

CHOOSING A NEW PRACTICE



CONTINUUM SERIES

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CONTENTS

An aide memoire for recently qualified dentists

- 1.0 Part 1 Look and feel
- 2.0 Part 2 Systems and equipment
- 3.0 Part 3 Staff, colleagues and records

OVERVIEW

The **Continuum** series of Advice Booklets forms part of our commitment to assist and support members every step of the way from student to graduate, from the early years of professional life on to safely negotiating the many challenges that can arise at critical moments throughout a professional career, and helping them through to a happy and worry-free retirement (and beyond).

In particular we aim to make members aware of the dentolegal pitfalls associated with all these critical moments, so that they are more able to cope with them at a personal level and to manage them safely and successfully in a professional sense.

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1.0 LOOK AND FEEL

The range of options for communicating with patients has never been so wide – especially with less formal. Looking for a new dental practice can be both exciting and liberating. A new job marks a significant moment in a dental career for most of us and we will want to be certain that we make the right choice.

YOUR JOB

This series is intended to create an awareness of the sort of questions that a clinician might want to think about, ask and check out when thinking about moving to a new practice. Intentionally it provides no answers – that is where you come in.

STANDARDS

We all have priorities in life but the environment in which we work and the people we work with must be right if we are to get any enjoyment from our professional lives. Dentistry, by its nature, involves interactions

with diverse members of the public for whom we assume a degree of responsibility and in whose best interests we must act. Consequently, we need to find an environment in which we can meet (or even exceed) the standards of dentistry expected by our patients.

There are always tensions between the pressures experienced by practice owners and colleagues who come to working in their practices. But, you and your practice principal can avoid a lot of stress if you can first find agreement about clinical standards.

There are some very important areas to explore when you are looking at a practice and trying to decide whether it will be right for you. Some of these revolve around regulatory compliance. Registrants cannot blame their inability to meet the GDC's Standards for the Dental Team because of the limitations imposed by the environment in which they work.

HEADS UP

The practice website will give you some impression of the owner's aspirations. Do you like what you see? An uncluttered and professional attention to detail in the way information is presented clearly and unambiguously will demonstrate that care is generally taken to communicate effectively with current and prospective patients.

- It will be easy to see the style of the practice. Does the website describe the sort of dental care that you would like to provide?
- Consider whether patients arriving at the practice are likely to have realistic expectations from their own visit to the website. If they arrive for their first appointment anticipating treatment that is inappropriate for them or, perhaps, beyond your current clinical experience, would you be confident that you will be able to build a good relationship of trust with your patients on that basis?
- Enter the practice's name into Google. Does anything come up that might prompt questions to ask at interview? Good reviews on NHS Choices are encouraging. On the other hand, adverse reviews are not always truly reflective of a dental practice and its team and you may wish to find out how they arose.
- In England, you can check registration at the Care Quality Commission at www.cqc.org.uk/search/dentists. If the practice has been inspected, a copy of the report will be available and will highlight any shortcomings and requirements for improvement.
- In Northern Ireland, check the practice's compliance with RQIA. From 1 April 2011, establishments providing private dental care or treatment have been subject to The Independent Health Care Regulations (Northern Ireland) 2005, and must be registered by RQIA. You can look up the practice inspection report at www.rqia.org.uk/inspections/index.cfm
- In Scotland and Wales, registration with similar regulators is a matter for individual practitioners.

APPEARANCE

When you stand outside the building and consider the first impressions that a patient might have, do you like what you see? How does it feel? If you were a patient, what would you think?

A neat, professional looking aspect might reassure a prospective patient that their care would be provided in a neat and professional way. Some people are put off by an ostentatious and over-commercial appearance and perhaps might expect the costs of their treatment to be beyond their ability to pay. On the other hand, some patients may be wary of a building which seems to provide a more formal approach.

Patients are likely to avoid a property that is poorly maintained, but if they do attend, it can be a short step to jump to the conclusion that the care they receive has also been substandard.

From a clinician's perspective, an unkempt appearance may reflect the owner's reluctance also to invest in the internal fabric of the practice and the clinical infrastructure required for delivering an appropriate quality of care to patients.

