise dentistry illegally, whether they’ve been removed from our register or never gained the qualifications to register in the first place. I hope this prosecution sends a clear message to others who may be tempted to practise unlawfully. They are a risk to the people they treat and we will do everything we can to ensure public safety.”

The authors have reviewed all of the available data and guidance, and consulted widely with professional bodies and specialist groups to provide a consensus on best clinical practice. The guidance gives clear, simple and practical advice on when to prescribe, for how long and in what dose.

Editor Nikolaus Palmer said: “This book was produced to complement the BNF and provide general dental practitioners with an ‘in surgery’ easy to read evidence based guide on the management of dental infections. The authors hope that the advice provided in the document will promote appropriate antimicrobial prescribing in primary care and improve the standards of patient care.”

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Some use labels showing Guidelines Daily Amount (%GDA); some use traffic light colour coding that highlights high fat sugar and salt content; and some use both. Research shows that a consistent presentation, combining information, used across all products, would make it easier for consumers to compare the nutritional information provided on the food they buy.
Making life easier for people

Online access will ‘make life easier’

Using information and technology to put people in greater control of their health and care is at the heart of the Government’s strategy: The power of information.

More data about NHS and social care services is being published to support the public in making meaningful choices based on things like success rates for treatment and infection control.

The Information Strategy for health and care also opens up information to consumer groups and IT specialists outside the NHS so they can produce tailored websites and apps for different patients. By providing NHS and care information to creative experts the government expects to see new products and services being offered to patients. Further key elements of ‘The power of information’ will make using the NHS easier for patients by providing online access. Online services will include:

- Repeat prescriptions will be available online, speeding them up and increasing convenience for the millions of patients who need them
- Test results will be made available online, ending the wait for a letter in the post
- Patients’ medical records will be available securely to them online so they can be viewed and referred to easily by patients and shared with anyone they choose to
- In future it will be possible to contact GP surgeries by email, ending the hassle of calling switchboards and trying to find the right person to speak to

The momentum for these changes will be locally-led and include working closely with the voluntary sector to support the needs of those who might not be able to use the web, or have a smartphone or a computer. The Royal College of GPs has agreed to work in partnership with patient groups and other professional organisations to lead work designed for the elderly, to access services and their records electronically. From 2015 the NHS Commissioning Board will be asked to work with the BCGP to promote this work. As the case studies in the print and online versions amply demonstrate, successful innovation is being driven at a local level, led by nurses and doctors who see how technology can improve care.

All patients will be able to give immediate feedback, in ways that are convenient to them, at any encounter they have with a health or care service. This will drive improvements in quality, as well as making services more responsive to the people using them.

The success premium of the perfect smile

More than half of Brits believe that the quality of their teeth has a major impact on their career or romantic life; yet according to healthcare group Bupa, only half of them visit the dentist regularly.

Their findings showed that:

- Three in five people (65 per cent) believe having bad teeth can prevent someone from finding a partner
- More than half (52 per cent) believe having nice teeth can help someone get a better job
- Almost half (46 per cent) believe having nice teeth can help a person to make more friends

However, only half of the people polled (55 per cent) attend a regular dental examination and one in seven (14 per cent) has not visited a dentist in the last four years – with four per cent having never visited at all.

Despite the trend for American-style perfectly straight, sparkling white teeth, a British smile was voted the most popular in the poll – with Kate Middleton’s natural smile trouncing the competition and being voted the nation’s favourite.

Not only does the nation think having a nice smile is important, it seems that we’d do an awful lot to get one:

- One in seven (14 per cent) would give up having sex for a whole year if it meant they could get perfect teeth
- One in five (22 per cent) would forgo booze for a year if they could have a spectacular smile

Brian Franks, Clinical Director, Dentistry, Bupa Health and Wellbeing said: “Being happy with your teeth can have a big impact on your confidence and this can affect your work and relationships. So it’s surprising that so many people don’t go for regular dental examinations. Even people who are currently unhappy with their teeth should pay attention to their dental health, as problems can happen at any time and get worse if not treated.

“For example, gum disease is very common, affecting more than half of adults. If left untreated for a long time it can lead to tooth loss. But the good news is that in its early stage it is completely reversible. So it’s vital to visit your dentist regularly so they can spot any potential problems early and help prevent them getting worse.”

More than one in three people said that the expense is the main reason for not visiting the dentist regularly. Although three in ten people have landed themselves in debt or had to make sacrifices in order to avoid unexpected dental bills, only one in ten people has dental insurance.

Tooth Bus travels across UK

A mobile dental unit, called the Tooth Bus, has started suffering free NHS dental examinations to anyone who has not seen an NHS dentist in the last two years.

The Tooth Bus has been commissioned to run for a year, travelling across Hampshire, Berkshire, Oxfordshire and the Isle of Wight. The Tooth Bus will be in different locations across the counties over the course of the year, finishing in May 2015.

The aims of the service are:
- To provide a free dental check-up to patients who have not seen an NHS dentist in the previous 24 months
- To signpost patients for ongoing dental care to local practices with capacity to see new NHS patients
- To provide oral health education and advice to the community

The Tooth Bus, which launched on Tuesday 14th May, is currently at West Quay Retail Park in Southampton.

Appointments can be made in advance by calling 0844 880 5531 or book now, however there is the capacity for people to turn up on the day.

The service will run from Monday - Saturday 9am till 4.50pm.

For more information visit www.toothbus.co.uk http://www.toothbus.co.uk/news/toothbus-launches.html

Charity lecture-athon to raise funds

Not only have confirmed specialist speakers been confirmed for the event, but participants taking part in this charity fundraiser will also gain six hours of verifiable CPD.

The cost of the lecture-athon is £50 per delegate and all proceeds will go to Children in Need. The lecture-athon, is taking place on Friday 20th July 2012 9:30am to 4.50pm.

To book tickets or to make a donation, visit www.facebook.com/CharityLectureAthon?sk=ap-p_172604052767988

“If you are interested in presenting/speaking at the lecture day, contact Farah at farah.hague@gmail.com, Farah J agra on Facebook or @drgaja on Twitter.
Actor campaigns for early oral cancer detection

Actor and producer Michael Douglas has donated his time to help create a television public service announcement (PSA) on behalf of the Oral Cancer Foundation (OCF), a non-profit organisation dedicated to helping those affected by the disease.

The PSA will support the Foundation’s efforts to educate the public about the need for annual screenings to catch oral cancers in their early, most survivable stages. The public service announcement will begin airing in June, and will continue to air nationwide through summer and autumn.

