

BDJ Team

FEBRUARY 2015

CQC:

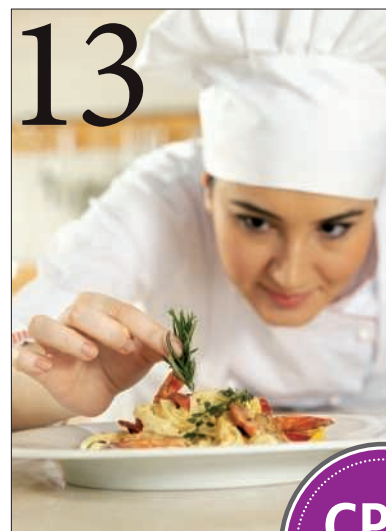
food for thought



February 2015

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ONE HOUR

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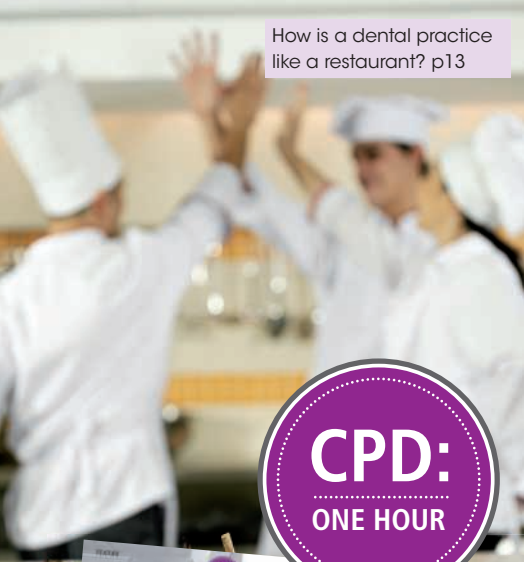


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**CPD:
ONE HOUR**



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Welcome to the twelfth issue of *BDJ Team*: the last issue I will be signing off before I go on maternity leave. You could say that, as a new magazine, *BDJ Team* has been my baby for the last year (!) so I intend to leave it in safe hands to ensure that top quality, relevant content continues to be published.



We begin this February issue with guest writer Michael R. Young helping you get to grips with CQC. Mike compares dental practice compliance to running a restaurant; in both environments, the 'consumer' of services has the right to know that they are safe - which is why it is so important that regulations are adhered to.

Also in this issue we meet a dental technician who found his niche in education: Christopher Stokes has a PhD in materials science and created an innovative online dental course for anyone wishing to learn about dentistry - even the general public.

If you're planning a practice refurbishment this year, make sure you read our article on disabled access. It is essential for practice owners to consider access for all patients when making modifications to the practice.

This issue offers another hour of CPD and don't forget: all CPD since March 2014 is available until the end of 2015!
www.nature.com/bdjteam/cpd

Kate

Kate Quinlan
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From lab to lecture theatre p18



The power of sound in the practice, p27



bdjteam201514

THE TEAM

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DENTAL THERAPISTS CAN IMPROVE THE NATION'S HEALTH

Dental therapists have a major part to play in getting the nation to adopt a healthier way of life, according to Fiona Sandom, president of the British Association of Therapists (BADT).

Fiona maintains that dental therapists are perfectly placed to champion the NHS programme of 'Making Every Contact Count'.

In a drive to get UK health professionals to change the lifestyle choices and behaviour of patients, the programme, launched in 2012, invites NHS frontline workers to engage patients in a 'healthy lifestyle chat'.

Fiona said: 'Effective health promotion and prevention of oral disease, including supporting general health improvement activities around diet and nutrition, are key parts of what dental therapists do. Day in day out, they deliver oral health care that's evidence based while offering education about the risks of alcohol and tobacco to patients, for example. As many of our members work closely with the public on a daily basis, they are in an excellent position to talk to people about their wellbeing and help them make healthy choices.'

As well as identifying oral problems, the

education of patients about links between oral health and their overall health plays a large part in the care dental therapists are trained to provide.

The drive by the NHS Future Forum to 'make every contact count' was launched with the acknowledgement that 'there are millions of opportunities every day for the NHS to help to improve people's health and wellbeing and to reduce health inequalities, but to take this opportunity it needs a different view of how to use its contacts with the public. A routine dental check-up or eye-test, for example, is a chance to offer advice to help someone stop smoking.'

In recognition of dental therapists as health 'game changers', the BADT is this year rewarding qualifying dental therapy students with achievement awards in a bid to encourage excellence in prevention. Each dental therapy school will be invited to nominate a key student and the winners will be invited to join Fiona at her table at the presidential dinner taking place at the BADT annual conference on 25-26 September.

www.badt.org.uk



TRAINING ESSENTIALS: BUY ONE GET ONE FREE

This winter take advantage of the British Dental Association (BDA) special event offer and book any Training Essentials course* (£125 for DCPs) and get one Training Essentials course FREE to help top up your CPD hours in 2015.

Courses available cover CORE CPD, GDC recommended, and business and personal development topics (Table 1). Take a look at the full Training Essentials event listing at www.bda.org/training for details.

To book your event places call the Events Team direct on 020 7563 4590. Limited availability, so book today and don't miss out!

*This offer cannot be booked online and cannot be applied to events already booked or two day courses. For full terms and conditions www.bda.org/training.

Table 1 Training Essentials courses 2015

Course	Dates (all Fridays and all in London unless otherwise stated)
Management of medical emergencies	13/3/15 11/9/15
Safeguarding children and vulnerable adults	20/3/15 4/9/15
Growing your practice	27/3/15
Leading the dental team	17/4/15
Performance appraisals	22/5/15
An IRMER course in dental radiography and radiation protection	13/3/15 (Manchester) 5/6/15
Oral cancer	26/6/15
Online marketing and social networking	3/7/15
Handling complaints	10/7/15
Infection control	17/4/15 (Manchester) 17/7/15
Getting better results with business planning	18/9/15

6TH DCP SYMPOSIUM TO BE HELD IN CARDIFF

The Dental Postgraduate Section of Cardiff University, in collaboration with The Royal College of Surgeons of Edinburgh, will be holding their 6th Dental Care Professionals (DCP) Symposium on Friday 8 May 2015 at the Marriott Hotel, Cardiff.

The theme of the symposium will be 'Practically perfect - in every way?' and will address the pressures of life in a front line dental practice. It will look at ways and means of alleviating these pressures using tools that will help DCPs prioritise, focus and use good management skills.

The day costs £25, including lunch and six hours of continuing professional development (CPD). To book, visit <http://www.walesdeanery.org/index.php/en/dentistry.html> using course code DCP/SYMP/15/KH and then call Kath Liddington to make a card payment. The closing date for applications is Friday 10 April 2015. For further information email liddingtonke@cf.ac.uk.

BSDHT PRESIDENT DEMONSTRATES GOOD ORAL HYGIENE

On 3 February the President of the British Society of Dental Hygiene and Therapy (BSDHT), Michaela O'Neill, visited children at St Joseph's Primary School in County Antrim to teach them how to look after their oral health.

The pupils took part in brushing demonstrations and fun activities and were all given guidance and tuition on how to brush their teeth correctly. They were also given toothbrushes, toothpaste and a reward chart to take home with them which were donated by Procter & Gamble (Oral B).

Michaela O'Neill said: 'Having the chance to teach young children about the importance of their oral health and show them about basic oral hygiene is an excellent opportunity to give them the skills they need

to take care of their teeth throughout the rest of their life.

'According to findings from the last survey of Children's Dental Health, children in Northern Ireland have been shown to have some of the poorest levels of oral health compared to other regions of the United Kingdom. It is stating the obvious but something needs to be done about these figures, and the British Society of Dental Hygiene and Therapy will be doing all they can to tackle this ultimately preventable problem.'

The BSDHT hopes to raise awareness of how to prevent tooth decay and members will be volunteering their time to help teach correct methods of oral hygiene to children as part of the Early Years curriculum.



STANDARDISED CIGARETTE PACKAGING TO BE FAST-TRACKED

The Government is to fast-track legislation to introduce 'plain' packaging for cigarettes by 2016. After a series of public consultations on the issue, MPs will be asked to vote on the plan before the General Election.

The Stirling Review published in April 2014 - an independent review of public health evidence for standardised tobacco packaging - found that standardised packaging is less appealing than branded packaging; that graphic and text health warnings are more credible and memorable on standardised packaging; and that products in standardised packages are more likely to be perceived as harmful than those in branded packaging with colours and descriptors.



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CHILDREN'S FOOD HEROES AND ZEROES OF 2014

Table 1 features some of the children's food heroes and zeroes of 2014 as compiled by the Children's Food Campaign (<http://www.sustainweb.org/childrensfoodcampaign/>).

Table 1 Children's food heroes and zeroes of 2014

Heroes	Zeroes
<p>School Food Plan and the Department of Education - revised school food standards, cooking skills and food education are back on the curriculum and universal infant free school meals have been introduced</p> <p>British Dietetic Association's Dietitians in Obesity Management Specialist Group - removal of sweets/chocolates from tills</p> <p>British Heart Foundation - petition to introduce 9 pm watershed for junk food adverts on TV and tightening regulations around online marketing.</p>	<p>Committee of Advertising Practice and the Advertising Standards Authority - progress to better protect children from junk food marketing has been slow</p> <p>Coca-Cola - for introducing Coca-Cola Life, a product that contains over four teaspoons of sugar per 300 ml can</p> <p>The Department of Health's Responsibility Deal - for failing to pledge on food promotion</p> <p>Party Health Spokespeople - with only months until the General Election, the Children's Food Campaign remains unconvinced that any of the parties are going to be offering the bold policies needed to tackle obesity.</p>

CARING FOR DENTAL PATIENTS WITH EATING DISORDERS

CPD answers - January 2015 issue (<http://www.nature.com/articles/bdjteam20159>)

- 1D. all of the above
- 2A. palatal aspects of the maxillary anterior teeth
- 3B. knuckles of the dominant hand
- 4D. all of the above

Do you have a news story that you would like included in BDJ Team? Send your press release or a summary of your story to the Editor at bdjteam@nature.com.



BDA special events offer



Book any Training Essentials course* and get one Training Essentials course **FREE** to help top up your CPD hours in 2015.

Courses available cover **CORE CPD**, GDC recommended, and business and personal development topics:

- Setting yourself up in practice
- Management of medical emergencies
- Safeguarding children and vulnerable adults
- Growing your practice
- Leading the dental team
- Performance appraisals
- An IRMER course in dental radiography and radiation protection
- Oral cancer
- Online marketing and social networking
- Handling complaints
- Infection control
- Getting better results with business planning

Check the website www.bda.org/training for event details.

DCPs book one course for **£135**



Get one course **FREE**

To book call:

020 7563 4590



@BDAEvents

DCP COURSE DIRECTORY 2015

THE SOUTH-EAST

Acorn Dental Training (London)

Online National Diploma for Dental Nurses

Summary: Enrolling now for start dates available until 12 March. Low deposit (£350).

National Diploma for Dental Nurses

Summary: Next intake September 2015.

