A positive step forward

New consultation on the potential relaxation of restrictions on HIV positive health workers launched by Dept of Health

Following a review by a group of leading experts, a consultation into relaxing the restrictions placed on the work that can be undertaken by HIV positive healthcare workers has been launched by Chief Medical Officer Dame Sally Davies.

For some time the current regulations on HIV positive healthcare workers have been deemed as out of date, especially when you take into account the current standards of infection control and advances in medicine.

However, the Expert Advisory Group on AIDS, the UK Advisory Panel of Healthcare Workers Infected with Blood-borne Viruses and the Advisory Group on Hepatitis have examined jointly evidence around the risk of HIV transmission from healthcare workers with HIV to patients. They found that there have been no reported transmissions of HIV from healthcare workers, even though there have been investigations involving 10,000 patients who were tested for HIV. They concluded that the risk of HIV transmission from a healthcare worker who is undiagnosed and untreated is extremely low, even for the most invasive procedures such as open cardiac surgery.

Dame Sally said: “Patient safety is always our top priority. Our knowledge and understanding of HIV have all developed enormously over the last 25 years. It is right that we now consider our current guidelines to reflect what the science is telling us about the risk of HIV transmission from healthcare workers with HIV to patients.

“There are currently around 110 healthcare workers with HIV [in England] who might be affected by the current restrictions. We need to ensure that the guidelines and restrictions imposed are evidence-based and achieve a fair balance between patient safety and the rights and responsibilities of healthcare workers with HIV.”

Dentist Allan Reid, who lost his job after he was diagnosed with HIV in 2007, spoke to Dental Tribune about his take on the issue: “I’m really happy to see that a sensible evidence-based approach is finally going to be adopted at last...however, my own feelings are that it comes far too late and is long overdue. This evidence on the role of anti-viral treatment on reducing transmission risk to essentially zero for all dental procedures has been known about for years and certainly since the last DH review back in 2005, when there was a missed opportunity to change the policy at that time, in line with most other EU countries and the US.

“My opinion is that prejudice, discrimination and pan-dering to misinformed public opinion was the driver for that missed opportunity back in 2005. In the meantime, between then and now, myself and other dentists and healthcare workers in the UK have had to not only come to terms with our HIV status, but as a result of the policy, been plunged into poverty, had our livelihoods taken away from us and all that includes; homelessness, loss of dignity and self-respect, victimisation and facing subsequent prejudice and discrimination when trying to rebuild our shattered lives when looking for alternative employment... for all this I am absolutely furious.

“I had to go through a GDC hearing in my case because I chose not to disclose my 2007 diagnosis. I was eventually referred to a GDC hearing in my case because I chose not to disclose my 2007 diagnosis. I was eventually referred to a GDC hearing in my case because I chose not to disclose my 2007 diagnosis.
News the Government is planning to slash health and safety law for small business as early as January has been wel-
comed by the Forum of Private Business.

Employment Minister Chris Grayling announced this morn-
ing that Government will begin immediately with a wholesale
revamp of UK health and safety legislation - binning more than
half the rules and regulations currently in force over a three-
year period.

He also signalled a ‘wonder rather than later’ approach, with
the first rules removed from the statute book within a few months.

From 1 January he also an-
ounced a new ‘challenge panel’,
allowing businesses to get the
decisions of health and safety in-
spectors overturned immediately
if they have got it wrong.

The announcement follows today’s publication of the Lof-
stred Review into health and
safety law, commissioned
by the Employment Minister in March. It recommends health
and safety law should not apply to self-employed people whose
work activity poses no potential risk of harm to others. If im-
plemented, the changes would benefit around a million self-em-
ployed people.

Health and safety regulations will also be reduced through
combining, simplifying and re-
ducing the approximately 200
existing regulations. The report
also makes recommendations to
ensure that employers are not held responsible for damages
when they have done all they can
to manage risks.

The Forum’s Senior Policy
Adviser, Alex Jackman, said: “We
have waded a while for the re-
results of the Lofstedt review, and
now they are here we’re not dis-
appointed.

“There are recommendations that will see a tangible differ-
tence to the shop floor, but also a
clear path to fewer audits and
lower insurance costs for small
businesses. This is a significant step
forward in reducing the burden of
health and safety law and making the
process fairer for small business.”

According to the BBC, the report
states that it has been a “challenging period” for the
regulator, with disruption, distrust and confusion for
both the public and healthcare
providers; however, the regu-
lator is now believed to be “on track”.

A report by the National
Audit Office has suggested that the CQC has “struggled
to deliver” its services effectively, resulting in waste
of public money and damaging the reputation of the
regulator.

In its report the NAO stated that the registration process
failed to “go smoothly” and re-
cruitments caused staffing
problems.

In conclusion the NAO de-
cided that the CQC had so far failed to achieve value for
money, with both the Depart-
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H

i and wel-

come to the last issue of

Dental Tribune for

2011!

It has been a big year for the dental profession and a rocky one too. Regulation went up, income went down, Groun-

pon threatened to bring the profession into new levels of diisrepe- 

t and the GDC’s dirty laundry was peeking out of the washing basket.

Away from the headline-

grabbing doom and gloom, there

Review looks at CPD impact

T

he General Dental Coun-

cil (GDC) has published a new study that takes a closer look at the impact Continuing Professional Development (CPD) has on dentistry.

The GDC is currently carrying out a review of its mandatory CPD requirements for all its registrants and findings from this study will make a contribution to the review.

The study looked at a range of academic literature about CPD in dentistry and other healthcare professionals. It was prepared for the GDC by a team from the Faculty of General Dental Practice (UK) and is the most up-to-date and comprehensive review of literature about CPD in dentistry from the regulatory perspective.

The aim of the GDC’s CPD re-

view is to develop an approach to CPD that is fit for its future regulator-

ary requirements and supports registrants in getting the most out of their learning and develop-

ment. It will also enable appropri-

ate CPD requirements to be woven into a proportionate scheme of regulation in due course.

Some of the insights highlight-

ed in the study include:

• Personal Development Plans and appraisal can support effective CPD decision-making and participation
• Reflection is a core aspect of making CPD effective
• CPD should be driven by individual needs
• The blending of different learning approaches is likely to have a positive impact

You can email any questions or comments about the CPD review and your CPD experiences to: CPDReview@gdc-uk.org

in the wilderness there is hope for HIV+ healthcare practitioners as the Department of Health launches a consultation into the removal of restrictions on working practitioners.

Suffice it to say, there hasn’t been a dull moment this year and the team at DT have rel-

ished the challenge that keeping our readers up to date brings.

Although we won’t be print-

ing for a few weeks (Issue 1 is due out January 16th, 2012), we won’t be putting our feet up for Christmas just yet! There is always plenty to do in the world of dental publishing...

From everyone here at Dental Trib-

une, wishing all of our readers a relaxing and peaceful holi-

day season... Merry Christmas!

The BoD brand will offer a range of business support services to all UK dentists. As a BoD member, you will have access to the best rates for these services, including delegate costs for attending any events organised under the BoD brand! To become a member, please see contact details below.

Events to help your practice succeed

We have created a jam-packed calendar to get your cops turning and galvanise you into action! Focused on the business of dentistry, these events can help your practice become a more efficient and profitable business.

The perfect front desk

with Emma John

A one-day intensive workshop for practice managers and team members, designed to encourage a front desk team to be more effective and develop team ethos.

Creating a ‘WoW’ customer journey

with Les Jones, Simon Tuckar & Richard Collard

Lee Jones, Editor of BoD Magazine, teams up with Simon and Richard from Medentra to deliver an inspirational, hands-on event that will help you develop new ideas for WoW customer experience.

The perfect treatment coordinator

with Laura Horton

Understanding the role of a Treatment Coordinator (TCD) will help you understand who to put into this role and why the position is important for a 21st century dental practice.
The nightmare of Christmas time

Our modern-day Christmas can put a strain on most people. It’s supposed to be a time of happiness and celebration but for those already struggling financially, the festive season can be hard to bear, heralding even further stress and hardship.

With the burden of debt, rising living costs and the added pressures and expectations at Christmas time, dentists who are unable to work might struggle to get through the cold winter months. Especially for those with families, who are elderly or suffer from ill health.

The BDA Benevolent Fund helps UK dentists and their families during difficult times such as these by offering vital support through grants and interest-free loans.