There are two distinct pathways by which most people come to oral cancer. One is through the use of tobacco and alcohol, and the other is through exposure to the HPV-16 virus (human papilloma virus version 16), a newly identified entity, and the same virus which is responsible for the vast majority of cervical cancers in women.

While oral cancer has historically been linked to tobacco and alcohol use, this is not simply a smoker’s disease any longer. New data shows that the fastest-growing segment of newly diagnosed cases is now young, non-smokers.

Most startling, is the fact that while many other cancers have been in decline in recent years, the occurrence of oral / oropharyngeal cancers has increased each of the last six years, and peer reviewed published data shows that the numbers of HPV-related oral cancers will surpass cervical cancers in the near future.

Caught early, oral cancer can be treatable, but many people do not know they have it until it has already turned into a killer.

Michael Douglas first sought medical help in 2010 after experiencing a sore throat that persisted for a protracted period of time. After several visits to doctors, a tumour on the base of his tongue was discovered. With further analysis, it was determined that Mr Douglas had stage IV squamous cell carcinoma oral cancer. He immediately began both radiation and chemotherapy treatments.

After a long and difficult battle, Michael is now cancer free and in good health. He continues to have regular check-ups to monitor his remission.

“The Foundation is indebted to Michael Douglas for partnering with us in the battle against oral cancer,” said OCF Founder and Executive Director Brian Hill, who is a survivor of the same cancer Mr Douglas had. “Michael is a highly visible, well known actor, and a consummate professional.

The BDTA surveys 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 per cent vs 41 per cent 2009/10) and intra oral digital sensors (57 per cent vs 41 per cent 2009/10). This trend looks set to continue as these are the products that dentists indicated they most intend to purchase in 2012 (15 per cent intra oral digital sensors and 11 per cent intra oral cameras).

Amongst other key findings, the research also revealed that almost three quarters (74 per cent) have practice management software installed. Just over two thirds of which (67 per cent) 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 per cent appointment making and 81 per cent record management).

Overall use of chairside computers appears to have fallen, the only increase has been for image processing / storing (from 50 per cent in 2009/10 to 65 per cent 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.bdt.org.uk/bdta-area.html

Who’s most afraid of the dentist?

According to a recent report, research suggests that women in their late forties are most afraid of the dentist. On-going research from the University of Sydney suggests that this could be because this age group are more likely to have experienced trauma, abuse or oro-facial trauma and are also more likely to be depressed, anxious or stressed.

“Dental anxiety is very real and complex and it should never be downplayed,” study researcher Dr Avanti Karve, of the University of Sydney Faculty of Dentistry, in a report.

According to Karve, people who fear the dentist wait approximately 17 days before they make an appointment to see the dentist, even when they are in severe pain; commensurately, the rest of the population waits just three days.

According to a recent study by researchers from the Sahlgrenska Academy at the University of Gothenburg in Sweden, about five per cent of people have a severe dental fear. In the study the researchers discovered five strategies that people use to get over their fear of the dentist; their findings are published in the journal Acta Odontologica Scandinavica. http://bit.ly/MzYOmK
It’s an ill wind that blows

Richard Lishman discusses the impact of the UK as it slips back into double recession

It is easy to be carried along on the tide of doom and gloom that has accompanied the news that the UK economy has slid, as many expected it would, into a double dip recession.

And the negative growth in our economy is running in parallel to a failed austerity plan in Holland, the recent electoral uncertainty in France, enormous Spanish unemployment and continued strife in Greece and Portugal.

Rosy outlook

Personally I think the outlook is quite rosy. If that sounds unexpected, or worse, it is important to remember that many business sectors exist in their own micro economies, and that these aren’t necessarily related that closely to the broader, national or international pictures.

True, some dentists have had a very difficult time over the last 18 to 24 months. But many more haven’t, and you do have to question whether this recession affects dentists in the same way it does for instance, engineers, retailers or builders.

I would argue that, relatively speaking, the well-paid dental profession has been cushioned from the worst of the downturn so far. That is not to say that no dentists have suffered at the hands of the wider economy; but, broadly speaking, dentists are income-rich rather than cash-rich, though the lucky ones can be both. This means they can be well placed to take advantage of change in other sectors.

Great opportunity

For dentists who are at the stage of their career when they plan to grow their operations, perhaps establishing or expanding a new practice or increasing their property portfolio, now is a time of great opportunity. Not only are property prices low, but so are interest rates. This means that saving money in, say, a bank account makes less sense than spending it on what will, eventually, be an appreciating asset such as a property, or investing in that expensive piece of equipment that could further increase your income.

While the next couple of years might still be very challenging, a lot of people in the dentistry sector stand to emerge having established themselves on a very good footing. The ability to move fast, taking advantage of a buyers market in property while interest rates are low, is a key strategic benefit.

Timing

Admittedly, those at the other end of their dental careers might be bemoaning their own timing. Delaying plans to sell up or retire might become a more appealing option than it was, and that is never a pleasant decision to make. But taking a close look at some other business sectors can quickly bring home how much worse things could be.

The moral of the story is buy now, it’s the January sales.

About the author

Richard T Lishman is a specialist firm of Independent Financial Advisers who help dentists across the UK manage their money and achieve their financial and lifestyle goals. For more information please call 0845 345 5060, email info@money4dentists.com, or visit www.money4dentists.com

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Sale in the sticks...

A relieved and retired orthodontist discusses the issues when selling a practice

I had been an expense sharing partner at an orthodontic practice in rural Wales for well over 20 years. Our practice took referrals from a very wide geographic area and had been established as an orthodontic practice for several years before I had arrived.

One autumn day in 2009, my partner, who was almost a decade older than I was, announced that he ‘couldn’t go on’. (It wasn’t quite that melodramatic, but you get the general idea!) My partner had made his decision and now I needed to make one. After some extensive deliberation and soul-searching, I decided that whilst not on the scrapheap at 58, the practice would benefit from some new blood to move it forward.