Obviously there is a balance to be considered. A state of the art exterior and swish 'front of house' does not necessarily mean that the dentistry provided is beyond reproach. Equally, a scruffy property does not definitely indicate that there is anything to worry about in terms of the standard of care. But it would be worth keeping in mind.

SHARING

Does the practice share a building with other health providers? A dental surgery within a medical centre allows for easier communication with healthcare colleagues and also potentially provides a steady supply of new patients. Conversely, if the building is not owned by the dental contract holder, there may be questions to ask about maintenance and investment, even if the owners are in the healthcare business.

Does the practice share space with commercial operations or other services? Dental practices sharing a commercial space may be subject to access restrictions outside normal commercial opening hours. It may be prudent to investigate whether it is possible to remain in or gain access to the practice to see patients out of hours without problems. Consider whether you (and your patients) will feel safe around the practice after dark and after normal commercial hours.

LOCATION

Where is the practice sited? Location is important because it affects not only the behaviour of patients but also your own social interactions and work/life balance.

Practices situated convenient to good and frequent transport links will benefit from having good access for patients. This means that appointment times can be made in a more flexible way and that the catchment of your patients will be broader. A main road position might favour passing customers.

A more isolated position means that the practice will rely on patients attending based on recommendation.

On the other hand, the patient base may be centred on the local community, a situation that can generate loyalty and a sense of belonging.

Your own preference to live in an urban or rural environment might not be critical if your personal transport arrangements are flexible. Walking or cycling to work is an attractive prospect and a long journey to and from work is potentially tiring. Some, however, prefer to live a distance from work and, indeed, a tolerable journey can give some opportunity to wind down at the end of a long day. Perhaps more interesting is the importance of being able to park easily and cheaply at or near the practice, or the option of travelling by public transport.

PROFESSIONAL SUPPORT

It is useful to have the option to refer patients to both NHS and private specialist health services (dental and medical). So that patients might willingly accept your recommendations for referral, the services you suggest must be accessible for them.

It will also be important for you to be able to meet colleagues for networking and CPD. How close are professional meeting places? Getting involved with a local BDA Section, deanery network or Local Dental Committee can be very useful in building contacts, peer review and developing a mentoring programme if necessary.

FIRST IMPRESSIONS

Your own intuition will tell you a lot in the first ten seconds! Although if your interview is out of normal treatment hours, it might be helpful to arrange a further observation visit during working time.

Arriving for interview

It's natural to be nervous when you go to a practice for the first time. Patients will be anxious (for different reasons!) in similar circumstances so you might obtain some idea of the sort of welcome they will receive.

- Who greets you and how?
- Are you put at ease?
- What is going on?
- Where do you wait?

Normally, you would be in your surgery as your patients arrive for treatment so this will give insight into the part of the patient's journey you would not commonly experience. You will want to be reassured that, by the time the patient has reached you, their experience has been positive and that they are already confident in the services of the practice as a whole.

The dental team

Although younger patients may not be quite so concerned about a professional, smart and tidy appearance, older members of the community will be reassured by attention to detail in that direction.

We know from research, for example, that many patients prefer not to be addressed by their first names until they are reassured by the professionalism of the relationship. A professional approach does not mean it has to be over-formal or unfriendly, though. Do you see any evidence that the team is sensitive to the cultural and generational expectations of its customers?

The reception area

This is where patients' first impressions are created. You should feel that you are seeing a professional but friendly organisation. Is the area welcoming or austere? Is it disability friendly? Is the waiting room comfortable, clean, tidy and safe for children? Is the telephone answered quickly and courteously? How are patients called into the surgery? Will that meet their individual and personal expectations of respect and dignity?

Confidentiality

What indication is there that the practice understands its ethical and regulatory requirements on this subject? As a GDC registrant, you will be personally accountable for the confidentiality of your patients' sensitive personal data and responsible for compliance with Data Protection legislation. Can you be confident that records are properly stored? Are computer monitors placed so that patients cannot see other's data? Is any sensitive information being openly discussed? How are telephone calls handled?

Posters

Reception areas and waiting rooms provide an opportunity to display patient information. Indeed, there are regulatory requirements to do so. The way in which this is done provides an indication of the style of the practice. Information 'posters' can be friendly but firm in the way they offer explanations about practice policies. They can also be stern and deliver strict messages and indicate inflexible rules. It might be predicted that the former will be viewed by patients in a more favourable way.