The BDA Benevolent Fund aims to help out dentists in need

BADN outstanding contribution to dental nursing award 2011

The 2011 BADN Outstanding Contribution to Dental Nursing Award, sponsored by WR Berkley (Europe) Ltd, was presented to Fiona Ellwood at the sixth Honours and Awards Dinner at the Chancery Court Hotel, London on 24 November 2011.

Fiona started work as a dental nurse in 1983 and became a BADN member when she qualified in 1986. She is currently a Director of the Dental Businessness Academy and leads their educational sector.

Over the last 15 years, Fiona has been developing educational programmes for student dental nurses on a national level and is currently developing international programmes. She is also a valued member of the mentoring development team and a key skills assessor for the Faculty of General Dental Practice, and a member of their Editorial Board, as well as BADN’s Regional Co-ordinator for the East Midlands. Fiona is an Internal Verifier and an Assessor; a member of the Institute for Learning, the Institute for Verifiers and Assessors, and the National Oral Health Promotion Group, as well as a BADN Fellow. She is also a consultant/training advisor for dental corporate IDH.

BADN President Nicola Docherty, who presented the Award to Fiona, said: “I am delighted to recognise Fiona’s contribution to dental nursing, and particularly to dental nurse education, over the last two decades. It is dental nurses like Fiona, who give freely and willingly of their time and expertise, who are the future of our profession. I should also like to thank WR Berkley, providers of indemnity cover to BADN members, for their generous sponsorship of this award.”

The Dinner, organised by the BDA and sponsored by the BDTA, included the presentation of awards by several dental associations. Peter Davey received a Fellowship from the Dental Technologists Association, Terry Abbott was awarded the British Dental Trade Association Award, and Gail Marsh was added to the British Association of Dental Therapists’ Roll of Distinction – together with numerous BDA awards including the 2011 BDA Good Practice Scheme Good Practice of the Year, which was awarded to Osborne Dental in Newcastle.

A denture holiday

We’ve all heard about the Lakes being the Adventure Capital of the UK, and adventure holidays. However, Cumbria is about to be known for another very special type of holiday – Denture Holidays!

Dental entrepreneur Chloe Booth and business partner Matthew Burnell have opened the doors at Grange Dental Centre to local people, but also hope to attract the attention of holiday makers.

The duo are already looking after the local residents’ dentures and offer home visits to those who are unable, or find it difficult to leave the house.

However, they have had visitors popping in to repair dentures that have been broken whilst away from home, and so the idea of the ‘Denture Capital of the UK’ has been born!

“Grange Over Sands is a holiday hot spot for many people, and some even choose to take a coach trip to this beautiful sea-side resort,” said Chloe. “We are well connected with many of the hotels and bed and breakfasts in the area, and together will enhance tourism opportunities for local businesses.”

“We believe that if some of Grange’s visitors can use their time not just to enjoy the scenery and shops of Grange, but to look after their mouth at the same time, it would be a very valuable trip indeed.

Many denture patients aren’t aware of the options that are open to them these days, and if the pleasant trip and denture re-vamp can be complimentary to one another then it’s time well spent,” said Matthew.

Matthew’s expertise in making dentures has already attracted clients from as far away as Spain, and his sights are set globally, hoping that antipodean visitors will take advantage of his proudly Cumbrian service: “I’d be absolutely thrilled to see a Cumbrian-made denture taking a flight to Oz!”

The bone maker

Researchers at Washington State University have used a 3D printer to create a bone-like material structure that can be used in dental work and orthopaedic procedures; it has even been reported that it can be used to deliver medicine for treating osteoporosis.

According to reports, the bone-like material acts as a scaffold for new bone to grow on; when its job has been fulfilled, the “scaffolding” dissolves with no apparent ill effects.

The researchers spent a year enhancing a 3D printer that was originally designed to make metal objects, however, using inks, layers of powder about 20 microns deep and by following directions from a computer, the printer is able to create a scaffold which after about a week is able to support networks of new bone cells.

The authors have reported the material’s success in the journal of Dental Materials; according to Susmita Bose, co-author and a professor in WSU’s School of Mechanical and Materials Engineering the development goes further than this however, and she states that it will be possible to create custom order replacement bone tissue in a matter of years.

“If a doctor has a CT scan of a defect, we can convert it to a CAD file and make the scaffold according to the defect,” Bosesaid in a report.
The World’s First Online
MSc in Restorative & Aesthetic Dentistry

Master of Science in
Restorative & Aesthetic Dentistry
‘The Best of Everything’

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. The masters will combine interactive distance learning, webinars, live learning and print.

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

Community
Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

Opportunity
This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.

Call Smile-on to find out more:
tel: 020 7400 8989 | email: info@smile-on.com
web: www.smile-on.com/msc
It wasn’t supposed to be like this

When you qualified from dental school they didn’t tell you about the stress some of you would face. They didn’t tell you about the high suicide rate. They didn’t warn you about the bread, milk, about burnout and about how dealing with Bureaucrats can sometimes feel like bashing your head against a wall.

Of course many of you qualified years ago, before the UK became one of the most litigious countries in the world. And all of a sudden you wake up one morning with the stark realisation that the equation has changed.

And yet there are many of us who still love our dentistry. We treat and employ great people. We love our jobs and we love our lives, and the natural challenges that appear in the path of our lives only make us stronger.

So where are you, right now? Do you feel like you are an ex-cuse to up your game? Or do you see them as an all powerful Ogre stalking the realm of the Dental folk? Do you do five minute check-ups, or do you spend the time you need to build rapport with your patients?

It’s never about the system. It’s how you react and work in the system. It’s never about the situation; it’s how you react to the situation.

You might feel you are in a dark place right now, even burdened with regulation, hit financially by the recession, your work suffering from self-doubt and direction. And what you need to remember is that it’s often in your darkest moments that your true character emerges. There can be no light without the dark, and even the bleakest winter is always followed by summer. Life’s greatest opportunities usually come wrapped up in what seem like impossible situations. Trust me, I know.

Of course, sometimes we need a little help. Recently 30 of some of the top names in UK dentistry came together to collaborate in a book called “Mes-sages from Dental masters”. In this book are 30 never before seen articles, ranging from advice to stories of self discovery. They have agreed to share their knowledge on how dentists can improve their working lives. The book contains such well-known names as: Chris Barrow, Ellis Paul, Paul Tipton, John Cheetham, Kevin Lewis, Barry Oulton, Raj Rattan, Sheila Scott, Amarjit Gill and many more.

There is another reason for the book of course. 40 per cent of all profits will be split equally between the BDA Benevolent Fund and the Dentist health Support Trust. Want to know more? Visit www.GDPResource.com today.

We had a good day. With Sirona

A mid much anticipation Sirona Dental Systems recently opened the doors to the brand new Centre of Excellence, training facility, showroom and offices, based close to Heathrow with easy rail and road links.

Terry Patuzzo Sirona’s MD explained what a huge step forward this is for the company to show their range of equipment including Sinus Treatment Centres, digital x-ray, CEREC and hygiene systems, in working order to enable training and product demonstrations as well as lectures and hands-on courses for dental surgeons and their staff at the bright, airy Centre of Excellence. The Company are actively encouraging dentists to visit this new facility, whether they are new or existing customers, to broaden the professionals’ knowledge of Sirona Dental Systems innovations and solutions.

During the opening ceremony the delegates had the opportunity to listen to Dr Quin-tus Germishuys a London prac-titioner who explained how Sirona has helped to grow his practice. He believes that Si-rona has changed the way that he practices dentistry through their innovative products and made reference to the future of dentistry being digital.

The President of the BDTA, Mr Tony Reed, made the point that member companies are subject to quality control and that it’s important for dentists to look carefully at dental companies before investing to en-sure that the company and the service it provides are up to scratch. Sirona is a company that certainly passes rigorous testing.

Jeffrey Shoven, President of Sirona Dental Systems and Thomas Scherer Vice President explained how the company are continuing to invest despite the economic times with a staggering 6 per cent of the company’s revenue invested in R & D. They feel that the UK is an important market for Sirona and congratulated Terry and his team on the opening of the Centre of Excellence in the UK.

Managers achieve ILM management qualification

A record-breaking 72 dental practice managers and dentists have achieved an Institute of Lead-ership and Management quali-fication with UMD Professional Ltd in 2011.

The successful candidates all achieved a qualification awarded by the ILM, either through attending a workshop-based course or studying via distance learning. They will be presented their certificates at a ceremony in London in Janu-ary 2012.