We decided to sell it at as a going concern. It was at this point that we approached Frank Taylor and Associates to carry out a valuation of the practice. I found them to be very on the ball and they offered a detailed explanation of the whole process. My partner and I decided to proceed, with them acting as our agent. We knew from the start that our practice would offer a number of unique challenges:

• We were somewhat ‘in the sticks’ in Wales. This would appeal to some but certainly put a number of potential purchasers off. Perhaps it would suit a returning émigré?
• Welsh language. Although neither my partner nor I spoke Welsh, we were both aware that for the next generation this might be a problem
• Local contracts. These are through the Local Health Board (LHB) and ultimately administered via the Welsh Assembly

The practice was marketed throughout the summer of 2010 and it would be fair to say that we weren’t inundated with potential buyers – not that we expected to be. We had resigned ourselves to the process being on the lengthy side. However, we did receive three expressions of interest at this point. One of these was spoken to via phone and email but after good initial signs, decided not to pursue.

The second of the three, visited us and decided against it as although she had a special interest in orthodontics, she wasn’t a specialist and we all felt that this would make things difficult. Then, at the beginning of autumn 2010, the eventual buyers approached us. They were both on specialist registers with the GDC and keen. After the discussions they put in a formal offer to purchase the practice during January 2011.

To-ing and fro-ing

We now approached the LHB as without a new contract from them any future sale would be dead in the water. We arranged a meeting which included my partner and me, the potential purchasers, and representatives from the LHB. At this point we became aware that the Welsh Assembly was carrying out an Orthodontic Services review for all contracts in Wales and had decided that it didn’t want to offer any new contracts over three years whilst this review was being undertaken. Up until this point, a five year contract had been typical for us. This obviously made the practice less attractive to the buyers. After a great deal of to-ing and fro-ing with the LHB, in the spring of 2011 they agreed to offer a three-year contract to the potential purchasers along with a temporary extension for us up until the end of October 2011. This would allow the purchasers’ time to get their finance arranged.

I began to feel that the buyers were reeling the whole process out to gain financial advantage. I lost count of the amount of times that either Andy or Lis at Frank Taylor and Associates were in contact with the buyers and giving them along. We reached October 2011 and the buyers had still not arranged their finance. This led to the LHB giving us a one month rolling contract that continued for the position of not being able to take longer than you expect and pay for an agent to act on your behalf. I did find parts of the sales process quite stressful but I am sure not nearly as stressful as our patients did. We were in the unfortunate position of not being able to give them a final answer as to when we would be leaving.

Exchange and beyond

We exchanged contracts at the end of February 2012 and it was a happy day! I must advise anyone looking to sell a practice that the two key things that I have learnt from the process are that it will take longer than you expect and you will be left with a sense of relief.

I am currently enjoying retirement and considering future options.

Frankly Speaking

Raising Finance?

DO engage the services of an independent firm to liaise with the Banks on your behalf – will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

DO ensure you provide an accurate summary of your current position including all savings and existing borrowing.

DO ensure your CV is up to date with particular focus on any past managerial experience.

DO expect the Bank to want you to put down a contribution towards the purchase.

DO undertake your own research of the local area and find out why the current owner is selling.

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Frank Taylor and Associates is recognised as the UK’s leading independent dental practice valuers and sales agent to the dental profession. For more information call 0845 532 5454 or write to Frank Taylor and Associates, 1 Bradmore Building, Bradmore Grove, Brookmans Park, Hertfordshire, AL6 7DP.
A cautionary tale

Ray Goodman discusses incorporating dental practices

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and other specialist lawyers and accountants who are members of NASDAL, have over the last year or two published articles expressing concern that dentists were in some cases being advised to incorporate their practices without proper awareness of the possible downsides.

In many cases, the practices were not using specialist dental lawyers or accountants. This was leading to incorporations, which may or may not have been properly conceived, being improperly executed. The necessary documentation was not being put in place to enable challenges from HMRC to be defended robustly and to avoid problems on sale or retirement further down the line.

Inevitably, we are now beginning to see the problems caused by such incorporations raise their head increasingly more frequently. The following case, that we have just completed after 11 months of difficult legal wrangling, is a case in point.

We were instructed to act for a buyer on the purchase of an NHS practice. So far as our client knew she was buying the goodwill, fixtures and fittings in the normal way. It was only when we received information back from our due diligence enquiries that we realised that the seller had incorporated some 12 months earlier. The seller’s solicitor was not a dental lawyer and thus hadn’t realised the problems that flowed from the incorporation until we pointed them out.

The seller had two practices, one NHS and one private, and also a dental laboratory. All of these were transferred into the limited company on incorporation. The relevant PCT, having been persuaded to allow the principal to transfer his contract into the limited company on incorporation, was not inclined to allow any further transfer of the contract. As things stood the NHS practice within the limited company could not be transferred.

A transfer utilising the partnership provisions often used to enable GDS Contracts to be transferred is not available where one party is a limited company, as the drafting of the GDS regulations precludes partnerships between companies and individuals.

The only strategy to enable this contract to be sold involved all of the assets in the limited company, other than the practice to be sold to our client, being transferred out of the company to a new company. This involved significant additional cost, time and stress. As a result of the continuing potential risks to the buyer, it was necessary for the sellers to discharge all debts of the business on completion, to have a significant proportion of the sale price held back by way of a retention against future claims, and to incur the further cost of preparing additional sets of accounts in able to ascertain the true balance sheet position on completion.

As a direct result of the lack of foresight on incorporating the practice both the seller and the buyer were subjected to a lengthy period of stress. The sellers were forced into a situation whereby they had to discharge all debt relating to their business, when they otherwise would not have wished to, and the legal and accountancy costs were increased significantly from what they would have been, had the practice not incorporated or been incorporated into a separate company from the other practice and laboratory.

Incorporation can, in the right circumstances, be highly beneficial to a practice. However, there are consequences other than tax saving. It is essential that before making the decision to incorporate, legal and accounting advice from dental expert lawyers and accountants is taken and that the incorporation is properly documented with all ancillary issues dealt with to avoid significant problems in the future.

About the author

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Lights, camera, action!
Rita Zamora discusses the hottest marketing tool today - video

What is today’s hottest marketing tool and what’s so great about it? The tool is video and the benefits are many. Consider a marketing tool that will work for you around the clock, 24 hours per day, seven days per week. Video will also continue to skyrocket in popularity in the coming years, making it perhaps the wisest marketing investment you could ever make.

For those of you looking for statistics to weigh your decision about video, note that UK traffic to YouTube rose by 45 per cent from 2010 to 2011. According to Experian Hitwise, YouTube is now the third most visited website in the UK, after Google and Facebook, and the second biggest social network in the UK. By 2015, video traffic will more than quadruple, and the internet will be two-thirds made up of video (Cisco 2011).

