DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Top of the pops
The University of Manchester's School of Dentistry has topped the league table of dental schools in the Times Good University Guide for 2011. Manchester beat off competition from the 13 other UK dental schools in the table to take the top spot. Head of School, Professor Iain Mackie said: "This is brilliant news which reflects the efforts of everyone. Last year we were ranked third in the list, so this move to first place truly reflects a whole School effort." The Times Good University Guide recognises excellence in teaching and research with much emphasis on the satisfaction and experience of students.

Digital dental technology
Sirona, developer of high-tech dental equipment, has launched its digital dental impression technology, Cerec Connect, in the UK as part of a wider international roll-out. The system allows optical digital impressions of teeth to be taken and translated into digital 3D models, which can then be transmitted instantly to a laboratory for the creation of restorations. According to Sirona, which has already successfully launched Cerec Connect in Germany and the US, the technology is quicker and more accurate than conventional impressions and casting, as well as providing greater control to dental technicians.

Thumb-sucking clinic
Britain's first thumb-sucking clinic has opened, promising to help break the habit as well as repair the damage that is caused by sucking your thumb. Dr Neil Counihan has opened Metamorphosis centre in West London after years of treating people whose jaws and teeth have been badly affected by the habit. Most children stop sucking fingers or thumbs between the age of three and six, when it causes no damage. But those who continue risk affecting their jaw development and the position of their teeth. The clinic has a range of metal devices which can be fitted in the mouth plus more conventional plastic 'thumbguards' which cover the thumb itself and which children find hard to remove. The clinc also sells products such as finger and thumb puppets which come with story books to reinforce anti thumb-sucking messages. Traditional remedies to discourage the habit include putting mustard on the fingers or coating nails with special bitter-tasting polish.

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Healthcare learning company celebrates 10 years

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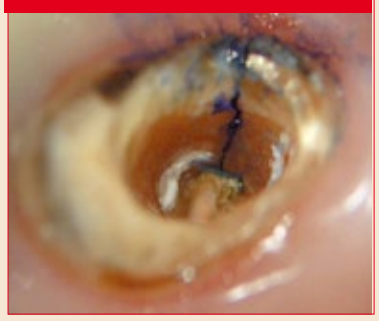

Back to the Egg
Prof Serota continues his look at the Endo Implant Algorithm

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SHAs to be axed by 2012 says Dept of Health

Decision welcomed by Southampton residents opposing water supply fluoridation plans

All Strategic Health Authorities (SHAs) are to be abolished by 2012.

The Department of Health (DH) broke the news to the SHAs through a Q&A document which said: "Subject to legislation, the NHS commissioning board will become fully operational from April 2012, removing the need for separate statutory strategic health authorities".

The Department of Health claims that the new independent NHS board will combine functions currently provided by the DH and SHAs, and deliver those in a much more streamlined way.

The move has been welcomed in places such as Southampton where the SHAs decision to approve water fluoridation has been vehemently opposed.

Stephen Peckham, chairman of Hampshire Against Fluoridation, said he is encouraged by the news, particularly as those now in office are not keen to force fluoridation without proper public consultation.

All fluoride schemes across the country are currently on hold while the courts examine the decision by South Central SHA in February 2009 to add fluoride to the water in 200,000 homes in Southampton and parts of Hampshire. The judicial review is to be heard in the Autumn, according to the new Health Minister Simon Burns.

Southampton resident Geraldine Milner is arguing that the SHA should have listened to the views of residents before giving the scheme the go-ahead, after 72 per cent of 10,000 people consulted said they were against the idea.

In response to a question in parliament from Dr Julian Lewis over the government's fluoridation policy, Conservative MP for New Forest East, Mr Burns said: "Section 58 of the Water Act 2003 empowers Strategic Health Authorities (SHAs) to contract with water undertakers to fluoridate a water supply after conducting public consultations. It is essential that any consultation gives people a real opportunity to make their views known and that those views are taken into account before a final decision is made. The decision by South Central SHA to approve the fluoridation of water supplies to the Southampton area is the subject of a judicial review, which is likely to be heard in the autumn, and so due to the legal challenge the Department is unable to comment." DT

The move to abolish SHAs has been welcomed by opponents of water fluoridation

Murderer gets £44k in compensation for poor dental care

The Court of Appeal has reduced a triple murderer's compensation to £44,500 after he sued over inadequate dental care in prison.

