Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Elvis Presley's dental crown to tour UK

Dentists across the UK will be hosting an 'Elvis Day' in May to promote awareness of mouth cancer. According to NME, each practice will host a model of Presley's teeth and a dental crown made for him. The events will also involve costumes, music and free mouth cancer screenings. Elvis's crown was bought in auction by Canadian dentist Michael Zuk, for $11,000 (£6,500). This is the same dentist who bought John Lennon's tooth at auction for £19,000.

Energy drink consumers 'think they are safe'

A new study by the Centers for Disease Control and Prevention has revealed that 20 per cent of young people who consume energy drinks think they are safe, and that another 13 per cent think they are a type of sports drink. Ruth Litchfield, associate chair of food science and human nutrition at Iowa State University, said: "These drinks have this connotation that they are a performance enhancer because they're an energy drink. Whether that performance is academic or physical, that's the perception. "You're talking about the equivalent of five cups of coffee in one energy drink. And it's not just the youth who are unaware, it's adults. I've seen adults in the grocery store buying these energy drinks for their children." Energy drinks contain as much as 500 mg of caffeine, as well as stimulants ma huang (also known as ephedra) and guarana.

Women prosecuted for illegal tooth whitening

Two women have been prosecuted by the General Dental Council (GDC) for unlawfully practising dentistry, namely tooth whitening. On 23 April 2014 Maggie Peachey pleaded guilty to one offence of unlawfully practising dentistry – namely tooth whitening – and Jodie Evans pleaded guilty to both the unlawful practice of dentistry and holding herself as being prepared to practise dentistry, also in relation to tooth whitening. All of the offences took place on 31 January 2014 at 10 Harley Street, London. Ms Peachey was sentenced to a fine of £750, victim surcharge of £100 and GDC costs of £1,000; while Ms Evans was sentenced to a sixth month conditional discharge, was ordered to pay a £15 victim surcharge and costs to the GDC of £200.

News

Cigarettes
England to standardise packaging
page 4

Feature

Annual Planning
Carina Shaw on strategic marketing plans
pages 9-10

Cosmetic Tribune

Constic
A case presentation of the filling material
pages 11-12

Advertorial

SIROlaser Factbook
Information on diode lasers
pages 20-21

Wales may ban e-cigarette use in public places

Wales could be the first part of the UK to ban the use of e-cigarettes in enclosed public places, due to a concern that the devices normalise smoking and undermine the smoking ban

Health Minister Mark Drakeford said: "I have concerns about the impact of e-cigarettes on the enforcement of Wales' smoking ban. That's why we are proposing restricting their use in enclosed public places.

"I am also concerned that their use in enclosed public places could normalise smoking behaviour. E-cigarettes contain nicotine, which is highly addictive, and I want to minimise the risk of a new generation becoming addicted to this drug."

This comes as new research has found that e-cigarette use among adolescents is associated with cigarette smoking.

The study, carried out by researchers at the Center for Tobacco Control Research and Education, found that e-cigarette use among adolescents in the US doubled from 3.3 per cent in 2011 to 6.8 per cent in 2012. They also found that those who used e-cigarettes were more likely to progress to traditional cigarettes and become regular smokers.

These results call into question e-cigarette advertisers' claims that they are effective smoking cessation devices.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "When the Foundation questioned more than 2,000 people about safe alternatives to smoking, more than half (57 per cent) thought e-cigarettes fell into this category. This research shows they appear to be acting as a gateway for teenagers to take up smoking.

"The results of the study certainly suggest there is plenty of room for improvement when it comes to getting young adults to kick the habit. Factors such as social economic status and peer pressure often mean teenagers will be more reluctant to listen to any health information they are given. E-cigarettes are being marketed as an attractive, appealing alternative, and I urge the Government to intervene and ensure this is stopped immediately."

> *'Why should we be treated like smokers?'*

However Richard Filbrandt, e-cigarette user and co-owner of the Vibrant Vapour café in Camarthen, said they had studies showing there was no risk to passive smokers.

He told the *BBC*: "There are studies done by Air for Change in America that say it doesn't warrant withdrawing them from public places, and they are the same people that said take cigarettes away from public places.