Not just for teens
If you think it’s just teenagers watching video, think again. Recent data released by Nielsen reveals that the numbers of seniors age 65 and older are increasing their visits to YouTube as well. If you haven’t already begun marketing with YouTube, now is the time. So where do you begin? Before you start shooting a video and set up a YouTube account, it’s wise to spend some time considering what results you want. Here is some advice to help you plan.

1) Who will star in your videos? Will you be featured in your videos or will it be someone from your team? You may also want to consider patient testimonials, directly from patients, or hire professional talent to interview you. The best way to discover how you feel about being on camera is to practice.

The first time you see yourself on video, you will likely find several things you’d like to improve upon. Even if you plan to have professional video made, practice in advance to make better use of everyone’s time and your money.

2) What will you say? Spend time determining what your video topics and script will be. Remember, online viewers are sophisticated and want to watch WIIFT (what’s in it for them). Television commercials, sales pitches or lengthy dentist biographies will likely turn people off. Instead, focus on common patient questions, otherwise known as “frequently asked questions”. Hint—you can probably find similar ideas on your own website:

- How long will my braces take?
- Will my gum surgery hurt?
Whether you decide to go it alone or hire a professional, remember ‘practice, practice, practice’. If you’ve already made some video, don’t stop there. Commit to making multiple pieces of video and create a YouTube library. One of the biggest benefits video has to offer is the fact that it can be syndicated, shared in multiple locations, and viewed 24/7, 365 days a year.

Planning

Be sure to plant your video first and foremost on the primary landing page of your website. Video is known to both engage and convert viewers. So what are you waiting for? Get a competitive advantage today with video, or perhaps you will find yourself at a disadvantage in the future without it. When will video marketing start working for you and your practice?

Look polished

Keep in mind that although YouTube is free to use you can reap valuable benefits from investing in professional editing, which will make your videos look more polished. Overall a professional’s help will save you time, effort, and energy. Conversely, if you have already decided you want to go it alone, it is more than likely that you can find everything you need to know to do-it-yourself via a YouTube video (if you are willing to spend the time searching and learning).

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

Convenience

The majority of the learning resources on this programme will be online.

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The programme is designed to encourage the student to take responsibility for their own learning. The emphasis is on a self-directed learning approach.

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About the author

Rita Zamora is an international social media marketing consultant and speaker. She and her team actively co-manage dozens of dental practices’ social media programs. Her clients are located across the United States and internationally. She has been published in many professional publications. Rita is also Honorary Vice President to the British Dental Practice Managers Association. Learn more at www.DentalRelationshipMarketing.com or email rita@ritazamora.com.
What a welcome when we arrived at Musoma for the 10th anniversary of the Lake Victoria Disability Centre (LVDC)!

More than 200 people had gathered on the four-acre site to participate in the unveiling of the foundation stone of a brand new dental centre and the accompanying tree planting ceremony. We were also treated to the most wonderful-ly impressive African singing, dancing and hospitality.

The AOG has made a major contribution to the funding of the dental unit in Musoma, and Manny Vasant and Pommi Datta from the 11-member AOG delegation were both privileged to speak on this important occasion.

Acknowledgement

The Mayor of Musoma and the Regional Development Officer also spoke, praising the work and acknowledging the care now being offered to the hand-icapped in a country that still widely despises disability.

It is thought that approximately 10 per cent of the population of Tanzania suffer from some form of disability, with polio or measles still frequently the cause of paralysis or deafness. An unknown but significant proportion of the population is albino, and children are sometimes mutilated shortly after birth by witch doctors. These children often have to be institutionalised for their own safety.

Dennis' vision

The origins of the LVDC can be traced to the activities of a gentle Tanzanian man named Dennis, who had a vision for helping those less fortunate than himself, and quietly started a charity on the lakeside at Musoma 10 years ago.

Dennis began by teaching engineering skills to partially paralysed young men from a workshop in Musoma town centre. Homemade, hand-pedalled bicycles revolutionised the lives of polio paraplegics, and gradually the workshops expanded to include a screen printing business, a sewing machine class and a thriving shop in the heart of the commercial district. There is also now a deaf and dumb unit.

In 2008 a small group of UK dentists from the AOG visited Musoma and carried out some basic dentistry within the local hospital. Part of the purpose of their trip was to assess the practicality of improving the dental facility within the hospital, and also to assess the need for dental and oral disease treatment. It became apparent that enhancing the dental unit within the hospital would not be appropriate, since it could not be adequately maintained and a high rate of staff turnover indicated a likely dilution of management responsibility.

Feasible

However, by working closely with the Lake Victoria Disability Centre, a viable, easily maintained dental unit became a much more feasible proposition. It was therefore exciting to see the foundation stone being unveiled on the outside of the AOG building which will eventually house a dental surgery. With many local people currently opting for a 125-mile journey to Mwanza for a simple extraction rather than choosing local treatment, the new dental centre will certainly not lack patients!

While the current demand for dental treatment is relatively low, the town of Musoma is changing rapidly. The population is increasingly mobile, with many more cars, bicycles and scooters in evidence than on previous visits, power sup-
The AOG reports from Tanzania

The origins of the LVDC can do with doctors. These children often shortly after birth by witch consequently the cause of paralysis with polio or measles still frequently. Approximately 10 per cent of the severely disabled is widely despises disability. A person who is handicapped in a country that still now being offered to the hand and acknowledging the care and the Mayor of Musoma and the Datta from the 11-member Foundation of the dental unit in Musoma, major contribution to the funding of management responsibility. It was therefore important occasion.

Acknowledgement of the foundation stone of a dental facility within the hospital. Part of the purpose of their trip was to assess the hospital. While the current demand for dental treatment is relatively low, the town of Musoma has a 125-mile journey to Mwanza than himself, and quietly start.

Feasible. It is thought that approximately 25 per cent are under the age of five and 40 per cent under the age of 15 years, due to the previous generation being decimated by AIDS and the children of this generation enjoying much higher survival rates.)

Dental tribune_May12_1.indd   1

Fig 6 Masai Mara and Kenshoko Lodge evening seminar
Fig 7 Nairobi Conference

Future services
A number of factors need to be considered in planning the area’s future dental services, with perhaps the most important being local acceptance. A possible link to the dental school in Dar-es-Salaam, which currently sends newly qualified graduates ‘on service’ to areas such as Musoma, may be the way forward. Unfortunately, at present in Musoma ‘on service’ dentistry is confined to treating teeth that have failed completely and require extraction! As well as dentists, there is an evident urgent need for dental health educators and therapists to raise levels of understanding as well as the overall standards of oral health.