Michael Steele, serving life for a triple gangland killing, was awarded £66,400, after suffering toothache for nearly seven years.

The Home Office appealed against the award made in 2009. The appeal judges reduced his original damages to £25,000 and with interest and £16,000 for Steele's 'pecuniary loss', the total payout comes to £44,500.

The court heard how Steele 'sustained damage to his teeth while playing rugby football'.

Steele said in his submission that his pain and suffering was aggravated by the fact that he was locked up for much of the day and had nothing to do other than think about his toothache.

The court ruled that the original damages award was out of line with cases of other types by 'quite a substantial margin'.

The Appeal Court heard how Steele's fillings fell out at Belmarsh Prison soon after he was given his three life sentences.

Since then, while being moved between high security prisons, Steele has suffered 'persistent severe pain'.

Judge Edward Bailey last year ruled the Home Office had been negligent in failing to give him the dental treatment he needed and awarded him £66,400 damages, including £250 for every week of toothache endured.

Lady Justice Smith, sitting in the appeal court, called it 'a bad case involving persistent severe pain over nearly four years, together with more moderate pain for two years and some significant deterioration in the general condition of his teeth'.

Steele was jailed in 1998 for shooting dead 'Essex Boys' Patrick Tate, Anthony Tucker and Craig Rolfe as they sat in a Range Rover. DT

DCPs who fail to pay in time will be removed from the register, warns GDC

Dental care professionals who fail to pay their annual retention fee by the end of July will be removed from the register, warns the General Dental Council.

Dental care professionals (DCPs) who haven't yet paid their annual retention fee (ARF) to the General Dental Council (GDC) are running out of time.

Payments must be received on or before 31 July 2010 if they want to remain on the GDC's register and eligible to work.

No payments can be processed after the deadline.

All dental care professionals must be registered with the GDC to work in the UK, giving patients reassurance that they are meeting GDC standards.

For the third year in a row the fee is £96 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists.

The GDC's head of registration, Gurvinder Soomal, said: "The GDC has more than 57,000 DCPs on its register and we want to thank those who have already paid this year's ARF.

"We now want to make sure that every dental care professional who wants to stay on our register understands they must pay by 31 July. If you haven't paid yet please get in touch as soon as possible. If your employer normally pays for you – check they've done so again this year. If you lead a team, check whether your colleagues are up to date. You can also let us know if you have decided to take a career break or not to stay on the register."

Any DCPs who fail to make the payment will be removed from the GDC's register and will no longer be able to work legally in the UK.

If they decide to apply to rejoin the register they will have to pay a higher fee of £120.

If you have any questions, you can contact the GDC customer advice and information team on 0845 222 4141 or by email information@gdc-uk.org. DT

Smile-on celebrates 10th anniversary

Smile-on celebrated its 10th anniversary in style aboard the luxury Thames cruiser, the Silver Sturgeon.

Friends and colleagues enjoyed a spectacular meal, while being entertained by a Jazz Quartet, on a trip down the Thames.

A spokeswoman for Smile-on said: "The event provided the company the opportunity to say thank you to all those who have helped the business grow over the past decade to become the UK's leading healthcare learning provider.

"Those who attended looked back over the journey the company had taken over the last ten years and shared some very special highlights."

As the boat sailed along the Thames, partygoers took par in a charity auction of which the proceeds will be split between the three charties nominated by Smile-on's directors: Cancer Research UK, Age Exchange and Three Faiths Forum.

The Smile-on spokeswoman added: "Smile-on offers practitioners a variety of courses designed to inspire, motivate and encourage clinical excellence in dentistry. The business is already looking forward to the future and hopes for another fruitful ten years of creativity, professionalism, enterprise, trust and most importantly – education."

For more information about Smile-on and its healhcare education programmes please call 020 7400 8989 or email info@smile-on.com DT

Partygoers had a night to remember on the Silver Sturgeon

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Dentist who faked death arrested

A dentist who is alleged to have faked his own death has been arrested in connection with a £1.8m fraud.

Police have revealed that Neil McClaren, 46, previously known as Emmanouil Parisis, was arrested in Peterhead, Scotland. Police said his arrest followed a complaint from the NHS and other financial institutions that money had been wrongly paid out following McClaren's alleged death last year.

In total, three people have been charged with conspiracy to defraud financial institutions in excess of £1.8m.