"Why should we be treated like smokers? Why should we be put out at risk of passive smoking ourselves in a smoking area when we do not smoke?" DT

Sugar costs NHS £1.25bn each year

The National Health Service is spending £1.25 billion each year on sugar-damaged mouths, according to the Health and Social Care Information Centre (HSCIC).

According to a blog on the Teethwise website (www.teethwise.co.uk), this accounts for 33 per cent of its annual budget, and does not include the cost of obesity, diabetes and other health complications caused by the consumption of excess amounts of sugar.

Periodontist Dr Rana Al-Falaki said: "Sugar leads to tooth decay – fixing which requires fissure sealants, simple fillings, root canal treatments, and in some cases extractions. With this in mind, we estimate that sugar costs the government at least over £1.25bn in outpatient (dental) fees annually alone, and that's only if you're considering the direct effect of sugar on the dental care budget and ignoring the NHS costs on diabetes and heart disease.

"Sugar also leads to plaque build-up, which is the main factor in the aetiology of periodontal disease. Periodontal disease is the major cause of tooth loss, and has strong links to diabetes, heart disease, and arthritis. Of course diabetes and sugar have their own direct connections, but oral health is a known contributor too." DT

Treating damage casued by sugar accounts for one third of the NHS budget

IDH acquires The Dental Directory

Supply business The Dental Directory has been bought by Integrated Dental Holdings (IDH), one of Britain's corporate dental services providers.

Terry Scicluna, Chief Executive of IDH said: "Dental Directory is a well-established business delivering clear benefits to its customers and suppliers. The existing management team, which will continue to lead the business, has done a great job of delivering strong business performance and customer service.

"As part of the Dental Buying Group ('dbg'), we will have a comprehensive integrated consumables and service support structure in the UK for dental practices. We look forward to building on this in the future and further improving the quality of service provided to both Dental Directory and dbg businesses' customers and members."

The Dental Directory's Managing Director Martin Mills said: "We are delighted to be partnering with IDH. They strongly support our strategy to continue to grow and diversify Dental Directory's services and support to our customers. The prospect of greater co-operation with IDH, which operates one of the largest dental healthcare practice networks in the UK with over 600 practices, and with dbg, will significantly add to our ability to provide a superior, cost effective service to customers." DT

Trust...
The Dental Directory

CDT fined for unlawful practise by GDC

A man from Liverpool has been prosecuted for unlawfully practising dentistry.

Frank Mulholland, a 75-year-old who owned and operated Frank Mulholland Dental Laboratory on Prescot Street, Liverpool, has never been registered with the General Dental Council (GDC).

He had been working illegally for many years as an un-registered Clinical Dental Technician from his dental laboratory, which was located opposite the Royal Liverpool Dental Hospital, providing dentures and denture repairs to the local community.

On 17 April 2014 Mr Mulholland pleaded guilty to unlawfully practising dentistry at Liverpool Magistrates' Court. He was fined £2,500 and ordered to pay £1,290.70 GDC costs and £200 victim surcharge. DT

Low vit D during pregnancy linked to caries in toddlers

Low vitamin D levels in women during pregnancy lead to a higher risk of cavities in their toddlers, new research has found.

According to *Reuters*, researchers from University of Manitoba's dental school in Winnipeg measured vitamin D levels in the second or early third trimester in 207 pregnant women and then examined the teeth of 135 of their children when they were an average of 16 months old.

In the study, published in *Pediatrics*, the researchers found that prenatal vitamin D levels were significantly lower in women whose toddlers later had cavities than in women whose toddlers did not have cavities.

The researchers said: "Prevention efforts should begin during pregnancy by bolstering maternal nutrition, either through improved dietary intake or supplementation with vitamin D." DT

Dentistry 'under attack' – BDA

Dentistry is under attack from governments, regulators and the fearfulness of politicians, Chair of the British Dental Association's (BDA) Principal Executive Committee (PEC) Dr Mick Armstrong (*pictured*)said at the British Dental Conference and Exhibition on 10 April 2014.

In his inaugural address, Dr Armstrong argued that the dental profession is facing a burgeoning challenge, with a double standard between the professionalism expected of it, and the lack of professionalism with which it is treated, emerging.

Dr Armstrong also stated that the profession could be proud of the way it continually rises to the challenge and reasserts its professionalism when may around it appear to falter. DT

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Incorporated dental practices challenged by HMRC

A growing number of dentists who have incorporated their dental practices are being challenged by HM Revenue and Customs to defend both the valuation and the process by which the practice assets were transferred to the new limited company, recent figures by NASDAL reveal.