Is there a practice information leaflet? Patients should be able to take this away. What do you think of it?

Does it reflect the practice properly and does it fulfil its legal information requirements?

Expectation

You must be confident that you would be able to meet the expectations that patients will form from their own first impressions when they subsequently attend the practice for treatment. A series of complaints from disappointed patients, particularly where significant charges have been paid, is debilitating and confidence challenging. On the other hand, a practice where you are able to continue to build a solid base of clinical and communication skills, actively supported by an experienced team, is immensely helpful in developing your future career.

Private space

Clinical days are long and tiring and all team members need to have the opportunity to rest, eat, socialise and change clothes. Is there access to comfortable private space for all staff members away from public areas?

Here is a brief list of facilities you might like to look for. Some of them are more important than others – consider how the practice achieves the balance of work and other activities during the day:

- Is the staff area private?
- Are there changing facilities?
- Is there somewhere away from public and clinical areas to eat?
- Is there secure storage for personal belongings?
- Are there facilities for making and storing refreshments?
- Is there a separate fridge for food?
- Is there enough space for practice meetings to be held?

Administration

Unfortunately, there is paperwork to do in dentistry and, clearly, much of this can be completed in the surgery when you are not booked to treat patients. Often, however, the time that you have available to do that coincides with the most suitable time for other members of the dental team to service the surgery. If you would prefer to be undisturbed when doing this administration, is there space away from the surgery that would allow you to do so? Reviewing cases, writing referrals and treatment plan letters, making confidential telephone calls are best done in a quiet working environment.

The switchboard at Dental Protection receives an elevated number of calls from dental members between 13.00 and 14.00 and again at 16.30 as clinical sessions come to an end. If you want to optimise your chances of being put straight through to one of our dentolegal advisers, try to avoid those peak times or leave your number for a timed call-back. But whatever time you choose to call us, you will want some privacy.

2.0 SYSTEMS AND EQUIPMENT

REGULATION

When you visit a new potential practice, take a moment to consider whether it seems likely that they are compliant with the latest regulations. The internet is probably the easiest way to learn about individual GDC registrants with whom you are thinking of working as well as checking their compliance with a variety of regulations

Is everyone properly registered with GDC?

The GDC's Standards for the Dental Team requires registrants to ensure the public's trust in the dental profession (Standard 9.1). This means that the GDC will be critical of you if you have not assured yourself that members of the team in which you work are appropriately registered or, the case of dental nurses, on a recognised training pathway leading to qualification and registration.

If there is any likelihood that patients are being misled, for example, by descriptions involving or implying 'specialist' care, the GDC would consider this a dishonest act. There would then be a risk of being found complicit in the deception (Standard 1.3).

Ask the practice manager, who should keep up to date records of all team members, for details of the team you may be joining. It is also useful to carry out your own research about personnel in the practice on the GDC website and to make personal inquiries if you are unsure.

Do all team members hold appropriate indemnity or insurance?

The GDC requires all registrants to have 'appropriate arrangements in place for patients to seek compensation if they have suffered harm' (Standard 1.8). You should be wary if the practice does not ask for evidence that you have your own arrangements in place.

SURGERIES

It is essential that you should like the room where you will be working in. If you are happy in an environment, your stress levels will be reduced.

Do you like what you see or would there be things you might wish to be changed? Consider how you are most comfortable working. You will be spending many hours in that room. Does the design suit your pattern of working position? What sort of seating is available for you and your dental nurse? It is completely acceptable to try yours and to ask whether it can be changed if necessary.

The quality and maintenance of the equipment you use throughout the day will be critical to keeping stress levels manageable. Unreliable equipment that constantly needs attention disrupts your concentration; means patients are kept waiting or their treatment is postponed unnecessarily and reduces the confidence they have in you and the practice.

You are looking for evidence that the kit has been well cared for and properly maintained. You may want to ask about arrangements for repairing faults – what sort of arrangements are in place for service engineers to attend and what sort of spare equipment is available.

