BDJ Team
JANUARY 2016

DENTAL NURSES

Scope of practice

BDA
British Dental Association

January 2016

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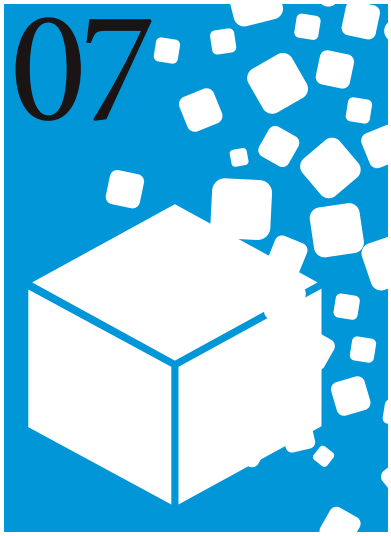
Highlights

Regulars



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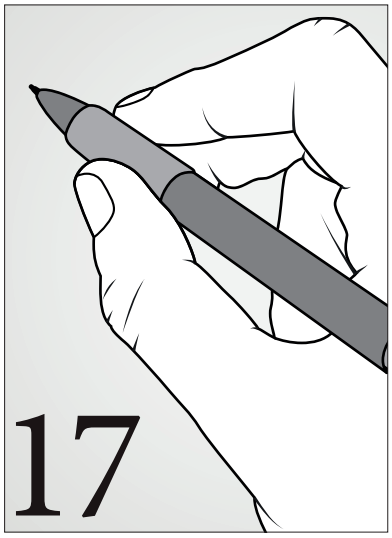

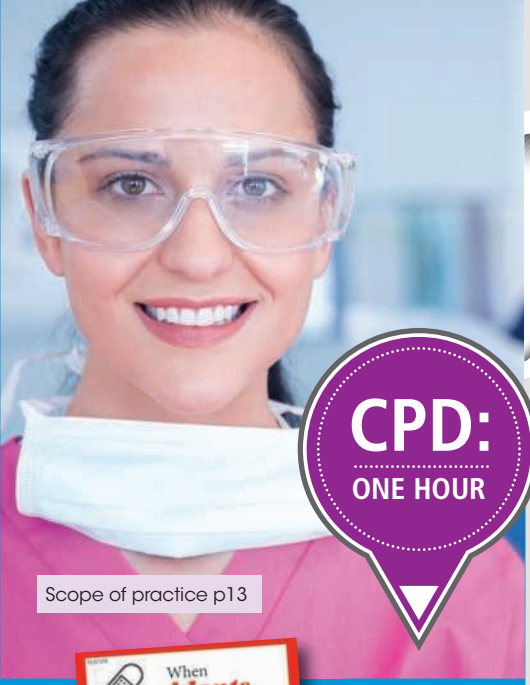

CPD: ONE HOUR

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Ed's letter

Welcome to January's *BDJ Team*, and the eagle-eyed readers will have noticed it's through a little earlier than usual.

That's just one of the changes we've brought in. From here on in you will receive your copy of *BDJ Team* on the first Friday of every month, complete with the same mix of news, thought-provoking features, insightful comment, and of course, your one hour's free verifiable CPD.

I'm delighted to introduce a brand new reader panel for 2016. Some of the names and faces you may recognise, and you can see the full panel in this issue. Each and every month you will hear from one of them members, as they provide an article on their topic on interest. This month we ask Shaun Howe where he thinks DCPs will be in 10 years' time – and it's a very interesting read!

In this issue we hear from newly-elected BACD President Bertie Napier on his thoughts for office and the future of the BACD. With demand for cosmetic work increasing seemingly on a daily basis, the Academy may well form a large part of cosmetic dentistry's future.

We also take a look at four practices involved with the BDA's Good Practice. Their ideas and tips on how to manage campaigns and encourage compliance may well be worth noting for future reference.

A new year means a new start for many, so we ask Editor-in-Chief Dr Stephen Hancocks for his ten top tips on how to get published. With the launch of *BDJ Open*, there's never been a better time to see your work in print.

To wrap things up we look at some of the more unusual reasons employees find themselves on the sick bed. With the help of Dentists' Provident and some clumsy stories, it's a good reminder of why it's never too early to protect your future.

I'm now vacating the editor's chair for the returning Kate Quinlan. It's been a pleasure steering the *BDJ Team* ship. Enjoy the issue and I wish you all the very best for the year ahead.

David

David Westgarth
Editor
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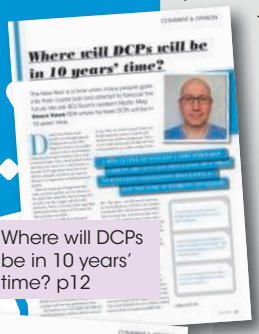
Where will DCPs will be in 10 years' time?

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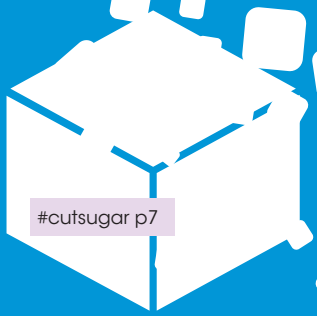
Come and see...

Bertie Napier on plans for the BACD p20



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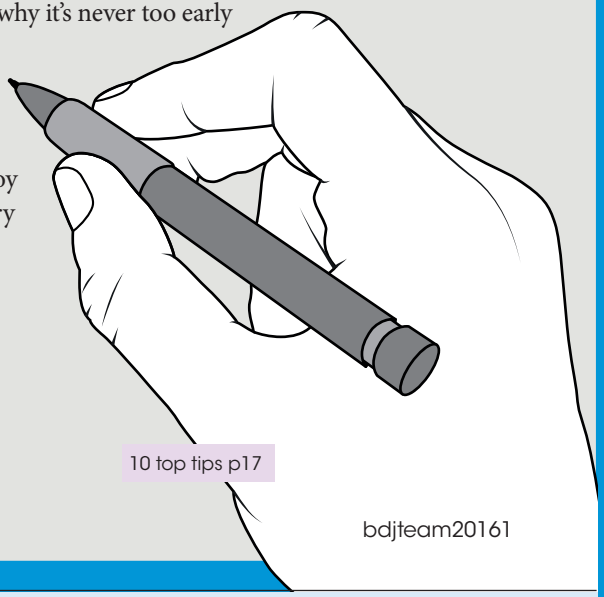

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THE TEAM

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RATES OF MOUTH CANCER INCREASE TO **ALL TIME HIGH**

New statistics from Cancer Research UK show that mouth cancer rates are seeing a rapid increase[1], with more than 7,300 Brits now being diagnosed with the disease each year.

The alarming findings show that around 20 people every day are being diagnosed with mouth cancer, equating to around one every 72 minutes – less time than it takes to play a game of rugby.

Mouth cancer is now the 10th most common cancer in men in the UK and 15th most common in women, overall mouth cancer is the 14th most common cancer in Britain but if current trends continue is on track to rapidly move up the list.

Mouth cancer in the UK has increased by around a third (34 per cent) in the last decade alone and by more than four-fifths (83 per cent) since the late 1970s.

The dramatic increase has been put down to changes in the prevalence of oral cancer risk factors such as alcohol consumption, tobacco use (smoking and smokeless) and human papilloma virus (HPV) infection, which can be transmitted through oral sex.

Speaking on the announcement Dr Nigel Carter OBE, Chief Executive of the British Dental Health Foundation, said: 'These findings are extremely worrying, especially when you consider that over 90 per cent of mouth cancer cases are entirely preventable.

'Our own research has revealed that one in seven[2] remain unaware that we can get cancer in the mouth – this is very much where the problem lies. We simply are not aware enough of mouth cancer as a disease, let alone the risk factors and symptoms to do something about it.

'While there are more than twice as many mouth cancers in men than women, our study also found that men are far less likely to recognise the early warning signs of mouth cancer.'

The research conducted by the oral health charity in aid of Mouth Cancer Action Month identified that women were around ten per cent more likely than men to associate lumps or swellings in the head and neck area and non-healing mouth ulcers to mouth cancer.

Mouth Cancer Action Month runs throughout November and is organised by the British Dental Health Foundation and sponsored by Denplan. The charity campaign is aiming to raise awareness of the signs and symptoms of mouth cancer, in order to get more cases caught early enough to make a difference to the chances of survival.

'Early detection dramatically improves the chances of survival from 50 to 90 per cent so it is vital that if anybody, not just men, are able to spot anything unusual that they get examined straight away,' added Dr Carter.

'Dentists check for signs of mouth cancer during every examination; but a quarter of us are not aware of this this. Many of us also are unable to recognise what to look out for. It is important that we are alert for any changes that occur in the mouth and act quickly on them by seeking professional help.

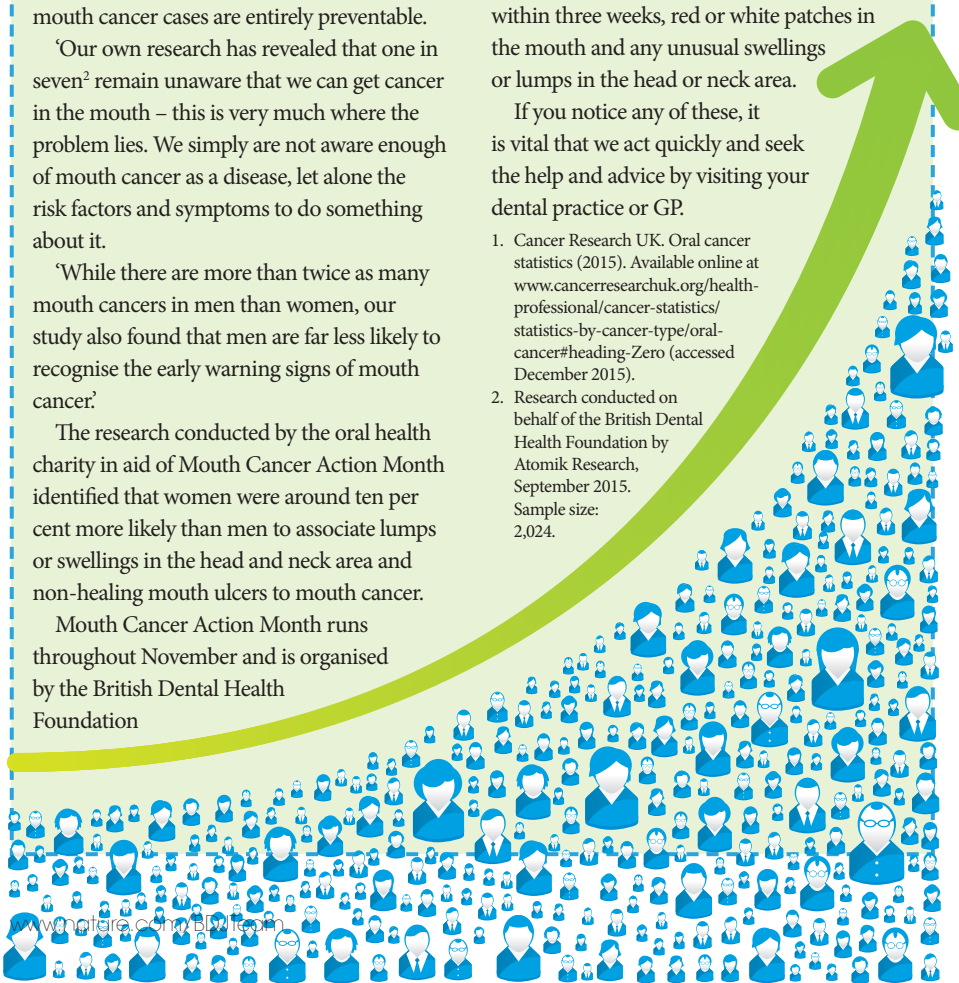
'We are also urging everyone to ensure they make sure they visit their dentist regularly. One in ten of us admit that we haven't visited the dentist in the last two years, which is particularly concerning given the role early diagnosis plays on chances of beating cancer.'