If HMRC is successful in its challenge, any reduction in the valuation could be taxed by up to 59 per cent.

Accountant Alan Suggett, a member of NASDAL's technical committee, said: "The goodwill transferred to the limited company can be treated as taxable remuneration. This creates a liability for income tax at 45 per cent and National Insurance at 13.8 per cent.

"In the case of an NHS incorporation, where the contract remains in the name of the dentist, this could apply to the whole goodwill value. How many practice owners could afford to write out a cheque to HMRC for 59 per cent of their goodwill?"

This issue is of particular concern to NASDAL lawyers who sell practices which were incorporated without the benefit of specialist advice. In many instances NHS practices have been 'incorporated' leaving the contract in the name of the dentist, which throws up significant problems when the practice owner wants to sell the company, NASDAL says.

In addition to tax and NIC, other problems that result from flawed incorporations can include breaching the NHS contract and exclusion from the NHS pension scheme. DT

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BDA launches petition over DFT salary cuts

The British Dental Association (BDA) has launched a petition to oppose a proposal to reduce the salary paid to Dental Foundation Trainees in England.

NHS England is proposing a cut of nearly eight per cent to the salary which would see those beginning DFT in September 2014 would be paid £28,076, more than £2,000 less than those currently completing their DFT year.

The BDA believes that this is an 'attack on the youngest and most vulnerable members of the profession', and argues that dental students are graduating with increasing levels of debt so are already facing challenges to manage their finances and launch their careers.

At the time of going to press, the e-petition had 4,168 signatures. It can be viewed at epetitions.direct.gov.uk/petitions/64208. DT

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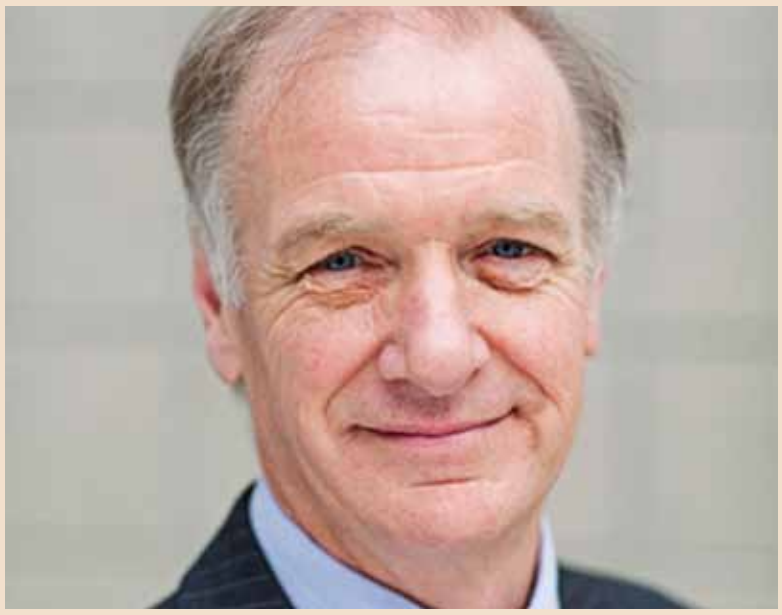
Alasdair Miller named next BDA President



Dr Alasdair Miller will take on the role of President of the British Dental Association (BDA) from 10 April 2014. He will be the BDA's 128th President, succeeding Dr Barry McGonigle.

For more than 20 years Dr Miller was a partner in a mainly NHS dental practice in Taunton. From 1997 to 2013 he was the Regional Postgraduate Dental Dean at the University of Bristol where he was also Programme Director for the University's Open Learning for Dentists Diploma programme. In 2009 he was the first dentist to become Fellow of the Academy of Medical Educators.

From 2007 to 2010 he was consultant to the Peninsula dental School. He currently sits on the Council of the MDU and is the interim Chair of the Bristol, North Somerset, Somerset and South Gloucestershire Dental Local Professional Network.

Dr Miller served on the BDA's Representative Body from 1986 to 2012. He also been an active member of the BDA's Education Committee for ten years and served on a variety of tasks groups and advisory boards within the dental education and training arena.