X-RAY EQUIPMENT

Radiography is an invaluable tool for the clinician, providing information that is impossible to obtain by clinical examination alone. Every radiograph, however, presents a radiation risk and any exposure of a patient to that risk must be offset against a reasonable clinical benefit.

No patient should be exposed to an unnecessary additional dose of radiation (and the associated risk) as part of a course of dental treatment, unless there is likely to be some benefit in terms of improved management for that patient. This means that the equipment and arrangements for taking radiographs must allow you to achieve the correct risk-benefit balance.

There are also requirements under the Ionising Radiations Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) for which you will be personally accountable.

Here are some questions that you may choose to consider;

Where are the x-ray machines?

- Are they compliant?
- Is the position practical?
- Does patient need to leave chair?
- Can the patient be actively monitored from a safe distance during exposure?
- Is the control panel sited out of reach of patients/children?

Is there an intra-oral machine in each surgery?

- Are radiographs taken in a dedicated room?
- Is it accessible?

Who is the legal person accountable for implementing:

- The Ionising Radiations Regulations 1999?
- The Ionising Radiation (Medical Exposure) Regulations 2000?

Is a digital system available?

- Are images instantly available within surgery?

- How/where are they saved?
- Are they saved within patient records?
- Are there enough sensors of varying sizes?

If the radiography is film based

- How are radiographs processed?
- How are the films filed?
- Are they readily accessible?
- Are they scanned into the patient's records?

PHOTOGRAPHY

Photographic images provide an invaluable tool for the clinician and, of course, do not constitute a health risk. Dental Protection encourages the use of photography in the dental record. Any unusual finding in the mouth is often best demonstrated by the use of diagrams or digital photography.

If photography is part of your record keeping process, it is extremely important that the necessary equipment produces reliably good images and simple to use. The following questions might be worth exploring;

Is there a practice camera readily available?

- Does each surgery have easy access to the full kit?
- Are there intraoral cameras or DSLR kit? Which would you prefer?
- Is training available for unfamiliar equipment so that images are reliably good?
- Are mirrors and retractors available?
- How are images saved?

If you have and use your own kit, can images be saved in patient records?

- Are the dental nurses trained to take clinical photographs?
- Are they trained to add them to the patient records?

INSTRUMENTS AND MATERIALS

Hand instruments, like general dental equipment and surgery design, are part of the everyday life of a clinician. Often, the type and number of instruments available are dictated by the practice owner. As a registered clinician, however, you are separately accountable to the GDC and you still have your own duty of care to the patients you treat. You need to be assured that your patients will not be disadvantaged by the equipment with which you are going to be working.

The GDC expects registrants to act in their patients' best interests and if there are certain instruments that you consider you need, it will be important for you to have ready access to them. It may be that the practice has a policy of standardising its kits of instruments to facilitate decontamination quality assurance programmes. Nevertheless, you may wish to find out if there is flexibility to personalise kits of instruments to fit with your own preferences.

QUALITY OF INSTRUMENTS

Every dentist has a duty of care to the patient that includes ensuring all instruments and materials used in a patient's treatment are 'fit for purpose' and of a quality that allows treatment to be carried out safely and to an acceptable standard.

There are other areas of day-to-day practice that should be considered from the same perspective if you are to reduce your risk of being personally held to be negligent:

- Is a rubber dam kit/isolation material available?
- What is the approach to endodontic equipment – does it fit with your own technique?
- Do you have an appropriate and reasonable choice of materials?
- Are there enough instruments/materials to ensure compliance with decontamination requirements?
- How is stock controlled and ordered?

DECONTAMINATION

GDC Standard 1.5 requires that all registrants must follow the laws and regulations on decontamination at all times. This means that unless you can assure yourself that the practice and its systems are capable of achieving compliance with the laws and regulations, you risk being accountable for any demonstrable failure to protect the patients' safety. Here are some issues to consider;

Is there a dedicated decontamination room?

- Is it regulation compliant?
- Is it staffed by a dedicated staff member? If your own nurse is constantly having to process instruments, you will find yourself without chair-side support for significant periods of time, itself a risk in terms of patient safety, record keeping, chaperonage and practical support.
- Is the decontamination area accessible?
- How are instruments transported, stored?