Mouth cancer can strike in a number of places, including the lips, tongue, gums and cheek. Given that early detection is so crucial for survival, it's extremely important that we all know what to look out for.

Be alert to mouth ulcers which do not heal within three weeks, red or white patches in the mouth and any unusual swellings or lumps in the head or neck area.

If you notice any of these, it is vital that we act quickly and seek the help and advice by visiting your dental practice or GP.

1. Cancer Research UK. Oral cancer statistics (2015). Available online at www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oral-cancer#heading-Zero (accessed December 2015).
2. Research conducted on behalf of the British Dental Health Foundation by Atomik Research, September 2015. Sample size: 2,024.



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DENTISTS **RELIEVED** AT END TO IMPASSE ON JUNIOR CONTRACT

The British Dental Association (BDA) has responded to news that government appears to have relented in its bid to impose a new contract on hospital dentists and medics.

News comes as the British Medical Association (BMA) was set for its first day of industrial action. The BDA has just completed its own ballot on industrial action, with 100 per cent of voters backing moves to join medics on the their second planned day of industrial action which was set for Tuesday 8th December.

The dentists are now joining medics in suspending plans for industrial action until further notice.

Mick Armstrong, Chair of the British Dental Association, said: 'Dentists have never taken industrial action before. Our members were never seeking to be pioneers, they just want what's best for their patients and for practitioners, so we are pleased to see that 11th hour negotiations are finally making headway.

'The results of our own ballot were unambiguous. However we have always believed that genuine dialogue could achieve more than industrial action, and we are satisfied to suspend all planned action indefinitely.

'Government has helped break the deadlock by withdrawing its threat to impose a flawed contract. Like our medical colleagues, dentists never wanted to see this dispute get so far. Now that the single biggest obstacle has been removed we are cautiously optimistic that real progress is possible.'

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ARF FREEZE A CHOICE, NOT A NECESSITY

The British Dental Association (BDA) has slammed the GDC's decision to keep professional fees at an historic high of £890.

The regulator's Council voted unanimously to keep the annual retention fee (ARF) unchanged, following a consultation that drew 907 responses. Council members were asked to choose between the status quo and a small reduction in the fee level to £840, an alternative which the BDA branded a 'fig leaf' cut.

BDA Chair Mick Armstrong said: 'The GDC seems determined to cling to its status as the most expensive and least effective health regulator in Britain. Certainly neither of the fee options that were on the table today ever threatened to take its crown away.

'Starting to bring registrants' fees in line with comparable professions could have sent the clearest possible signal that lessons have finally been learned. Instead what we saw was a regulator so wedded to past mistakes that it even dispensed with fig leaf cuts.

'The GDC's whole approach to fees is borne of choice not necessity. It is supporting a strategy and a mentality that will see the regulator continuing to operate well beyond its legal remit. We needed to see evidence that the GDC was prepared to focus on its day job, and reengage positively with the profession. Today proves we have a regulator incapable of delivering on needed change, and just why we have a responsibility to challenge its failed leadership and failed governance whenever we see it.'

The Faculty of General Dental Practice UK (FGDP(UK)) has also expressed its disappointment at the General Dental Council (GDC)'s decision to retain the 2015 annual retention fee (ARF) in 2016.

FGDP(UK) Dean, Mick Horton, said: 'The FGDP and other representative bodies were clear and unanimous in their rejection of retaining 2015's ARF into 2016, and we are disappointed that the GDC appears still not to be listening to the concerns of dentists and dental care professionals.

'Dentists provide safe, good quality care and present a low risk to patients, but unfortunately have a poorly-performing regulator, which appears to be focussed unnecessarily on growing its reserves, rather than giving its Fitness to Practise processes the radical overhaul they need. The GDC has a specific remit as a regulator, and by acting outside this remit it is attempting to justify its unnecessarily high fees.'

ACCESSING THE **MISSING 30%** OF ENGLISH CHILDREN WHO DON'T SEE A DENTIST

Making sure that the thousands of children every year who don't see a dentist get access to dental care should be a priority for the Government's Mandate to NHS England (NHSE) says British Society of Paediatric Dentistry (BSPD) President Dr Robin Mills, responding to the Department of Health's consultation on the priorities for the years ahead.

A new mandate to NHS England from the Government is due to be published shortly and interested parties were invited to comment on a consultation document. Dr Mills says the general thrust of the document is really good but some opportunities are being missed.

He argues that with improved communication between dentists and opticians and other health professionals such as GPs, children could be better protected. He wants to see dentists and opticians automatically included in the NHS Spine, just as GPs are. The NHS Spine is a secure database which links hospitals and GPs to patients' NHS numbers. Giving dentists a database field within this software would mean they could check a child was linked to a dentist and thus follow up any concerns about the dental status of a child, said Dr Mills.

He added that dentist and opticians share a unique position within the NHS in that they are two groups of health professionals that should have regular recall contact with all children and can diagnose serious conditions not always easily detected elsewhere.

Dentists could be helping to care for and protect children as they have a significant role in safeguarding through identifying dental neglect and other child protection issues.

Dr Mills stated: 'Providing a child with easy access to a dental surgeon is a safeguarding requirement and not doing so is a failure to protect a child.' He also says that in areas where accessing a dental care service for children is difficult, the salaried dental services should be mandated to pick up these 'missing' children.

There is quite rightly a focus in the consultation on the ageing population, says Dr Mills, adding: 'but getting it right for children in oral health is known to have a beneficial effect later in life with low maintenance and low cost outcomes for the NHS.'

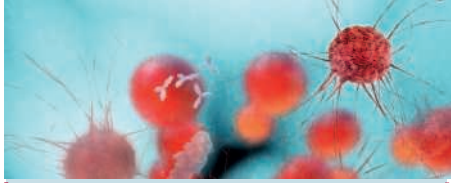
The NHS could also be saving money by addressing the shortage of specialist paediatric dentists, he argues. Transformation of 'out-of-hospital' care is a priority for the Department of Health and this is a reasonable objective as hospital care is expensive.

There are exceptions, however and Dr Mills observes that general anaesthetics for extraction of teeth in children can only take place in a hospital setting as this has been shown to be the safest and most appropriate environment. This is costing the NHS £30m annually in England alone.

He continued: 'The shortage of paediatric specialists to carry out treatment planning for this service is not only more likely to lead to more repeat anaesthesia but may leave a legacy of more complex treatment requirements in later life. A substantial reduction in this £30 million could be achieved by more specialist care.'

He suggests that there should be a network of specialist centres for treatment of children and planning of their care under general anaesthesia in the existing District General Hospital infrastructure together with a better distribution of specialists around the country.

BSPD would also like to see a preventive programme introduced in England like the successful Childsmile in Scotland which would ultimately reduce the unacceptable number of children requiring dental treatment under general anaesthesia in England.



HELP **DEFEAT** MDS AND BLOOD CANCER

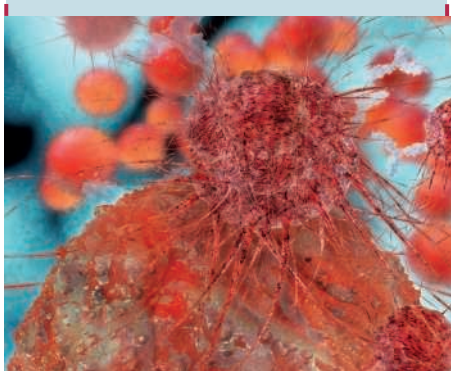
Leading dental technician Luke Barnett is calling on those in the dental field to support his campaign to help defeat MDS (Myelodysplastic syndrome) and blood cancer.

Luke's twenty year old niece Alice has MDS, a blood disorder which can lead to acute myelogenous leukemia and is writing a frank, funny and heartfelt blog about facing the condition and all that it entails. Her inspiring blog can be found at www.alicebyron.com

Luke said, 'I am devastated for my niece and no-one at the age of 20 with their entire life in front of them should have to face this kind of condition. That is why I am asking all those who can to take just a couple of minutes and sign up to become a donor so that we can beat MDS and all blood cancers.

'All that you need to do is to run a swab around your cheek and then send back in the envelope provided – and that's it! Surely we can all take two minutes out of our busy lives to do this? The more people who are on the registers, means more chance of finding a match. The odds are that you will never be called upon, but if you are then you alone will have the opportunity to give someone else a second chance of life by donating some of your blood stem cells.'

For those lucky enough to be under 30, please visit www.anthonynolan.org/apply-join-bone-marrow-register and if you are aged 30-55 please visit www.deletebloodcancer.org.uk/en/register-now



Introducing the new reader panel

BDJ Team is delighted to bring you a new reader panel for 2016. The constant evolution of the workforce allied with the changing needs of the population means that now more than ever the entire dental team is critical.

Every month you can read an article from each member of the reader panel on their chosen subject. Encompassing a wide variety of topics, experience and knowhow, the panel will aim to provide thought-provoking articles that will improve your team.

Without further ado, lets meet the new team!