Course currently held on Tuesday and Wednesday nights and alternate Saturdays. Classroom close to Euston station.

Details: <http://www.acorndentaltraining.co.uk/index.php/Dental-Nursing-Courses/>

Certificate in Oral Health Education CPR or HSE Emergency First Aid at work one day qualification

Details: <http://www.acorndentaltraining.co.uk/index.php/CPD-Dental-Courses/>

Telephone: 020 7183 2127

Email: info@acorndentaltraining.co.uk

Ask Learning Academy (regional offices in Surrey, Appleby and Derby)

NEBDN Diploma in Dental Nursing

Summary: For flexible study over 14-18 months while working as a trainee dental nurse, via a mixture of workbooks and regular workshops.

Details: <http://www.asklearningacademy.co.uk/dental-nurse-courses/>

CPD courses:

Decontamination

Radiography for DCPs

Protecting Vulnerable Groups - Level 2

Dental Materials for DCPs

Managing Complaints

Consent and ethics

Interview techniques

Absence management

Handling grievance and disciplinary matters

Summary: Each session provides between 2-3 hours of verifiable CPD. They can be run locally or in-house. Group discounts may be arranged for limited events.

Management courses

Summary: Both short courses and verifiable CPD evenings for management skills. The short courses are carried out via flexible learning with full tutor support and verifiable CPD is issued upon completion.

Toolbox Talks

Summary: A package of 12 topics allowing you to deliver an hour session per month over

a year, either on an individual basis or as a group activity. Each month you will be sent a topic to deliver including presentation, speaker notes and an assessment. Over the full year the Toolbox package will add up to 12 hours' verifiable CPD for each person and is a low cost, convenient way to ensure your whole team can get involved with CPD activities.

Details: <http://www.asklearningacademy.co.uk/cpd-for-the-dental-team/>

Telephone: 07769 621502

Email: enquiries@asklearningacademy.co.uk

Barts and the London School of Medicine and Dentistry The Centre for Dental Care Professionals

Diploma in Dental Hygiene and Therapy

Summary: An accredited 28-month programme. Students are guided in the development of knowledge, skills and attitudes needed for positions of responsibility in the oral health care system through laboratory, clinical, and classroom experiences.

Details: <http://www.dentistry.qmul.ac.uk/study/dental-care-professionals/dental-hygiene/index.html>

Foundation certificate in oral health education

Summary: A modular programme designed to ensure flexibility and the opportunity to undertake CPD while working full time in dentistry. Requires attendance on a monthly basis for 12 months.

Details: <http://www.dentistry.qmul.ac.uk/study/dental-care-professionals/oral-health-education/index.html>

CPD courses

Visit <http://www.lpmde.ac.uk/training-programme/dental/continuing-professional-education-cpe>

Telephone: 020 7882 8157

Email: e.c.philogene@qmul.ac.uk

British Dental Association

Dental radiography for DCPs

Summary: An eight-week online course that will help you learn how to use X-rays safely and how to take common dental radiographs, across 25 modules. This course prepares you for the BDA Qualification in Dental Radiography, a nationally-recognised qualification that qualifies you to take

radiographs unsupervised. Students must take at least 40 radiographs under supervision in practice, then complete a one-hour, online multiple choice examination.

Next course start date: 20 April 2015

Details: <https://www.bda.org/dcps/course/radiography>

Telephone: 020 7563 6888

Email: radiography.support@bda.org

Oral Health Education for dental nurses

Summary: Developed in partnership with OHE Southwest, this flexible online course will help you learn the communication skills needed to educate your patients about their oral health. The course is broken down into 27 'bite-sized' modules which can be accessed and viewed at any time.

Details: <https://www.bda.org/dcps/course/ohe>

Telephone: 020 7563 4551

Email: ohe.support@bda.org

Training Essentials:

Achieving high standards in infection control

An IRMER course in dental radiography and radiation protection

Management of medical emergencies for the whole dental team

Oral cancer: the dental team's responsibility

An introduction to dental hypnosis for the whole team

Safeguarding children and vulnerable adults: meeting the CQC essential standards

Handling complaints and improving communication skills

Law, ethics and record keeping

The essentials of staff management: a two day intensive course

Develop and deliver a tailor made performance appraisal system

Reception and telephone skills for the whole dental team

Online marketing and social networking

Getting better results with business planning

Leading the dental team: how to become a successful leader for your business

Grow your dental practice using effective retail strategies

Special offer: Buy one course, get one free!

www.bda.org/events/terms-and-conditions

Details: <https://www.bda.org/dcps/course/Pages/Training%20essentials.aspx>
Telephone: 020 7563 4590
Email: events@bda.org

Cavity Dental Training (Oxford, Reading, Basingstoke)

National Diploma in Dental Nursing
National Certificate in Radiography
National Certificate in Oral Health Education
National Certificate in Orthodontic Nursing
Certificate in Impression Taking
Certificate in Fluoride Application
Verifiable CPD courses
In-house CPR/CPD training
Online First Aid training/Emergency First Aid in the Workplace
Manual Handling
IRMER

Details: <http://www.cavitydentalstaff.co.uk/training>
Telephone: 0118 9261533
Email: info@cavitydentalstaff.co.uk

Eastman Dental Hospital Dental Hygiene and Dental Therapy Diploma in Dental Hygiene

Summary: This programme is funded by Health Education North West London and admits 12 students each year.

Application deadline: 17 April 2015

Diploma in Dental Therapy (combined with the Diploma in Dental Hygiene)

Summary: This programme is funded by Health Education Thames Valley and admits ten students each year.

Application deadline: 13 March 2015

Details: <http://www.uclh.nhs.uk/ourservices/servicea-z/edh/eduedh/burk/pages/home.aspx>
Telephone: 020 3456 1205
Email: edhec@uclh.nhs.uk

Dental nurse courses

Summary: The Eastman Dental Hospital provides CPD courses, pre- and post-registration courses and other certificated courses for dental nurses.

Details: <http://www.uclh.nhs.uk/OurServices/ServiceA-Z/EDH/EDUEDH/ETACDN/Pages/Home.aspx>

Email: edhec@uclh.nhs.uk

Telephone: 020 3456 1040

Faculty of General Dental Practice (UK) The Royal College of Surgeons of England

Professional Development for DCPS

Summary: A distance learning CPD programme in the skills identified by the FGDP(UK) as vital to a high standard of

patient care, carrying up to 90 hours of CPD and covering core topics.

Details: <http://www.fgdp.org.uk/courses/dentalcareprofessionals/keyskillsinprimarydentalcareassessmentfordcps.ashx>

Telephone: 020 7869 6772

The Focus and Progress Company Limited, Bournemouth

CPD courses:

Clinical Record Keeping/Clinical Audit (3/3/15)

Employment law, new updates and problem areas, health and safety (10/3/15)

Understanding Facial Pain Part I & Part II (24/3/15)

CPR/Basic Life Support - hands-on session (11/4/15)

Information Governance (16/4/15)

Head and Neck Cancer - early detection and diagnosis (30/4/15)

Mental Capacity Act/Safeguarding Vulnerable Adults (5/5/15)

Complaints Handling (12/5/15)

Safeguarding Children - Level 2 (19/5/15)

Law and Ethics (21/5/15)

Oral Manifestations of Infectious Diseases (4/6/15)

Details: <http://focusandprogress.co.uk/dental-cpd-courses.php>

Telephone: 07793 908369 or 01202 232009

Email: info@focusandprogress.co.uk

Health Education Kent, Surrey and Sussex

Foundation Degree in Advanced Dental Nursing

Summary: Now recruiting for 2015; closing date for UCAS applications is 3 August 2015.

Details: <http://kssdeanery.ac.uk/foundation-degree-advanced-dental-nursing>

CPD courses:

Rubber dam placement

Fluoride application

Impression taking

Intra-oral photography

Suture removal

Oral health and Dietary advice -

Delivering better oral health (DBOH)

Reception - Contemporary reception skills

Practice management- A series of skills workshops for practice managers

Details: <http://kssdeanery.ac.uk/dcps-dental-care-professionals>

Email: tpatterson@kss.hee.nhs.uk

Telephone: 020 7415 3400

King's College Hospital NHS Foundation Trust

Dental Team Education Centre

Diploma in Dental Hygiene and Therapy

Summary: A full-time course that takes two and a half years to complete, based at Denmark Hill, St Thomas' Hospital (Westminster) and various community clinics. Current intake 30 students a year, commencing in January.

Details: <http://dnetc.kch.nhs.uk/hygiene-therapy.html>

Telephone: 0203 299 5214

Email: kings.dht@nhs.net for an application pack for the January 2016 intake

Diploma in Orthodontic Therapy

Summary: Awarded provisional approval by the GDC and offered by King's Health Partners. June 2015 applications now closed. To express an interest in the 2016 course, contact Tymia Patterson on tymiapatterson@nhs.net.

Details: <http://dnetc.kch.nhs.uk/orthotherapy.html>

CPD and other courses:

Core Modules

NEBDN National Diploma in Dental Nursing online

DTEC Basic Certificate in Endodontic Nursing

DTEC Introduction to Teaching Certificate

DTEC Certificate in Fluoride Application

DTEC Certificate in Implant Dental Nursing

DTEC Certificate in Impression Taking Introduction to Dental Nursing

IRMER Update

Mentoring in the Workplace (online)

Oral Diseases Seminar

NEBDN Certificate in Oral Health Education

NEBDN Certificate in Orthodontic Nursing

NEBDN Certificate in Radiography

Details: <http://dnetc.kch.nhs.uk/courses.html>

Telephone: 020 3299 1611

Email: maxine.durr@nhs.net

Lambeth College (Clapham centre, London)

BTEC Level 3 Extended Diploma in Dental Technology

Summary: The only course of its kind in the south-east of England. Offered full-time over two years or part-time over three years; to be eligible for the part-time option you need to be employed in a dental laboratory. Next intake September 2015

Details: <http://www.lambethcollege.ac.uk/courses/dental-technology-btec-level-3-extended-diploma/>

Telephone: 020 7501 5000

Email: courses@lambethcollege.ac.uk for a copy of the application form

Survive Alive Ltd

Professional Resuscitation Training for the dental team:

In-house training for up to 10 staff including basic life support and immediate care for medical emergencies, plus emergency equipment and drugs kit check
In-house training over two sessions for more than 10 staff

AED training for key staff

Details: http://www.survivealive.co.uk/training_fees.html

Telephone: 01959 570754/07961 834618

Email: info@survivealive.co.uk

TempDent Recruitment & Training

Diploma in Dental Nursing Advanced Apprenticeship

Dental Radiography Certificate

Oral Cancer & Smoking Cessation

CPR/Basic Life Support certificate

Health and Safety CPD & Risk

Assessment

Cross Infection and Decontamination

Certificate in Dental Sedation

Oral Health Education Certificate

National Diploma in Dental Nursing

Safeguarding - Child Protection &

Vulnerable Adults

Appointed Person First Aid

Complaints Handling, Law & Ethics

Radiography CPD

Customer Service

Management and Advanced

Apprenticeship

Business Administration

Team Leads and Reception

Details: http://www.tempdent.co.uk/cm/content/training_centre

Telephone: 020 8371 6700

Email: info@tempdent.co.uk

UCL Eastman Dental Institute

CPD/short courses:

Implant Dentistry for Dental Surgery

Assistants

Periodontology: Non-Surgical Periodontal Therapy

Core CPD

DCP Bites

Radiography Update for the dental team

Details: <http://www.ucl.ac.uk/eastman/cpd/www.dcpbites.com>

Telephone: 020 7905 1234

Email: edi-cpd@ucl.ac.uk

UMD Professional

ILM Level 3 Certificate in Leadership and Management. For dental nurses and receptionists taking on supervisory roles

ILM Level 5 Diploma in Leadership and Management. Designed for dental practice managers, or aspiring practice managers, to develop their management knowledge and skills

ILM Level 7 Diploma in Executive Management. Designed for those working at a senior level in dental practices either as a principal or partner or practice manager

Modular Management CPD Programme for Dental Technicians - with an option to gain the ILM Level 5 Award, Certificate or Diploma in Leadership and Management

In-house training for the dental team:

Customer care for dental practices

Dealing with difficult situations and

aggression in the dental practice

Marketing and communication skills for

dental receptionists

Assertiveness training for dental

practices

Better team working in dental practices

Details: <http://www.umdprofessional.co.uk/index.html>

Telephone: 020 8255 2070

Email: fiona@umdprofessional.co.uk

University of Essex, Southend Campus

FdSc Oral Health Science

Summary: A 24-month, full-time course enabling you to register with the GDC as a dental hygienist.