Dr Miller said: "It is an honour to be taking up the Presidency of the Association and I look forward to acting as an ambassador for the profession in what are challenging times for it. During my year as President I will champion the profession and its commitment to maintaining the highest standards of patient care and professional excellence." DT

Binge drinking prolongs wound recovery time

People who are injured while binge drinking are much slower to heal from wounds, researchers from Loyola University have found.

In the United States, alcohol dependence and/or abuse affects 20 per cent to 40 per cent of hospitalised patients. Patients with surgical site infections are hospitalised for twice as long, have a higher rate of re-admission and are twice as likely to die as patients who did not binge drink.

The study, published in the journal *Alcoholism: Clinical and Experimental Research*, showed that binge drinking reduces the amount of white blood cells called macrophages that chew up bacteria and debris. This makes the wound more likely to be infected by bacteria.

Binge drinking also reduced levels of CRAMP – a type of protein that kills bacteria, and recruits macrophages and other immune system cells to the wound site.

"Together these effects likely contribute to delayed wound closure and enhanced infection severity observed in intoxicated patients," the researchers concluded. DT

Call for tougher exams for international doctors

Higher exam pass marks are needed for international medical graduates to work in the UK, researchers from Durham University and University College London suggest.

The researchers found that there is a 'performance gap' between international and UK medical graduates, and that tougher tests will close this gap. However, the British International Doctors Association argues that there should be a standardised test for all.

In the UK, 37 per cent of doctors registered with the General Medical Council in 2012 qualified in other countries, with 27 per cent obtaining their medical degree from outside the European Economic Area (EEA).

Dr Paul Tiffin from Durham University said: "Further research is needed to understand the potential reasons for these differences in performance, and in particular, the possible role that language and culture may play. A more detailed analysis based on country, not just region, of qualification would also be important to conduct in the future.

"There may be better ways of supporting overseas doctors to adjust to UK culture, and that of the health service more quickly."

Tougher language checks for European doctors coming to work in Britain are expected to begin in June. DT

Dentist who changed patient records struck off

A Birmingham dentist has been struck off by the General Dental Council (GDC) for changing patients' records.

Omar Narayan, who practised at the Hamstead Dental Practice in Birmingham, was charged with adding entries onto a patient's original green-coloured private treatment record, and re-writing the patient's brown-coloured NHS treatment record card. He also created the document entitled Assessment of Capacity for Proposed Dental Treatment/Decision.

Mr Narayan said he amended the records and created the assessment form at the request of Joyce Trail, the Practice owner and his employer at the time. As previously reported in *Dental Tribune*, Ms Trail was convicted of conspiracy to defraud the NHS. She submitted 7,141 fraudulent claims to the NHS, which amounted to almost £1.4million being paid to Ms Trail by the NHS.

The GDC's Professional Conduct Committee said: "The Committee is satisfied that Mr Narayan's dishonest conduct is so serious that it is fundamentally incompatible with him remaining on the Dentists Register. For these reasons, the Committee has determined that the only appropriate and proportionate sanction to protect patients and maintain public confidence in the dental profession, is to erase the name of Omar Narayan from the Dentists Register. DT

England to have standardised cigarette packaging

The government is moving ahead with plans to ban branding on cigarette packaging in England, Public Health Minister Jane Ellison has said.

According to the *BBC*, Ms Ellison told MPs the latest independent report has found that the Australian legislation (Australia introduced the ban in 2012) has had a positive impact.

"We want our nation's children to grow up happy and healthy and fee from the heavy burden of disease that tobacco brings," she said.

However, Labour has accused the government of delaying the decision for too long, with shadow health secretary Luciana Berger saying that it is "caving in to vested interests"; while some Conservative backbenchers say that the plan is an example of the 'nanny state' and that there were enough warnings about the dangers of smoking already.

Ellison promised that changes will be implemented before the next election in May 2015, although MPs would be given a vote on the proposals before they came into force.

Conservative MP Sir Paul Beresford, a dentist, told those protesting the ban: "If I could arrange for them to come into an operating theatre to see the damage that oral cancer does to people they might actually change their mind." DT

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Dental Tribune United Kingdom Edition · April 2014

The role of physiotherapy in the management of TMD

Anne Budenberg discusses using physiotherapy for patients with TMD

The Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD) is a clinical interest group, established in November 2009, dedicated to the advancement of physiotherapy for patients with Temporomandibular disorders (TMDs). Physiotherapy clinicians in the North West of England and the TMD Clinic, Manchester Dental Hospital, started the group as a response to the lack of specialist physiotherapy practice for this patient group. Now the ACPTMD has over 140 physiotherapists listed on their website, and a committee made up of clinicians and academics across the UK.