McClaren appeared at Exeter Magistrates Court with his wife, Stiliani Theodoropoulou and sister-in-law Nikoletta Theodoropoulou.

Emmanouil Parisis was previously listed as a dental practitioner at St John's Dental Centre in Barnstaple. The court heard that the former dentist faked his own death so his wife and sister could claim £1.8m in life insurance.

Prosecutors claimed McClaren's death certificate and travel documents were faked so it looked as if he had died while on a trip to Jordan.

Neither McClaren nor his sister-in-law applied for bail. It was requested for Stiliani Theodoropoulou, but was refused.

The case has been committed to Exeter Crown Court, where a preliminary hearing took place on Friday 9 July. DT

Editorial comment

Learning and growing

Dental Tribune has been in Glasgow recently, attending the International Symposium of Dental Hygiene. More than 1,300 delegates were registered, and this international meeting certainly lived up to its billing! Speaking with many of the delegates there was a real sense of coming together and learning from each other.

I really enjoyed the lectures I attended – watch out in future issues for a write-up!

The Smile-on 10th anniversary celebration was held recently on a luxury boat on the Thames. It was a fantastic evening, as the weather was perfect and the company... well it was pretty good too! There was a real mix of guests on board, all enjoying the occasion. There were a few surprises too, with Singing Dentist Andrew Bain entertaining the guests and a moving rendition of Rudyard Kipling's If by actress Ruth Rosen. The aim of the event was both to celebrate 10 years of Smile-on but also to say thanks to everyone who had supported the company along the way. From the happy smiles on people's faces as they collected their limited edition anniversary watches and went off into the London night air, I'd say it was mission completed.

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

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'Perverse incentives'

In a recent exchange in the House of Commons, the new Parliamentary Under-Secretary of State for Health, Anne Milton, gave her response to MP, Sir Paul Beresford, who said the biggest disincentive in the contract is 'its targets, its units of dental activity (UDAs), its clawbacks'.

Ms Milton thanked Sir Paul for 'highlighting the perverse incentives in the contract' and said: "It is absolutely critical that we take those out of any new contract."

The British Dental Association has already begun formal meetings with the new dentistry minister to discuss the issues facing NHS dentists.

Speaking afterwards, Ms Sanderson said: "This was a constructive introductory meeting that afforded an opportunity to discuss briefly the issues confronting dentistry in this country. We look forward to continuing this dialogue and discussing in greater depth the issues that have been raised."

John Milne welcomed commitments on the reform of general dental services. He said: "I am pleased to report that the new Minister has committed to continuing the reform of NHS dentistry in England. He has pledged to review the progress so far and then take reform forward. Importantly, he has also committed the new government to discussing change with the profession and to the piloting of long-term change."

Peter Bateman also gave a positive verdict on the meeting and said: "This meeting provided an early opportunity to raise some of the key issues confronting the salaried dentists who treat the most disadvantaged patient groups. A dialogue has begun and I look forward to discussing how care for vulnerable people will develop." DT

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1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc. **2.** Study 103-0196. Data on file 2, McNEIL-PPC, Inc. **3.** Tanzer JM et al. *J Dent Ed* 2004; 65(10): 1028-37.
4. Data on file A, McNEIL-PPC, Inc. **5.** Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.

NI pay award 'unrealistic'

Northern Ireland Health Minister Michael McGimpsey has announced the pay award arising from the recommendations of the Review Body on Doctors and Dentists (DDRB) pay for 2010-2011.

He revealed that "there will be no increase in net income for independent contractor General Dental Practitioners (GDPs). However, the expenses element of certain items of service will be increased by 0.9 per cent to reflect increase in GDP practice expenses."

Salaried dentists working in Trusts are to receive a one per cent pay increase.

The British Dental Association in Northern Ireland called the uplift to practice expenses 'minimal' and criticised the funding of Health Service for dentistry in Northern Ireland as 'unrealistic'.

Claudette Christie, BDA director for Northern Ireland, said: "The basis of this announcement is simply unrealistic. Northern Ireland's dentists have provided health service care to 900,000 people in the communities they serve this year. Salaried dentists working in Trusts treat some of the most vulnerable patients in the community. For dentists to fulfil their responsibilities to these patients it is important they are properly supported."

She added: "The idea that practitioners can reduce practice running costs does not reflect the reality of a situation where practices face sharply escalating costs. This approach by the Department of Health, Social Services and Pulic Safety (DHSSPS) is particularly disappointing given their acknowledgement in evidence that in view of a new contract continuing to be some way off, then efficiency gains should not be sought in practice in Northern Ireland.