These exceptional results highlight the continued success of UMD Professional in provid-ing effective business and man-agement training for dentists and managers.

Fiona Stuart-Wilson, Direc-tor of UMD Professional said: “We are delighted to be cel-ebrating the achievements of all those who have worked so hard for their qualifications, and congratulate everyone on their success.

The high number of candi-dates this year demonstrates the increasing importance that managers and dentists place on having a management qualifi-cation and the benefits that this brings to their practices.”

UMD Professional has more Level 5 and level 7 Diploma in Management regional work-shop programmes starting in the New Year, and continues to offer a distance learning option for those studying for the Level 5 and Level 5 qualifications. A limited number of grants are still available for the Level 5 and Level 7 Diploma cours-es in some areas; for more information please contact Penny Parry at UMD Profes-sional on 020 8255 2070 or by email: penny@umdprofession-al.co.uk.

Endo course

Many GDPs lack confi-dence in their ability to provide good quality endodontics and would love the opportunity to be more proficient in their ability to save teeth and offer about burnout and about endodontics to their patients.

With this in mind, Dr Richard Kahan (former Eastman CPD Endodontic Course Director), recently launched a mentoring programme of GDPs so that they can improve their skills at a spe-cialist practice and really enjoy their endodontics.

Only eight places are availa-ble on the programme and appli-cations are now being invited via www.endoacademy.co.uk. You’ll have to be quick though – the closing date is 31st January.

Research and patient empowerment

The release of important health data will stimulate medical research and en-able patients to take informed decisions about their care, the De-partment of Health has said.

As outlined in the Chancellor’s Growth Review, new world-first data services will help to drive improvements in care. The UK is uniquely placed as being one of the few countries to have a universal ‘cradle to grave’ health system boasting some of the most detailed, anonymised informa-tion on patients. The UK has the potential to lead the world as a location for data-enabled health research, with direct benefit to patients, via the Clinical Practice Research Datalink.

For the first time services pro-vided by the NHS Information Centre for Health and Social Care will link datasets from GP and hospital care, providing health service, pharmaceutical indus-try, academics and other profes-sionals with unequalled levels of information about the journeys of patients through the care sys-tem and the outcomes of different treatments.

Alongside this boost to medi-cal research, patients will be able to see new data on GP perfor-mance on NHS Choices website this December, helping them make informed choices about their healthcare. Further data on GP prescribing will be published which information providers can use to inform patients, support-ing them as they make decisions about their own care.
British inspiration that’s simplicity itself

_Dental Tribune_ talks to the inventor of the KwickScreen, Michael Korn

A s CQC regulations start shaping dental practices across the country, dentists are being faced with a range of new standards and restrictions with which they are required to comply. The current requirements are governed by a number of documents, including HTM (Health Technical Memorandum) 01-05, which is a set of guidelines for the design and implementation of healthcare environments. The document states that, if a practice has a rate room, he has received some very positive feedback. Even though he is still waiting for a full inspection, he understands the building restrictions with which he is faced. Fortunately, there is a paragraph in the HTM 01-05 document which states that, if people cannot meet this best standard, then it will be understood. From the conversations they’ve been having, it seems like a good way of moving towards best practice.

“Of course, not every practice is going to want one as it won’t be suitable in every practice, but there are quite a lot of practices out there that will find it very useful. Some people have brought it for one practice and have ended up using it for something else, like they’ve had an unsightly feature!”

Although he’s not going to reach best standards with CQC (because he can’t get a separate room), he has received some very positive feedback. And even though he is still waiting for a full inspection, they understand the building restrictions with which he is faced. Fortunately, there is a paragraph in the HTM 01-05 document which states that, if people cannot meet this best standard, then it will be understood. From the conversations they’ve been having, it seems like a good way of moving towards best practice.

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room in two providing a space for recovery patients and normal patients. These are the main areas where I see it being used – in the right practices – it will have a good use in dentistry.

Apart from the contamination and space boxes that the KwickScreen ticks, the innovative screen had another purpose, as Michael explained: “A screen can have pictures printed onto it, which is making them ever popular. For example, the environment of the dentist’s treatment room is one where the look and feel of the place is important because there are patients that are fully awake and alert. Also how the waiting room looks like is important. With the KwickScreen you can have something printed on the screen that is calming and is easy to change so you don’t have to stick with the one design.

“We’re actually running a competition at the moment, which is based in the Royal College of Arts, where we’re asking people to design pictures to be printed on the screens. There’s also an external competition where people can submit their design and we print them. The competition should lead to some quite interesting ideas!”

As Michael explains, since its inception onto the medical market, the KwickScreen and its inventor have won several awards, both in the UK and internationally. To begin with, Michael was the UK winner of the UK Dyson award, and was also runner up for its international award.

“To be the UK winner is amazing, it’s prestigious. I’m really delighted, it was tough competition and as far as companies and people to be associated with and to be endorsed by, I don’t think I can get any better than James Dyson. He’s exactly what we’re about.”

If there are any dentists that are budding artists or photographers who wish to enter their pictures visit www.kwickscreen.com and click on the art tab.

KwickScreen has recently undergone trials in the University College Hospital and the National Hospital for Neurology and Neuroscience in London, and has received very favourable feedback on both a microbiological and user level.
Stop the world, I want to get off
Michael Young answers the question: What else can I do apart from dentistry?

My first article touched upon some of the reasons why dentists might be dissatisfied and disheartened with the profession, and offered some words of encouragement. This next article is for those who have made the decision to leave and for those who, for whatever reason, have to leave. It answers the question, “What else could I possibly do, apart from being a dentist?”

The first thing you must do is perform a SWOT analysis on yourself, that is, determine your personal strengths and weaknesses, and what are your opportunities and threats. Draw up a list of your transferable skills; be honest with yourself.

Dentistry is obviously a scientific discipline, so it is not unreasonable to suggest that a dentist could move with relative ease into another scientific field. A number of years ago I bumped into one of my contemporaries from dental school who, not long after graduating, had decided that dentistry was not for them. They retrained as a teacher and taught general science at a local college. They were happy with their choice. There are many science-based jobs that a dentist could think about doing, but perhaps in the current economic climate, now is not the best time to be looking for any job!

Dentists working in practice might want to simply free themselves from the hassle of a practitioner’s life, but don’t want to give up dentistry altogether. Making the sideways move into a dental school could be one option worth exploring, either as a teacher or as a researcher. However, nowadays universities have their own set of pressures, targets, rules and regulations. I was fortunate enough to work in two dental schools over 20 years ago, when the atmosphere was fairly relaxed.

You might be contemplating a complete change of career altogether. One career that seems to attract its fair share of dissatisfied dentists is the legal profession. The legal profession is not like dentistry; lawyers are trained to extract information from documents, to ask closed questions, but above all, to win their argument no matter which side they are on. An excellent solicitor or barrister will be able to present a good argument from both sides. When putting together their case they want answers to the particular and the general, the empirical and the theoretical, the objective and the subjective. What you do as a dentist seems rather less certain when a good lawyer interrogates you. Your most difficult patients are pus-

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You might be contemplating a complete change of career altogether. One career that seems to attract its fair share of dissatisfied dentists is the legal profession. Through my work as an expert witness I was able to dip my toe into the waters of the law; I speak from experience when I say that the grass is definitely not always greener. The law is often about conflict so you must be prepared for that and it is nearly always about money. The area I worked in was clinical negligence, most of which was funded by legal aid, which
sycats compared with the mauling a fellow lawyer may give you when defending their client. Unless you want to stick to conveyance and house purchase, be prepared for conflict. I was never tempted to become a lawyer.

Perhaps you could turn your hobby into your fulltime job. Photography, for example, prepared for conflict. I was never tempted to become your main occupation. Sometimes people leave dentistry because they have no choice. The two most obvious reasons are because they have had their names removed from the register, or because they are deemed medically unfit to carry on. I suppose it depends at what age you are forced out as to whether or not you need to carry on working and earning, but let’s assume that you either have to or want to carry on working. Let’s also assume that whichever of these two categories you come under, you would have liked to carry on working as a dentist. For both groups, coming to terms with having to do something different and not out of choice, is often the first hurdle they have to overcome.