Nicola Sherlock
Special Care Dental Nurse

Rachael England
Dental Hygienist

Claire Deegan
RDN

Shiraz Khan
Dentist

Nicole Sturzenbaum
Principal Dentist

Asma Chaudhri
Practice manager/RDN

Shaun Howe
RDN

Jacqui Elsden
Dental Education Facilitator

Ben Underwood
Dentist/App Developer/NHS Innovation Accelerator Fellow

Reena Wadia
Specialty registrar In Periodontology, Associate Dentist and Clinical Tutor

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Good Practice

BDA Good Practice is a framework for continuous improvement that helps you build seamless systems and develop a confident and professional dental team, and there's nothing that builds team ethos like uniting behind a campaign.

From the BDA's cut sugar campaign to the BDHF's National Smile Month and Mouth Cancer Action Month, here are four Good Practice members who have gone the extra mile to raise awareness of some key campaigns in the dental profession.

Part 1: Charles Landau Dentistry

The Charles Landau Dentistry in North London is a mixed general practice. The team consists of two dentists, two nurses, a receptionist and a practice manager. Staff have been treating patients for over 40 years, whilst seeing changes in the local community within a varied social and economic mix – typical of the inner London area of Islington. The practice have been members of BDA Good Practice for 10 years. As part of membership, the practice promotes oral health to patients and participates in local public health and dental health initiatives.

Karen Suarez, practice manager, shared with us how the practice team have been engaging with their patients to get them thinking about sugar and oral health as part of our ongoing campaign to cut sugar consumption.

What have you done within practice to raise awareness of sugar consumption?

We are proactive within the community regarding oral health. We partake in National Smile Month and Mouth Cancer Action Month as well as having an ongoing oral health programme. We have good relationships with our local reps from dental companies and they often supply us with samples to go in goodie bags for our demonstrations. We have always discussed sugar with our patients, especially hidden sugars. We have created an educational poster as part of our visual display, demonstrating the different sugars called 'sugar by any other name' and explained that anything ending in 'ose' on an ingredient label would be sugar.

Nowadays instead of talking about the consequences of Ribena in babies' bottles we are speaking about the consequences of frequently drinking smoothies and the perils of dried fruit.

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'WITH OUR AGEING POPULATION IT WAS IMPORTANT NOT TO FORGET THE ELDERLY'

How have you engaged children in the subject?

We have had some fun open days promoting oral health. We made a tooth fairy grotto, where one of our dentists dressed up as a tooth fairy and the rest of the team dressed up as a good fairy, a bad fairy and a caring fairy. The good fairy had inter-dental brushes, floss, toothbrushes and toothpaste pinned on her tutu and the bad fairy had lollipops, sweets and fizzy drinks pinned on hers.

We have also visited local rehabilitation centres and older sheltered accommodation homes. We felt it was vital to target not only children but to focus on other vulnerable groups. With our ageing population it was important not to forget the elderly, with whom we discussed denture care, root sensitivity and oral cancer.

What benefits have you seen from your activities?

We engaged children and families who may have never visited otherwise. The children and parents loved all the activities we have conducted and we received incredible responses from all involved. It was good for our practice profile within the community and local organisations including the CQC. We were inspired to begin all our activities when we first applied for BDA Good Practice, as one of the requirements to gain membership is to engage with the local community. As a result it has been beneficial for us as a team, the practice and our patients.

Part 2: **Osborne Dental Group**

Principal dentist at the Osborne Dental Group, Dr Onkar Dhanoya, shared with us how the practice team have been engaging with their patients to get them thinking about sugar and oral health as part of the ongoing campaign to cut sugar consumption across their three practices in the North East.

'THEY ASSUME THEY ARE MAKING A HEALTHY CHOICE BUT FAIL TO RECOGNISE THAT THERE IS OFTEN STILL A HIGH AMOUNT OF SUGAR IN THESE PRODUCTS.'

What have you done within practice to raise awareness of sugar consumption?

Stanley Dental has introduced special clinics offering prevention, diet and oral hygiene advice to patients every three months, to motivate them to maintain good dental health habits between check-ups. As part of this, patients are given a questionnaire to fill out, so that their dentists can learn about what they are eating and drinking, and can advise them how to cut down on their sugar intake.

Stanley Dental is also very active within the community and has visited local primary schools to host workshops for children, explaining the effect that sugar has on teeth. Additionally, children have paid visits to the practice on school trips to meet the dentists and learn about what treatments they carry out in their surgeries.

The Osborne Dental Group has also filmed an in-house video offering advice about how to keep your teeth healthy and which foods to avoid. The video is one of several clips on the group's YouTube channel, which patients can refer to for advice about a range of topics – from mouthwash to wisdom teeth.

The group spreads the word about the risks of high sugar intake on social media, and backs the work of Dr Aseem Malhotra – cardiologist and adviser to the campaign group Action on Sugar. Currently, Dr Onkar Dhanoya, as regional chair of the LDC, is using Twitter to campaign for the documentary @thatsugarfilm, to encourage North East venues to show the sugar film which has been shown in Parliament and is to be screened in the North East.

Dr Onkar Dhanoya is also on the board of the Faculty of General Dental Practice, which is among the organisations calling on the Government to explore the scope for using sales taxation and advertising restrictions to counter the damage done by high levels of sugar consumption.

Lastly, Osborne Dental promotes National Smile Month in the community every year.

How have your patients responded to what the practice is doing to raise awareness?

The clinics at Stanley Dental are well-attended and patients particularly appreciate the one-on-one time with their dentist to analyse their diet, so that they can pinpoint where exactly they are consuming too much sugar. What has repeatedly come to light is that the term 'no added sugar' in fruit squashes and other products is very misleading for patients. They assume they are making a healthy choice but fail to recognise that there is often still a high amount of sugar in these products.

Feedback from the school visits has been extremely positive. Parents have commented that their children have come home from school asking for new toothbrushes and have been taking much more of an interest in their teeth-cleaning routines.

What benefits have you seen from your activities?

Patients have been very receptive to the information. When they are educated personally about the dangers of sugar intake and see how it affects their teeth – and their overall health - on an individual level, they are then encouraged to make changes to their diet. By keeping track of their progress every three months in the clinics at Stanley Dental, patients are then able to see improvements first-hand, which in turn gives them the motivation to keep going with their improved dental care routines.

Similarly – when parents see their children taking an interest in dental care following Stanley Dental's visits, it has in turn encouraged them to schedule check-ups on a regular basis and to keep the whole family engaged in good dental hygiene habits.

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Part 3: The Dental Care Centre

Clare Nichols, Practice Manager at The Dental Care Centre in Folkestone, shared with us how the practice team have been engaging with their patients to get them thinking about sugar and oral health.

What have you done within practice to raise awareness of sugar?

As a practice we passionately believe in improving and maintaining oral health. Over the years we have increased the amount of information given to patients so they are able to make more informed choices about lifestyle, diet and active home prevention. Getting the message across to our patients through multiple mediums is our practice goal. Social media is growing in popularity and so we are thinking more about how we can use Twitter to engage our patients.

The team carries out a range of activities to target and interact with our patient base. We have Dental Nurses who have attained an additional qualification in Oral Health Education. The Oral Health Advisors have the ability to spend time with our patients to discuss the implications of sugar on their teeth and general health. This is a great asset to parents who need additional support in educating their children.

We have created various displays in our waiting rooms to raise awareness of sugar and one of the Oral Hygiene Nurses has made a great food game which is very hands on and interactive for young children.

The team also visits schools and nurseries to educate young children on the 'naughty sticky bacteria' caused by sugars. This gives us the opportunity to wear fun costumes that the kids absolutely love and engage with. We give away free goody bags with a toothbrush, stickers, brushing charts, bottled water and advice for parents to reinforce our message.

How have your patients responded to what the practice is doing to raise awareness?

The schools and nurseries have given us great feedback and it puts smiles on our faces when the children's 'thank you' drawings and cards arrive on our doorstep.

It's amazing that many patients may think certain foods or drinks are healthy, such as fruit smoothies, when really they can be full of hidden sugars that are being consumed several times throughout the day.

Over the years, our sugary drinks displays have been the most successful way to get the message across. Not only for children but adults who just do not realise how much hidden sugar can be in some drinks.

Our dentists' advice, along with all the other ways the team reinforces our messages, has resulted in an improvement in some patients' oral health – down to the change in their diets and adopting a good oral hygiene routine.

How receptive have the patients been to the information?

Patients have warmly welcomed what we are trying to do. The younger patients love the games and interactive displays that we have. Some of the teenagers have made life-changing alterations in the way they care for themselves at home and this is a direct result of being willing to take on-board the messages from our Oral Hygiene Nurses. Teenagers don't always tend to listen to their parent's advice. A lot of grandparents now carry out the role of child-minding. They have really appreciated the conversations they have had with our reception team and the thread of these conversations have often flowed through into their dental appointment with the dentist.

'WE ARE FINDING THAT SOME PATIENTS CAN BE MORE WILLING TO TAKE ADVICE ON BOARD'

The prominence of recent 'too much sugar' awareness messages in the public domain have now made it much easier to engage with patients as it is not just about rotten teeth - but people's overall health. We are finding that some patients can be more willing to take advice on board. The proof is in the 'sugar free' pudding!

Part 4: **Hob Hey Dental Care**

Clinical Director, Dr John Fleming has been involved with the Culcheth-based practice for over 17 years, and shared what his practice has been up to.

What have you done within practice to raise awareness of sugar consumption?

We involve the whole team and our hygienists often will see patients to discuss diet, tooth brushing technique and to apply fluoride varnish. Children at higher risk of tooth decay will be seen every three months. I have supported the DCPs in developing their skills and three are qualified Oral Health Promoters and one is about to qualify as an Oral Health Educator. The rest of the DCPs are about to attend courses in fluoride application. I feel that this really promotes the prevention of tooth decay at our practice and all members of the team are playing a role in discussing the dangers of sugars and using preventative techniques.

'CHILDREN AT HIGHER RISK OF TOOTH DECAY WILL BE SEEN EVERY THREE MONTHS'

How have your patients responded to what the practice is doing to raise awareness?

We have always been of the opinion that prevention is better than a cure, so an integral part of each examination is discussing diet and advising patients and parents of our younger patients of the dangers of frequent snacking on sugary foods and drinks and of the dangers of hidden sugars. It is amazing how many parents are shocked to learn that fruit juice is bad for teeth as they have been led to believe it is an effective way of getting one of their 5-a-day, unaware of the terrible damage it can have on teeth, especially children's teeth. We have found that informing parents and grandparents of this has led to an improvement in the diets of the children and this has also had beneficial effects on the oral health of our patients of all generations.