A primary objective of the association is to promote the highest standards of clinical physiotherapy practice in the treatment of TMDs. Traditionally, there has been a paucity of clinical attention from physiotherapists towards patients with jaw and facial pain. It is unclear why this is, especially as there is good evidence to support the use of physiotherapy in the management of TMDs. Other manual therapy groups, such as Osteopathy and Chiropractic regularly manage patients with maxillofacial pain and jaw movement problems, but physiotherapy has so far failed to meaningfully engage with this patient group. It appears that there are only small regional groups of clinicians who happen to have a specific interest in TMDs who offer physiotherapy services. This has resulted in gross national inequality for this patient group, and confusion for referring parties. The ACPTMD aims to provide a balanced, evidence-based standard of care throughout the UK.

The group hopes to provide a forum for promoting the exchange of ideas and new developments in treatment of these conditions. Although evidence supports physiotherapy as an intervention at a fundamental level, there is still a lack of clarity as to precisely which physiotherapy interventions are most effective. Not being a priority area for many clinicians, creative and innovative thought and practice seems to be limited. The group provides a forum for exchange of ideas regarding good practice, challenging existing practice, and providing peer support for the development of new practice methods.

ACPTMD is working with the Chartered Society of Physiotherapy to establish an identity as a recognised Professional Network. This relates to the groups aim of maintaining and strengthening relationships between itself and other organisations. The group hopes to develop future working relationships with relevant medical and dental organisations. The group has dental representation at committee level and hopes to develop existing links with regional and national medical groups. The group thoroughly embraces the multi-disciplinary nature of TMDs management.

Ultimately, it is the purpose of the ACPTMD to promote professional and public awareness of the benefits of physiotherapy in the treatment of TMDs. ACPTMD intend to work hard over the next few years to raise the profile of TMDs management and provide the right information to the public and media about the value of physiotherapy management in the care of patients with TMDs. DT

Info

www.acptmd.co.uk
Anyone wishing to contact the ACPTMD for further information, or to become involved with the group, contact the group's Secretary: team@acptmd.co.uk. Information for dentists please contact the Dental Liason Officer, Anne Budenberg Annebud62@me.com

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Leading the way to Great Dental Care

Good leadership and management by Glenys Bridges

At every level of dental care provision the skills required for good leadership and management are becoming increasingly important. Dental teams with good leadership and management consistently meet compliance requirements defined in the regulations of the Health and Social Care Act and the Dentists Act. These requirements challenge dental professionals to develop a new range of non-clinical skills not only to meet standards, but also to ensure that doing so realises tangible benefits for patients, the team and the business.

The Chartered Management Institute recognises a six step model of leadership and management. This model begins with the development and communication of goals- (the vision) leading to the creation of small achievable steps to achieve the vision, set out in a business plan. This requires leadership skills to define what the team is aiming to achieve and create excitement about the vision, through the progression of these steps:

Step 1 - set the vision
Good leadership starts with 'the end in mind'. These leaders have a clear vision of goals the practice is working toward. These goals should be defined in the long term over the next five to ten years, the middle term over the next one to five years and short term over the next year. Once goals are defined work can begin on planning how they will be achieved and targets can be set for each aspect of the plan.

'These requirements challenge dental professionals to develop a new range of non-clinical skills'

Step 2-Encourage creativity and drive change
The most effective leaders are charismatic individuals. To drive continuous improvement, they need to inform, involve and inspire their people- so that they can take them out of their comfort zones and on to new levels of achievement. These leaders understand that if you do what you have always done, you get what you already have. For new levels of achievement, teams need to step put of their comfort zones. This can be scary but with the right preparation and support it can be very rewarding.

Steps one and two are the leadership phase; from step three onwards management skills are required to turn the aspirations into reality. Now it's time for managers to decide 'How' to realise the vision by planning, training the team and deploying resources. Steps three to five are governance steps.