The GDC also considers that training in decontamination procedures is a core mandatory CPD topic. Has the practice trained as a team on this subject? This allows for easy interchange within the team if your nurse is away?

ACCESS TO EMERGENCY DRUGS/ OXYGEN

Training in handling medical emergencies is also a GDC core, mandatory CPD requirement. In any event, you will want to be in a position of being properly supported by any member of the practice team if a medical emergency occurs with one of your patients or anywhere else in the practice. An inability to demonstrate this would leave you vulnerable to a charge of negligence in the event of an adverse outcome of a medical emergency.

- Is the emergency drugs kit, oxygen centrally accessible?
- Is it in date, reviewed, regularly checked
- Does the practice have a defibrillator? Have you been trained to use one?
- How is the team trained? How often?
- Has practice had real life emergency? How did it go?

CLINICAL GOVERNANCE

Clinical Governance is an NHS term and defines the duty of healthcare organisations in continuously improving quality of services. In England, for example, any person engaged by the contract holder to perform NHS contract services is required to comply with the practice-based quality assurance programme.

At the same time, all GDC registrants have a duty to ensure that practice policies and protocols are appropriate and followed.

- Who has overall responsibility for clinical governance?
- Is there a folder of practice policies available?
- Who is responsible for updating it?
- Are there records of training?
- Does adverse incidence reporting and learning take place?
- Does the practice regularly audit processes and make changes appropriately?

Meetings of the whole team are often held to ensure that policies are developed and understood, that the team works in a consistent manner and that issues of concern can be raised. The commitment to practice meetings and the way they are timetabled and facilitated might be a revealing indicator of commitment to quality.

ACCREDITATION/RECOGNITION OF STANDARDS

Is the practice a member of any scheme? That might demonstrate and reassure you that the practice has taken steps to achieve and maintain a high level of quality assurance systems and processes. Examples might be:

- Dental Protection Xtra
- BDA Good Practice
- Denplan Excel
- Investors in People.

HANDLING COMPLAINTS

Although practices are required, under NHS regulations to name a Responsible Person for the purposes of processing complaints, each clinician is responsible in their own right for their acts and omissions.

You may want to find out that there is a complaints procedure in place that will not put you at any disadvantage.

- Who is the complaints manager?
- Is complaints procedure up to date?
- Is it displayed in the waiting room?
- Can the practice demonstrate good complaints handling and learning from complaints?

Dental Protection has published extensively on this subject.

www.dentalprotection.org/uk/risk_management/dental_advice_booklets/

PATIENT FEEDBACK

Practices are encouraged to seek patient feedback on the service they receive and it makes good risk management sense to anticipate problems rather than having to react after the event. Any surveys carried out in-house may be enlightening.

- Is patient feedback collected and, if not, why not?
- Is it used? How is it used?

CPD

You may wish to explore how the practice will support you in working through your personal development plan (PDP), whether anyone might be able and willing to act as a mentor and whether time away from the practice for CPD will be viewed positively.

How does the practice approach CPD?

- Is there a library of relevant standards/manuals accessible to everyone? eg latest editions of Delivering

Better Oral Health (England), FGDP standards, appropriate BNF (hard copy or digital)

- Does the practice subscribe to any journals?
- Is practice team CPD arranged/facilitated?
- Is CPD for nurses supported by the practice?
- Is there a Practice Professional Development Plan (PPDP)?
- Does the practice participate in clinical audit with all dentists/team members joining in, or is this organised by the dentists individually? (Terms of Service requirement in Scotland).

3.0 STAFF, COLLEAGUES AND RECORDS

NURSING ARRANGEMENTS

Without doubt, dentistry is a team activity and successful professional relationships with your patients will be significantly dependent on having an excellent working relationship with your dental nurse. This will be built on mutual respect, professional commitment and trust. Indeed, trust will be one of the most significant factors in ensuring that you can enjoy your work and take care of your patients properly and in their best interests. A good working relationship with the dental nurse will significantly reduce the risks of things going wrong.

For example, although you still need to check the patient's record, your dental nurse can enter data and notes while you are examining and treating the patient. It is difficult for you to accurately record a conversation that you have leading to the patient giving consent for treatment, but your nurse can make those notes for you during the discussion. It is then far more likely that, in the event of a challenge from the patient, you can demonstrate that you properly described the options available, the benefits and risks of each option, and that valid consent was achieved.