How have you engaged children/patients in the subject?

We are about to host toothbrush training days in the school holidays, run by the Oral Health Educators and we are looking into providing diet and preventative advice to families of children with tooth decay. This will involve bringing brothers, sisters, mums, dads and grandparents to the session, so we can hopefully help the whole family.

Every year we go to the local school to talk to the 6-7 year olds in conjunction with their 'healthy eating' week. These sessions are really good fun and the children enjoy looking at the equipment we use and we play games such as guessing which foods have hidden sugars and we all have a turn at brushing teeth correctly on our giant tooth model. They really enjoy their goody bags that we provide which are filled with toothbrushes, toothpastes, hidden sugar charts, stickers and rewards charts and we have had feedback from parents saying that these sessions have really changed their children's eating habits and it has had a positive effect on the whole family.

I am a Beaver Leader in our local Beaver group and we have a dentist week where we do experiments on coins in Coca-Cola, Diet Coke and milk. They love drilling the play dough teeth!

What benefits have you seen from your activities?

In our experience getting the children involved in a fun and engaging way, whether it is at the practice, at school or in local clubs, is the best way to educate them from a young age It also has a beneficial effect on the whole family.

We use Facebook and Twitter to inform patients of the dangers of sugar and our website has an Oral Health for Children page with videos demonstrating tooth brush techniques appropriate to the age of the child. There is a Kids Kingdom page where children can play interactive games and read stories and facts about teeth. One of our dentists has made a video demonstrating how many cubes of sugar are in common every day drinks and we have uploaded this to our website, Facebook and Twitter pages.

There are so many different ways to get the message across and hopefully we will see some positive changes over the next few years so we can help to reduce the damaging effects of a completely preventable disease.

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#cutsugar #cutsugar #cutsugar #cutsugar #cutsugar #cutsugar

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Where will DCPs be in 10 years' time?

The New Year is a time when many people gaze into their crystal ball and attempt to forecast the future. We ask *BDJ Team*'s resident Mystic Meg **Shaun Howe** RDH where he feels DCPs will be in 10 years' time.

Dental Care Professionals (DCPs) are the largest groups of Registrants on the GDC Registers yet form the smallest group on the Council which is a disparity when put in numbers but it really is not that simple. I have stated publicly before that there may need to be a shift in future to separate DCP registration from that of our dentiist colleagues and this is the same for all aspects of registration including fitness to practise

There are six groups of registrants that make up DCPs and they are very diverse in the duties they undertake, their training and even the way they engage with the wider profession. There is even discussion regarding splitting the whole range of DCPs apart but this is perhaps unrealistic

It would be very difficult to attempt to predict any changes to Scope of Practice for all these groups and no attempt should be made but it is possible to suggest where I would like to see DCP groups. I would like to suggest a time when DCP groups are actually regulated away from our dentist colleagues; regulated is not the same as working together. The professions can still work together and indeed drive forward a cohesive message yet applying one set of Standards across such a diverse range of professions is, in my personal opinion, fundamentally flawed.

Let me explain; doctors are regulated by the General Medical Council and general nurses are regulated by the Nursing and Midwifery Council, those allied health professionals that require registration are registered with the Health and Care Professions Council and I see analogies with our own profession(s) here.

My prediction is a very simple one; why not have the formation (which could be overseen by the GDC) of a DCP Council? With over 60,000 registrants surely it could be self-funded, with suitable management. This is a very viable option and may allay the fears of the profession in a wider context. I have felt – like many – that the annual retention fee set for all groups of DCPs is too arbitrary and should reflect the level of responsibility held at each group. A technician that never interacts with a patient poses a lower risk to the wider public than perhaps an errant dental therapist. Indeed, the art and skill of a dental technician is almost self-regulating insomuch that if their work is poor they will struggle to gather enough work. The aspects of wider public interest would always be served by the regulatory powers.

Am I premature in this prediction? Of course but as both professions become more empowered then it is possibly time to consider a new direction and continue the evolution; indeed, as groups of DCP registrants seek more autonomy then this should be regulated by peers; I have heard many a dentist bemoan that DCPs form part of the fitness to practice process and this may well remove any antagonism because it is then true peer to peer review. Indeed, the reverse is true; many dentists have not worked as dental nurses and do not understand their role.

'I WOULD LIKE TO SUGGEST A TIME WHEN DCP GROUPS ARE ACTUALLY REGULATED AWAY FROM OUR DENTIST COLLEAGUES; REGULATED IS NOT THE SAME AS WORKING TOGETHER'

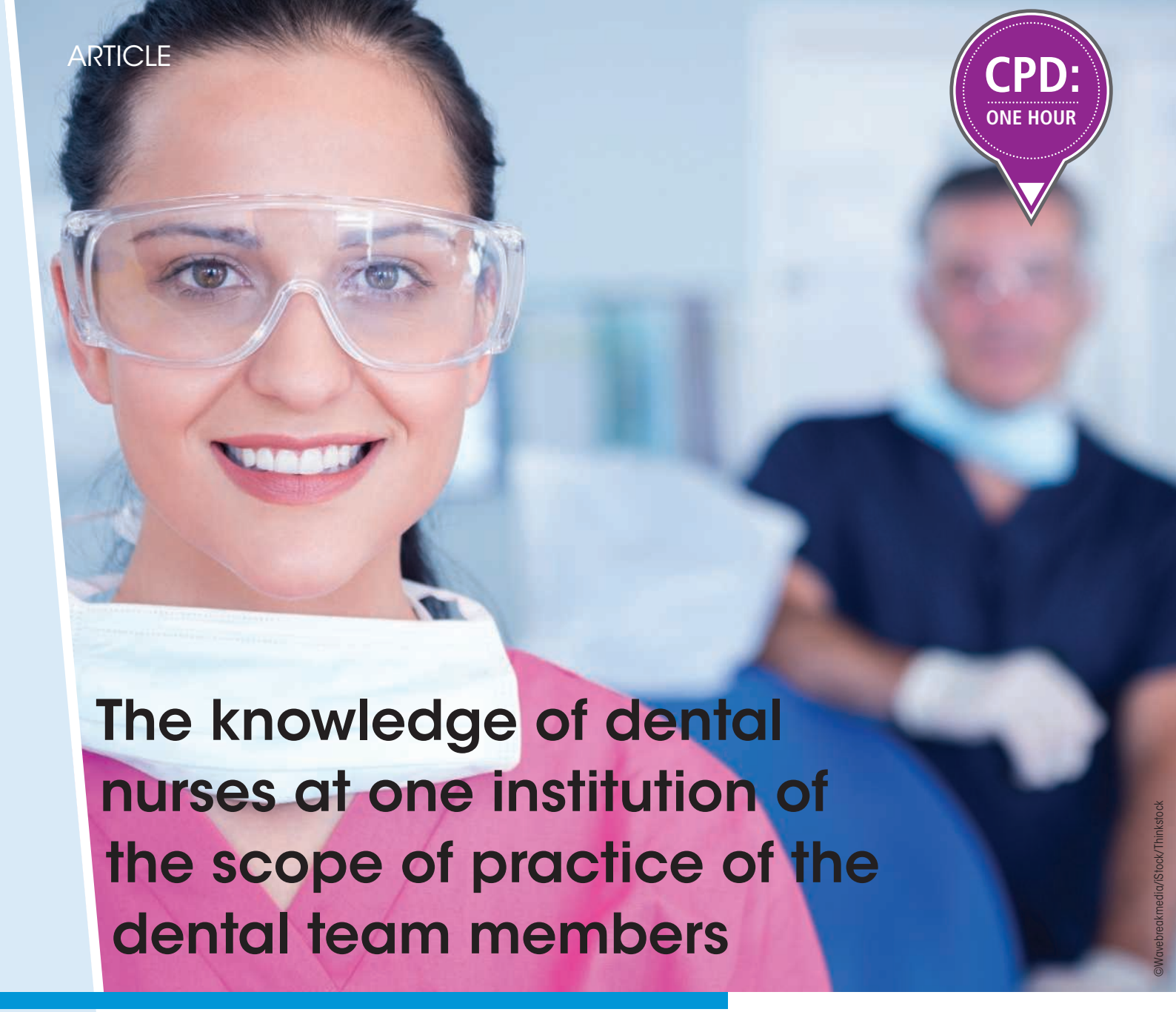
As of October 2015, there are 66,099 registered DCPs (Source: GDC Registrar)

Centre for Workforce Intelligence predict by 2025 we will need 7,700 more dental hygienists and 2,000 more therapists

In the same period they predict more than 48,000 dental nurses would be required

bdjteam20169

CPD: ONE HOUR



The knowledge of dental nurses at one institution of the scope of practice of the dental team members

Colum Durkan[1], **Athina Belsi**[2] and **Rowena Griffiths**[3]

Objective
To explore the knowledge of dental nurses at one institution of the scope of practice of dental nurses and the other dental team members

Method
All dental nurses employed within a dental hospital and its two outreach centres were invited to complete an anonymous questionnaire on their knowledge of the scope of practice of the dental team members. Responses were entered onto SPSS v20 for analysis.

Results
Ninety-nine per cent (n=77) of the available dental nurses completed a questionnaire. One hundred per cent (n=77) of the respondents were female. The modal age range was 25-34 years (n=25). Ninety-three per cent (n=69) identified themselves as British. Eighty per cent (n=56) of respondents stated that they knew what 'Scope of Practice' meant. Ninety-nine per cent (n=76) stated that they were fully aware of the role of the dental nurse. Fifty-seven per cent (n=44) of respondents had had the roles of the dental team members explained to them and 87% (n=67) felt that having the roles explained to them would help them in their current role.

Conclusion
The results indicate that dental nurses' knowledge of the Scope of Practice for the dental team members is greatly influenced by the workforce and service provision of their employing institution.

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Introduction

The Scope of Practice published by the General Dental Council (GDC) sets out the skills and abilities each registrant group should have.[1] There are seven registrant groups: dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians, clinical dental technicians and dentists, while the title 'dental care professional' (DCP) encompasses registrants in all groups except dentists.[2] The scope of practice of each registrant is likely to change over the course of their career; it may be expanded through the development of new skills, or narrowed by the deepening of knowledge in a particular area[1].

It has been demonstrated that there is variation between registrant groups in their appreciation of the roles of other members of the dental team.[3] Research has demonstrated that false preconceptions among healthcare teams can be responsible for team dysfunction[4] while one of the prevalent causes of unsuccessful collaborations within health teams has been found to be members' lack of awareness of practice components of each other.