I had to give up dentistry when, looking back, my practice was at its peak. I can, however, remember a certain sense of relief when I finally closed the door, because for months I had been aware that the condition of my hands and wrists had turned me into a liability, and that physically I simply could not continue. This had made me extremely anxious, and this feeling continued as I struggled to come to terms with what I call “losing my label”. Loss of confidence and a loss of self-esteem take a lot of coming to terms with and professional help may be needed. What I then went on to do after my 25 years in dentistry is, I think, fairly well known, but the point is that if you play to your strengths and regard every threat as an opportunity, then you will always find a new road on which to travel.

People are often drawn into a particular career thinking that it is something that it is not, or because they feel obliged to join the family business. It’s your career, so even if you realise late in the day that either you are not suited to it, or it is not suited to you, and you have genuinely tried to change things, suited to you, and you have genuinely tried to change things, then stand by your decision and move on.

For me, the secret of main-
Trying something different: Michael Young with his book How to be an effective expert also led to me writing the book. Expert witness work that helped improve my clinician and as a writer, but it allowed me to develop as a clinician better.

I have only touched on a very small number of career options; don't forget that you can consult an appropriate career guidance service for impartial advice.

When the idea for these articles first came up it soon became apparent that they could very easily become words of doom and gloom for a profession that was already under pressure. The dental press is, after all, there to promote all that is good about dentistry and not to be merchants of despair – at least I hope it is. What I have tried to do is be realistic. There are dentists who seriously want to leave the profession; there are also dentists who have no choice other than to leave the profession. In the first instance, before you turn your back on dentistry, in the belief that the grass is always greener on the other side, stop and look at what it is that is driving you away, and ask yourself, “Can I change things?” This may be taking too simplistic a view; however, I believe that it lies at the heart of the matter. If you have no choice about leaving dentistry, then once you have come to terms with your enforced career change, don’t fall into the mind-set of believing that dentistry is the only thing you can ever do; you are not a one-trick pony! There are many jobs out there that you will be able to do, some that are at first not too obvious, all of which you should explore and investigate before making that leap.

Any job, after years of doing the same thing day in, day out, has a tendency to become monotonous and unappealing. Working for even half a day per week at the local dental school, helping to teach undergraduates, helped to break the monotony. Re-igniting my interest in children’s dentistry by studying for a Masters, and learning new skills as a manager, both helped retain my interest in my roles as a dentist and a practice owner. Writing about management, even before I had come up with the idea of writing a book, sustained my interest in my practice. I became heavily involved with management, becoming an active member of the Chartered Institute of Management, the Chartered Institute of Marketing, and I was even the Secretary of the North East Region Committee of the Institute of Management Consultancy. I knew I could do the dentistry; I just wanted to know how to make my practice better.

My expert witness work allowed me to develop as a clinician and as a writer, but it was also indirectly one of the catalysts that helped improve my practice. Expert witness work also led to me writing the book How to be an effective expert.

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A wonderful thing called hindsight
Laura Hatton delivers the final instalment of the Harry Baldwin series

Harry Baldwin's speech on jaw development, image courtesy of King's College London

When I began re-searching the life and career of Sir Harry Baldwin, I didn’t think I would stumble across a segment of his life that so greatly reflected today’s research; the relationship between diet and health; the immediate connection between oral health and health; the immediate connection between oral health and diet; and how diet affects the shape and size of modern human jaws. But although in today’s society these discoveries are perceived as “new research”, as Richard Fowler, Godson of Mary Baldwin, explained to me during our interview, these ideas are in fact 100 year-old concepts that Sir Harry was exposing on a daily basis.

Harry embarked on his campaign to publicise the importance of good oral health and how it can directly affect the health of the body and general development. Starting at the basics of brushing, he revealed that gum brushing was the miracle cure in preventing infection. "Gums must be vigorously brushed with a stiff brush twice a day! If you find you have sore gums it means you must brush more!"

Although white bread was the staple diet of the poor and the sole food for children, Harry launched into an unprecedented attack on the evils of white bread and over-cooked vegetables and boldly exclaimed that the only food worthy of eating was “food that had been unspoiled by commercial fabrication!”

"Harry had exerted himself as a brushing guru, revealing that gum brushing was the miracle cure in preventing infection"

Harry soon turned his attention to theories as to why there was significant mal-development in the nation’s mouths; although development in this area would hardly seem like an area for concern, Harry knew too well that this was the “gateway to disease” and could have a direct effect on a person’s health: “We know that dental diseases are septic, putrid and poisonous… [and] an unclean mouth with decaying teeth and decaying gums supplies a constant stream of poison to the entire body and results in an untold amount of chronic illness, degeneration in various ways, premature old age and even death.”

Harry understood the urgency of uncovering the reason as to why there were development issues throughout society; he came up with theories such as starvation and poisoned food supplies, but the conditions were too widespread, affecting the rich and the poor, the country dwellers and the urban townpeople. He knew it had to be something drastic to be achieved to alter the state of the nation’s health and with little hesitation he launched a crusade on oral health, starting at the basics of brushing, before progressing onto the complex function of saliva and the controversial subject of diet.

Harry began his campaign by captivating the audience during an address on the 22nd November 1915, where he enlightened the audience on the subject of brushing and most importantly, gum brushing. By the time the address was over Harry had exerted himself as a gum brushing guru, revealing that gum brushing was the miracle cure in preventing infections, pyorrhea, gingivitis and chronic septic infections of the tooth sockets; his solution was simple: "Gums must be vigorously brushed with a stiff brush twice a day! If you find you have sore gums it means you must brush more!"

Although his advice seemed to show little room for compassion, (the old saying of “you have to be cruel to be kind” springs firmly to mind) Harry didn’t once seem to step back from issuing instructions on how to maintain a good level of oral health; he would state how gum brushing prevented the formation of sub-gingival calculus, and he even went so far to proposing how salt becomes an antiseptic and can cleanse bleeding gums. In the end he knew that friction on the gums prevented congestion and kept them healthy and he had to share his knowledge and he had to share his knowledge of bones and teeth and the reality of uncovering the reasons as to why there were development issues; without these, development is essentially stumped.

Although white bread was indeed the staple diet of the poor and the sole food for children, Harry launched into an unprecedented attack on the evils of white bread and over-cooked vegetables and boldly exclaimed that the only food worthy of eating was “food that had been unspoiled by commercial fabrication!”

Drawing up a list of reasons as to why the nation had a deficiency of vitamins in our times, (including tinned foods, beer and the hand feeding of infants), Harry could see that the problem with the British diet was simple: vitamins were non-existent and the nation’s development and oral health was suffering as a result.

The lion’s share
Harry knew he needed to take decisive action and it wasn’t long before he recalled on experiments where lions, deprived of vitamin-rich internal organs, suffered from cleft palate and were crippled by rickets; he then spoke of the Esquimaux [sic] staple diet of raw seal meat and organs; their diet meant they were not only healthy, but had strong jaws and teeth that had developed in perfect condition; what’s more they were caries free.

To Harry the results were

Mother Nature’s mouthwash
Harry soon turned his attention to theories as to why there was significant mal-development in the nation’s mouths; although development in this area would hardly seem like an area for concern, Harry knew too well that this was the “gateway to disease” and could have a direct effect on a person’s health: “We know that dental diseases are septic, putrid and poisonous…”

"This a great causes for concern,“ Harry solemnly stated, “phosphates of lime are a chief mineral constituent of bones and teeth, and vitamins are essential for true development… without these, development is essentially stumped.”

Although white bread was the staple diet of the poor and the sole food for children, Harry launched into an unprecedented attack on the evils of white bread and over-cooked vegetables and boldly exclaimed that the only food worthy of eating was “food that had been unspoiled by commercial fabrication!”

"Harry had exerted himself as a brushing guru, revealing that gum brushing was the miracle cure in preventing infection"
Harry recommended that white bread should be completely excluded at all “estab-
ishments under Government control.” However, his ideas were not greeted with open arms and even though Harry was convinced that the proceeds of the flour tax would be devoted to cheapening wholemeal flour, his proposal caused an outcry. It would seem that no matter what research or alternatives he offered to the public and government bodies, Harry’s controversial claims seemed only to add fuel to an already blazing fire.

A man’s philosophy

Placing aside the controversy on diet and his views regarding it, Harry was also a crusader for affordable healthcare. His “take from the rich and give to the poor” personality trait gloved beneath his Victorian gentleman charm and the renowned gentleman who had famously slated white bread made it his underlying philosophy to charge people according to their means. Stories that flitted between the London surgeries spoke of Harry undertaking unpaid work, providing emergency treatment, reducing patient fees and devising payment instalment schemes for those patients who were strapped for cash. Harry had become a national face for the working class and during the British Dental Hospital’s 11th Annual Meeting on October 27, 1923 Harry protested about the cost of dental and medical treat-
ments; he was left reeling over the reality that only the richer members of society could af-
ford it.