"With dental practices as small businesses at the cornerstone of communities across Northern Ireland, dentists are all too aware of the difficult financial circumstances we all confront.

"But as clinicians, employing highly skilled staff, they're also aware of the absolute importance of maintaining standards for their patients and investing in the care they provide. Today's announcement does little to support those aims." DT

New dental training centre appoints leadership team

The new £9m University of Portsmouth Dental Academy has appointed its senior leadership team.

Sara Holmes, newly appointed Dental Academy director, is joined by clinical directors, John Weld and Sarah Hartridge, and David Radford of KCLDI has been seconded as director of clinical studies/senior lecturer in integrated dental education and multi-professional care, together with new business manager, Sophie Dampier.

The new Dental Acamy is the shared vision of the University of Portsmouth and King's College London Dental Institute (KCLDI), and is due to open in September.

The collaboration will see final year undergraduate student dentists from KCLDI and dental care professionals from the University training together in teams in a state-of-the-art facility.

Sara Holmes commented: "We're pursuing a model of health education where final year dental students work alongside dental therapists, hygienists and nurses in teams that will prepare them all for the transition to general dental practice. By teaching in a team-based primary care setting we're breaking new ground in dental education."

Students and staff will work with dental professionals and health organisations in the area in a joint endeavour to raise the oral health of communities in and around Portsmouth, Hampshire and the Isle of Wight.

The Dental Academy will also offer a proactive and dynamic programme of continuing professional development training events to local dental care professionals and there will be opportunities for new research on integrated dental team training. DT

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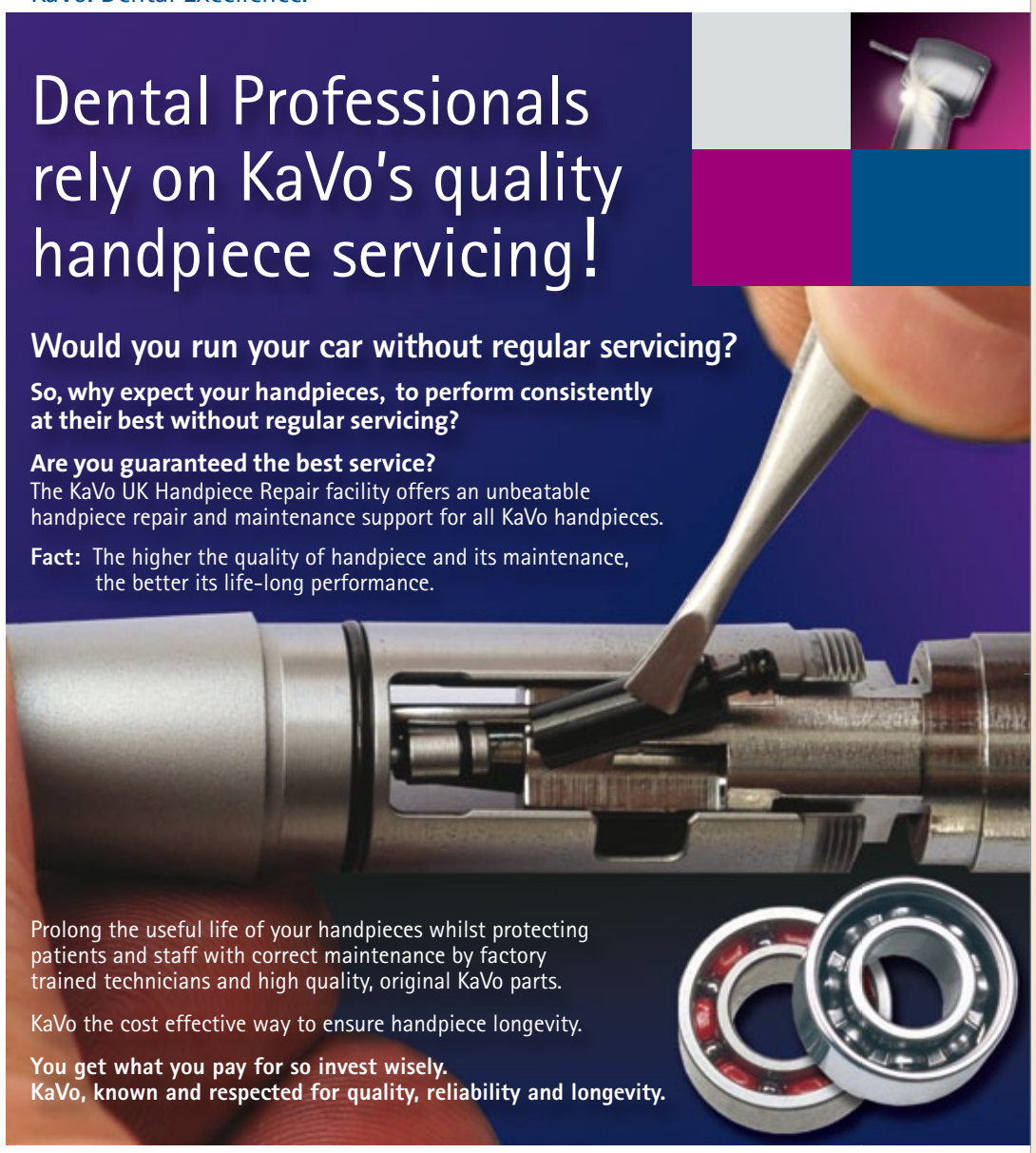