At undergraduate level, DCP students have been shown to have a better idea of the role of the dentist than dental students themselves;[3] dental and DCP students have expressed positive attitudes to inter-professional education, as a means of improving teamwork and communication skills[5], in spite of the differing perceptions between these groups about the roles of the other[6] and how these can evolve during professional years. Registrants could improve their knowledge of the roles of the dental team through Continuing Professional Development (CPD). CPD for dentists in the UK has been set by the GDC at a minimum of 250 hours per 5-year cycle, of which 75 hours must be verifiable;[7] for DCPs the minimum is 150 hours, of which 50 must be verifiable.[7] Registrants could expand their scope of practice by undertaking CPD to facilitate this, given the freedom each registrant has to choose CPD relevant to their role. However, where a registrant's knowledge of the scope of practice is limited, the potential for them to expand their own scope of practice is likewise.

The benefits of expanding one's scope of practice can only be maximised where registrants are fully aware of their potential scope of practice and that of the wider dental team. A limited knowledge of the scope of practice could possibly lead to CPD opportunities being chosen which are less relevant to the role of a registrant within their own dental team, as opposed to another choice better suited and with better potential. This study was conducted to assess the knowledge of dental nurses of the scope of practice and thus their awareness of potential avenues for development open to them and to the other dental team members.

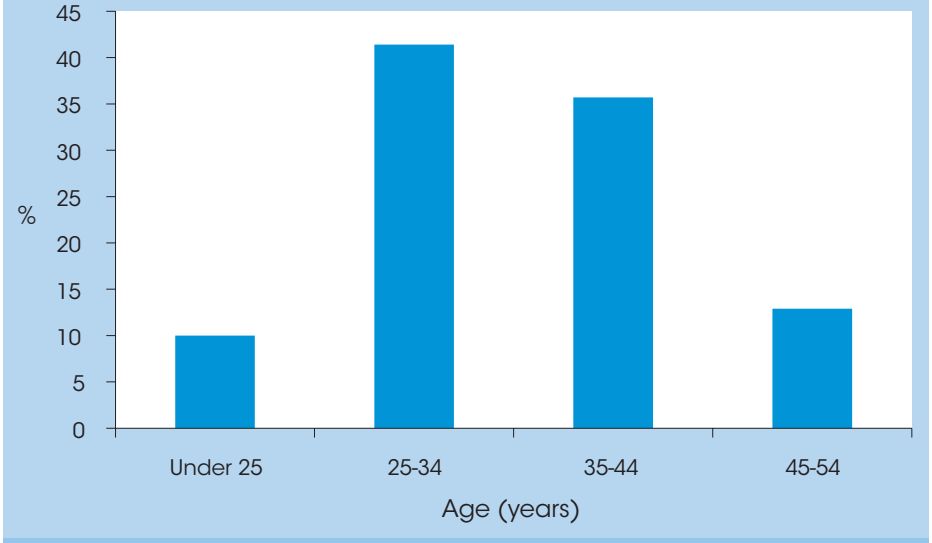

Fig. 1 Age of respondents (n=70)

Method

The study took place at Cardiff Dental Hospital and its two outreach centres. A questionnaire covering the roles of the dental team members, duration of career and demographic questions was registered with the audit committee in the dental hospital and approved for distribution to the dental nursing workforce. The questionnaire was devised using statements from the GDC's Scope of Practice and participants were asked to indicate their awareness of them: two skills were chosen from the Scope of Practice for each registrant group, except dental nurses as this group was addressed in detail later in the questionnaire. A pilot was employed as a means of testing the questions and dental nurses unable to complete the final questionnaire were issued with copies. The questions in the pilot were deemed viable and copies of the final questionnaire were subsequently distributed to each department in the dental hospital and concurrently to its two outreach centres. This was done at the beginning of the working day and the questionnaires were collected several hours later. The questionnaire was anonymous and envelopes were provided to maintain this anonymity. The responses were entered into SPSS v20 and analysed descriptively.

Results

The questionnaire was completed by 77 of the 78 available dental nurses, yielding a response rate of 99%. The total number of dental nurses employed at Cardiff Dental Hospital and its two outreach centres on the day of the questionnaire was 101, 78 of whom were working. One hundred per cent (n=77) of the respondents were female. The age ranges of the respondents (n=70) are displayed in Figure 1, with the modal age range being 25-34 years (n=25). Figure 2 shows the ethnicity of the surveyed workforce, with 93% (n=69) identifying themselves as British within the Office of National Statistics classification. Seventy-two dental nurses stated the number of years they had been practising as a dental nurse, including their training period; their responses ranged from 2 to 32 years, with a mean of 14 years and a median of 13 years.

Eighty per cent (n=56) of respondents stated that they knew what 'Scope of Practice' meant, however the respondents' level of

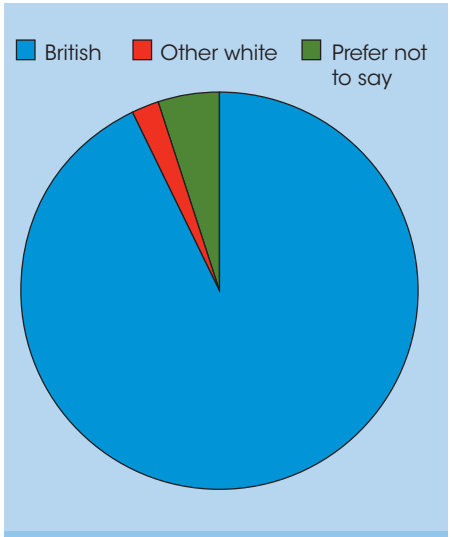

Fig. 2 Ethnicity of respondents (n=69)

Table 1 Level of Awareness of Roles

Dental Team Member	I am fully aware of the role of this dental team member		I am partially aware of the role of this dental team member		I am not aware of the role of this dental team member	
	Frequency	%	Frequency	%	Frequency	%
Dental nurse	76	99	1	1	0	0
Orthodontic therapist	16	22	49	65	10	13
Dental hygienist	66	88	9	12	0	0
Dental therapist	58	77	17	22	0	0
Dental technician	52	69	23	31	0	0
Clinical dental technician	11	15	38	51	25	34
Dentist	67	89	8	11	0	0

Table 2 Awareness of Skills from Scope of Practice of Registrant Groups

Skill	Aware of skill	
	Frequency	%
An orthodontic therapist can remove fixed appliances, orthodontic adhesives and cement	40	52
An orthodontic therapist can place brackets and bands	39	51
A dental hygienist can apply topical treatments and fissure sealants	63	82
A dental hygienist can place temporary dressings and recement crowns with temporary cement	34	44
A dental therapist can extract primary teeth	66	86
A dental therapist can place pre-formed crowns on primary teeth	46	60
A dental technician can repair and modify dental devices	67	87
A dental technician can carry out shade taking	65	84
A clinical dental technician can take detailed dental history and relevant medical history	5	7
A clinical dental technician can take and process radiographs and other images related to providing removable dental appliances	4	5
A dentist can diagnose disease	66	86
A dentist can carry out oral surgery	72	94

awareness of the roles of the dental team members varied considerably (Table 1). Awareness was highest of the role of the dental nurse with 99% (n=76) stating that they were fully aware of this. Eighty-nine per cent (n=67) were fully aware of the role of the dentist and 88% (n=66) were fully aware of the role of the dental hygienist. Awareness was lowest of the role of the clinical dental technician with 15% (n=11) of respondents fully aware, 51% (n=38) partially aware and 34% (n=25) not aware of this.

Two skills were chosen from the Scope of Practice for each registrant group (except dental nurses which were addressed in detail later in the questionnaire) and the respondents stated whether they were aware these skills could be undertaken by registrants in the relevant groups; again, awareness varied considerably (Table 2). Ninety-four per cent (n=72) of respondents were aware that a dentist could carry out oral surgery, the highest level of awareness of the chosen skills. Five per cent (n=4) were aware that a clinical dental technician could take and process radiographs and other images related to providing removable dental appliances, the lowest level of awareness of the chosen skills.

The respondents' awareness of the skills all dental nurses should have, is presented in Figure 3. Awareness exceeded 90% for all skills except 'Keep full and accurate patient records' and 'Make referrals to other health professionals' which were 75% (n=58) and 23% (n=18) respectively. Figure 4 shows the respondents' awareness of the skills dental nurses could develop in the course of their careers. All respondents (n=77) knew dental nurses could develop skills in oral health education and promotion, while just 8% (n=6) knew dental nurses could develop skills in removable appliance repair, the lowest level of awareness of the 18 additional skills.

Fifty-seven per cent (n=44) of respondents had had the roles of the dental team members explained to them and 87% (n=67) felt that having the roles explained to them would help them in their current role. Ninety-one per cent (n=70) wished to attend a CPD session on the roles of the dental team members.

Discussion

The experience of the surveyed workforce throughout their careers is likely to account for the responses given to the questions. While just 80% (n=56) stated that they knew what 'Scope of Practice' meant, more of the workforce were clearly aware of at least some of its content as 99% (n=76) were fully aware of the role of the dental nurse. This would indicate that the title of the document, rather than the entirety of its content, was what some of the respondents were unsure of.

The majority of respondents were familiar with the roles of the dentist and dental hygienist, probably because they had previous experience of working with them at least in their current place of employment. Fewer were aware of the role of the dental therapist, perhaps because dental therapists were not employed at Cardiff Dental Hospital or at its outreach centres. However, dental therapy students are trained at the hospital and this may have served to convey some knowledge of the Scope of Practice of a dental therapist. Although dental technicians are employed at the hospital and at one of the outreach centres, their interaction with the nursing workforce is more limited than that that of the predominantly clinical dental professionals, a likely reason for the lesser awareness of this profession. The roles of the orthodontic therapist and clinical dental technician were likely to be least recognised as neither profession were employed, or trained, at the hospital or at either of its outreach centres.

The respondents' level of awareness of the skills of the dental team members represented their awareness of the roles of the team members: awareness was greatest of the skills of a dentist, and least of the skills of a clinical dental technician. The reasons for this are likely to be the same as for the varying level of awareness of the roles. Were the questionnaire to be completed by the dental nursing workforce at a different institution, the level of awareness of both the roles and skills of the dental team members

could be likely to represent the broader dental workforce at that location.

Where the skills of the dental nurses were concerned, awareness was greatest of skills that the dental nurses surveyed used, or were trained in. At Cardiff Dental Hospital many of the dental nurses were trained in oral health education and promotion, an additional skill that all respondents were conscious of. However, none were trained in removable appliance repair, the additional skill which least were aware of. Awareness of laboratory skills that could be developed by dental nurses was limited, perhaps due to an onsite dental laboratory at the hospital and at one of the outreach centres providing a service that negated the need for them to be developed by the dental nurses.