Aside from dentistry, another major part of the AOG mission in Musoma is education. This involves teaching anything from English and Math to vocational and technical skills such as bookkeeping, plumbing, carpentry and so on. Skills such as these are all vitaly important to the local people, and can help the unemployed find work. There is also another occupational therapy element to our work, as education is a great way of giving people purpose, and for the disabled users of the LVDC, these skills can prove particularly invaluable.

With the new centre now well underway, we look forward to returning again soon. We already have another trip to Africa planned for July, so if you haven’t signed up already, visit our website for more information!

The AOG – towards the greater good.
Supporting our patients’ oral health
Dr Conor Gallagher discusses the importance of oral health

Oral health is important. According to information published by the British Dental Health Foundation (BDHF), people with gum disease are almost twice as likely to have coronary artery disease than people without gum disease. Furthermore, the BDHF also points to several conditions which may be caused or even made worse by poor dental health, including heart disease, strokes, diabetes, respiratory disease and even premature and low-birthweight babies.

As dental professionals, naturally, we all recognise the importance of oral health. Not only does a good standard of oral health impact upon general bodily health, but it also affects the chances of patients maintaining their natural dentition into their later years, and can greatly improve their general quality of life.

It is part of our mission then to exot the many benefits of good oral health on a daily basis, and in so doing, inform and educate our patients on the best ways in which they can ensure their smiles are kept healthy and clean. A vital part of our role then is teaching patients the fundamental habits of good oral hygiene. This includes reminding patients to brush their teeth at least twice a day, and also to change their toothbrush every three months or after illness.

Further to regular brushing habits, patients are also advised to use floss and/or interdental brushes in conjunction with a fluoride mouthwash for the best results. Choice of toothpaste is also a very important consideration, and with so many toothpastes available on the market, patients should consider which will most benefit their own particular situation – be it by investing in a product designed to help relieve sensitivity, or perhaps a product designed with whitening in mind.

Educating our patients then, is one of the biggest challenges we face as a profession, and is one we must embrace and take head-on if we are to improve the overall standard of oral health in the UK and Ireland. We need to work to remind patients of the essential truth that if they look after their teeth, they will be more likely to keep their teeth into later life; they will be less likely to need emergency treatment; and they will generally experience a better quality of life as a result.

O
The first way in which we can embrace this challenge is to ensure we all make strides to actually engage with our patients. This doesn’t just mean reminding patients to brush their teeth – this means actually talking to patients, discussing the advantages of good oral hygiene habits, and the benefits they will experience in their day to day lives. As a profession we can very often get too caught up in our own little working “bubbles”, sometimes to our own detriment and that of our patients. This is why campaigns such as National Smile Month are so important, and serve as a powerful reminder to us that patients aren’t just “mouths on legs”, but are real people, with real thoughts and emotions and very real pressures upon their lives.

Other ways educating our patients in the importance of oral health include the use of marketing material such as posters and leaflets that communicate good oral hygiene messages. Practices may also choose to use their practice website as an additional source of information that patients can refer to for tips and advice. Furthermore, with the recent boom in social media, forums, websites, practices may also choose to use their practice website as an additional source of information that patients can refer to for tips and advice. Furthermore, with the recent boom in social media, some practices are now even actively discussing issues with patients online, promoting debate and participation on the likes of Facebook, Twitter and dedicated internet forums.

Another excellent innovation is dfyt.com (don’t forget to visit www.dfyt.com For further dental enquires, email graham@dfyt.com For sales, email graham@dfyt.com). It’s a subscription-based delivery service for toothbrushes and other oral hygiene products that saves patients money, while also ensuring they remember to change their toothbrush every three months.

The system is simple. Each practice that registers will receive posters and leaflets marked with a practice-specific code. Every patient that subscribes using the code will receive an extra five per cent discount on their order, while the practice will receive 10 per cent of the order value as revenue.

The advantage of schemes such as dfyt.com is that they work to actively engage patients in their own oral health – they encourage patients to take a deeper interest in oral hygiene. If you are actively discussing issues with your patients, then, is one of the biggest challenges we face as a profession, and is one we must embrace and take head-on if we are to improve the overall standard of oral health in the UK and Ireland.

The last 3 courses have sold out. Register today as space is limited. To register, visit www.SixMonthSmiles.com or call 585-594-0606

"Educating our patients then, is one of the biggest challenges we face as a profession, and is one we must embrace and take head-on if we are to improve the overall standard of oral health in the UK and Ireland."
Improving practice performance

Amanda Atkin discusses how to turn around poor performance

Previously, I wrote about poor performance or, more accurately, poor performance concerns. I discussed what they may relate to, what your considerations should be and highlighted some of the guidance from the GDC. Here, I’ll suggest action you should take to improve the performance of a member of staff.

I’ll start with the most serious cases of poor performance that require immediate and decisive action. These are anything that could potentially put at risk patient safety or the safety of practice colleagues. Examples could be a member of staff with a serious health condition that could be passed on to patients (or colleagues) or which could impair their ability to perform effectively. This might include deafness, poor eyesight or intention tremor. They may well devise ways of working to get around the problem and under the provisions of the Equality Act 2010 ‘an employer must make reasonable adjustments for disabled people’.

The recently published NHS Staff Survey revealed that nearly one in four of NHS dentists had suffered from work-related stress in the last year. This, and associated behaviour such as tiredness, heavy drinking and headaches, is something to look out for among your staff.

In terms of action, patient safety is paramount so the team member concerned should be immediately excluded from all contact with patients. They should be advised to seek professional medical help and then as a practice, you should help them recover from the illness. Where a lengthy period of absence is necessary, don’t let them feel excluded. Instead, keep them in touch with developments at the practice.

With stress, you will want to discuss options for removing the factors causing it – maybe a change in procedures or in working hours.

Poor performance

Another thing to look at is how a team member’s attitude can lead to poor performance. In truth, it’s rare that we all like our jobs all of the time. At some point in our working lives we’ll feel demotivated and this can lead to us adopting a bad attitude. In some occupations, having ‘off days’ or being generally in a bad mood may have little impact: that’s not the case in dentistry.

Staff must be friendly, polite and helpful to patients at all times. They must also get on well with colleagues and be a team player. A bad attitude may manifest itself as persistent lateness, frequent unauthorised absences, carelessness and even rudeness to patients and colleagues. It must be “nipped in the bud” straight away.