Details: http://www.essex.ac.uk/coursefinder/course_details.aspx?course=FDSCB750

BSc Oral Health Science

Summary: A one-year, full-time course aimed at registered dental hygienists, enabling them to register with the GDC as a dental therapist.

Details: http://www.essex.ac.uk/coursefinder/course_details.aspx?course=BSC+B751

Telephone: 01206 873666

Email: admit@essex.ac.uk

University of Portsmouth Dental Academy

BSc (Hons) Dental Hygiene and Dental Therapy

Summary: A three-year full-time course

Details: <http://www.port.ac.uk/courses/health-sciences-and-social-work/bsc-hons-dental-hygiene-and-dental-therapy/>

CertHE Dental Nursing

Summary: A one-year full-time course leading to registration as a qualified dental care professional with the GDC.

Details: <http://www.port.ac.uk/courses/health-sciences-and-social-work/certhe-dental-nursing/>

Dental Development Programme in

Science and Dental Therapy

Summary: A 23-week part-time course for qualified dental nurses with evidence of around three years post-qualifying chairside experience and CPD. You will cover core topics in anatomy and physiology alongside preparation for study at university level. If you wish to pursue a career in dentistry or a related area, this course offers a first step.

Details: <http://www.port.ac.uk/courses/health-sciences-and-social-work/fda-dental-development-programme-in-science-and-dental-therapy-no-practice-rights/>

Professional progression course: Dental Local Anaesthesia

Summary: A part-time short course (12 weeks) for qualified dental hygienists from abroad who have undertaken the GDC DCP assessment of the dental hygiene qualification.

Details: <http://www.port.ac.uk/courses/health-sciences-and-social-work/dental-local-anaesthesia/>

Professional progression course:

Preparing for Practice Appraisal

Summary: A short course enabling you to prepare for a successful practice inspection, developed in partnership with the FGDP(UK). One year part-time distance learning.

Details: <http://www.port.ac.uk/courses/health-sciences-and-social-work/preparing-for-practice-appraisal/>

Telephone: 023 9284 5550

Email: science.admissions@port.ac.uk

ChristineMacleavyCoaching

Local Anaesthetic Refresher for Dental Therapists and Dental Hygienists

Next dates: 28 March 2015, Coley Kenward & Partners Ltd, Bromley, Kent

25 April 2015, ADEC Manchester

Extended duties courses for dental nurses:

Foundation

Fluoride varnish application

Measuring and Recording Plaque using Indices

Impression taking

Details, course dates and venues:

<http://www.cmcdentalcpd.co.uk/>

If you would like your course or education provider to be included in *BDJ Team*, please send the details to bdjteam@nature.com (there is no cost involved).

BDJ Team will continue to focus on dental education by region of the United Kingdom throughout 2015.

bdjteam201522

BRITISH DENTAL
CONFERENCE &
EXHIBITION 2015

BDA
British Dental Association

7 - 9 May | Manchester

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Is your practice accessible to ALL?

Claire Bennett, practice management consultant on the BDA Practice Support Team, discusses the Equality Act 2010 and takes a journey through a dental practice from the perspective of a disabled person.

Access to your practice

The law says that a practice owner cannot wait until a disabled person wants to use their services before considering what they might need to accommodate their disability. Practices must consider the issue in advance and anticipate what disabled people with a range of impairments (for example, visual, hearing or mobility impairments) might need.

The Equality Act 2010 aims (among other things) to achieve equality for disabled people in the way goods and services are provided to the public, which may mean changing the way in which services are delivered. Dentists – like any person providing goods or services to the public – have a duty to make reasonable adjustments to ensure that disabled people can access their services in a way as close as possible to that of a non-disabled person.

The duty on service providers to make reasonable changes where they find there are barriers to access was originally introduced in 2004. This duty continues. So, as well as anticipating the needs of disabled people, service providers must continue to assess how their premises and services can reasonably be improved for disabled people.

There are several considerations to bear in mind when assessing if an adjustment is reasonable or not (Table 1) but as a rule of thumb, the easier an adjustment is to make, the more likely it is to be reasonable. But just because something is difficult to achieve does

'LOOK FOR POTENTIAL HAZARDS IN YOUR INTERNAL LAYOUT. MANY PRACTICAL POINTS WILL BE PICKED UP BY YOUR HEALTH AND SAFETY RISK ASSESSMENTS BUT, IN PARTICULAR, CONSIDER REMOVING OBSTACLES FROM WALKWAYS OR CORRIDORS AND MODIFYING INTERNAL STEPS.'

not mean it cannot also be reasonable. This has to be balanced against other factors.

Where the possible adjustments are reasonable, the service provider must make them. This could involve removing an obstruction, altering it or finding some way of avoiding it. Within dental practices a number of alterations have generally been suggested. You may already have thought about these or carried them out but the nature of the obligation on service providers means that you must keep revisiting these points time and again – factor this into a continuing plan for practice repairs and refurbishments.

Entering the practice

In the area around your practice you should check for obstacles, particularly ones that could affect people with walking sticks, wheelchairs or visual impairments. You may not own all of the area outside the practice and may need to contact a landlord, neighbour or local authority about any problems you find. Things to look out for include uneven paving or surfaces; overgrown hedges or other vegetation; the need regularly to sweep up leaves; and the presence of snow or ice. Check, too, if obstacles such as wheelie bins are causing an obstruction.

If you provide patient car parking at your surgery see if the spaces can be reconfigured to allow for wider disabled parking bays.

If there are steps up to the practice entrance you need to consider fixing handrails and assess if there is space to fit a ramp. A ramp does not necessarily have to lead up to your main door if there is a suitable side or rear entrance that could be made accessible by a ramp. Alternatively, a bell could be fitted so that a disabled patient can call for help.

Visibility is important. Make sure signs are clear and readable. Ensure, too, that there is sufficient external lighting. Steps and handrails can be highlighted in contrasting colours.

Check that the practice doorway enables easy access: that it is easy to open the door and that the threshold is even. Make sure the door handle is reachable and easy to use. The door should not slam shut behind people so may need to be fitted with a delayed action closure mechanism. It should also be wide enough to allow for wheelchair access.

Moving around the practice

Look for potential hazards in your internal layout. Many practical points will be picked up by your health and safety risk assessments but, in particular, consider removing obstacles from walkways or corridors and modifying internal steps.

Again, ramps and/or handrails are one way to deal with steps. If you have more than one floor

in the practice you may need to look at fitting a lift if services cannot be accessed on the ground floor. Carefully consider the floor surfaces in waiting areas as well as clinical areas.

Make sure you have clear signs and that they stand out. The simpler is often the better so that they are easily understood: using pictures or symbols will also be helpful. Hearing can be made easier by fitting an induction loop or by taking the practical step of siting the reception away from noisy equipment. The reception could also have a lower section of desk for wheelchair users.

Assess the waiting area to see if the seating is suitable for all users. A choice of seating styles, including some with higher backs and arm supports, will make a waiting room more accessible for people. There should also be enough space for a wheelchair user to move around freely. Accessibility and usability of the customer toilet is important. Points to consider here are the doorway, floor space, handrails, non-slip surfaces and having an alarm.

In addition to physical adjustments, there may be non-physical adjustments that can be made to improve access. Staff management, training and policies are crucial in shaping staff attitudes to serving disabled patients and can be just as important as the premises themselves.

Access audits

If a practice owner decides against making an adjustment, they will need to be able to justify their position in the face of a claim that their premises are inaccessible. Ultimately, a court will decide the issue, but a paper trail, including estimates of works and an access audit, may help to justify their decision.

An access audit is an assessment of a building or a service against best practice standards to evaluate its accessibility for disabled people. It can help service providers understand their obligations under the Equality Act 2010. Typically, an access audit will identify barriers to access, set out options for removing those barriers, assess which option is the most reasonable, and make recommendations about which option to implement, when to do it and how much it will cost. By having an access audit and then implementing its recommendations, a practice owner is more likely to be able to demonstrate that they have adopted a reasonable approach.

Access audits are offered by a wide range of commercial organisations but the appointed surveyor should have an up-to-date knowledge of construction, building regulations and disability issues. The independent National Register of Access Consultants (see www.nrac.org.uk) lists details of consultants.

Implementing changes

Since the requirements first came into force, many practices will have implemented changes aimed at improving access for disabled people. There will be circumstances, however, where it is incredibly difficult, if not impossible, for a practice to make every conceivable adjustment, perhaps owing to the age or design of the premises from which the services are being delivered.

What is important in such circumstances is that practice owners take a long-term view and where changes cannot be implemented quickly or easily make plans for gradual adjustments to be made over time. If a practice owner is considering constructing a new building, putting up an extension or undertaking refurbishment, the obligations to consider access are greater.

Table 1 Do you need to make the adjustment?

There are a number of points for service providers to consider when assessing whether an adjustment is reasonable and therefore must be made:

- The effectiveness of the adjustment
- Whether the adjustment is feasible
- The time and effort involved in making the adjustment
- What effect not making the adjustment would have on a disabled person's ability to access your services
- The financial and other costs of making the adjustment (in absolute terms and in relation to your size and resources as a service provider)
- The amount you have spent already in making reasonable adjustments
- Whether the costs can be passed on to all service users: disabled users alone should not bear the costs of adjustments
- The disruption that would be caused.

bdjteam201523



CQC:

food for thought



Michael R. Young¹ explains how you can make CQC work in your dental practice.