The level of interest in learning about the roles of the dental team members was considerable, with 91% (n=70) wishing to attend a CPD session on the topic. An interest in career development options or learning more about roles which some of the respondents may have considered training in could be the reason for this. Another possible reason could be a willingness to recognise the limitations of each dental team member such that practice beyond their Scope of Practice could be more readily identified.

Conclusion

Dental nurses' knowledge of the Scope of Practice for the dental team members is greatly influenced by the workforce and service provision of their employing institution. Their knowledge of options for professional development is thus as vast, or as limited, as their experience. As CPD uptake and its benefits are related to the scope of practice, greater awareness on the latter among the dental nursing workforce is suggested.

The authors wish to thank all of the dental nurses who participated by completing and returning a questionnaire.

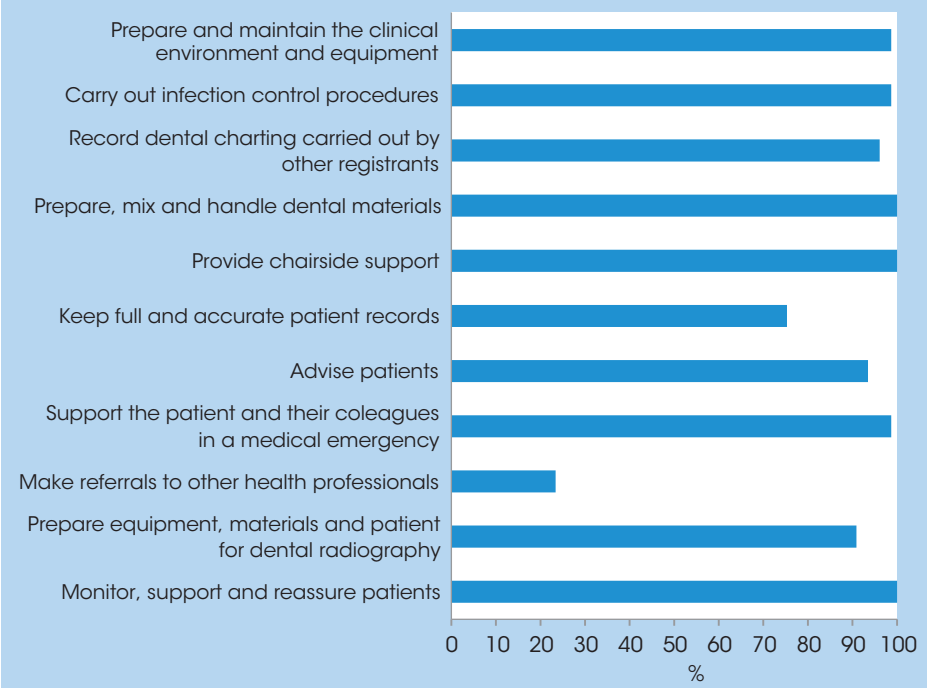

Fig. 3 Awareness of skills dental nurses should have

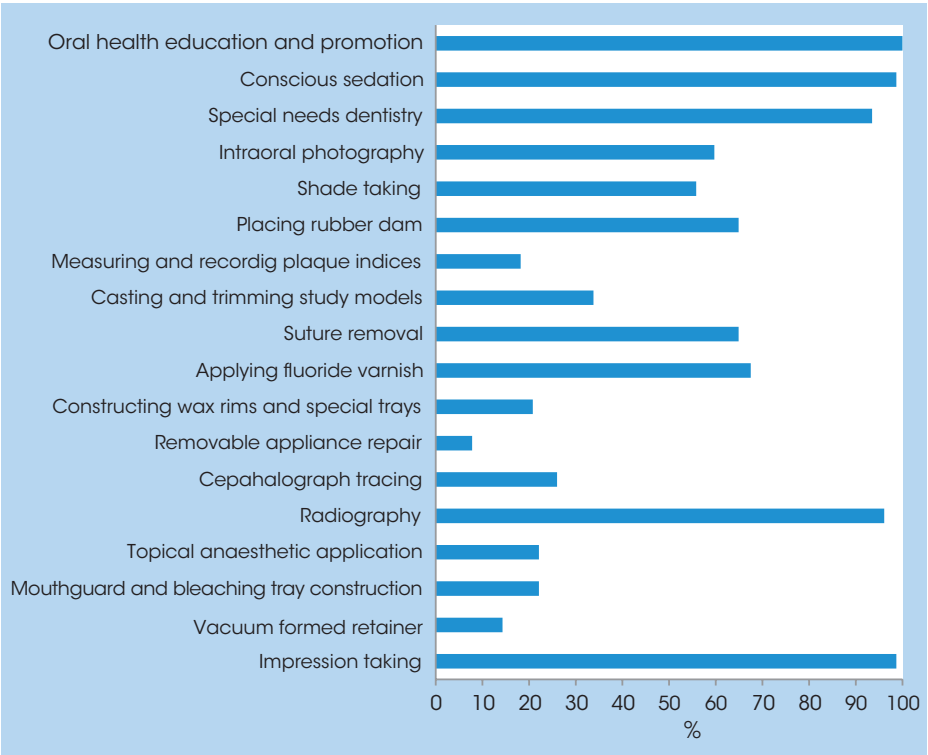

Fig. 4 Awareness of skills dental nurses could develop in the course of their careers

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bdjteam201610

10 top tips *on how to get published*

It's no secret that with the advent of open access, getting your work published has never been a more attractive proposition. The *BDJ* received close to 600 manuscripts in 2014 and is on track to exceed that in 2015. With that in mind and as we head into 2016, we ask Editor-in-Chief **Dr Stephen Hancocks** for his 10 top tips on how to get published.

1 You don't necessarily have to write your title first

This one catches out many new authors. They spend forever coming up with a working title and then their work doesn't reflect what they started out with. I would recommend that you leave writing your headline to the end. That way you can reflect on the content and ensure you have something that is engaging and accurate.

2 Think about the robots

If your title is short, snappy and something akin to a news headline, that will attract potential readers. However there's another audience you need to bear in mind when writing your title – robots. Not only will very long titles put people off from reading them, chances are it won't appear particularly high if you google the subject. Keywords are an essential part of the title. 'Oral health and elite sport performance' will have more chance of being picked up through a search engine than 'Functionalisation of titanium implants using a modular system for binding and release of VEGF enhances bone implant contact in a rodent model'.

3 Think about your intended audience

Choosing where to target your paper can be tricky. Everyone has a different tone, a different way of referencing and a different way of talking to their audience. Once you have decided where to send your manuscript, scope out the intended journal. How do they reference? Is the style colloquial or formal? Author guidelines have been produced for a reason, and so often people don't take them on board. Use them to help set the template and the feel of your article. It will give you a greater chance of acceptance if your manuscript reads like something that would fit into the journal straight away.

4 It's in the detail

Research. Clinical. Practical. Education. Opinion. Political. Subject does matter, so think very carefully about which of these 'brackets' you wish to cover. Think about how long it may take to compile the research and analysis. Manuscripts are a potential investment in your future. They can be the difference between getting a potential job or not.

5 Get the basics correct

It sounds rather simplistic, but get the basics right. That means names and titles in cover letters. If I get a cover letter addressed to the wrong name with the wrong journal, it doesn't reflect well on the content I'm about to read. More to the point if you haven't addressed it to the correct journal how do I know it is definitely for me?

> *'IF I GET A COVER LETTER ADDRESSED TO THE WRONG NAME WITH THE WRONG JOURNAL, IT DOESN'T REFLECT WELL ON THE CONTENT I'M ABOUT TO READ'*

6 Take up residence on ethics street

Jimi Hendrix once said 'I've been imitated so well I've heard people copy my mistakes'. The moral of the story? Do not plagiarise, never submit the same paper twice, declare all conflicts of interest and please obtain permission to reproduce another person's figures and/or tables. Articles involving clinical research should

conform to the guidelines issued in the Declaration of Helsinki where applicable, and in general should have ethical committee approval. For further review of the subject see *Br Med J* 1991; **302**: 338-341. ARRIVE reporting guidelines must be followed for primary research manuscripts documenting animal studies (*PLoS Bio* 2010; **8**: e1000412). Reports of clinical trials must conform to the CONSORT statement and reports of systematic reviews of clinical trials must conform to the PRISMA statement.

'IF YOUR MANUSCRIPT IS REJECTED, DON'T TAKE IT PERSONALLY. LOOK ON IT AS AN OPPORTUNITY TO IMPROVE YOUR WORK AND NOT TO GET DISHEARTENED'

7 Take feedback on board

There are a wide-ranging number of factors that I consider when reviewing manuscripts. If your manuscript is rejected, don't take it personally. Look on it as an opportunity to improve your work and not to get disheartened. Ensure you respond to all comments, and if you don't agree with a comment, explain why. It's not a closed dialogue, and any advice we can give on improving your manuscript should be seen as a positive thing. Seek advice from peers before sending it in too – they will be your toughest critics!