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Too much regulation says Dental Protection

Dental Protection is calling for less regulation, after being inundated with inquiries from anxious dental professionals.

The indemnity insurance provider has found there has been an unprecedented demand for its advisory services.

Its team of 48 dento-legal advisers has opened 3,700 new case files since the start of the year, as well as responding to almost 10,000 helpline calls over the same period.

Prominent within this additional workload are concerns about the rapid proliferation of guidelines, governance, scrutiny and accountability from many quarters, and the time and costs involved. HTM 01-05, PCT/LHB practice inspections, HIW registration and inspections in Wales, and the fast-approaching Care Quality Commission registration are all part of today's compliance demands, and General Dental Council revalidation is not that far away.

In response, director of Dental Protection Kevin Lewis, has called for more reasonable and proportional regulation of the dental healthcare environment.

He said: "The controls are out of control. There is a widespread feeling in the profession – and a growing sense of anger and frustration – that there are too many hoops for practitioners to jump through, often resulting in a duplication of effort and with no real justification in most cases.

"The evidence base for many of these new requirements being imposed upon dental practices is sketchy or non-existent. We desperately need a more balanced, logical and measured approach whereby any additional layers of governance are scientifically based and targeted where they are justified and most needed, rather than being applied across the board."

He added: "The current environment is wasting the time, energy and money of many practitioners who are already doing an excellent job for their patients.

"At a time when the new government is proposing that high-performing schools should be inspected less often and freed from unjustified bureaucracy, the current excesses in the regulation of dental health professionals are impacting upon morale, deflecting effort and resources and ultimately not serving the best interests of patients.

"Now that many NHS practices are effectively operating on fixed incomes, any unnecessary expenditure in one area may need to be funded by cutting back on more constructive expenditure elsewhere." DT

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Students in Residence

Elaine Halley details the first residential course for the MSc in Restorative and Aesthetic dentistry, held recently in London

The first residential for the Msc was held at the Strand Palace Hotel in London in mid-May. The flight down was an excellent opportunity for me to catch up on the background reading so I arrived feeling well prepared! The residential was compulsory for all students and started with an overview of the remainder of the course by Fiona Clarke from The University of Manchester.

The diversity of the student group was evident – I met students from Kenya, India and Qatar, as well as the many different nationalities working in the United Kingdom – it made for fascinating lunch-time conversations! There is also a real mix of age-groups and experience, from young NHS associates to the not-so-young (myself included) private practice owners.

For many of us, learning about the thesis was nerve-wracking but essential! We are to start thinking about possible topics for this research project which will be a structured clinical review rather than a clinical or laboratory based project. This is to fit in with the distance-learning nature of the course. Fiona advised us that the thesis comprises the last six months of the course starting in May 2011 but we should start collecting references and sources as we come across them. We will be assigned a tutor in due course who will make suggestions and offer guidance but this is a major undertaking – there was some nervousness about the unknown nature of this expressed by participants.