The truth was that for Harry dentistry wasn’t merely a job, it was his service and duty. As his voice continued to rock the delicate medical world, he stood strong, af-
firming his belief that “a little dentistry at the right time may save a world of trouble”. But no matter what he said or did, the general health and physi-
cal development of the people continued to remain unsatis-
ifying and with World War I a haunting memory and the eve of World War II less than a decade away, Harry remained conscious of the fact that one million men were unfit for military service. Never before had he felt so sure on his own research and knowledge, and was described as “indefatiga-
ble in his efforts to make the public realise the importance of diet” and that he was “so opposed to the use of white bread… he never lost an op-
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Like an artist whose paint-
ings come of value after the artist has passed away, Harry’s message soon became invalu-
able in the medical and den-
tal world. Just days after his death the country went to great lengths to ensure his message on diet didn’t expire with him. Even the obituar-
ies kept his voice alive, and in the Evening News, London, on 22nd September 1951 Harry was described as “indefatiga-
ble in his efforts to make the public realise the importance of diet” and that he was “so opposed to the use of white bread… he never lost an op-
portunity of decreeing it.”

I hope that throughout this series I have painted a pic-
ture of Sir Harry Baldwin as he once was; a typical late-
Victorian man who was fas-
cinated by everything, from dentistry to motor cruising, to collecting Japanese prints and Chinese porcelain, right the way through to his love for British art. In the end, Harry was not only a fantastic dentist and surgeon who helped save the lives of thousands of sol-
diers, but he is a part of dental history and a part of our fu-
ture. But what’s best of all was that his own advice served him well; he died with a full set of teeth! 

I would like to thank Rich-
ard Fowler for giving me the opportunity to write this arti-
cle and for the resources that he donated to King’s College London. I would also like to thank the staff at the Archive Department at King’s College London for their help and guidance whilst completing my research.
Dental fundamentalism

Neel Kothari takes an ironic look at dental regulations, and looks at issues such as windows and breathing

Unfortunately, despite the best of efforts, the government really have not gone far enough when it comes to rules and regulations within the industry. The slight inconvenience HTM01-05 and the CQC have placed upon practices is clearly a step in the right direction, but the question I ask is: have they gone far enough?

Here is a list of potential policies that we need to encourage the government to urgently address.

To start off with, we desperately need to assess the feasibility of having windows in our surgeries. The risk that fresh air poses to our patients and us really cannot be underestimated.

If we look at the disinfection of surfaces I think it has now been clearly proven beyond all reasonable doubt that soap and water is not adequate and thankfully many companies have come to the rescue of patients by providing disinfectants capable of thoroughly disinfecting surfaces. However in the future we have to ask ourselves is this enough? I think the reality here is that, despite worktops being around for a long while, we now have to question whether or not they are actually safe and if there is a place for them in the future.

Another area that the government desperately needs to look at is the risks presented to patients and staff by pieces of equipment such as the dental probe. This piece of equipment was clearly designed before health and safety became a legal requirement and I cannot foresee a situation where its usage can continue without some form of rubber bung. Ideally this rubber bung should be available on a single use basis and hopefully fully should cost less than a mere 50 pence per bung from government approved compliant manufacturers.

Dentistry of the future surely must also consider the risks posed to patients through the usage of non-single use clothing. Suggesting that dentists must change their apparel in between patients may sound extreme, but in reality what other alternatives do we have? Also most clothing manufacturers really do not provide undergarments designed specifically for dental needs and, whilst many of us really do not want to discuss the risks posed by undergarments, hopefully companies with vested interests (in protecting patients) will be able to provide government compliant steam sterilisable underwear, but I suspect that the regulations would state that this would only need to be changed on a daily basis rather than in between patients. Hopefully there will be some scope to allow dentists to make their own judgment calls if the patient is sufficiently scary.

Again another sensitive area that will almost certainly need addressing is excessive body hair. The risks posed to patients through excessive body hair are far too long to be fully itemised here, but it would be fair to say that bacteria and other microorganisms can live in and around body hair. In an attempt to achieve a degree of political correctness, excessive body hair may have to be classified under two main categories 1 hair above the neckline and 2 hair below the neckline.

A simple policy of quarterly government approved inspections carried out by tax payer funded companies should ensure compliance with this policy. Of course, in order to protect patients, a naming and shaming policy would need to be enforced for those in breach of either category.

Whilst many of you may think that this policy is completely unnecessary, please be aware that as a British Asian my people stand to suffer the most. Hopefully by the time this policy is actually implemented many of the dental manufacturers would also be in a position to offer a full range of hair removal services with a minimal of interruption to the dentist’s daily working life with most probably only needing to take as little as a week off work.

By now I bet many of you are in eager anticipation wondering when these changes are likely to take place. I suspect it will probably take a few years before these policies are implemented; however one thing that we all have to accept is that we really cannot afford to take the risk of waiting for any of these policies to be vigorously piloted or sent to an independent body for review, as that may take months, if not years. By doing this it would also open us up to a whole set of problems – I mean what would we do if they get back to us with results that don’t support our position?

As a dental fundamentalist and in line with CQC outcome 1, I cannot allow myself to offend you all by wishing you all a Merry Christmas. So please accept my sincere wishes that I fend you all by wishing you all the best of efforts, in the New Year which is internationally recognised as ‘New Year’ for many cultures.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Bridge as a principal dentist at High Bridge Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.

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Dentist’s desperately need to risk assess the feasibility of having windows in their surgeries

Dental fundamentalism

Neel Kothari takes an ironic look at dental regulations, and looks at issues such as windows and breathing
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EARLY BOOKING DISCOUNT
Facebook flop

Rita Zamora provides a real life example of what not to do

D o you wish Facebook and other review sites would just “go away”? If so, you are not alone. At almost every live event I speak at, there is at least one person who’d love it if all this “social media stuff” would disappear. Unfortunately the genie has been let out of the bottle... people realise they can now easily vet you before making a decision about whether you are a good choice for dental care or if they should allow you to deliver the treatment you recommend. Online research has become a pastime for many people. What this means for practices (and all businesses) is that social media and reviews will continue to either help or hurt your business.

Remember when the phrase, “As Seen on TV” was a great selling point? For years, “As Seen on TV” helped to skyrocket the sales of many products—however what about today? I recently heard about a cool new product called CitiKitty (you cat lovers will especially appreciate this). CitiKitty, is a “revolutionary” product that can help you eliminate the use of cat litter by helping you to essentially potty train your cat. Imagine the sales possibilities. Seriously, who wouldn’t want to give up the miserable chore of cat box scooping?

I decided to look into CitiKitty for my smart kitty. A Google search and visit to their CitiKitty.com website made their product look fantastic. CitiKitty had a nice little video on the website showing an animated version of how fabulously their product worked. The product seemed almost too good to be true, which is why I was so relieved to see the Facebook logo on their website homepage. Perfect, I’d visit their Facebook page and check out what real people are saying about the product.

Note that before Facebook came along, I (and likely hundreds of others) could have been “sold” outright on the website presentation alone and purchased the product then and there. Remember, before the social media genie was let out of the bottle, we didn’t think about researching to the level we do now.

Back to the CitiKitty Facebook page. The page had a spat-tering of success stories, which had mainly been posted by the page administrators. The page was fortunate enough to have good participation on behalf of “likers”. Many of the page posts had several (in some cases 12+ comments), however quite a few of the comments were questions, concerns, or stories about failures (I won’t get into the details about the reported kitty potty failures). The point I want to make is that rather than respond to questions or concerns, the page administrators ignored the majority.

So what does this say about CitiKitty? It might mean that CitiKitty needs to go back to the drawing board and make product improvements. At minimum, CitiKitty needs to respond to their existing customers. This situation is a real life example of what not to do on Facebook. Don’t expect to set up a social media presence, post a lot of positive PR about yourself and ignore any questions or concerns that may pop up. Here is a list of Facebook “don’ts” that CitiKitty (and all of us) can learn from:

1. Don’t ignore your fans or followers. Always respond to comments, questions, or concerns. Good, bad, or ugly. Social media is not the place for complacency.