8 Open it up

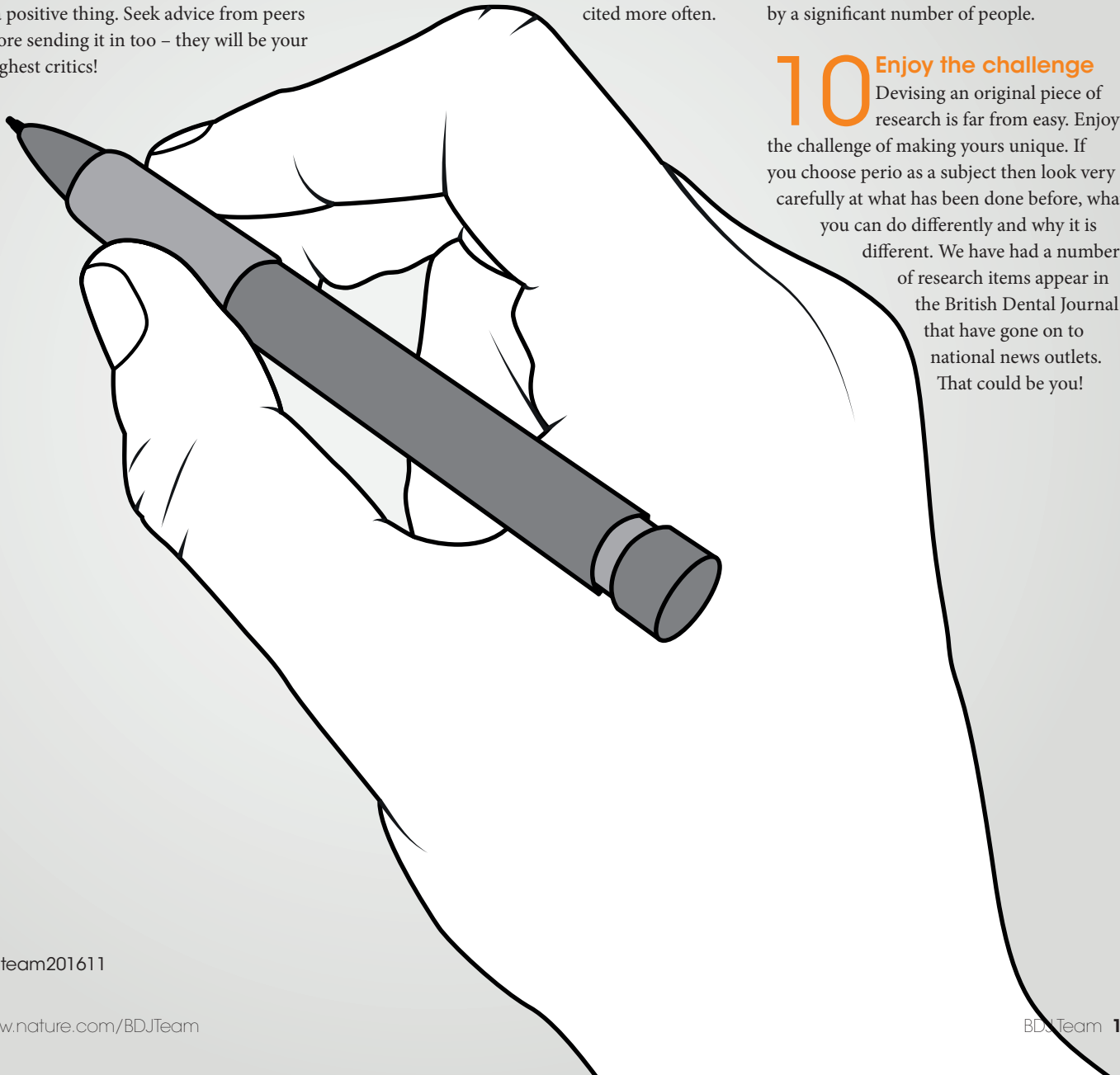
Open access is a growing element of publishing, and we recognise the value of your work being visible to everyone. That's why we've introduced BDJ Open to the portfolio. Open access can be a fantastic way of attracting more interest in your research. A number of research papers have shown that open access articles are viewed more often than articles that are only available to subscribers, and are cited more often.

9 Promotion

If you have followed the above, the chances of having your manuscript accepted are going to be relatively high. In which case, have a plan of how you intend to promote your work. More people have social media accounts than a toothbrush, and they are the most obvious way to promote your work. The social media channels available across the BDJ portfolio will ensure that your research is seen on Twitter and or Facebook by a significant number of people.

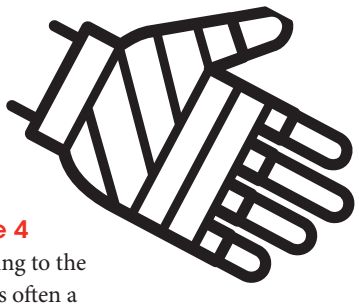
10 Enjoy the challenge

Devising an original piece of research is far from easy. Enjoy the challenge of making yours unique. If you choose perio as a subject then look very carefully at what has been done before, what you can do differently and why it is different. We have had a number of research items appear in the British Dental Journal that have gone on to national news outlets. That could be you!



When accidents happen

Accidents here and bumps there. We ask Dentists' Provident about some of their more unexpected claims



For those old enough to remember the original Pink Panther films starring Peter Sellers, you will remember how Clouseau would return home after a hard day in the office to be attacked by Kato, his manservant and an expert in martial arts. Kato would lurk above the bed, under the bed, in the wardrobe, in the kitchen and basically anywhere you and I would think there was no danger. It was quite hilarious, but perhaps behind the tomfoolery the scriptwriters were teaching us an important lesson.

You might think that whatever you are doing is innocuous, free from danger and an everyday task, but Kato and co taught us that is simply not the case. Clouseau was fortunate enough to defeat the manservant-come-martial arts expert, but what about if his livelihood depended on it?

It's unlikely Clouseau had income protection, but for the 100,000 DCPs and GDPs practising in the UK today, even the most mundane and basics of household chores or activities could have serious consequences to your income. According to Dentists' Provident, these are some of the more unexpected cases they received in 2015, demonstrating that potential danger really is everywhere.

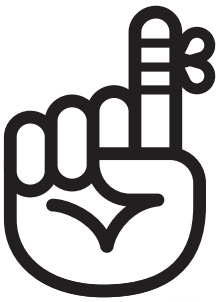
Case 1

You arrive at work safely and promptly. You're on your way down the stairs, but before you know it gravity has struck and you're lying in a heap looking up at the stairs. For one middle-aged man, a fall down the stairs resulted in a triple fracture to his foot.

Moral of the story? *Always be careful when taking the stairs.*

Case 2

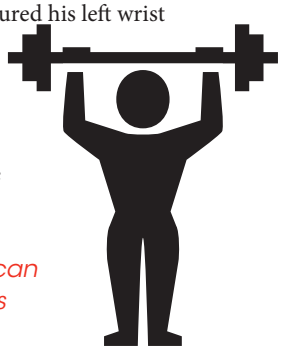
Eating is one of life's absolute necessities. Not often is it fraught with danger, even on Christmas Day. However for one young man, a severe laceration to his hand while chopping vegetables resulted in a festive trip to A&E for several stitches.



Moral of the story? *Your food could come back to bite you.*

Case 4

Heading to the gym is often a great way to relieve the post-work tension. For one young dentist, the tension turned to agony. During his workout he fractured his left wrist and required surgery and physiotherapy, putting him out of work for three months.



Moral of the story? *Gyms can be dangerous places.*

> 'You might think that whatever you are doing is innocuous, free from danger and an everyday task, but Kato and co taught us that is simply not the case'

Case 3

Unless you have the option of a sophisticated public transport network, cars are the number one way to get back and to and from work. For one lady, a fracture to her right hand and scaphoid after a road traffic accident meant five months on the post-surgery treatment table.

Moral of the story? *Even your daily commute can spring a nasty surprise.*

Bryan Gross, head of underwriting and claims at Dentists' Provident said: *'While accidents can happen every day and many can cause some level of discomfort, you just never know when they could have a bigger impact on your life. In these four cases their accidents stopped them going to work, which could mean a loss of earnings.*

'Preparing for the unexpected is something every member of the dental team young and old should be aware of.'

Dentists' Provident provide income protection insurance to dentists. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference Number 110015).

bdjteam201612

Come and see...

In this month's President's Column, British Academy of Cosmetic Dentistry President **Bertie Napier** gives us his take on the year ahead

What an interesting start to my year as BACD President. Within a week of assuming the role I found myself at a symposium, first listening to an eminent academic saying he doesn't like the word 'cosmetic' and then later listening to another prominent speaker lamenting, in a very entertaining way, the harm caused in the name of cosmetic dentistry - the latter focusing on historic techniques, widely condemned by all, when in my humble opinion he could have done a lot more good by inspiring the audience with examples of excellent, ethical cosmetic dentistry which might have inspired people. The reality is that the public are demanding beautiful smiles and harm is being done by those who are ill-informed rather than ill-intentioned. It's time for a change in approach from certain quarters.

The British Academy of Cosmetic Dentistry (BACD) was founded more than 12 years ago by a group of dentists who realised there was a dire need for the right kind of education for dentists who wished to provide dentistry that the public wanted and what the public calls Cosmetic Dentistry – hence our name. Recent history has proved these men and women correct; driven by public demand, the days of functional but unsightly restorations are all but gone. The British public has always known the value of an attractive smile; it just wasn't as accessible in the past as it is today. Most dental practices in the UK offer cosmetic dentistry, yet for some in the profession, a change in attitude will only come about through economic pressure – when their patients begin voting with their feet because their dentist won't provide the healthy *and* beautiful dentistry they want.

As an organisation, we have always sought to create a place that would welcome any dental professional who wanted to learn more about the art of ethical cosmetic dentistry. Cosmetic dentistry isn't something that you can just walk into straight out of dental school. For the newly qualified dentist and technician, who might have all the technical or hand skills, the challenge is developing the mind skills and gaining the experience to master the functional aspects that add longevity and health to the art they are capable of delivering. The experienced dental professional usually faces a different set of challenges, which can include a change of mindset from purely functional to functional and aesthetic and often a change in attitude to ongoing professional development in order to embrace newer materials, techniques and philosophies.

'TODAY, 'PERFECTION' IN A SMILE IS DETERMINED BY THE PATIENT'S PERCEPTION OF WHAT IS PERFECT FOR THEM'

Cosmetic dentistry has turned out to be a very dynamic field, with the BACD through the inspiration of its leaders and members, promoting and in some instances pioneering the changes that have made modern cosmetic dentistry in the UK both minimally invasive and based within a strong emphasis on health. We have sought to influence and effect change in clinical practice through positive engagement, networking and education and this has seen us grow into the largest cosmetic dentistry organisation in the UK, with membership open to all the dental team. By promoting a standard of excellence in ethical cosmetic dentistry that encompasses a minimally invasive philosophy, the BACD encourages every dental professional to deliver work that is aesthetic, emulates nature and avoids harm.

Today, 'perfection' in a smile is determined by the patient's perception of what is perfect for them. While there is still a demand for it, the days of the *unnatural* Hollywood smile are numbered; harsh porcelain has been surpassed by the beautiful, gentle, natural smile now possible with newer materials and techniques. We encourage dentists, specialists, technicians and the team to recognise this when they talk about, plan and deliver smile enhancements – from tooth whitening, to composite resin restorations, tooth replacements, crowns, posterior restorations, gingival surgery, orthodontics and yes, even veneers. Concepts like progressive smile design allow an ongoing collaboration between dentist and patient where the dynamic consent process keeps the patient in control of how much dentistry they want with elective procedures. These advances have made dentistry far more predictable and less invasive than ever.