As you wouldn’t recruit somebody with a bad attitude, something must have happened to affect the person concerned. You need to find out what this is as soon as possible by interviewing them and asking appropriate questions. Make sure you adopt a positive tone – you wish to uncover the problem, resolve it and help the person to return to their previous polite and helpful self. Once aired, the cause of the problem may appear quite trivial. Don’t simply dismiss it though – the effect on the team member was obviously profound. Of course, you will have to make a judgement on whether it is reasonable to solve the problem in favour of the disgruntled staff member. For example, if someone has got upset merely by the appointment of a new member of staff you can’t turn round and sack them.

Having agreed a solution...
that both you and the team member are happy with, do monitor and re-visit the situation. You want to make sure they are now content and not merely burying some resentment that could erupt into rudeness to a patient.

Sub-standard achievement
Continuing with my broad-brush approach to solving poor performance concerns, I’ll briefly discuss sub-standard achievement. This arises when a team member appears to be simply “not up to” a particular task or tasks. Try to identify this at an early stage, as it is very demoralising for someone to be repeatedly told they’ve done something wrong. If it’s a task that’s relatively new to the person, this suggests inadequate training or insufficient understanding (or both). Some or all of the training will need to be carried out again – possibly in a different way and/or by a different person. We all learn in different ways (remember the Index of Learning Styles model by Richard Felder) so the way chosen originally may not have suited the person concerned. If it was group training, maybe they were reluctant to confess they didn’t understand.

If the task is not new, you’ll need to speak to the person concerned to understand why they appear no longer capable of it. There could be a whole host of reasons – including some of those mentioned above. It may also be that the task has become familiar and repetitive and the person finds it hard to concentrate on. Maybe there are concerns in their private life that are affecting their concentration. Under these circumstances, swapping tasks around between staff members may do the trick. It’s invariably useful for people to try different things and, quite often, a fresh pair of hands/eyes will lead to improvements in the way tasks are done. This cannot be done in isolation and will involve other members of the team, which brings me nicely to what I’ll discuss next time – improving team performance.

‘Make sure you adopt a positive tone – you wish to uncover the problem, resolve it and help the person return to their previous polite and helpful self’

About the author
Amanda Atkin runs Atkinspire Ltd and offers practices support, training and consultancy on information governance, CQC compliance, National Minimum Standards and HTM 01-05. Her bespoke service supports practices as they embed the required standards within their daily routines – to ensure a high quality service and patient safety at all times.

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Coping with stress in your practice
Joanna Taylor MHS suggests 12 steps towards achieving balance

The recently published Annual NHS Staff Survey revealed that almost one in four (25 per cent) of NHS dentists have suffered from work related stress in the last year. My own survey last year, to investigate the causes of stress in the dental team, revealed that over a third (36 per cent) of the dentists who took part were stressed about their work during most working days and nearly a fifth (19 per cent) felt stressed every day.

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Stress, then, continues to be high on the agenda for dentists – and therefore for the whole dental team, for what affects one member will certainly have an impact on everyone else; stress can be very contagious. It also causes physical symptoms, which lead to increased absence due to sickness, putting more pressure on the rest of the team. This can lead to increased irritability and conflicts between staff members, reduced efficiency and in the end, of course, the care which your patients receive will inevitably suffer.

Do you know what causes stress for the members of your team? Have you ever asked? What if the cause of some of their stress at work is something you can do something about? The respondents to my survey cited running late and conflicts between staff members as being the main causes of stress in the practice, and these are certainly things which can be addressed within the practice.

"Do you know what causes stress for the members of your team? Have you ever asked?"

Addressing directly the actual causes of stress is one way to help; another is to change the way you deal with things by raising your own stress threshold, so things which used to bother you no longer have the same effect. The following are some suggestions for simple ways to make small changes in your life and work, which can result in big changes in the future:

1. Take responsibility and take action for the things you can change. Make a list of all the things that are causing you stress at work. Divide them into two columns: things you can control or take responsibility to change, and things over which you genuinely have no control at the present time. For the things you can do something about, put them in order of importance and make a plan for dealing with them; what resources do you need, whom can you ask to help, what will the results be... then take action. Certain things are caused by the way you think about them – if you are not in control of it, then who is?

2. Accept the things that are not within your power to change at the present time. For those things which at present are outside your control – is it possible for you to just accept that at the moment you cannot change them? Or perhaps, can you change the way you think about them? (In NLP this is called a “reframe”.)
5 Be grateful and appreciate the good things in your life. Are you grateful for your patients and your colleagues, or are they a nuisance? Gratitude is an enormousely powerful antidote to stress; sit down for a few minutes and feel grateful for the objects that are around you, and the people who designed and created them.

4 Use relaxation and positive stress reduction techniques (such as self-hypnosis) daily. Just 10-15 minutes of self-hypnosis or meditation fitted into your daily schedule can make an enormous difference to your state of mind; raising your stress threshold and bringing both physical and psychological benefits.

5 Agree, therefore avoiding arguments (ie be kind, not right!). We all have our own way of perceiving the world around us and we all have our own opinions, values and beliefs. When we respect others’ right to have their own opinion, then we can appreciate that they are also right – according to the values and beliefs they hold and the way they see their world. If we make them wrong, then we are measuring them by our own values and beliefs. Instead of arguing that we are right, we can choose to be kind by respecting their right to their own beliefs.

6 Reduce (or avoid altogether) nicotine, alcohol and caffeine consumption. Excessive consumption of caffeine and alcohol causes stress to the body, as does smoking. Reducing our intake can help considerably to lower stress levels, as well as improving health.

7 Participate in regular physical activity. This doesn’t necessarily mean training for a marathon – just a small amount of exercise can make a big difference. Perhaps you could just park the car a little further away from the practice, get off the bus a stop earlier or go for a short walk at lunchtime.

8 Ensure you get sufficient breaks, rest and sleep. Our bodies need time to rest and regenerate. Lack of good quality sleep itself causes stress and anxiety. You are not helping anybody by tiring yourself out.

9 Prioritise tasks. Having a huge number of things to do can be very overwhelming. Make a ‘To Do’ list, then prioritise tasks in order of importance and urgency – then do them in order of importance and urgency. This may sound obvious, but even the act of writing the list can be a big help.

10 Ask for help when you need it. If you are struggling with something, never be too proud to ask for help. People like to be needed; you don’t need to make yourself into a martyr trying to achieve something which would be much easier with a little help from a colleague, coach or friend.