Practices develop ways of working over a period of time, often based on historic preferences and the personalities within the team. If you are thinking of joining them, it will be important to establish how much flexibility exists and to be sure that the arrangements will work well for you. Unnecessary stress can arise from, for example, uncertainty about cover for absence, dysfunctional relationships, unplanned rotation processes, lack of ownership of the integrity of decontamination, tidiness and stocking of surgeries.

Here are some questions to consider. The answers will have different weight of significance depending on your own personality, experience and preference.

- How will your relationship with the nurses work? How many nurses are there? What is the ratio to clinicians?
- Are all nurses qualified? How experienced are they? How long have they been with the practice?
- Do any nurses hold additional qualifications or have they had additional training? For example, radiography, oral health education, sedation, impression taking, fluoride varnish placement.
- Who will be your dental nurse? Do you work with the same nurse all the time? Will your nurse be experienced? Will you (always) be expected to work with a trainee? Will you be responsible for training?
- Do the nurses assist with record keeping? To what extent?
- Does the practice have a policy of rotation? How does rotation of nurses/surgery work? Do you move surgery or does the nurse

move? How is your nurse allocated to you? Who has overall responsibility for training nurses?

- What arrangements are in place for absences? For example: planned holiday cover, unplanned sicknesses. Are agency nurses ever used?
- If you have staff concerns, who would you discuss them with?

HYGIENISTS AND THERAPISTS

Patients are increasingly familiar with the concept of their care being delivered by several members of the dental team. If you are a dentist or clinical DCP, and considering joining a practice where dental care professionals already play a significant role in clinical care, it will be important to know the basis on which their services are offered to patients.

In mixed practice (NHS and private), particular care must be taken where treatment provided by a hygienist or therapist is only offered privately. Treatment for periodontal conditions is available throughout the UK under NHS contract so patients must fully understand the contractual basis on which they are consenting to treatment. Misleading a patient carries the risk of an allegation to the GDC of dishonesty that, itself carries the risk of loss of registration.

The GDC considers that registrants should “work with another appropriately trained member of the dental team at all times when treating patients in a dental setting”.

This means that hygienists and therapists should explore whether a nurse is available at all times, and, if not, what are considered to be ‘exceptional circumstances’ when the need for this does not apply.

Dental Protection’s advice on this can be found at

www.dentalprotection.org/uk/gdc-standards-for-the-dental-team-6

Questions:

- Does the practice team already include hygienists and/or therapists?
- Do they work with a nurse?
- Will you work with a nurse?
- Where not working with a nurse, will there always be a registrant close by for support with chaperoning, medical emergencies, decontamination, and record keeping?
- What is the system for communication/referral between members of the team?

DIRECT ACCESS ARRANGEMENTS

On 28 March 2013, the General Dental Council (GDC) took the decision to allow DCPs to provide a range of services direct to members of the public without the need for a referral and prescription from a registered dentist. The new arrangements came into force with effect from 1 May 2013. There continues to be a lack of clarity about the implications for DCPs and the practices in which they work, however it is clear that any use of this facility needs to be planned carefully with full understanding of the practice policy by everyone concerned. The risks to the whole team include patients being inadvertently misled about the basis of their consent to care and incorrect assumptions being made about diagnoses and treatment plans. DCPs undertake to refer as appropriate so there should be agreed referral policies in place within the practice.

Questions:

- Does the practice encourage direct access to hygienists and /or therapists?
- Is patient information in place?
- Do patients understand when they make appointment, the basis on which they are being seen and consenting to care?
- Are internal communication/referral policies in place?

CONTRACTUAL ISSUES

Hygienists and therapists should take business and contractual advice in order to understand the significance of being employed or self-employed and to establish that they understand the contract(s) that apply to their own situation.