Hygiene standards

Dining out in a restaurant or buying food from a takeaway has always been a risky business if you are one of the 2 million people in the UK unfortunate enough to live with food allergies. Even if you are one of the lucky ones and aren't a sufferer, you at the very least like to know that where your food has been prepared, cooked and served all meet certain standards of hygiene. All food businesses are therefore closely regulated and assessed by local authorities and awarded a 'Brand Standard' for food hygiene. You, as a consumer, have the right to know you are safe and that cross-contamination of prepared foods is not going to make you ill. In a dental context, patients also like to know they are safe. Until recently, if you had a food allergy or intolerance you were literally taking your life in your hands if you let someone in any food outlet prepare your food, but not anymore (although the risk has probably not been eliminated entirely, it has been significantly reduced).

A team effort

What has food to do with you and working in a dental practice? Let me explain. First, the production, processing, distribution, retail, packaging and labelling of food stuffs are governed by a mass of laws, regulations, codes of practice and guidance – do you see any similarities to dental practice? Second, in the same way as a practice owner has to put his or her faith and trust in their employees, likewise, the owner of a restaurant relies upon and has to trust their employees to not only give excellent service to his or her customers,

¹Michael managed a dental practice for over 20 years and taught clinical dentistry at two dental hospitals. He co-wrote *Developing your dental team's management skills the Genghis Khan way with his wife, Linda, which will help you understand CQC. This book is designed to be used with Managing a dental practice the Genghis Khan way. Both books are available directly from the publisher at a special offer bundle price of £47.50 (price if bought separately £57.98). Visit www.radcliffehealth.com/shop/managing-dental-practice-developing-your-dental-team-genghis-khan-way-bundle*

but to also adhere to food hygiene regulations and best practice and, with the introduction of the *Allergen information rules (EU Food information for consumers Regulations 1169/2011)* on 13 December 2014, to also know if any of the food they are serving up contains any of the 14 listed allergens.

It is, however, not sufficient for the restaurant owner to simply tell the head chef that they have to do such and such, hoping they will pass the message on to the commis chef, the kitchen porter and waiters. Complying with this latest piece of legislation, which has, after all, been introduced to

looking to involve yourself in the compliance process, finding out, understanding and knowing more about the CQC Outcomes.

In the patients' shoes

Where do you start? I would begin by putting yourself in the patients' shoes, and researching what the CQC has to say about the standards a patient should expect from their dentist and a practice. A lot of the information you need can be found at: <http://bit.ly/1yQwrDf>.¹

Make a list of any shortfalls in your knowledge and anything about which you have not been told, and, for example, if your

'IT IS NOT SUFFICIENT FOR THE RESTAURANT OWNER TO SIMPLY TELL THE HEAD CHEF THAT THEY HAVE TO DO SUCH AND SUCH, HOPING THEY WILL PASS THE MESSAGE ON TO THE COMMIS CHEF, THE KITCHEN PORTER AND WAITERS.'

protect the public, demands employee involvement and certainly some level of training. (According to Food Standards Agency figures, on average ten people die and 5,000 are hospitalised per year due to an allergic reaction involving food, so protecting the public is a serious business.) The point is that introducing and, more importantly, complying with this new allergy regulation has to be a team effort: the owner has to make everyone understand not just why but how the restaurant is going to protect and safeguard its customers. I see similarities between this and dental practices, and compliance with the Care Quality Commission (CQC) Outcomes.

Why?

Understanding why something is done or has to be done in a certain way helps everyone perform to a higher standard. As an employee you should ask yourself two questions: I know the practice has to comply with CQC, but do I really understand *why*? and, having found out why, will this help me understand *how* I can help the practice comply? I am told that one of the major reasons why practices struggle with CQC is because the owner has not involved the rest of the team, so not everyone knows what is going on, which makes compliance much more difficult that it need be. As a member of that team you should be

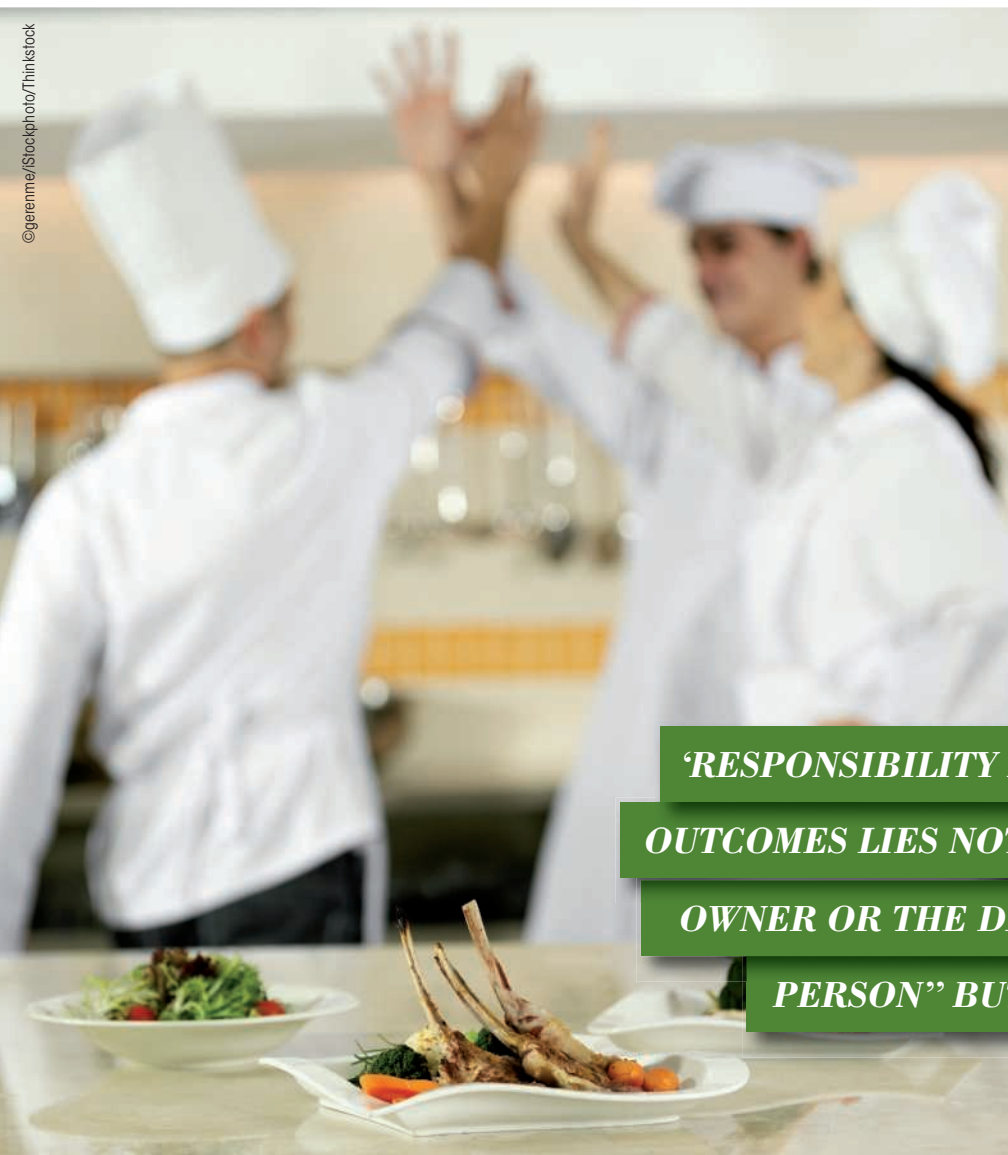
training plan hasn't been reviewed or updated for a while, or if you haven't even got a training plan.

No one would expect you to have read *all of Essential Standards of Quality and Safety*;² however, the ones you need to know about are to do with patients, employees, care, quality, and the business in general. CQC is about improving the quality of care within dental practices and about patient safety; aren't those things you should care about and be interested in? Restaurant owners who are grappling with *Allergen information rules (EU Food information for consumers Regulations 1169/2011)* should certainly have customer safety at heart.

Breaking it down

Initially you should make yourself familiar with Outcomes 1 (Respecting and involving people who use services), 4 (Care and welfare of people who use services), 7 (Safeguarding people who use the services from abuse) and 8 (Cleanliness and infection control). (Inspectors often start with these.) Then, once you are happy that you have mastered these, move on to find out more about Outcomes 2, 6, 9, 10, 11, 12, 14, 16, 17 and 21.

If you want to find out even more, all of the 28 CQC Outcomes can be found at: <http://www.cqc.org.uk/content/essential-standards>.²



‘RESPONSIBILITY FOR COMPLIANCE WITH CQC OUTCOMES LIES NOT ONLY WITH THE PRACTICE OWNER OR THE DESIGNATED “RESPONSIBLE PERSON” BUT WITH THE WHOLE TEAM.’

Don't try to take all of this in one sitting: read one Outcome a day and in two weeks you'll have a much better grasp of what CQC is all about. The CQC handbook is written in plain English so don't be put off reading it because you think it will be dense with legalistic terms, it's not.

Having improved your knowledge, next talk to other team members and find out if any of them feel that they don't know enough about CQC. Ask the practice manager and/or practice owner if you can all discuss CQC and the specific Outcomes that the team would like more information about in your next team meeting. Take the initiative and ask if there is any training available you can do that is going to help you better understand what is such a crucial part of the practice.

Getting to grips with CQC

I remember at dental school realising that although I could recall the stages involved in carrying out a vital versus non-vital pulpotomy on a deciduous molar, I didn't

really understand what was going on. I knew I would have to know about this throughout my practising life, so I arranged to spend an hour or so with one of the consultants in the children's department, who explained it all to me. Once I completely understood the whole thing I did not have to try to memorise it, it all came to me as second nature. This is what I hope will happen to you once you fully understand CQC.

Anyone who owns a food business or who works in the food industry was probably very busy in the run up to 13 December 2014, pulling together information about what exactly is in every ingredient of every item of food they distribute or serve. By this date they had to put together files listing ingredients and highlighting allergens, which will have been very time consuming and exacting, and ensured that all of their staff had received adequate and appropriate training. It will have involved everyone in the food distribution chain. This will not have been a pointless bureaucratic exercise, and

nor is complying with CQC. Both involve the whole team, and both demand understanding of the process from each and every member of the respective teams.

Not wanting to labour the point, but if you think you don't understand CQC then perhaps it is time you found out by reading, discussion and, if necessary, undergoing additional training. Responsibility for compliance with CQC Outcomes lies not only with the practice owner or the designated 'Responsible person' but with the whole team. If I were still a practice owner I would not expect to have to shoulder the burden on my own: I would make sure that everyone shared some of the responsibility, which they can only do if they want to be involved and if I'd made sure they have received the necessary training. I wouldn't do it this way because I am lazy, I'd do it because dentistry is very much a team effort.

1. Care Quality Commission. *Checking your dentist for the care you should expect to get*. November 2012. Available at: http://www.cqc.org.uk/sites/default/files/documents/20121126_isl025_11_what_you_can_expect_from_your_dentist_lo_res_final_26nov2012_easy_to_read_0.pdf (accessed 29 January 2015).
2. Care Quality Commission. *Guidance about compliance. Essential standards of quality and safety*. March 2010. Available at: http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf (accessed 29 January 2015).