This nervousness was quickly overtaken by the realisation that this is a clinical MSc – we seem to have had it fairly easy in the first unit which has consisted of lectures and assessments. Now, the dentistry is really going to be evaluated – we have 26 clinical cases to submit for Units 2 and 3 of the course! A lot of time was spent on photography and being sure that we could all take the correct photos and are able to upload them onto our learning plan and send them to be evaluated. I am pleased to report that after a slight panic about how to attach my flash, my photography came flooding back to me – I managed fine although must book myself in for a whitening after seeing my caffeine tinged lower incisors on the big screen!

The clinical cases so far include six whitening cases, simple orthodontics, restoration of the endodontically treated teeth and single tooth indirect restorations. I think we are going to have lectures in the practical techniques but at this point I'm not sure. The current unit's lectures are mostly about communication, legal record-keeping etc – we have two with Kevin Lewis coming up on Thursday.

After photography, Chris Orr covered treatment planning and shade taking with an eye-crossing exercise in matching values on the computer. All of this with Covent Garden beckoning outside and an ash cloud to disrupt our homeward travel – the joys of CPD. DT

About the author

Elaine Halley BDS DGDP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

Prof wins National Teaching Fellowship

A dental professor from The University of Manchester has won the National Teaching Fellowship and an award of £10,000. Prof Nick Grey (*pictured, right*) in the School of Dentistry was chosen from nearly 200 nominations submitted by higher education institutions across England and Northern Ireland.

The award of £10,000 from the Higher Education Academy may be used for Fellows' professional development in teaching and learning or aspects of pedagogy.

Prof Grey has a major role in developing all aspects of the teaching and learning agenda and his main role within the School of Dentistry is in teaching. He has been heavily involved in the development of the new curriculum in Manchester, with an emphasis on learning outcomes in the delivery of teaching and learning.

He has encouraged a team approach to learning to broaden the student experience across all dental care professions, and has been involved in the recent collaboration with Manchester Metropolitan University, which teaches students of dental technology.

Prof Grey said: "The award is especially pleasing to receive, as it is a testament to the great importance the University of Manchester places on excellence in teaching and learning. I am very fortunate and grateful to be part of a School, Faculty and University that have enabled and encouraged me to achieve this."

Prof Colin Stirling, vice-president of teaching and learning at Manchester, said: "Nick has contributed enormously to the strategic development of teaching, learning and the student experience in his school, and across the Faculty of Medical and Human Sciences where his expertise in assessment, feedback, and student communication have been of immeasurable value to other schools."

Prof Grey is an examiner for the Royal College of Surgeons and a member of their Advisory Board in Restorative Dentistry. He has lectured nationally and internationally and co-authored one textbook. In 2007, he was awarded 'Teacher of the Year' for his efforts in enhancing the learning experience for students.

In 2009, Nick was promoted to professor of dental education and also associate dean for teaching and learning in the Faculty of Medical and Human Sciences.

The National Teaching Fellowship Scheme (NTFS) aims to raise the profile of learning and teaching in higher education and recognises and celebrates individuals who make an outstanding impact on the student learning experience.

The awards will be presented in London in September. DT

Prof elected to specialist academy

A professor from Kings College has been elected as an associate fellow of the Academy of Prosthodontics.

Prof David Bartlett, head of prosthodontics at the Institute, has been chosen by his peers to join the oldest speciality organisation in prosthetic dentistry.

The Academy, based in the US and founded in 1918, consists of a small group of prosthodontics, all of whom are elected by their peers. There are only two British members, Profs Harold Preiskel and David Bartlett.

The Academy has amongst its members, prominent academic and clinical practitioners, mainly from North America, and its mission is to support and promote the art and science of prosthodontics to the profession and the public. All associate Academy members are mentored during a three-year period and eventually become fellows after a final vote from the membership.

The Academy contains many of the most prominent North American prosthodontics and has amongst its overseas fellows, those from Australia and one other European. DT

Quick! It's an emergency!

Medical emergencies are one of the core continuous professional development subjects specified by the GDC. This reflects the importance to a dental practice in addressing this key area.

Meditech, a UK manufacturer of emergency resuscitation systems, has developed a kit to help dental practices meet the recommendations of the Resuscitation Council (UK), recommendations endorsed by the GDC. The kit is being sold through Dental Directory. Meditech Managing Director, Chris Buckenham said: "Dental Directory have the contacts and support structure to enable dental practices to easily implement this solution".