2. Don’t put your head in the sand. Learn from patterns. Whether consistent themes of kudos or complaints exist, there are lessons to be learned. What do your clients (or patients) consistently say they like or dislike?

3. Don’t rely on automation as a solution. To make matters worse, CitiKitty page administrators have recently integrated their Twitter to their Facebook Page. So at the time of this writing they are not only seemingly ignoring their community, they are also posting (what non-Twitter users will interpret as) non-sensical hashtags and gibberish.

The purpose of this article is not to bash CitiKitty. I think the woman who invented the product had nothing but good intentions. Perhaps her kittens are just smarter or more trainable than others... I’d love nothing more than for CitiKitty to go back to the drawing board and find solutions to make this product work on a grand scale. Or perhaps CitiKitty wouldn’t work for every household, but the company had such a positive and well-loved kitty community that people bought the product regardless.

This is a great example of the enormous power of social media. It can literally make or break businesses. Today, it’s not just about how you handle yourself in one on one conversations—it’s also about the way you handle the conversations that are occurring between you and potentially dozens or hundreds of others. How will you learn from the lessons CitiKitty has stumbled upon? When patients research you online, what will they learn (and think) about you?

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 dental 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.
To be or not to be... qualified

Jane Armitage discusses how you’re never too old to learn

Over the years I have received a vast amount of calls from principals and practice managers, their questions covering a wide range of practice management issues. Managing a dental practice is not an easy task, it doesn’t come naturally. It is a journey of learning, and each year you continue to learn something different. I can’t remember a year that everything remained the same, and we didn’t have to change some form of protocol or legislation to ensure as a practice we were compliant.

But what really surprises me is the amount of managers who contact me, who are running someone’s business and state that they don’t know much about practice management but don’t want the staff to know! Sometimes it makes me wonder how can that happen, how can anyone expect their business to thrive and have everything that is required in place, if the person who is managing the business is unsure. Ok, so there will always be elements you come across that make you test your ability, but surely gaining the qualification not only helps the manager but helps the principal.

I spoke with a manager only last week who told me she was new to the profession with no dental background and didn’t know anything about dentistry but was fumbling her way through. I replied “I take my ry but was fumbling her way through. I replied “I take my Dental background and didn’t know more than you think,” so I asked her what did the letters GDC stand for, she provided the answer was “oh, I don’t know that, you’re going to make me think of practice management with a path- way if required for managers to take their qualification in dental practice management. If you’ve any memo- ries of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01142 343346 or email ja nearm@tiscali.co.uk.

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Vocational Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant and has a BDA Certificate of Merit for service to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes on-site assistance covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice management. If you’ve any memories of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01142 343346 or email ja nearm@tiscali.co.uk.

The author

Jane Armitage

‘Training is essential and personally I believe that all managers should be qualified in Dental Practice Management’

I would not like to think I had no dental background and was suddenly given the title practice manager and be expected to deliver. Training is essential and personally I believe that all managers should be qualified in Dental Practice Management, how can you expect your team of DCP’s to be qualified and produce CPD if the leader doesn’t have to be quali- fied and doesn’t need CPD to comply. It doesn’t make sense. At this point I’m probably going to have loads of managers gun- ning for me!!! These are only my views.

Out of interest I made en- quiries and was given the in- formation that 75 per cent of managers held no formal quali- fication in Dental Practice Management.

I understand that there will be non-members who have gained formal qualification in practice management; I just find the statistics a talking point. It may be interesting to have a poll to determine the actual figures. It’s impossible to guess the over- all quality of those who have these various training programmes throughout the UK.

I was in my forties when I sat the diploma and suddenly I was back at school. However, looking back I learnt not only from the tutor but from other managers taking the qualifica-

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Vocational Assessors award. She is also a BDA Good Practice Assessor, BDA Good Practice Regional Consultant and has a BDA Certificate of Merit for service to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes on-site assistance covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice management. If you’ve any memories of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01142 343346 or email ja nearm@tiscali.co.uk.

The author

Jane Armitage

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Jacqui Goss explains how to create a good impression without saying a word

Why improving your practice is a mystery - part three

At the end of my previous article, I promised to consider the feelings a potential or actual patient has when entering a dental practice for the first time. As you can imagine, a good impression at this stage is critically important so here goes.

Be warned, if you book me to visit your practice to discuss training or my consultancy services I shall invariably arrive early (M6 traffic willing). I’ll stand outside for a while. I’ll walk towards the entrance from different directions. I’ll look in and through the window (only if you’re on the ground floor!). I’ll sit in the reception or waiting area – in different seats. I’ll get up and read the notices, shuffle through the magazines and visit the toilet. I’ll drink your coffee if I’m offered a cup (or will it be a mug?).

In short, I’ll do all the things you and your team members never or rarely do but which your patients and prospective patients do all the time. Why? Because you may be a whizz with a high-speed or slow-speed drill, your nurse might be Olympic standard and your hygienist could be world-class but if the door handle is loose that’s what will determine a patient’s lasting impression.

But we all know that patients invariably arrive early for appointments (you don’t like them being late) and so have to wait outside (in all weathers) until the door is unlocked on the dot of 2pm. In practice, the first appointments after lunch don’t begin until 2.05pm or even 2.10pm so early arriving patients have unnecessarily braved the weather. Why not make the appointments a little later or open the doors five minutes earlier?

Another example: I visited a practice and there was a hand-written note on the toilet door saying the lock was broken. It was a nuisance but these things happen. Unfortunately, when I visited again several weeks later the same note was still there. Was the reason a chronic shortage of handy-men in the locality or a distinct lack of interest on the part of practice staff? I know what I thought.

And now I’ll have a go at Richard Branson. Not for the service on his airlines (I’ve never flown Virgin Airways) but because as “litter tsar” in the 1980s he failed miserably. The peculiarly British habit of dropping litter is more rampant than ever these days. When I do a performance audit on a practice, I include photographs in my report. Surprisingly often there is litter outside a practice – on the pavement, in the gutter and in the car park (if there is one). While I agree few people take notice of it, wouldn’t a litter-free approach to your practice eliminate the possibility of a bad initial impression?

Dental Tribune United Kingdom Edition · December 12-18, 2011
rules and, in some cases, a fee) is always a good idea but I’ve seen many that can’t be read until you’re right on top of them and/or contain so much information that a passer-by will simply be that – a passer-by. Similar considerations apply to signage at your practice. Oh, there are some awful logos out there – yet there are many (inexpensive) brilliant designers.

And now for your “shop” window, should you have one. What is it they say about people in glass houses? That’s right, they should undress in the basement. Tidy away those boxes of leaflets and the recent delivery of surgical gloves and get those mugs off the counter please. As for the window display – do have one. There’s no need to employ a visual merchandiser (aka window dresser), as a few brochures standing upright will do. You can include your opening hours and your website, Twitter and Facebook addresses (useful if people look in the window when you’re closed). How about a couple of photos of smile makeovers you’ve done with testimonials alongside? Awards you’ve won could go in the window too. How about a welcome message on the door – “Come on in for a better smile?”

Now I’m in a practice and looking around. That noticeboard could do with sorting out. And where on earth did those prints come from – they are so depressing! I suggest you Google “dental practice interior design” and look through the galleries of the various companies that come up. Okay, so they are new builds or complete refurbishments but they will give you ideas for artwork, flowers and seating arrangements. If you’re with a plan provider, they’ll probably help too.

What’s next? It has to be the loos. For me, a clean toilet in a practice is as important as the clinical staff being GDC registered. I may, however, be unusual in thinking this. When the Science Museum in London conducted a poll recently to find the 50 things the British public said they could not do without, a flushing toilet came ninth – behind an Internet connection, Facebook and email!

Nevertheless, when you’re in the business of promoting good health, an unhygienic toilet is a big no no. More than that, it does not look good if there are paper towels on the floor, if the waste bin is full, if the soap dispenser is empty and so on. It just needs members of staff to check it regularly – and sort out any problems.

That’s many of the visual things covered. To finish, I’ll deal with music, televisions and videos. Until quite recently, I accepted these as quite normal in dental practices – in the same way as they’ve become common in shops and shopping centres. Then a colleague told me about Pipedown – the campaign for free-dom from piped music (www.pipedown.info). Download its fact sheet and you’ll discover that more people hate piped music than like it. A survey of blood donors found that playing piped music made them more nervous.