There are two verifiable CPD questions associated with this article. They can be found at www.nature.com/bdjteamcpd (free registration required). An hour of CPD for February 2015 can be completed by reading Is your practice accessible to all?

bdjteam201524

Conference 2015:

from App to Z

An A-Z guide to this year's British Dental Conference and Exhibition, taking place in Manchester in May, by **Vivienne Wooten**, BDA Events Marketing Manager.

A Advice zone

Whether your CV needs an overhaul, your practice needs a new website or you want to learn about postgraduate courses to further your career, the Advice zone is the place to visit. Come along and register on the day for your FREE 15 minute one-to-one meeting.

App

Easy to download and use, the new BDA 2015 Conference App will help you navigate the venue, find exhibitors and create your own session timetable. It will be available to download from the App Store and as an Android App from Google Play from 16 March.

B

BACD, BADN, BADT, BSDHT and lots of other DCP and specialist dental associations will be located in the Exhibition Hall. Find out how they can support you and help with your career progression.

C CONFERENCE PASS

By registering for a Conference Pass you will get full access to all the Conference sessions. Topics include special care dentistry, periodontal issues in children and teens, managing dental anxiety, prosthodontics for the dental team and dental care in the elderly. A special Friday morning session will look at the evidence supporting the use of dental hygienists and therapists in primary care.

CPD

Up to 15 hours' verifiable CPD is available with all sessions, except the Presidential Meeting and the AGM of the BDA, meeting the educational criteria set by the GDC for verifiable CPD. All of the Core CPD topics will be covered and delegates will be able to obtain a CPD certificate after the event.

D

Demonstration theatre

An innovative and exciting watch-and-learn feature offering an extensive programme of free verifiable CPD. The UCL Eastman Dental Institute will be hosting hands-on sessions in which leading experts will demonstrate a variety of techniques which can be used in everyday practice including conscious sedation, medical emergencies and dental photography.

E

EXHIBITION

A must-attend experience for the whole dental team. Sample the most recent developments, see the latest technology and get the advice you need for those all-important purchases!

Exhibition Pass: FREE OF CHARGE

By registering for a free Exhibition Pass you will get access to all the activities taking place in the Exhibition Hall including lots of CPD sessions in the Demonstration theatre, Innovation zone and Training Essentials theatre.

F

Friday night is Cuban night

Friday 8 May 2015, 7 pm-midnight

The Friday night party has been given a Cuban twist! Head to the Revolucion De Cuba for cocktails and Mostrador sharing platters to get your taste buds tingling, and then dance the night away to a funky Latin salsa band. Tickets cost £25 per person which includes two complimentary drinks, Mustrador sharing platters and entertainment.

Limited availability so make sure you register and book your tickets early!

Facebook

Follow the build up to the event on the BDA Facebook page. Be sure to like the page so you don't miss out on the latest news! <https://www.facebook.com/thebritishdentalassociation>

Good Practice Scheme reception

Practices from around the UK join together to celebrate their membership of this prestigious BDA quality assurance programme. This reception recognises their commitment to the scheme.

G

GENERAL ELECTION 2015

The date of the next general election has been set as Thursday 7 May 2015 which coincides with the opening day of the British Dental Conference and Exhibition. Delegates who will be away from home on the day of the election but who wish to vote can apply for a postal or proxy vote. Visit www.aboutmyvote.co.uk.

H

Honours and Awards Gala Dinner

The BDA's annual celebration of the achievements of individuals from across UK dentistry. It will see the presentation of the Association's highest honours and awards and also the presentation of awards by colleagues from the BDA's partner associations.

This will be the first year that this prestigious event will be held as part of the BDA's Conference and is a great opportunity for the team to come together to celebrate professional achievements.

Supported by the BDA and the BDIA, the event will be held in the Midland Hotel, Manchester, where you will enjoy a three-course meal, the Awards presentation and after dinner entertainment.

Dress code: Black tie

Ticket price: £85 (inc VAT)

You can book your ticket at the point of registration or by calling 0870 166 6625.

I

Innovation zone

Discover the latest innovations and technology. The zone will showcase

key innovative developments and allow you to see demonstrations of technology that are contributing to the future of dentistry. Gain 45 minutes of FREE verifiable CPD by visiting the Innovation zone.

J JOIN UP

Join your professional association at their dedicated exhibition stand and join up with colleagues from across the country at one of the sessions hosted by ADAM, BADN, BADT or BSDHT!

K Keeping up to date

Whether you're new to dentistry or have many years' experience, presentations on the latest techniques and regulations and demonstrations of the latest technology will make sure you feel bang up to date.

L Lunch

Catering points located in the Exhibition hall mean you can get lunch without leaving the venue.

M Meet-to-Eat (NEW for 2015)

The BDA has reserved tables at a selection of restaurants in Manchester to enable delegates to meet up over dinner. These are:

Akbar's: Excellent Modern Indian restaurant serving authentic South Indian cuisine and classic Indian food for curry lovers. www.akbars.co.uk/manchester

The Albert Square Chop House: Part of the Famous Chop House group serving typical British fare expertly done. Traditional British pub setting with outstanding customer service. <http://albertsquarechophouse.com/>

Per Tutti: Authentic Italian restaurant specialising in traditional Neapolitan style pizza and pasta. Per Tutti prides itself on excellent food and great customer service. <http://www.pertutti.co.uk/>

If you wish to book lunch or dinner at any of the above restaurants please contact concierge@manchestercentral.co.uk who will be able to assist.

N Networking drinks

Thursday 7 May, 6-7 pm
Meet other conference delegates, exhibitors

and speakers as the opening day draws to a close. Share ideas and what you have learnt that day over a complimentary drink.

O Oral cancer

Learn more about oral cancer, what to look for and what prevention advice to give at sessions offered in the Training Essentials theatre and the main Conference programme.

OPENING HOURS

Thursday 7 May 2015
9.30 am - 7 pm

Friday 8 May 2015
9 am - 6.30 pm

Saturday 9 May 2015
9 am - 5 pm

P Paediatric prevention

In a special session hosted by the British Association of Dental Therapists, BADT Secretary and Dental Hygienist and Therapist Melonie Prebble will look at the systems needed to build a child friendly hygiene and therapy practice. 11 am, 9 May, Training Essentials theatre.

Q&R Queues and Registration

Avoid the queues and register for tickets now at www.bda.org/conference or by calling 0870 166 6625. Exhibition passes are free.

Conference pass prices are significantly reduced for DCPs, or if you are coming with a dentist who is a BDA Expert member you may be able to come for free.

S SPEAKERS' CORNER

Come to Speakers' corner for quick updates and easily accessible, 15 minute presentations from speakers in a more informal environment. Presentations will range from clinical hot tips through to sessions based on personal experience. Set in the Exhibition hall, attendees will benefit from a different style of learning and gain 15 minutes of FREE verifiable CPD from each presentation. <http://tinyurl.com/q9qhype>

T Training Essentials Theatre

Based on the highly regarded BDA Training Essentials portfolio, you can choose from over 20 sessions taking place covering a wide range of topics including core CPD subjects, regulatory updates, business management and personal development. www.bda.org/training

Travel

Manchester has excellent transport links. If you are planning to travel by air, your flights should be booked ASAP as some airlines are showing limited availability. For train reservations, bookings generally open 12 weeks before travel with best value fares for individuals able to book in advance and fix the date and time of travel.

For directions to the Manchester Central Convention Complex (MCCC), downloadable maps and useful links to other travel websites, go to their website: www.manchestercentral.co.uk/getting-here

Twitter

Follow @BDAevents and @TheBDA for #BDA2015 news and updates.

U Upgrade

If any of the dentists at your practice are BDA Essential or Extra members they can upgrade their membership to Expert for a free three-day DCP Conference Pass.

V and W

Visit Manchester (and wine and dine!). See what else is happening in Manchester during the event. From events and attractions to fine dining and a great night out, discover all things Manchester at www.visitmanchester.com.

X X-rays


Radiation doses in dental radiography is just one of the 30-minute sessions on offer in the Training Essentials theatre. If you can't make that the Conference Pass programme also offers sessions in dosing and the latest digital systems. And they count as core CPD!

Y Your event

Create a personal schedule using the event app.

Z Zzzz

Manchester has a great range of hotels near to the MCCC. Visit Manchester is the official accommodation provider for the British Dental Conference and Exhibition 2015 and the BDA has negotiated special delegate rates so please book as soon as possible to guarantee your preferred choice. To select your hotel, visit <https://aws.passkey.com/event/11668027/owner/9745128/home>. Alternatively call 0161 238 4563/4514 or email abs@visitmanchester.com.



'I am very proud of what I have achieved'

A day in the life of **Christopher Stokes**,¹ a dental technician turned senior university teacher who created an online course called *Discover Dentistry*. By Ruth Doherty



Fresh brewed coffee

There are two small children in my house so we're usually up early, between 6 and 7 am. After a quick check of the children, the constant for me in the morning is fresh brewed coffee. I can't function without it! Breakfast, usually cereal, is eaten in between helping get the children ready for the day.

I grew up and started my dental career in Southampton but am now based at the

¹ Christopher Stokes originally qualified as a dental technician and is now a senior university teacher at the University of Sheffield. Chris followed a BMedSci at Sheffield with a PhD in materials science, and while doing this became interested in learning and teaching. He now specialises in dental technology and education. Chris is behind the popular FutureLearn MOOC (massive online open course) Discover Dentistry which is open to everyone interested in the subject. www.futurelearn.com/courses/discover-dentistry

University of Sheffield. My working week is spent at the School of Clinical Dentistry, where most of my job is located. I'm not desk bound though and manage to keep quite fit as my role also takes me around the large University of Sheffield campus – and as anyone who has visited Sheffield will know, it is quite hilly!

I drive to work, which takes just over an hour. I use the commute in the morning to catch up with the news and other things I'm interested in (usually through podcasts), and the commute on the way home is usually reserved for reflecting on my day and planning for the next.

Wrestling with pink wax

I got into dental technology after seeing a table full of dentures at a careers fair. Up to this point I had not known the job existed, but I was soon researching it as a career. My local college (Southampton Tech) offered a BTEC in dental technology, and after visiting for an afternoon and spending a few hours wrestling with pink wax and a hot knife and attempting to make a registration rim, I applied. I had

wanted to get a job in computing, but my Dad said there was no future in it and I needed to learn a proper skill!

At college I found the subject to offer a wonderful mix of art and science, and thoroughly enjoyed the three years I spent there. At the end of the course I was nudged in the direction of applying to study further at university, and I ended up leaving home to move hundreds of miles away to Yorkshire to do a BMedSci in Dental Technology at Sheffield. I enjoyed that so much I stayed for a masters and a PhD, and I will soon be marking 20 years at the University of Sheffield.

Lightbulb moments

I'm lucky that my job is very varied, and every day is different. In my main role as a senior teacher, I teach students in small practical classes and big lectures. In the dental school most of my responsibilities involve working with different teams, such as researching new dental materials with the Biotechnology and Health Technologies Group or the Digital Learning Team working on the next run of the

Discover Dentistry online course. I also really like committee work, so can often be found working on teaching enhancement projects.