The kit contains all the equipment recommended except the drugs and defibrillator: Portable oxygen cylinder (D size) with pressure reduction valve and flowmeter; Oxygen face mask with tubing; Basic set of oropharyngeal airways (sizes 1,2,3 and 4); Pocket mask with oxygen port; Self-inflating bag and mask apparatus with oxygen reservoir and tubing (1 litre size bag) where staff have been appropriately trained; Variety of well fitting adult and child face masks for attaching to self-inflating bag; Portable suction with appropriate suction catheters and tubing eg, the Yankauer sucker; 'Spacer' device for inhaled bronchodilators.

Automated blood glucose measurement device, Single use sterile syringes and needles and Automated External Defibrillator are also recommended but are not included in this kit.

The kit is contained in a easy to carry case, ready for quick use in an emergency. Because the drugs and needles are not included in this kit, it can be made available in a highly conspicuous, easily grabbed position. DT

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Rise and fall of new Budget

National Association of Specialist Dental Accountants looks at the impact of the coalition government's Emergency Budget

As a result of Chancellor George Osborne's first Budget, VAT is going up, Capital Gains Tax is going up and the Annual Investment Allowance is decreasing, according to The National Association of Specialist Dental Accountants (NASDA).

But it is not all bad news. The hike in Capital Gains Tax - up from 18 per cent to 28 per cent - has been offset by continuation of Entrepreneurs' Relief, which has been retained and actually extended to cover lifetime gains of up to £5m. This will keep the tax rate on dental practice sales and incorporation at 10 per cent. Also, large practices and corporate groups with profits more than £300,000 will see tax rates reduce from 28 per cent to 24 per cent with a series of one per cent reductions starting on 1 April 2011.

The increase in VAT will not directly affect dental practice income, but the cost of dental supplies and services will rise as a result of the higher VAT rate. Some patients may feel that they have less money to spend on dental care as they pay out more VAT on many essentials.

The reduction in tax relief on dental equipment will be unwelcome news for any dental practice planning an overhaul and for the trade. The main rates of annual allowances will go down by two per cent (to 18 per cent or eight per cent) and the Annual Investment Allowance limit will reduce from £100,000 to £25,000 in April 2011. Dentists who have practice refurbishment in mind should consider doing this before next April and probably before January to save VAT and maximise tax reliefs on spending.

The personal allowance - the amount all taxpayers can earn before they are taxed - will be increased by £1,000 to £7,475 for those aged under 65 next April. However, the basic rate limit will be reduced so that higher rate taxpayers do not benefit from the increase in the personal allowance. Dental nurses should benefit from this tax break, which is worth £200 per year to basic rate taxpayers.

The new chancellor has shown his support for employers with changes to National Insurance Contributions (NICs). The threshold at which employers start to pay NICs on employee wages will increase by £21 per week from 6 April 2011. This will produce an annual saving of up to £140 per employee.

In an incentive to new businesses, plans have been announced to reduce NICs payable by new employers. This could give a boost to squats and will apply to business starting after 22 June 2010, although the relief will not be fully implemented until September 2010 at the earliest. The countries and regions which will benefit will be Scotland, Wales, Northern Ireland, the North East, Yorkshire and the Humber, the North West, the East Midlands, the West Midlands and the South West.

Company tax rates are to be reduced - from 21 per cent o 20 percent from 1 April 2011 - which may provide an incentive to some dental practices to incorporate. Tax payable on incorporation has not gone up as had previously been thought.

However, some in the profession will feel the brunt of higher taxes on a personal level as gains on sale of quoted shares, second homes and other investment assets will be hit by the new tax rate, thus adding 10 per cent to some tax bills. DT

It's never too late to build a dream team

says Seema Sharma

If it wasn't for the people...

Dental practices set out planning to have the right staff with the right skills, qualifications, experience and knowledge to look after patients and the practice. Somewhere along the line, things go wrong for many, teams malfunction and emotions run high. When one of my own practice managers has a bad day at the ranch nine out of ten times the complaints are about a team member who did not pull their weight or a process that went wrong which could have been prevented with some pre-planning or effort on the part of a team member.

So what goes wrong? Dental practices are busy places and time is at a premium! There are few other professions where everyone has to be on stage from the moment they arrive to the moment they leave. As small businesses, we do not have the capacity to have "floating" staff, receptionists have no respite from phones, and nurses are in with patients all day. Any spare time a nurse has is likely to have to be spent on decontamination these days!

All problems therefore end up at the practice manager's door, who can easily find that fire fighting chews up half of his or her time.