To those who are still holding onto an outdated concept of what cosmetic dentistry is, I invite you to come along to our regional meetings (held all over the country), or to a Masterclass or our Annual Conference. Come and see and together let's take dentistry to a level of excellence!

bdjteam201613

BDA Good Practice

BDA
British Dental Association

A framework for continuous improvement

BDA Good Practice is a framework for continuous improvement that helps you build seamless systems and develop a confident and professional dental team. Our three key principles describe the fundamentals of BDA Good Practice:

Systems

Develop systems to enhance the efficiency of your practice.

Team working

Build an enthusiastic, motivated and engaged team and improve practice communications.

Patient experience

Create a loyal patient base and drive personal recommendation.

www.bda.org/goodpractice

All BDA members can now access the BDA Good Practice self-assessment via the BDA website.

Allow four to six months to work through all of the requirements.

Make an application

When your team has completed the practice self-assessment, download, complete and return the application form together with the fees:

- Application fee: £450
- BDA Good Practice membership: £320 (per year)

The application assessment usually involves an on-site assessment by a BDA Assessor. An on-site assessment is a valuable and collaborative experience to help you develop your practice. A summary report is provided.

Advertise

Member practices advertise their team's commitment to working to the BDA Good Practice standard with the exclusive BDA Good Practice membership plaque, member logo and are listed on www.bdasmile.org/gps.

www.bda.org/goodpractice | 020 7563 4598 | goodpractice@bda.org

Product news

Product news is provided as a service to readers using text and images from the manufacturer, supplier or distributor and does not imply endorsement by *BDJ Team*. Normal and prudent research should be exercised before purchase or use of any product mentioned.

SPECIALISED KITS FOR COSMETIC TREATMENTS

Tandex provides quality aftercare kits for maintaining good levels of oral hygiene during and after cosmetic treatments.

Now more than ever your patients have access to unprecedented levels of cosmetic dentistry and it is important that you are ready to provide them with the equipment they need to thoroughly look after their teeth throughout these treatments.

Tandex offers both orthodontic and implant kits that have all the necessary tools and adjuncts to ensure your patients can comply with any specific aftercare instruction – from gentle brushes for sensitive areas of the gingiva to interproximal brushes to ensure a thorough clean.

The kits include detailed user guides that comprehensively instruct patients on optimum cleaning protocols. Produced in cooperation with dentists and hygienists the in-depth information allows patients to use the products as they were intended, for easily achievable and excellent results.

Ensure you are ready to guide your patients to uphold strong standards of oral hygiene during and after cosmetic treatments by offering Tandex's range of specialist kits. For more information on Tandex's range of products call +45 47 38 10 01, email tandex@tandex.dk or visit www.tandex.dk.

DRIVING DENTAL INNOVATION TO YOUR PRACTICE

Planmeca has always driven dental innovation and now we are driving innovation right to your door. Our state of the art mobile experience centre; PlanDemo, is ready to visit your practice to showcase the latest range of dental innovations that make up the award winning Planmeca product portfolio. What's more, every practice visit qualifies for verifiable CPD.

You can be sure that you and your dental team will have every opportunity to discover, learn and connect to a world of digital dentistry; from the high-tech Compact i Touch dental unit featuring class leading integration and automatic infection control, to a fully functioning ProMax 3D, ProX intraoral scanner and our full chairside CAD/CAM solution; Planmeca FIT.

Interested in a visit from PlanDemo? Call 0500 500 686 or alternatively visit www.plandemo.co.uk to connect to a world of digital dentistry.

THE ELITE OF SELF-ADHESIVE RESIN CEMENTS

Kerr's Maxcem Elite came out on top in recent research comparing the bond strength of various self-adhesive dental cements to human dentine and enamel. Following a 2015 laboratory evaluation, Brown and colleagues concluded that new and improved Maxcem Elite, a self-etch, self-adhesive resin cement for indirect restorations, '…showed superior adhesive bonding results across all tested products in regards to shear bond strength.'

In addition to its superior bond strength, Maxcem Elite offers:

- Easy handling
- Simple procedures
- Universal application.

The material's optimised resin matrix and filler systems also improve wettability, allowing for immediate light curing and better shelf-life stability.

Also worthy of note is that its proprietary redox initiator system eliminates the inherent discolouration of benzoyl peroxide/tertiary amine initiator systems for a more aesthetic restoration.

For further information, call 01733 892292, email kerruk@kerrhawe.com or visit www.kerrdental.co.uk.

WHY THE BDA BENEVOLENT FUND MATTERS

Many dentists are still in need of help and support and your donations to the BDA Benevolent Fund do make the world of difference. In the case of Dr M, whose life was put on hold for a year despite being acquitted by the General Dental Council Health Committee, without the dedicated work of the BDA Benevolent Fund his situation could have been a lot worse.

Run by dentists for dentists, the Fund is dedicated to providing support in times of financial hardship to those that need it most.

After the Fund gave Dr M a loan to help with some of his debts and a monthly grant to contribute towards food, basic clothing, essential bills and mortgage payments, he was able to get back up on his feet. The BDA Benevolent Fund relies on your help to continue its work, to give a donation today visit www.bdabenevolentfund.org.uk.

If you are struggling, or know someone who is, contact the BDA Benevolent Fund today, call 020 7486 4994 or email administrator@dentistshelp.org.

NO HEADACHES AUTOMATIC ENROLMENT

Under new legislation, every employer in the UK must put certain staff into a pension scheme and contribute towards it. This is called 'automatic enrolment' – AE.

Your obligations as an employer are to choose an eligible pension scheme, add your eligible employees to it and coordinate the scheme with your payroll. You must communicate certain information to your staff but do not need to offer them financial advice. You then complete a Declaration of Compliance with The Pensions Regulator (TPR) and all in time for your so-called 'staging date' – obtained from TPR.

To take the headaches out of AE, Chartered Financial Planners PFM Dental, which offers advice exclusively to dentists, provides an AE set-up service tailored to your requirements. Independent financial adviser, Jon Drysdale, says: "For a fixed fee, we help you with all or just parts of the process. We can help you choose a pension scheme, enrol your eligible employees and coordinate your payroll – making sure you're fully compliant by your staging date. And we can advise on complex aspects such as opt-outs, waiting periods and triggers."

For more information go to the Workplace Pensions page on www.pfmdental.co.uk or contact Jon Drysdale on 01904 670820.

ALL YOU NEED FOR ALL YOU DO!

The all new Panavia V5 is a simple, reliable system which works for the cementation of ALL materials including adhesion bridges and veneers in just 3 easy steps.

Firstly, patients are treated with the one-step Tooth Primer. The new Clearfil Ceramic Primer Plus is a dental universal prosthetic primer that provides an enhanced adhesive surface to ceramics, hybrid ceramics, composite resins and metals.

This fluoride releasing cementation system comes in automix delivery with a low film thickness and easy removal of excess cement.

For further information on Panavia V5 or any other J&S Davis products visit www.js-davis.co.uk or call 01438 747344

SUB- CONTRACTING – WHAT IS IT ALL ABOUT?

Alan Suggett on sub-contracting

There has been much discussion recently about the difficulties of incorporating an NHS contract caused by the NHS England Incorporation Policy.

In some situations NHS practice owners are turning to use of a 'sub contract'.

This is usually an arrangement where a limited company is engaged by the NHS contract holder to perform 'clinical matters'.

This arrangement is allowed by GDS contracts, and permission isn't required from NHS England, only notification is necessary.

In simple terms, if structured properly, this can achieve many, but not all, of the objectives of a full blown incorporation.

In particular it can enable profits to be distributed to non-dentists/GDC registrants who are shareholders in the subcontract limited company – unlike dental partnerships which must comprise of registered dental professionals.

It also can enable profits to be retained, after suffering a lower corporate rate of tax, for future practice acquisitions.

What is meant by structured properly? There are many potential pitfalls, and an increased amount of red tape and administration.

A legal agreement is required for the sub-contract, and operationally many changes will be required with regard to, for example, staff employment contracts, associate agreements, and practice transactions generally.

Great care and good advice is essential as, believe it or not, if the operational procedures are set up incorrectly, dentists can be excluded from the NHS Pension Scheme, and VAT can become chargeable on some payments.

To find out more about NASDAL, go to www.nasdal.org.uk.

CPD questions January 2016

CPD ARTICLE: The knowledge of dental nurses at one institution of the scope of practice of the dental team members

1. How many hours of verifiable CPD must GDC registered DCPs undertake per 5-year cycle?

a) 50
b) 75
c) 100
d) 150

2. Awareness of the respondents was greatest of the roles of which two dental team members?

a) Dental hygienist and dental therapist
b) Dental technician and dental therapist
c) Dentist and dental nurse
d) Orthodontic therapist and dental nurse

3. Which additional skill which dental nurses can develop was awareness of poorest among the respondents?

a) Placing rubber dam
b) Impression taking
c) Conscious sedation
d) Removable appliance repair

4. What proportion of the respondents wished to attend a CPD session on the roles of the dental team members?

a) 81%
b) 84%
c) 89%
d) 91%

BDJ Team CPD

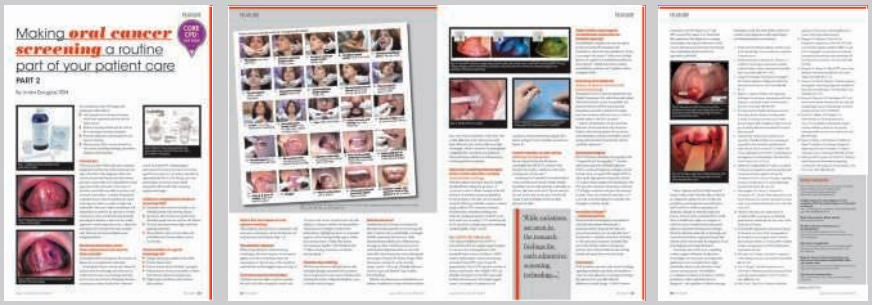
CPD: ONE HOUR

Missed **CPD**?

Don't worry! We know you can't always do our CPD when it arrives! That's why we make the last six CPD articles available for you to complete. Visit www.nature.com/bdjteam/cpd to get your verifiable CPD.

➤ November 2015: **No turning back: posture in dental practice**

➤ October 2015: **Making oral cancer screening a routine part of your patient care – Part 2**



➤ September 2015: **Saliva: A review of its role in maintaining oral health and preventing dental disease**

BDJ Team is offering all readers **10 hours of free** CPD throughout 2016. Simply visit **www.nature.com/bdjteam/cpd** to take part!

➤ July 2015: **Patients with pacemakers**

➤ June 2015: **Recognition and treatment of anaphylaxis**