My favourite part of teaching is without a doubt the feedback you get from a student that they have understood something that they previously didn't (a 'lightbulb moment'). It's an addictive feeling and I never get tired of it. Online is different, as you don't have the same connection with a student, but it offers other benefits of reaching a large number of people, and those who you would never normally be able to teach. For me the challenging part is trying to offer something that all learners can engage with. This takes time as it requires you to really understand your students. You deal with it by inviting feedback (or reading your online video comments!) and constantly updating your teaching.

in another project I have been involved in that goes much further back. As a profession we are working to reduce the inequalities of access to higher education but dentistry is a subject that is still relatively difficult to gain access to. I strongly believe that if we need a dentist in every community, it would be beneficial if those dentists could be from those communities but this is still currently far from the case. I have been working for nearly ten years on widening participation activities to promote access to dental careers.

I have been fortunate to have collaborated with a great team at the University of Sheffield to build a scheme that actively supports students from underrepresented groups to get onto dental courses in university – the ADOPT scheme. This is now a flagship scheme for widening participation in dentistry,

ended up covering dental history, an overview of what happens during a check-up, the dental roles and specialties, dental technology and materials, public health and ethics, and concluded with a look at future developments in dentistry.

The first run of *Discover Dentistry* was in March 2014, and attracted over 4,200 learners from 77 countries. Just under half of these learners were active (they clicked on stuff), with a quarter of them completing the course in full. Nearly a third were under 18 (an unusually high amount for a MOOC), showing that we had attracted the intended audience of aspiring dentists, with the other learners split between dental professionals and the public.

Continued success

The course ran again in October attracting a further 3,000 learners from over 85 countries. We have had dentists, dental nurses and dental technicians taking part, and, apart from learning themselves, they have shared their knowledge and experience with the other learners and I think they must take some credit for the course's success.

There is also another distinct group of dental patients, particularly those anxious about dental treatment, taking part to counter their anxieties through understanding. There have been some wonderful accounts of patients learning charting on the course, and then asking to follow along with their dentist, reporting back to their fellow learners about the experience. Feedback has been really positive, and we are planning to run the course again in 2015.

MOOCs are great for people who want to engage with a topic for the first time to try it out. There is usually no cost to the learner, and you can quit without penalty if it is not for you.

For dental professionals, MOOCs could have an established place in the provision of CPD as they provide not only the learning material, but an active community of learners to engage with on the subject of the course.

Would you like to share your career story with the readers of BDJ Team? You could put it all down in writing and leave the editing to us ... or the editor can interview you! We'd love to hear from you - email bdjteam@nature.com and include a summary of your background in dentistry.

bdjteam201526

'I THINK THE ROLE OF THE DENTAL TECHNICIAN IN THE FUTURE WILL INCREASINGLY BE TO MASTER THESE NEW PRODUCTION METHODS TO MAKE PROSTHESES FOR PATIENTS FASTER AND CHEAPER.'

The changing role of the dental technician

The introduction of CAD/CAM and 3D printing is totally changing the role of the dental technician. Although the technology has been around for decades, the last few years have shown a massive jump in the technology we now have for making restorations and prostheses (such as laser melting, 3D printing and automated milling). It's a shame as I will fondly remember the smell of burning shellac and the pride of a gleaming cobalt-chrome, but I think the role of the dental technician in the future will increasingly be to master these new production methods to make prostheses for patients faster and cheaper.

At the moment my evenings and spare time are mostly spent with my children. I really enjoy doing the bathtime and bedtime story. After that, my main enjoyment is reading, keeping up to date with the latest technology news, and old video games. If the weather is good I enjoy walking in the Yorkshire countryside. I'm usually tucked up in bed by 11pm.

THE FUTURELEARN COURSE

The FutureLearn *Discover Dentistry* massive online open course (MOOC) has its roots

providing support for students who are first generation in higher education with a desire to apply to a dental course. I am very proud of what I have achieved with this scheme, but it has limitations in scale and flexibility, meaning that we cannot possibly support all the students who want to access it, when they want to.

When the University of Sheffield had the chance to become a partner with the Open University's FutureLearn MOOC platform, it offered the technology that would allow for a widening participation and public engagement themed dental course as part of their course roster. Together with our friends at Birmingham University and their dental photography MOOC, FutureLearn hosted some of the first dental MOOCs.

Discover Dentistry

Discover Dentistry was specifically designed to both support students applying for dentistry, and also to attract the interested public and dental professionals wanting to engage with a general audience on their subject. It was a big team effort, and I ended up collaborating with 25 dental academics and professionals and a small production team to provide the learning materials for the course. The course

The CUTTING EDGE of dental instruments

Develop good sharpening skills and your instruments will reward you with a long, trouble-free working life, says dental hygienist **Alison Lowe***.

Instrument sharpening is a bit like Marmite - you either love it or hate it - but as G. V. Black so famously said all those years ago: *'Nothing in the technical procedures of dental practice is more important than the care of the cutting edges. No man has ever yet become a good and efficient dentist until after he had learned to keep his cutting edge sharp.'*¹

This statement made in 1908 still holds true and is as relevant to the dental profession today as it was then. I am sure we are all aware of the importance of maintaining our instruments - after all keeping them sharp is a problem we all face on a daily basis. But just why is it so important?

Well, although powered devices (sonic and ultrasonic) are widely used today (because they are quicker and brilliant at dispersing the biofilm), scalers and curettes still command a prominent role in periodontal therapy. Traditionally such treatment consists of two phases:

1. The removal of plaque, calculus and diseased or necrotic cementum
2. The creation of the smoothest possible root surface as this inhibits the formation of further plaque deposits (although various studies have shown that few clinicians remove all deposits from the root surface).

The effectiveness of such treatment is influenced by many factors including:

- Pocket depth
- Type and tenacity of deposits
- Root anatomy



FEATURE

- Operator skill
- And last but not least – **instrument sharpness.**

Indeed, efficient and thorough scaling, particularly on infected root surfaces, can only be optimally performed with sharp instruments – good scaling doesn't just depend on the operator's skill but also on the quality of the instrument in use.

There are of course many other advantages to using an instrument with sharp cutting edges:

- A sharp edge will grab or contact the deposit close to where it attaches and therefore less pressure is required to move the calculus
- Deposits break off in larger pieces and there is less chance of burnishing smaller pieces
- Fewer strokes are necessary which means reduced operating time, minimal patient discomfort and less fatigue for both your patient and you.

The good news about instrument sharpness is that it is a variable the clinician can control. The bad news is that it can be an exacting, time consuming and often frustrating procedure. The strange thing is that basic sharpening principles and techniques are much better understood in other walks of life. I'm sure we all know how to sharpen a carving knife and I bet we'd be horrified to think our hairdressers didn't take the time to sharpen their scissors, but still the uncertainty surrounding our relatively simple dental application seems fairly incongruous.

Sharpening objectives

The sharpening process has three major objectives:

1. To produce a functionally sharp edge
2. To maintain the contours required for the intended use of the instrument
3. Not to reduce too much blade material leading to a reduced 'working life'.

Unfortunately, these objectives are not always met. This is partly because sharpening techniques are not easy to learn and require skill and practice to accomplish. However, once you get the hang of it you'll find that your instruments will reward you with a long trouble-free working life.

Manual sharpening

Instrument sharpening can be performed by hand using sharpening stones. It's well worth familiarising yourself with each instrument's individual characteristics for more instruments are worn out from incorrect sharpening than from overuse. Generally it's all about getting the correct angle of the instrument on the sharpening stone.² During sharpening there must be a sufficient source of light in the working area and good stability of the stone and the instrument. Table 1 is a comprehensive guide to all the bits and bobs you'll need.

You will also need a test stick (more on that later) and possibly a magnifying glass or loupes.³

Different sharpening techniques make it possible to obtain sharp cutting edges, but remember that not all methods completely preserve the original features of the instruments. Ideally re-sharpening should remove a minimum amount of material from the blade while establishing a perfectly sharp edge. It's well worth asking the manufacturer's advice on maintenance when you invest in new instruments.

Unfortunately, it is not possible to illustrate the various sharpening methods here but I would recommend *Experience is the best teacher: manual of dental hygiene* by Antonella Boticelli² and *Periodontology: color atlas of dental hygiene* by H. R. Wolf and T. M. Hassel⁴ for their easy to learn chapters on sharpening. Alternatively, check out the web where there are several videos (mainly American) of hygienists demonstrating sharpening techniques.

Machine sharpening

Many clinicians have found that 'freehand' instrument sharpening is not always successful in producing perfectly shaped and sharp hand instruments. Fortunately, there are now many devices on the market that are useful for sharpening sickles and currettes. Although their initial cost is usually quite high their mechanical structure does make it possible to sharpen instruments properly whilst still maintaining their original features. Your choice will probably be dictated by the brand of instruments you use, but here are a few of the options available:

Periostar

The biggest problem during free-hand sharpening is the difficulty of maintaining the angle of the stone to the instrument tip, and maintaining this angle during the whole sharpening procedure. It demands manual dexterity, knowledge of the individual instrument's characteristics and ... lots of practice.⁴ The primary goal of mechanical instrument sharpening includes not only simplification of the sharpening procedure but also elimination of the aforementioned problems – this is possible using the Periostar. An instruction DVD, test stick and a variety of stones are included in the package.

Hu-Friedy

The Side-Kick sharpener is a straightforward device that guides you and your scalars to sharp consistent results time after time.

LM Rondo

The LM Rondo Plus is a simple and reliable sharpening machine suitable for use with all hand instruments. It sharpens in just a few seconds while still preserving the original form.

Swallow

Whether you're 'skinted or minted' Swallow will have the sharpening solution for you. Although not strictly mechanical, the transformation stone is great for using during an appointment

at the first sign of dullness and if you're used to sharpening by eye you'll love the 'Ultimate Edge'

'I'M SURE WE ALL KNOW HOW TO SHARPEN A CARVING KNIFE AND I BET WE'D BE HORRIFIED TO THINK OUR HAIRDRESSERS DIDN'T SHARPEN THEIR SCISSORS...'



Table 1 Instrument sharpening tools and their use

Type	Abrasive texture	Use	Lubrication
Composition sharpening stone	Coarse	A synthetic sharpening stone used for extensive reshaping of working ends that have been improperly sharpened or have extremely dull, worn cutting edges. Use only on metal instruments.	Water
India stone	Medium	A synthetic stone used to sharpen dull cutting edges. Use only on metal instruments.	Water or oil
Arkansas stone	Fine	A natural stone used for routine sharpening of instruments. Use only on metal instruments.	Mineral oil
Ceramic stone	Fine	A synthetic stone used for routine sharpening of instruments. Use on metal instruments and certain plastic instruments: follow manufacturer's instructions for plastic instruments.	Water

NB: Tungsten carbide tips don't require sharpening.

kit – it really does make your scalers feel like new. If your sharpening skills need honing it's well worth attending one of their workshops.