ADMINISTRATION

Increasingly, practices are managed by a person with the designated title of Practice Manager (PM). Such individuals are appointed to the role from a variety of career backgrounds. Someone with a dental background will understand the way dentistry is delivered and will not necessarily need the complex explanations of clinical issues if there are complaints from patients or internal clinical or governance issues. On the other hand, dentistry is delivered by small businesses with increasingly complex business requirements, so a professional manager has significant skills to offer. The important consideration is, however, that there is someone who commands the respect of the team and has the time and the skills to take responsibility for the running of the practice. This will be the person you feel able to interact with for assistance, support and action where appropriate.

Questions:

- Who manages the practice?
- Does someone have the job title of Practice Manager?
- Is it a dedicated full-time role?
- Is a senior nurse carrying out the practice manager role alongside clinical responsibilities?
- Does the PM have a background in dentistry? Has the PM been trained in general management, health management?

What are their qualifications?

- Is the PM aware of the benefits of Dental Protection Xtra? This practice programme not only provides access to risk management and governance resources, but it also offers a reduced Dental Protection subscription for associate dentists in the practice.

www.dentalprotection.org/uk/dplxtra

RECORD SYSTEMS

Excellent record keeping is probably the most fundamental and essential of all risk management processes. In addition, dental professionals are required to make and keep accurate dental records of care provided to patients, whether NHS or private. Principle four of the GDC's Standards for the Dental Team highlights the requirements to 'Maintain and protect patients' information'.

There are also a number of pieces of legislation that require both NHS and private practitioners to keep records and the details of how the records should be kept. This means that you are personally responsible for ensuring that your record keeping is compliant at many levels and patients' records are protected. Dental Protection's advice on this can be found at

www.dentalprotection.org/UK/RiskManagement/RecordKeeping/

The systems that are used within the practice are therefore extremely important and there are some questions you can ask to explore so that you do not find yourself inadvertently or unknowingly breaching the law.

What system is used for record keeping and practice management?

- Is the practice fully computerised?
- Is it fully paper based?
- Does it run a combination of both systems?
- If a combination, is there flexibility for you to choose which to use?

Computerised practice

- Is training available for the software system?
- Is the security of the system compliant with Data Protection legislation?
- Do practice policies support the security?
- What service agreement is held with the software provider?
- What service agreement is held for hardware?
- What is the guaranteed time for restoration of the hardware following failure? How is the system backed up?
- How quickly could a back-up be restored?
- How up-to-date would it be?
- What fall-back system is in place for continuity of access to appointment book and patient records during 'down-time'?

Prouity

- How is your NHS PIN secured?
- Who checks your NHS claims prior to electronic transfer
- Are claims sent to Dental Business Organisation (varies according to country) (Scotland PSD) with EDI or manually
- Who is responsible for completing claims forms or transmitting EDI claims?
-

APPOINTMENT SCHEDULES

Regardless of the contract under which your patients accept care from you, you have a duty to put their interests first. The GDC also says in Principle One of Standards for the Dental Team that patients' interests 'will be put before financial gain and business need'.

This means that you also have a duty to make sure that your patients are given appointments that allow you sufficient time to carry out the care they need in their best interests. An ideal situation occurs when a practice has a flexible approach to appointment times and this will mean that you are able to have some control of your day list.

- Does the practice have a policy for allocating appointment times? Can you influence it and does it suit your way of working?

If you are building your experience in general practice dentistry, it will be useful for you to be able to see a wide range of patients. Clearly the diagnostic skills involved in managing emergency patients are extremely valuable to acquire but equally, being able to follow treatment plans through and follow patients up on a continuing care basis over a number of years is the ideal situations for both you and your patient. A mix of regular and new patients is a prudent direction to head for. Being able to build a good relationship with your patients' means that your discussions are consistently well informed, your records are comprehensive and useful, valid consent is more easily achieved and complaints are significantly reduced.

Allocation of patients

- Who sees new patients and how are they allocated?
- How are NHS patients allocated?
- How are private patients allocated?

How are emergency patients given appointments?

- Is there enough time for you to carry out the right care?
- Do clinicians always see their own patients where possible?

TRANSITION PLANNING

There are benefits to taking over a list of existing patients because you know that you will be busy from the start. The drawbacks, however, are that you may be taking over patients who are midway through treatment plans. There is always the risk that your clinical opinion about the treatment plan might vary from your predecessor. If this is the case, your discussions with the patient must be handled very carefully.