If you’re tempted to screen patient education material in your practice consider that an animation about an implant showing a scalpel cutting the gum and drills of increasing size boring into the bone will be a complete turn-off for most patients!

In my next article, I explain how to find out what your patients really think of the service you give, of your practice, of your staff and even of you!

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**About the author**

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In previous articles I have emphasised the importance of balance in all aspects of your life, suggested ways that you can discover your core values and shown a technique for exploring and defining your dreams. The title of this piece deliberately places emphasis on the words your and business.

Critics will say (and they frequently do) that it’s all very well having these “pie in the sky” dreams but business is harsh. Critics will say (and they frequently do) that it’s all very well having these “pie in the sky” dreams but business is harsh.

So how does Monday bring the practice you want? I am a business coach - the strap-line of Dental Business Partners is “building your perfect practice”. I have no illusions about how hard it is to build and maintain a successful dental practice. I did it for 20 years in general practice and I am currently the business director of a successful orthodontic practice. Using simple, tried and proven methods I help my clients achieve their goals whether they are running a multi-chair NHS facility, a specialist referral unit or a one chair bespoke practice. The ideas and experiences have over the course of more than two decades evolved to become “The Seven Pillars of Dental Practice Management©”. They are:

- Vision
- Financial Controls
- Sales
- Marketing
- People
- Environment
- Systems

Each and every pillar is equally important, when one fails the rest are put under extra pressure and business success is threatened. Here’s what happens when dentists embrace the changes:

It is possible to square the circle of building your dream practice where your patients are treated ethically and comprehensively whilst running a profitable business that satisfies your core values and provides balance in your life.

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**About the author**

Alun Rees trained at Newcastle University and started his career as an oral surgery resident, before working as an associate in a range of different practices. With this solid foundation, Alun went on to launch two practices in the space of just 15 months, a challenge in the toughest economic conditions. After years of hard work Alun finally sold his award-winning business in 2005. Alun now runs Dental Business Partners to offer specific and specialised support for dentists, by dentists. He has served as a media representative for both the BDA and BDHF and is an authority consulted by the media and has featured on BBC2, Sky TV and various radio stations. For more information go to www.dentalbusinesspartners.co.uk, email alun@dentalbusinesspartners.co.uk or call 07778 148583/01242 511927

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**Syneron**

DENTAL LASERS

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**Applying your dreams to the business of dentistry**

Alun Rees provides a table of things to do
<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td>• You have no clear idea of where you want to be in the next five years, three years or even tomorrow</td>
<td>• This way you can check you are going in the right direction</td>
</tr>
<tr>
<td></td>
<td>• You look at the next day’s list and complain because:</td>
<td>• You have a clear idea of where your personal and professional life will be in five years and beyond</td>
</tr>
<tr>
<td></td>
<td>1. It’s not fully booked or</td>
<td>• You can plan the steps you need to take</td>
</tr>
<tr>
<td></td>
<td>2. It’s double booked</td>
<td>• Time management means that you decide how the day list looks and how much profit you will generate</td>
</tr>
<tr>
<td></td>
<td>• You worry about the knock-on effect of taking a long weekend</td>
<td></td>
</tr>
<tr>
<td><strong>Financial Controls</strong></td>
<td>• The bank might or might not be on your back</td>
<td>• You know where your money is both coming from and going</td>
</tr>
<tr>
<td></td>
<td>• You can’t think about the Inland Revenue without coming out in hives</td>
<td>• Your spreadsheets mean that your pressure budgets can be done without pressure</td>
</tr>
<tr>
<td></td>
<td>• Your accounts reflect ancient history</td>
<td>• You no longer fear the bank taking its umbrella away when the rainy day arrives</td>
</tr>
<tr>
<td></td>
<td>• You hope that the money outlasts the month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Everything’s fine (really?)</td>
<td></td>
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<tr>
<td><strong>Sales</strong></td>
<td>• A dirty word</td>
<td>• Your patients make informed decisions for the benefit of their long term dental and general health and wellbeing</td>
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<tr>
<td></td>
<td>• Unethical</td>
<td>• You and your team know how to present treatment options - including doing nothing</td>
</tr>
<tr>
<td></td>
<td>• Unprofessional</td>
<td>• You check routinely that patients’ wants and “not wants” haven’t changed</td>
</tr>
<tr>
<td></td>
<td>• You already know who can and can’t afford treatment and what’s best for them</td>
<td>• Patients request treatments</td>
</tr>
<tr>
<td><strong>Marketing</strong></td>
<td>• You’re in the Yellow Pages between Demolition &amp; Design but it’s getting so expensive</td>
<td>• You have a marketing policy which produces measurable results</td>
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<tr>
<td></td>
<td>• You have a website but it hasn’t been updated for a year or more</td>
<td>• Your patients remember you, appreciate what you do and refer people</td>
</tr>
<tr>
<td></td>
<td>• Twitter is for Twits and Facebook is for kids and has nothing to do with dentistry</td>
<td>• Social media is no longer a cause for puzzlement but a valid part of your marketing</td>
</tr>
<tr>
<td></td>
<td>• Asking for business is tacky and unprofessional</td>
<td></td>
</tr>
<tr>
<td><strong>People</strong></td>
<td>• Sometime servers who just turn up and do it</td>
<td>• They work as a team - your team</td>
</tr>
<tr>
<td></td>
<td>• Not sure if they’re an asset or a liability</td>
<td>• By fulfilling potential, their growth reflects the development and improvement of the practice</td>
</tr>
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<td></td>
<td>• You think you have some potentially great people that you just haven’t the time or resources to develop</td>
<td>• Recruitment and team building is done scientifically using proven methods</td>
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<tr>
<td></td>
<td></td>
<td>• You always knew the need to invest in new equipment - now you invest in your greatest asset</td>
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<tr>
<td><strong>Environment</strong></td>
<td>• Surgery from the Space Shuttle</td>
<td>• Everyone appreciates that first impressions count and they’re excellent</td>
</tr>
<tr>
<td></td>
<td>• Reception from Ikea</td>
<td>• Regular examination of all stimulants of the five senses</td>
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<tr>
<td></td>
<td>• The last time it was decorated you did it over Easter</td>
<td>• Patients comment about the sight of fresh flowers</td>
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<tr>
<td></td>
<td>• Suction and handpieces can be heard over the telephone</td>
<td></td>
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<tr>
<td></td>
<td>• Patients comment about the “dental smell”</td>
<td></td>
</tr>
<tr>
<td><strong>Systems</strong></td>
<td>• You “passed” the CQC registration but dread the inspection</td>
<td>• You have a practice manual that:</td>
</tr>
<tr>
<td></td>
<td>• “All these systems are “killing” dentistry</td>
<td>• Reflects your ideals and values</td>
</tr>
<tr>
<td></td>
<td>• Thankfully the ever reliable Suzie has everything under control - what would you do without her?</td>
<td>• Is a complete guide to anyone joining or visiting your practice “how it’s done here”</td>
</tr>
<tr>
<td></td>
<td>• Suzie is planning to join your associate in a cold squat three miles down the road</td>
<td>• Is three steps ahead of current legislation</td>
</tr>
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Opportunities to impress

Following her last article on brand continuity, Cathy Johnson suggests how to maximise opportunities to impress and to think outside the box.

Presentation is becoming increasingly important in many areas of life and the way any business presents itself sets the level at which it will be perceived. When buying from an expensive shop, for example, we would be surprised if our luxury purchase were handed to us in a cheap carrier bag. Tea at the Ritz served in earthenware mugs would simply never do – there’s a natural expectation of the finest bone china.

Individuals subconsciously register when things are not congruous with their expectations and may equate it with lack of authenticity. They will want an appropriate match between the brand promise and the product. If things don’t add up, the result will be cognitive dissonance – the discomfort and disappointment felt when experience clashes with expectations.

Practices differ in many ways, but whatever your practice and whoever your patients are, the question to ask is whether the presentation and overall experience is congruous with the level of treatment, the overall experience and the fees charged.

Are you, for example, charging four-figure sums yet handing out treatment plans on a single sheet of blank or headed paper? When looking at making a considerable investment in their dental treatment, patients may well appreciate and expect something more polished and personal in terms of presentation.

“My patients will think I’m overcharging if I dress everything up too much,” you may protest. But consider this: most people like to feel special, certainly if they are looking to invest in a beautiful smile. So why not insert the treatment plan into a stylish branded folder or bespoke personalised wallet? In not doing so you miss an opportunity to impress, risk brand dilution and even potential loss of sales and loyalty.