Sharpness

Of course sharpness is a highly relative notion but you need to make sure your instruments actually need sharpening because over-sharpening reduces the life of scalers. You can examine the cutting edge under a bright light – a dull edge will have a wear facet (bevel) and reflect light. Alternatively, apply the cutting edge at the working angle to a test stick or a Bic pen (both are easy to use and much safer than a thumb nail, which may harbour bacteria). Stroke using light pressure – a dull edge will not 'grab' without more pressure.

Do sharpen any instruments that have become dull because however good your manual dexterity is, it's never going to compensate for a blunt instrument. Blunt instruments lack 'bite' and you're more likely to burnish the calculus than remove it.

With repeated sharpening or improper technique, the dimensions of our curettes and scalers can become very thin. These often become our favourite instruments because they enter pockets with minimal tissue distension and little discomfort to the patient. Thin blades such as these are much more susceptible to breaking when force is applied to the root of a tooth. Losing the tip of a scaler is stressful for the operator and frightening for the patient as broken tips are often elusive and sometimes can only be

located with a radiograph.

WARNING! Sharpening instruments eventually alters the shape and reduces the size of the blade. Instruments then become weak and may collapse in clinical use. All instruments should be replaced when the blade has been reduced by 50% from the original manufacturer's shape (usually after they have been sharpened 10-15 times).⁵

Time

Many of us resort to sharpening our instruments during our lunch hour, after work or when a patient fails to attend. However, if a job is worth doing it's worth doing well and if you sharpen when you're in a hurry or if you use the wrong sharpening stone then the shape and contour may be destroyed.

Frequency

Some say you should sharpen curettes during each session as they often become dull following contact with enamel or metal restorations. I guess it really depends on your usage but for most of us it should definitely be at least a weekly experience.

Cross infection

Always clean and autoclave instruments before sharpening and then re-autoclave them prior to treatment. The scrapes, scratches, fine dust and airborne debris capable of being generated when sharpening are extra dangerous when the serious risk of cross infection is added.

Care of instruments

There's little point in sharpening instruments if you're not looking after them in the interim:

- Remember that cutting edges become dull from contact with hard metal surfaces so try to keep blades from hooking, bumping or pressing against each other (this is where instrument cassettes score)
- Avoid overloading instruments in the ultrasonic bath and autoclave
- When scaling always try to hold the instruments at the correct angle to the tooth surface and avoid contact with metal restorations.

Conclusion

Well developed sharpening skills are essential for performing effective periodontal instrumentation. Once you get the hang of it you'll find that your instruments will reward you with a long, trouble-free working life.

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The original version of this article was published in Vital in 2010. You can read the whole ten-year archive of Vital articles for free at <http://www.nature.com/vital/archive/index.html>.



Alison Lowe

bdjteam201527

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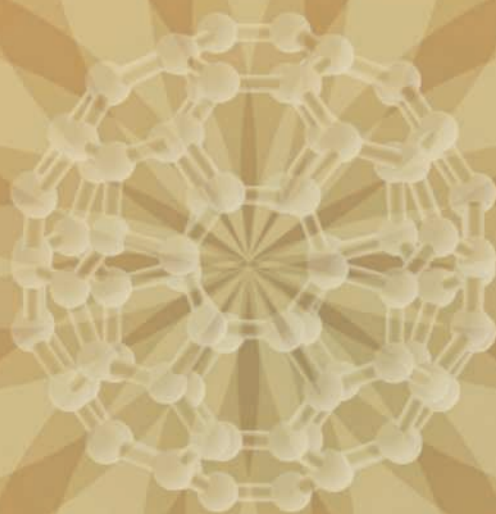
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Hypnosis

for dental professionals

Dr John Butler*
explains how hypnosis
can help phobic and
anxious dental patients.

Case study 1

A young woman who had avoided dental treatment for years had developed so many dental problems that she was in constant pain and had to take sick leave from work. She knew that she needed to solve her problem or lose her job, but despite discussing her situation with a very sympathetic dentist, and being offered sedation, she could not bring herself even to attend the dental clinic.

When I first saw her, she did not smile and held her mouth semi-closed all the time, to hide her teeth. I saw her for two sessions, hypnotising her and working systematically through her fears, giving her re-education and reassurance, while she was in a hypnotic trance. She was able to tell me how her fears

had started, as a young child receiving dental care, and I was able to address these fears, using areas of her cognitive and emotional resources that are much more readily accessible in hypnosis than in the usual waking state.

I gave her a recording which I had made for her, to reinforce the suggestions I had given her and to train her in bringing about a hypnotic trance for herself, without my presence. She practised with this regularly and was able to undergo dental treatment calmly, to the amazement and relief of her dentist. Originally I had been prepared to go to the dental clinic to hypnotise her while she was being treated, but this proved unnecessary and she was able to do it on her own. She is delighted to be able to smile again, and to get back to her job.

It is estimated that anything from 5% to 10% of the population is so fearful of dental treatment that they will not go to the dentist under any circumstances.¹ A larger proportion is so fearful that they will only go under duress, that is when they have an acute dental problem, usually being in severe pain. Up to 75% of the population has a degree of anxiety about dental treatment.² In addition, there is an approximate 10% of the population which suffers from needle phobia, who are also likely to avoid dental treatment.³

Learning, unlearning and relearning: how phobias are acquired tells us how hypnosis works with phobias

Direct experience

The most common route for acquiring any kind of phobia is a direct negative experience – eg a phobia of flying is often acquired through a frightening experience on a flight, a phobia of dogs acquired through being bitten or attacked. The experience makes a powerful impression on the individual, and has an



** Dr John Butler PhD is a clinical hypnotherapist. He is a director of the Institute of Hypnotherapy for Medical & Dental Practice (IHMDP) which he founded to provide training in hypnotherapy for medical and dental professionals, www.ihmdp.org, www.drjohnbutler.com. A film can be viewed on YouTube of Dr Butler undergoing surgery himself with self-hypnosis (search: youtube John Butler self-hypnosis) and performing hypnosis for hypnosurgery on a programme originally broadcast live (search: hypnosurgery live).*

‘The rapport between the hypnotist and the patient enables powerful mechanisms such as reassurance and re-education to be accepted at a profound emotional level, which is necessary for effective change.’

effect similar to a trauma. The parts of the brain involved, usually considered to include the amygdala and the hypothalamus, do not respond readily to logical arguments, proofs etc. Hence an intelligent person, capable of holding down a job and running their own life, can be unable to convince themselves to have dental treatment that they urgently need. Once having been vividly impressed with the idea that the phobia trigger (dentistry, flying etc) is a threat to survival, these more ‘primitive’, emotional parts of the brain override any countering information and arguments.

The most common route for acquiring dental phobia is an experience of dental treatment which was both painful and where the dentist was experienced as being unsympathetic and uncaring.^{4,5} This usually occurs in childhood, where pain and fear are more likely to make an impression as a threat

to survival, as the child’s vivid imagination and emotional responses are not moderated by much experience or knowledge.

Imitation

Another method of acquiring a phobia is through imitation of the fears of others, particularly significant others such as parents. I have often found that a client’s fear of mice, or spiders, for instance, can be traced back to repeated exposure as a child to a parent’s terror of these creatures. The issue here is taking things on trust – a child’s brain does not generally have the capacity to question the validity of a parent’s actions, or the actions of another significant figure who is accepted as a source of valid information by the child. This kind of ‘authority’ is a major source of information acquisition in early life; our first guiding principles are acquired without question and often without our conscious awareness – we take them for granted.

Transfer of a fear from another setting to the dental setting

Phobias such as claustrophobia are easily transferred to the setting of being confined in a dentist’s chair. A fear of being helpless, of losing control, is a major element in many phobias. Hence, traumatic experiences such as physical or sexual abuse can also manifest in a fear of dental treatment.

Hypnosis

The core element in hypnosis is a shift of focus of attention. The particular shift that is used for therapeutic purposes involves the brain’s imaginative faculty, which has direct and powerful connections with emotions. These are the parts of the brain that form and maintain the phobia, so using hypnosis to gain access to them is a particularly effective approach. After many years of disputes as to whether hypnosis was ‘just’ role-playing etc, neurological observations have provided strong evidence that hypnosis has effects in the brain distinct from other cognitive operations.⁶

The core element in a successful shift of focus of attention is trust between the person hypnotising and the person receiving hypnosis. For people suffering from severe anxiety or phobia, it is much easier for them to cooperate with hypnotic suggestions from a trusted person, than to use self-hypnosis in the first instance. The hypnotist can then train them in self-hypnosis, as part of the therapy. The process of achieving the shift of focus is called induction and the resulting ‘shifted’ mental state is called a trance, or hypnotic state.

The hypnotic state enables a strong rapport between the hypnotist and the patient, in which emotions are more easily accessible and the imagination is facilitated. In this state, carefully scripted suggestion sets instilling confidence and calmness, rather than fear and panic, will be accepted at a deep level, which would have little effect if heard in a normal state of mind.

This is particularly useful, for instance, in the case of past traumatic experiences which have resulted in phobias. Recall of such events in hypnosis involves a much fuller range of emotion than normal recall and the intensity of this experience allows for an effective re-shaping of the client's interpretation of these events. It is the 'blanket' nature of this interpretation that causes the ongoing problems from a past trauma. In particular, a child's brain is highly susceptible to 'blanket' or 'global' interpretations, to see something associated with a threat in a particular circumstance as representing a threat in every circumstance. The rapport between the hypnotist and the patient enables powerful mechanisms such as reassurance and re-education to be accepted at a profound emotional level, which is necessary for effective change.

Case study 2

A woman in her thirties had avoided visiting the dentist for many years, but now faced an urgent need for treatment, suffering severe pain. Despite a sympathetic dentist and the offer of sedation, she was unable to bring herself to sit in the dentist's chair, even to have her teeth cleaned. I hypnotised her and rapidly uncovered a vivid recall of repeated abusive experiences she had undergone as a child, being held down by her abuser, unable to move or escape. She was unable to bear any situation where she could not move if she wanted to and went to great lengths to avoid any such circumstances. Although she had always remembered that these abusive events had occurred, the recall she experienced in hypnosis was sufficiently powerful to allow her to re-open the interpretation she made at the time. The experience had translated into 'global' beliefs such as 'I am small and weak, and cannot escape when someone holds me down', 'people can be so dangerous that I can

never trust anyone to have the power to hold me down'. I worked with her in hypnosis to accept a new interpretation, integrating her present experience of being an adult into the memory of what had happened in the past, and this was effective. She was able to sit calmly and have her teeth cleaned, and I attended for the further dental treatment she needed, hypnotising her during the procedure. She was calm throughout, and felt elated, feeling she would never be so afraid again.

Dental professionals are in a very favourable position for integrating hypnosis within their practice. A structured situation, a clearly-defined role given authority by complex high-level skills and professional reputation, and high motivation on the part

of patients (dental decay and pain if they avoid treatment) all combine to provide circumstances in which hypnosis can be very effectively and easily operated. Research has indicated that whereas for a general hypnotherapist a major task in therapy is to establish rapport and trust, in clinical settings, particularly with patients suffering from pain or in acute or urgent situations, this can be rapidly achieved by professionals with clear and visible roles.⁷

A dental practice is therefore well-equipped to provide effective support through hypnosis for phobic and anxious patients. Hypnosis is likely to be readily accepted by such patients, when provided by a sympathetic and appropriately trained member of the dental team.