Rebuild your dream team in five simple steps

It's worth reviewing the processes that are in place for "people management", to see where things can be improved. A good leader creates vision for the practice and a good manager knows how to implement that vision by selecting appropriate team members for each role, and nurturing their individual strengths. In many smaller practices the leader's and manager's roles overlap, and the owner and manager work closely to implement the vision.

Each time we recruit, we try to get "the right person" but if you feel let down by your team, there are five steps that practice managers can put in place to create the culture that they want within the practice.

STEP 1: Create a team manual

Each time a new team member is recruited, there is potential for miscommunication and disruption to the practice. It is possible to minimise this by taking the time to develop a dedicated staff handbook or team manual as a handy reference tool. This should include day to day operational procedures, code of conduct, practice policies and procedures, health and safety, infection control, information governance and local child protection pathways.

STEP 2: Tighten up on Rotas

Unplanned absence is the bane of every practice manager's life! Persistent offenders need to be encouraged to take ownership of the disruption caused to patients and the practice, without the practice manager having to turn into an ogre.

Most managers are familiar with PLANNED holiday charts to organise rotas, but try putting up an UNPLANNED leave chart. Mark planned absence in GREEN and unplanned absence in RED and without saying too much you will find that persistent offenders are embarrassed into mending their ways.

STEP 3: Repeat the mantra - Smile you're on stage!

Encourage a culture of accepting that everyone is human but when the team is at work, personal problems are left outside the front door. It is important for the practice to be supportive of individuals with personal problems, when appropriate, but to know how to ensure that they do not impact on patient care. By taking the time to understand individual strengths and weaknesses, and acknowledging that life outside work can imbalance emotions, practice managers command respect, instead of demanding it.

STEP 4: Re-induct using CQC as your goal

Tell the team that you are getting organised for Care Quality Commission registration, which all practices are affected by from October 2010, and focus on the first two sections – patient information and involvement, and personalised care, treatment and support. (If you are not up to speed on CQC yet, email seema.sharma@dentabyte.co.uk to find out the outcomes that are expected from dental practices)

CQC registration provides a timely reminder that teams should be able to demonstrate:

- Practice culture and values – it is key to ensure team members understands the vision created by the leader of the practice.
- Organisational structure – outline of each team member's role as an individual and within the team
- Policies and procedures – tell the team about your new team manual!

STEP 5: Appraise and develop

Staff training needs should be identified and supported, with protected time for learning and development to optimise the team's skills, happiness, performance and staying power! Ideally a practice should have monthly meetings for clinical governance training and practice management, to keep the team aligned. The quality of the service being provided by the team should be audited regularly and training arranged to align the skills and work of those who are not on track.

Key tips for practice managers

- Define individual roles
- Create clear job descriptions for all roles
- Ensure advertisements clearly outline the role which the candidate is applying for
- Treat all applicants equally by using template interview forms and processes
- Offer the job in writing and provide written terms and conditions (contracts or licences)
- Conduct thorough pre-employment checks
- If the new staff member has a probationary period, ensure the details are outlined in the offer letter
- Put new staff members through an induction process
- Provide all team members with a staff handbook /team manual outlining practice policies and procedures
- Organise and record all staff training and continuing professional development
- Monitor individual performance
- Conduct annual appraisals for all team members
- Ensure that all team members have personal/professional development plans to maintain and develop their individual skill sets
- Be aware of the human resource legislative frameworks around working times, holidays, rest breaks, disciplinary procedures, stress, disability etc
- Maintain an accurate HR record for each team member

Tomorrow's Manager

So how does a practice manager fit all this in ? Tomorrow's practice manager needs to learn to work smarter not harder, to run a smooth practice and maximise the team's potential. Email the author at seema.sharma@dentabyte.co.uk for a job description for the practice manager of the future, then set about developing your skill set. Your knowledge will translate into an increased bottom line and a stress free practice, your boss will be happy! DT

About the author

Seema Sharma qualified as a dentist but gave up clinical work after 10 years in practice to go into full time practice management. Today she runs three practices, including one which is a multidisciplinary specialist centre. Seema established Dentabyte Ltd to provide affordable "real-world" practice management programmes to help practice managers and practice owners keep pace with the changing clinical and commercial environment facing them today. Visit www.Dentabyte.co.uk to register for updates on practice management or email Seema at seema.sharma@dentabyte.co.uk to find out more.

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