11 Set boundaries and learn to say ‘NO’. Lots of us are ‘people pleasers’ and have difficulty saying ‘no’ to things (as I said in point 10, we like to be needed!). However, it’s important to set yourself some personal boundaries; you need to have a work-life balance and that means that you should remember that your life is important! If you are on holiday, you should make sure you are away from the practice; not “just popping in to see how they are managing” or spending half the morning dealing with e-mails. Remember point 8!

12 Take time for yourself to have fun and do things you enjoy: smile, laugh and see the funny side! Finally, laughter really is the best medicine. Life is not a rehearsal – it’s for living and enjoying! 

Addressing directly the actual causes of stress is one way to help; another is to change the way you deal with things’
Five easy ways to help achieve a smoother CQC compliance

Dr Shilla Talati provides part one of her articles on CQC compliance

As it dawns on us all, we will all be faced with an inspector calling from CQC (if you haven’t had one already). The question is: are you prepared?

In this series of articles, I will be writing tips on achieving compliance based on the several outcomes CQC are looking at.

This article will be based on: OUTCOME 1: Respecting and involving people who use services.

This outcome focuses on patients and how they are treated at your practice. So we have to ensure that they are looked after in the best way possible. To comply with CQC, we need to demonstrate how we are going to do just this. There are many aspects you will need to focus on. The four main areas in practice include: The patient focus, The staff focus, The clinician focus and The practice management focus.

The patient focus

TIP 1: Make a list of patients who CQC could contact:

CQC will be looking to interview your patients during their inspections. It may be easier for you to have a list of patients on standby who the CQC could contact. They will be asked several questions including:

• Their patient journey - how they felt they were treated, right from the minute they entered the practice, till when they left.

• Their experiences with the practice which will include their dignity being respected:
  • The care they have received from all the staff and clinicians
  • The actual treatment they have received
  • They may also do “real time” observations of patients being treated at the practice at the time of an inspection

TIP 2: Make sure your patient views are taken into account for the delivery of the service you provide. This could include simple things such as:

• Patient journey feedback questionnaires - you could ask each patient after their treatment is complete to comment on how they found the process. (You could make it easier for the patient to fill in and have direct questions they could answer so it’s not so much of a chore for them to fill out)

• Patient discussion groups held at the practice to discuss improvements to the practice. The practice team as a whole could set aside an evening where they could invite patients to discuss the practice and care they receive there. This could be based on several different categories of patients such as:
  Those with families may want to discuss waiting room facilities for children, after school appointment, late evening appointments, child friendly clubs/afternoons during school holidays etc
  Those with disabilities - may want to discuss access issues, patient literature availability in large print, confidentiality with careers etc

  Elderly patients may want to discuss things like hard seating area in the waiting rooms so that they can get out of the chairs more easily etc
  • Patient suggestion boxes. These are ideal for patients as they may not want you to know that it was them who said particular comments about the practice, especially if they are negative comments. It given the patient more freedom to comment.

TIP 3: Make sure your patient literature is available in several languages including large print, braille etc

To encourage patient participation, patients could be invited to discuss things like hard seating area in the waiting rooms so that they can get out of the chairs more easily etc

TIP 4: Make sure all staff members maintain confidentiality for the patients and are aware of such a policy in place.

Therefore it is helpful to have:

• A confidentiality policy

• All staff members are trained about it and know its whereabouts

• Have a staff meeting on it and get all your staff to sign the policy to make sure they are aware of it and agree to adhere to it

The practice management focus

TIP 5: Information is readily made available to patients.

This may include things like:

• Patient Charges - these should ideally be displayed and all patients should be aware of them

• A Complaints procedure displayed and patients are aware of who to contact in case of a complaint.

• Practice Information leaflet available - possibly in different formats if necessary for your patients (Including large print/braille etc)

There are many ways to show your compliance of this outcome and the tips above are only a few of them. The method of compliance for each practice will be individual to that practice.

About the author

Dr Shilla Talati is a partner MD of Dental Perfection and has a special interest in the managing side of her dental practice. She also writes several articles on compliance and is also involved with medical-legal aspects of patient care. To contact Shilla please email her on Shillatalati@yahoo.co.uk.
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Several muscle-oriented bite registration techniques

Dr Derek Mahony presents the second article of this two-part series

A physiologic, muscle-oriented, vertical dimension can be obtained by means of the swallowing reflex technique originally proposed by the late Dr. Willie May. Currently, the wax swallow bite technique, developed by James Carlson, is a simple, direct close approximation of a muscle-related bite registration. Small pillars of soft wax are placed on the first molars, then the patient is instructed to swallow several times. Subsequently, fast-curing impression material is injected around the arch to firmly establish the maxillomandibular relationship. Since humans swallow thousands of times per day, it has been proposed that the swallow position should be compatible with the musculature. This technique is recommended only after verification of good TM joint function with Joint Vibration Analysis or MRI.

The ULF-TENS Bite Registration

Ultra-low Frequency TENS, originally conceived by Bernard Jankelson, is often used to relax the masticatory muscles. It can also be used to determine a bite registration position, sometimes referred to as myo-centric.

After a patient has been “pulsed” for relaxation, usually for about 40 minutes, bite registration material (a quick-cure acrylic) is placed over the mandibular occlusal surfaces and the ULF-TENS is re-applied to “close” the mandible about 1 - 2 mm above the rest position. During this procedure the vertical dimension is usually monitored with a mechanic’s inside calipers between marks on the chin and nose. There is a definite “tech-
Figures 3a-4f Example of a patient with an overlapped vertical dimension, due to previous loss of teeth, that has been successfully treated using neuromuscular Principles.

The concept is to find the superior, inferior, anterior and posterior limits of muscle resting. Then the new bite position is selected within these limits. The exact relation chosen may be dependent on many factors, such as clinical findings and the clinician’s best judgment. With this technique it is also possible to evaluate functional activity of the musculature with the bite registration in place to further evaluate the appropriateness of the new maxillo-mandibular relation.

The quality of bilateral TM joint function [good joint function makes adaptation easier]

5 An overlapped bite, due to developmental abnormality (caught early) can be corrected easily and with rapid adaptation by the patient [children are much more adaptive]

6 Overclosure resulting from parafunction typically coincides with a strong, healthy musculature. Strong, healthy muscles make adaptation easier, but require a treatment plan to protect the restored occlusion from destructive parafunctional forces.

An overlapped bite due to carries, loss of teeth, etc. without evidence of parafunction, typically coincides with a weak musculature, making adaptation difficult. This is very often the case with complete removable prosthetics.