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'Dental professionals are in a very favourable position for integrating hypnosis within their practice.'

www.drjohnbutler.com

www.hypnotherapytraininginstitute.org (includes links to video clips)

www.ihmdp.org This website includes details of upcoming courses such as the Hypnosis Foundation Course: Hypnosis for Therapeutic Transformation (16-21 March 2015).

bdjteam201528



Dan Lafferty¹ explains why dental professionals shouldn't underestimate the power of audio when it comes to practice marketing and branding.

Hearing is one of our most powerful emotional senses, capable of provoking strong feelings and lasting memories within us. In this sense, audio is even more potent than visuals, so it is perhaps surprising that so few businesses give serious consideration to how they sound, as well as how they look.

Predominantly, marketing budgets are spent on signage, brochures or websites, leaving nothing in the pot for audio elements. This is largely due to the fact audio branding is still viewed as the preserve of large multinational corporations and most readily associated with sonic logos, such as the one used by technology giants Intel that features throughout their television advertising.

But audio branding has far more practical applications, particularly when applied to the telephone. The phone remains possibly the most important medium for practices

to communicate with clients and potential customers, so the sounds heard over the line can have a significant impact on perceptions of reputation and customer service.

The importance of good call handling

Dental practices are actually slightly ahead of the curve in respect of good call handling. A recent survey conducted by PH Media Group among 1,000 British consumers found that 52% are satisfied with the way dental professionals handle customer phone calls, putting the dental profession ahead of all other industries included in the survey.

This is clearly encouraging but even though more than half of customers are pleased with the way their calls are being handled, there remains a significant proportion of callers who could have generated a negative perception through bad caller experience. In order to properly address this issue, practices must not only consider how their staff answer the phone and interact with callers but also what is heard when callers are put on hold, transferred or call outside of normal opening hours.

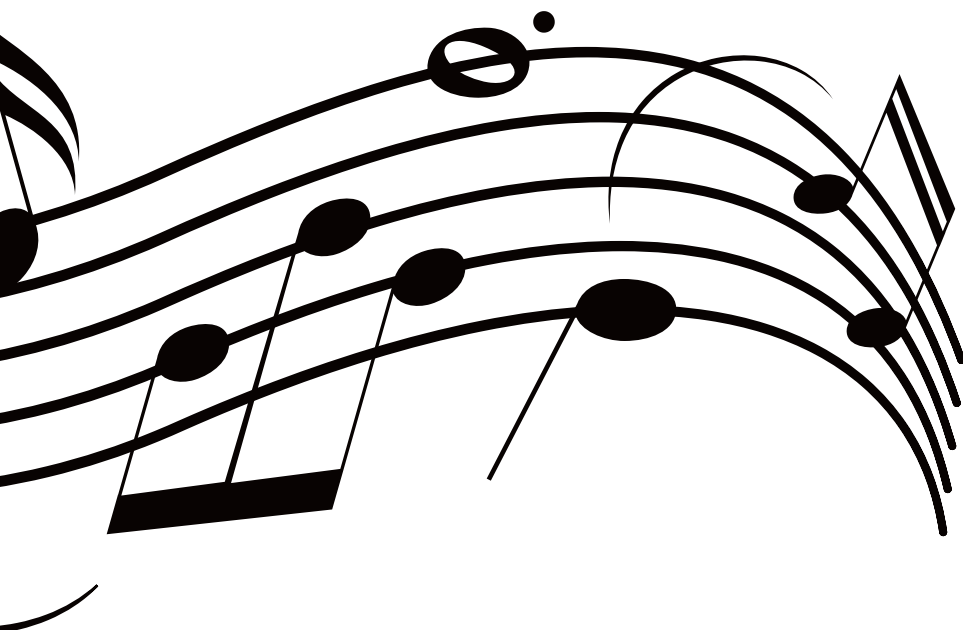
Further research has shown dental surgeries place customers on hold for an average of 33.56 seconds per call, which is longer than a typical television advert, so represents a crucial window for communicating with an attentive audience. If callers are left listening to poor quality music on a loop, silence or beeps, it will portray the wrong image of the practice and may even cause them to hang up the phone. It has been found 50% of callers will hang up within 20 seconds if forced to listen to silence while on hold, representing a serious threat to customer service standards and the ability to attract new clients.

Finding your voice

Given the inherent power of sound, it is important to choose the appropriate combination of voice and music to be played whenever a call cannot be dealt with immediately by a member of staff. At first this can seem daunting, as there are a number of variables to consider. For example, the voice could be male or female, young or old, using an accent or 'received pronunciation'.

Ultimately, it boils down to the kind of

¹ PH Media Group Director of Music and Voice



'A RECENT SURVEY AMONG 1,000 BRITISH CONSUMERS FOUND THAT 52% ARE SATISFIED WITH THE WAY DENTAL PROFESSIONALS HANDLE CUSTOMER PHONE CALLS, PUTTING THE DENTAL PROFESSION AHEAD OF ALL OTHER INDUSTRIES INCLUDED IN THE SURVEY.'

image and emotions each of these attributes communicates. So the process of choosing voice and music should start by considering what existing branding says about the company and working forwards, rather than choosing voice and music then trying to make it fit.

To expand on this further, a masculine voice is generally perceived as authoritative and professional - attributes which will generally be seen as valuable by dental practices. On the other hand, a feminine voice is perceived as soft, soothing and welcoming, equally positive attributes that may be used to reinforce a sense of devoted and empathic service. Age and tone are also key factors - older voices are usually perceived as more authoritative and knowledgeable, while tone can vary between corporate and a casual, conversational style. Regional accents can also be a powerful tool for reinforcing identity where an organisation has a strong presence rooted in a particular geographical area.

The correct combination will help to reassure customers they are in safe hands and strengthen trust, making them more inclined to hold.

Hitting the right notes

However, voice does not work in isolation and it is also important to choose the right music to further strengthen the image being portrayed. Often, companies will simply choose a popular music track but this is a square peg, round hole scenario - a piece of music is being made to fit a new purpose to convey a message it was never intended to. Equally, using popular music is a lottery of the individual's previous experience of the track. Popular tracks come with baggage, as people involuntarily attach feelings, both positive and negative, to songs they have already heard. Consequently, using a piece of commercial music may elicit a negative emotional response in a number of customers, no matter how cheery and upbeat it may seem.

Instead, by working with the appropriate specialist, practices can look to create music tracks that are tailored to their exact needs and requirements. Elements such as tempo, volume and pitch all have an influence on how a piece of music is received, tapping into our innate understanding of sound to reinforce particular emotions. Dental practices, for example, might be best served by choosing a soft, relaxed piece that has a calming effect on callers and makes them feel welcome or an assertive, authoritative track that reinforces a sense of expertise and professionalism.

Don't fall victim to fatigue

The right combination of voice and music deployed on the phone line can have a powerful impact on customers' subconscious. It feels less intrusive than bold visual advertising yet helps to warm customers up and shape their view of a practice by creating lasting feelings and perceptions. But there is one more crucial factor, which can limit the impact of even a well-selected audio profile if not taken into consideration. When a customer hears the same audio messages every time they call, they will reach a point where they simply switch off. Updating the content of a message is not only imperative to ensure callers are kept aware of changes to services, opening times or promotions, but also to hold their attention and continue reinforcing positive perceptions.

When all these elements are taken into consideration, regularly refreshed and brand-congruent voice and music forms an essential element of the marketing mix with relevance for firms of all sizes.

What hold music does your dental practice use?

If a patient calls your practice and there's no-one available to take their call, what do they hear? A robot, a recorded message - or are they transferred to an external answering system?

Or does the phone just keep ringing? Do you have music or videos playing in the patient waiting room?

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bdjteam201529

Teeth whitening and minimal invasive aesthetics

New whitening innovations and the opportunities for your practice



Linda Greenwall
Prosthodontist and specialist in Restorative Dentistry

Diane Rochford
Dental Hygienist



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CPD questions – February 2015

CPD ARTICLES: CQC: food for thought AND Is your practice accessible to all?



- Which of the following is **incorrect** regarding CQC compliance?
 - it is more difficult if the owner does not involve the rest of the team
 - it is only the concern of the practice owner
 - all dental practice employees should understand why their practice has to comply with CQC
 - understanding why something is done helps everyone perform to a higher standard
- the disruption that would be caused
- all of the above
- Select the **incorrect** statement.
 - dentists have a duty to make reasonable adjustments to their practice to ensure that disabled people can access their services
 - practices should make sure signs are clear and readable for all patients
 - practice entrance doors should be wide enough to allow for wheelchair access
 - making your practice accessible to

disabled people is more important than staff management, training and policies in serving disabled people

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► April 2014: **Disposing of clinical and dental waste**



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► July 2014: **Needlestick and occupational exposure to infections**



► August 2014: **Medical emergencies: the drug box, equipment and basic principles**



► October 2014: **Radiation protection in dental X-ray surgeries**



- In the CQC's *Essential standards of quality and safety*, what is Outcome 7?
 - respecting and involving people who use services
 - cleanliness and infection control
 - management of medicines
 - safeguarding people who use the services from abuse
- What should you consider when deciding if an adjustment to your practice must be made to allow disabled access?
 - the amount you have already spent in making adjustments
 - what effect not making the adjustment would have on a disabled person's ability to access your services



BDJ Team CPD – through the post

Can I take part in *BDJ Team* CPD through the post?

YES! Just print off this page, complete the form and send it with your payment of £6, to cover administrative costs. **Send to: BDJ Team CPD, Nature Publishing Group, 4-6 Crinan Street, London, N1 9XW.** We will check your answers to the CPD questions, process your payment and send you a certificate through the post.

You can now participate in this *BDJ Team* CPD through the post until the end of December **2015**.

BDJ TEAM POSTAL CPD FORM

1. Please PRINT your details below:

First name: _____ Last name: _____ Title: _____

Address: _____

Postcode: _____

Job title: _____

GDC registration no.: _____

2. Payment details – SUBMISSIONS SENT IN WITHOUT PAYMENT WILL NOT BE PROCESSED

I enclose a cheque for £6 made payable to Nature Publishing Group for **ONE** hour of CPD

I would like to pay for more than one person and enclose a cheque for £_____ made payable to Nature Publishing Group (£6 per person for an hour of verifiable CPD).

Or

Please debit the sum of £6 or £_____ from the following credit/debit card (tick box):

Visa
 Mastercard
 Switch/Maestro
 Visa Debit

Card number: _____

Expiry date: _____ Issue no. (Switch/Maestro): _____

Name of cardholder: _____

Address of cardholder (if different to above): _____

3. I am answering the CPD questions in the _____ issue (PLEASE ENTER MONTH):

	A	B	C	D
Q1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please add any comments or feedback that you might have below or email bdjteam@nature.com.