→ DT page 8

← DT page 7

Step 3-Planning, organising and allocating work
With the strategic goals in place the management role begins with the development of SMART objectives. These objectives are specific, measurable, achievable, relevant, and time bound. These are operational goals based on measurable end results and consideration of how to make best use of the skills and resources available. They consider how each individual aspect fits into the strategic plan and sets a time frame for monitoring and completion.

Step 4 -Instructing the team
Information, communication and knowledge are the life blood of successful business operations. Policies and working procedures supported by working instructions drive consistent results. Working instructions should be written by those carrying out the procedures they cover and should be continuously developed as the task evolves.

Step 5 -Co-ordinate the resources
Good management requires an operational plan and appropriate resources. By the time step five has been reached the operational plan is in place to direct the deployment of resources such as people, budgets and time. Clever management allows the best use of resources, without driving people so hard that they are unable to produce their best work.

Step 6 - Measuring and correcting performance
To ensure continuous improvement take time out to compare the results achieved to the SMART objectives set at step three. This is an audit, or gap analysis process that can be used to recognise and reward success as well as for making the corrections needed to keep the strategic plan on track.

'Clear leadership is the starting point for the success of any team'

Even in small dental teams these skills are needed at three management levels, individuals will invariably work at more than one level

1. Senior management - setting strategic goals and inspiring others
2. Middle management - setting operational goals to deliver the strategic goals
3. Junior management - managing tasks

Clear leadership is the starting point for the success of any team. When leaders know and understand their role they are able to inspire their teams. Good leaders understand how by defining the practice's vision and setting it out as strategic goals and plans can lead the team to achieve them. Formal training in leadership and management can enable dental professionals to excel in these roles. To find BTEC level three and four qualifications geared for dental teams visit www.dentac.co.uk DT

About the author

Glenys is an experienced management trainer and assessor with 20 years' experience of working with General Dental Practitioners and their teams. In addition, she has expertise and qualifications in Counselling and Life Coaching. Her first book Dental Practice Management and Reception was published in 2006 her second book: Dental Management in Practice was published during 2012.

Annual Planning

Carina Shaw discesses developing a strategic marketing plan

Developing a strategic marketing plan for the new financial year can not only help you keep on top of your regular practice marketing, but help you target the right people at the right times to achieve the practice growth you're aiming for.

Marketing plans are most effective when set out clearly, reviewed regularly and stuck to. This way you can allocate a budget for your marketing and tailor it for the various seasons, school holidays, anniversaries and national events, such as Mouth Cancer Action Month.

A marketing plan must also be part of a broader business plan, however, and be thought about in a structured, strategic way. For example, it might not be the right time to do any marketing if your practice is at the early stages of a refurbishment. Here is some advice on how to put together a strategic marketing plan and some tips on how to populate your regular marketing with timely and interesting content.

Establish your audience

This is where a patient profiling report, available through some payment plan providers, can come in really handy as it will show you the best audiences to target in your area. It uses postcode information to profile the types of people who live within a reasonable drive of your practice, categorising them so that you know who and where your target audience are and the best way of reaching them.

For example, that national average for the 'Affluent Achievers' category is 22 per cent. If your report says that there are more than usual in your area, you will know to pitch your tone of voice and marketing activity for this group. Likewise, if you have a high percentage of the 'Mature Money' group in your area, social media marketing might be less effective so you need to look at alternative ways to reach this audience.

You may also find that there is a high percentage of a group you have never targeted before, which can be a great opportunity for a targeted flyer drop or regional magazine focus, but remember to always put in a strong call to action so that people have a reason to contact you.

Get your team involved

Below are just a few ideas from us on how you can capture your patients' interest with your marketing efforts each month for the full financial year. However, it's worth including an ideas session in your regular practice meetings too, as your team may have some brilliant ideas which are more closely tailored to your practice.

By establishing your audience and deciding on the most appropriate way to reach them, you are far less likely to waste money on unsuccessful marketing as you will be far more targeted, as opposed to a more scattergun approach. However, it's also a good idea to monitor your marketing so that you can see what the most successful marketing campaign of the year was. That way you can do more of that type of campaign in the future or spend more money promoting it in your strategic plan for the following year, thus making your marketing more and more successful year on year.

→ DT page 10

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[1] All drugs are only available to prescribing medical professionals
[2] Bag is an optional extra and will incur a charge
[3] Only applies to certain products

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