Opening of the bite can be accomplished in a number of ways by following specific guidelines. The use of objective diagnostic aids are extremely helpful by allowing the clinician to optimize TMJ and craniofacial muscle function at the new YDO. The correction of the vertical dimension during a rehabilitative procedure should result in enhanced comfort and improved functioning in the finished case.

8 The TScan range is distributed in the UK by Indent Systems. For further information please contact Indent Systems on 01952 582900, email mike@indentsys.co.uk or visit www.indentsysystems.com

About the author
Dr Derek Mahony is a specialist orthodontist based in Sydney, Australia. He is teaching a variety of orthodontic courses aimed at the general practitioner in London over the next few months; for information contact Courses Administrator Jane Rutherford, jane@personal-equilibrium.co.uk Dr Derek Mahony Specialist Orthodontist BDS/MSc/MB/BS(Lond) RCS(Eng)/MOrth RCS(Edin)/MCDS(Bk)/FDSRCS(Glas) RCS(Glas)/MOrth RCS(Eng)/FDSRCS(Glas)/FDSRCS(Edin) 38 Botany Street Randwick NSW 2031 Sydney, Australia www.derekmahony.com

The EMG Bite Registration
To enhance the precision with which one can determine the optimum muscle-related position, some practitioners recommend monitoring the activity of the masseter, temporalis and anterior digastric muscles electromyographically. Since the electrical muscle output levels involved are just a few microvolts, this measurement requires a high common mode rejection amplifier. After relaxation has been verified electromyographically, the patient is instructed to open very gradually until the digastrics show a slight increase in activity (eg. 0.5 microvolts average). This establishes the limit to which opening the bite is permissible and is typically used as a position for constructing removable orthodontic appliances.

Similar tests are done for closing or repositioning the bite anterior-posteriorly while monitoring the elevator muscles.

The question is often asked, “How quickly will a patient adapt to a new bite registration?” Even though the objective is to “correct” a mal-relation-ship of the mandible to the maxilla, the patient’s current relationship still has familiarity. The new relationship, no matter how “perfectly” established, will seem strange to the patient at first. There are many factors that influence a patient’s adaptation to a new maxillo-mandibular relation. It is possible to estimate a patient’s response by considering the following factors:

1 The age of the patient [younger = more adaptive, older = less adaptive]

2 The amount of the change [a big change is more difficult to adapt to than a small change]

3 The duration of the overlapped condition [a long-standing condition will be more difficult to de-program than one of short duration]

4 An overlapped bite, due to developmental abnormality (caught early) can be corrected easily and with rapid adaptation by the patient [children are much more adaptive]

5 Overclosure resulting from parafunction typically coincides with a strong, healthy musculature. Strong, healthy muscles make adaptation easier, but require a treatment plan to protect the restored occlusion from destructive parafunctional forces.

6 An overlapped bite due to carries, loss of teeth, etc. without evidence of parafunction, typically coincides with a weak musculature, making adaptation difficult. This is very often the case with complete removable prosthetics.

7
Are you drifting or driving your quality management standards?

Glenys Bridges discusses practice investments

As the Care Quality inspectors begin their work in dental practices some providers are reaping huge benefits from their past investment in management education and training. Those who did not see the need for such an investment now recognise that the current financial environment in the UK is not showing any signs of making a U-turn any time soon. Although some practices have not been adversely affected by the recession, many have seen a drop in patient numbers and demand for high end treatments. In response the ‘drifters’ have simply cut right back on optional spending, whereas the ‘drivers’ have taken a more strategic approach and prioritised business development with a focus upon ‘Return on Investment’.

Leading companies across all business sectors have long histories of investing in management training and development when faced with financial turbulence. This is because they recognise that their long term success is linked to its ability to produce excellent managers who can outperform the financial limitations. They also recognise that benefits cascade from the way that managers that train together create strong networks, leading to on-going relationships based upon knowledge-sharing between peers who trust one another.

Since huge sectors of the dental profession chose not to invest in management training in robust economic times, it would take a huge leap of faith for them to make such an investment now. One way to look at this is to see management as having three main ingredients - economics, sociology and psychology. In this way we justify the investment in terms of motivated employees, building a better team, or organisation.

This is a working example of psychological and sociological aspects creating a desirable whole team approach to essential standards of quality and safety. With these in place the practice is in a stronger position slot the final piece of the puzzle into place - economic success.

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‘Since huge sectors of the dental profession chose not to invest in management training in robust economic times, it would take a huge leap of faith for them to make such an investment now’
Have you been a drifter or a driver during the recession?

The problem may well be that although you have a happy motivated team and patients; the current financial environment has resulted in a drop in profits. When profits are squeezed the reactive approach is to cut back on spending. Whereas, the proactive approach is focus on building capital through developing new skills and networking.

One thing is for certain and that is that care quality inspectors will not accept the financial climate as justification for providers lacking strong, whole team processes and procedures for quality management.

One of the problems with the current situation is that the educational requirements for dental practice managers, unlike those for other members of the dental team are not clearly defined. It’s almost although the regulatory bodies are saying.” Here are the Standards; you work out how you can meet them.”

It is indisputable that the quality of UK clinical dentistry is world class. However, nowadays patients demand more than excellent dentistry; they will not settle for less than an excellent dental experience from the moment they make an appointment to until they complete their treatment. This is recognised in care quality Outcomes. To consistently achieve these outcomes requires a range of quality management skills, such as Planning services, auditing performance, creating, implementing and evaluating SMART objectives and gathering feedback on clinical and non-clinical aspects of care.

Without formal education these skills will be absent from dental teams’ skills sets, therefore patients’ experiences of quality if their dental experience will suffer.

From a quality standard should this be an issue that needs addressing. The Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER) has gathered high profile dental professionals who believe that qualifications for practice managers and receptionists are the next logical step in the progression of the dental profession and are urging the GDC and CQC to formalise a non-clinical curricular framework.

If you would like to add your voice to ours, simply email: “I agree that the dental profession needs definitive non-clinical educational and CPD standards for dental managers and administrators” to casper.campaign@gmail.com

‘Nowadays, patients demand more than excellent dentistry, they will not settle for less than an excellent dental experience from the moment they make an appointment’

About the author
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‘I agree that the dental profession needs definitive non-clinical educational and CPD standards for dental managers and administrators’

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Total Recall...an essential guide to the CQC inspection? If not, or you think you could benefit from some free support, read on...

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