Patients often choose the web to find a dentist. It makes perfect sense, being easy, convenient and informative. Yet that special touch of being given something that looks and feels good – a beautiful welcome pack, an invitation, a product in a glossy bag or perhaps a gift of some kind – distinguishes your practice from others.

It’s the equivalent of the boutique hotel chocolate on the pillow. These added-value details not only make the recipient feel valued, they also show that you take pride in your practice and help you

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For more information, please visit www.astratechdental.co.uk

About the author

Cathy Johnson specialises in branding for dental practices and will design your practice image, stationery, welcome packs, referral packs, external signage and website to raise the profile of your practice and attract the patients you are looking for. She also writes and produces a biannual patient newsletter branded for you to send to your patients. Cathy’s success is built on more than 25 years of experience as a graphic designer combined with in-depth understanding of the needs of the dental profession. She and her team are based in London and work with practices across the UK and abroad. Working with single practitioners through to large dental groups, all services are tailor-made to suit each individual practice.

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Email:cathy@cathyjohnsondesign.com
www.cathyjohnsondesign.com

Like it or not, design is everywhere nowadays and to maximise the opportunities that are yours for the taking, it’s vital you consider the design of everything in your practice and set about getting it just right.
Dental nursing in Wales

Elaine Simmons discusses what's out there for Welsh dental nurses

There are 2,241 dental nurses on the GDC register with approx 514 NHS practices. The Principality of Wales has its own Government and employed within it is the Chief Dental Officer for Wales, Dr David Thomas, who began his role earlier this year; he is a great supporter of DCPs and appreciates their role, hard work and their value within the dental team.

The Postgraduate Department DCP Director for Education in Wales is Kristy Moons, and together with her team they are incredibly supportive and forward thinking in their approach to the excellent provision of training, which is available to all dental nurses working within the principality. They provide training in the Certificate in High Education for Dental Nurses, Sure Start, a course for nurses who have not started their “official training”; in addition the NEBDN Certificate course and the Post Graduate course in Oral Health and the NEBDN postgraduate qualification in Radiation, Orthodontics and Sedation are also available.

There are also outside training providers of dental nurse education, which cover various areas in Wales, and provide TGD qualifications and the National Certificate to nurses in practice. Some also provide the NEBDN postgraduate qualification courses. Continuing Professional Development (CPD) courses covering the GDC core topics is also provided within the postgraduate centre or within your own practice for the whole team if applicable. This will ensure that both patients and the dental team derive the maximum benefit from these courses. As well as the core topics, Law and Ethics and Child Protection and Conflict Resolution are also provided.

A recent survey highlighted courses that dental nurses would like to attend and it was little surprise that forensic dentistry was high on the list. The majority of nurses preferred courses or lectures aimed at their route of learning; however, the barriers to furthering their education were lack of funding, cost, venue and work cover. I feel that this is the case for all dental nurses, and not just in Wales.

Nevertheless, dental nurses felt mandatory training had raised their profile and welcomed it; for them CPD was valuable for their career progress and mandatory CPD kept them up to date.

There is a DCP Symposium in Cardiff, which is not only for invaluable for the interesting topics but it is a great networking opportunity. Gregynog in Newtown Powys also builds a study day and it never fails to impress; keeping the audience interested it is stimulating from beginning to end!

Dental nurses in Wales have good provision for their educational and professional development needs and there are people out there listening to what they say. Not only is it a privilege to be born in Wales, but it is a privilege to be a dental nurse in Wales!
Invest wisely
You get the handpiece you pay for

In these times of economic downturn any purchasing decision is made with a certain degree of reticence, so it is imperative that you make the right decisions when investing in your practice. The newspapers reiterate time and time again how difficult it is to survive in a period of decline making it absolutely necessary for all purchases to be right for your current needs. This is even truer now that so many practices are independent, sitting firmly within the ranks of small businesses, where survival is dependent upon growth and profit, only attainable through prudent investments.

Individual manufacturers need to be offering their custom-niques coming and going, there is as yet, no real alternative to the rotary cutting instrument. For this reason the dental profession should be looking to gain the best possible value from the new innovations in cutting instruments to improve their working environment, especially considering the product is a long term investment with high user interaction. Investment in a handpiece that suits you is an essential part of the efficient functioning of the practice, so pay particular attention to some fundamentals when selecting and using your preferred handpiece.

It is important that as dental professionals you look to offer your patients quality care, which comes from using high quality, reliable products, while remembering that you spend many hours per day holding your handpiece. So what should be important when selecting a handpiece? Your priorities when making your choice should be the influence it will have on our patients, yourself and your team. A smaller handpiece head for easier access, reduced levels of noise and vibration all result in greater comfort for both practitioner and patient. Ergonomics is important as you should consider whether your choice will reduce the risk of repetitive strain injury and cumulative trauma disorders. Look for a handpiece design which is comfortable and easy to hold without stress to the hand or fingers such as the W&H Synea range. Handpiece illumination has improved

A bright idea!
Especially for non-optic dental units

If you thought you couldn’t use optic handpieces just because you don’t have optics on your dental unit, think again!

Alegra LED turbines and contra-angle handpieces from W&H generate their own light – so you can use them on any dental unit, non-optic or optic. You don’t even need to be an existing W&H user to benefit from this revolutionary technology, because models are available for all of the major connections. An extremely bright idea!

In addition, Alegra LED G handpieces have the very latest LED+ technology as standard, with the best colour rendering index on the market to ensure that colours in the mouth appear natural, which in turn enhances your working environment.

W&H. People have priority.
beyond recognition with the advent of LED. The colour rendering index (CRI) is an important aspect of artificial illumination with a perfect colour rendition having an index value of 100. Therefore you need to be looking for a handpiece that offers a CRI of over 90 which will give you the rich colour contrasts you need for a life-like view. Choose carefully as there are many different offering giving varying levels of enhanced visibility and reduction of eye stress.

Select an LED which offers daylight grade lumination as it is kinder on your eyes, gives improved visibility, better colour definition and reduced heat, such as the W&H LED+ handpieces. Some handpieces such as the W&H alegra offer an integrated led generator allowing you to enjoy LED technology regardless of the motor or coupling you are using. Only purchase handpieces that adhere to current regulations for health and safety and those that are both thermo-washer disinfecatable and sterilisable.

Good quality handpieces, made by good quality manufacturers, are easy to recognise and should be supplied with at least a one-year warranty as standard. It has been proven over many years of research that the higher the quality of the handpiece, the superior the performance over longer periods of time. It is therefore worth investing wisely and looking after your investment. If the handpiece or manufacturer chosen does not meet the above criteria, then it is not likely to offer long-term value for money.

To prolong the useful life of your handpieces and to protect both the patient and the team from the risk of cross contamina-
tion, it is important that the dental team follow a strict infection control regime. When selecting your handpiece, it is worth identifying whether the manufacturer can meet all your needs, whether they are able to offer a full range of products, local service support, care and maintenance training and the appropriate solutions for decontamina
tion. You should be given guidance on the products available to assist you in looking after your handpieces, such as au
tomatic handpiece care systems like the Assistina, which provides a fast and effective cleaning and lubrication pro
cedure.

Remember, you get what you pay for, so it is always worthwhile making a sound investment and purchasing a well-established, well sup-
ported brand known for quality and reliability.
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- Stainless steel, ceramic bearings.
- Fibre optic glass rod, available in two powerful head sizes: Standard (BA750 = 20W) and Mini (BA250 = 14W), with 5 connections available (Kavo, NSK, Bien Air, Shiva and W&H).
- Anti-retraction valve, thermostatic and autoclavable up to 135°C, made in Germany, 2 year guarantee.

**B.A. Optima Range**

New B.A. Optima Range, ceramic bearings, fibre optic glass rod for models with light, standard head (BA650 = 17W torque, anti-retraction valve, thermostatic and autoclavable up to 135°C, made in Germany), 3 connectors available (Kavo, NSK and W&H), with 1 year guarantee.

**B.A. Ultimate Range**

New B.A. Ultimate Range, available in 2 powerful head sizes: Standard (BA650 = 20W) and Mini (BA250 = 14W), ceramic bearings, fibre optic glass rod, anti-retraction valve, 5 connections available (Kavo, NSK, Bien Air, Shiva and W&H), thermostatic and autoclavable up to 135°C, made in Germany, 1 year guarantee.

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