It is often said, with a degree of irony, that if you present a patient to 5 different dentists, between them they will come up with 7 different treatment plans. While this illustrates well the inexact science of dental diagnosis and treatment planning, it also demonstrates the frequency of disagreement between dentists.

Normally, in a practice where there are good working and business relationships and effective on-going communication between clinicians, differences of opinion are easily worked through in the patients' best clinical and financial interests. So, to reduce the risk of an on-going issue and potential complaint against you, it would be prudent to discuss the situation with the outgoing dentist if possible.

Sometimes problems arise simply because the patient is not told in advance that there is going to be a change of dentist. This can be anticipated and, if you are introduced positively by the practice in advance, the patient's confidence is already assured. Most critically, patients will complain if they find that they are paying more for their treatment than they had been led to believe. This is a time for agreeing the arrangements for such circumstances with the practice and for employing your own flexibility to avoid unnecessary complaints.

- Do you know who your predecessor was?
- Will all treatment plans be completed before predecessor leaves?
- What are the clinical and financial arrangements for taking over mid-course of treatment?
- Will the patients be informed that they will be seeing you for their care?

ON CALL ARRANGEMENTS (TERMS OF SERVICE REQUIREMENT SCOTLAND)

What are your responsibilities?

- Are staff available to support you if you need to treat/see patients?
- Are there cover arrangements with other practices?
- Are holiday rotas necessary? Who takes part?

REFERRAL ARRANGEMENTS

However experienced we may be, there will always be a need to refer a patient for specialist services. In doing this, there is a risk that the patient will lose confidence in you for several reasons. It is possible that they may not like the person they are referred to or the costs/travel involved or perhaps because they do not understand the need for referral. Indeed, you do carry a vicarious responsibility for the treatment provided by the clinician to whom you make the referral so you must be confident that, in doing so, you are acting in your patient's best interests.

Being able to refer with confidence means building an 'address book' of specialists with whom you have a good professional relationship.

- Within the practice, is there an established convention of NHS and private specialist referral pathways?
- Are there local specialist practices/centres?
- Are the referral practices proscribed by practice?
- Are you free to recommend your own choices to patients?
- Are referral protocols available in written form?
- Are there electronic versions? Are they supplied by specialist practices/centres?
- What NHS services are accessible and/or are there private specialists locally in all disciplines?
- Are specialist referrals available in-house?
- Are there clinicians with special interests in-house?
- Will you have freedom to choose whether to refer to these?

LABORATORY ARRANGEMENTS

It will not matter how good your clinical skills are if your laboratory does not provide you with good technical work. In order to examine the risks, it is necessary to return again to the GDC's First Principle, to put patients' interests first. This means that if the GDC receives a complaint from a patient about alleged substandard laboratory work, the GDC will not accept the excuse that, for a certain cost, the lab will only provide a certain standard of technical work. In the end, you carry personal responsibility for the care of your patients so you will want to assure yourself that the laboratory you use will provide the appropriate quality of work.

Here are some questions that you may wish to explore:

- Can you choose your own lab if you wish?
- Are the labs normally used by the practice registered with Medicines and Healthcare Products

Regulatory Agency (MHRA)?

- Are the technicians registered with the GDC?
- Is laboratory work returned to you with the correct regulatory paperwork?
- Is a Statement of Manufacture always included?
- Are the labs close enough for you to visit the technicians?
- Do they collect or is lab work posted?
- What is the turnaround time?
- How do they explain the difference between NHS and private quality?
- Can you borrow face-bows?
- How quickly are impressions cast?
- What is their decontamination policy?
- Can the patient visit for shade taking? What will the patient think of the lab?
- Is any work subcontracted to another lab?
- Is any work sub-contracted to a non-UK lab?
- Does the practice suggest that you send work abroad?
- What is the arrangement if a crown has to be remade soon after fitting or if a denture does not fit well enough?

An understanding with the practice about payment for laboratory work, administration costs, remakes, retries, repairs, refunds to patients etc. should be considered as part of the process of agreeing a contract with legal advice.

GOOD LUCK IN YOUR NEW PRACTICE

The team at Dental Protection
is here to assist if you encounter
any problems on the way.

How to contact us

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