The 10th dimension... the power of ten

Ed Bonner and Adrianne Morris discuss how being consistent in your work can be both a benefit and a hindrance to your success as a practitioner.

At first glance, consistency may seem to be an admirable quality. Consider the alternative: if you say you want things done in a certain way today, and then decide the following day you want things done differently, you are likely to cause frustration and anger in those working with you. However, those who make decisions and remain wedded to them through changing circumstances display an unenviable level of obduracy and inflexibility. Only jobsworths do the same thing the same way all the time.

Think of the two children who were not allowed to participate in their school nativity play because they had been absent from school for four days. Their classmates, who were not allowed to participate in the nativity play because they had been absent for more than five days, are allowed to play because they had been absent as well. This is not a good idea:

1. You require a philosophy of practice that is clear and consistent, accepted and implementated by all.
2. Your practice policies should be codified into a manual, consistent at any time with the practice philosophy, but capable of being altered when needs arise or circumstances change.
3. Your practice should not allow flexibility for all patients: no discounts, no deals, no add-ons. Your fee collection policy must be resolutely controlled without lee-way.
4. Your staff salary structure should be consistent for all employees. This does not imply all should be paid the same, but all who are at the same grade of competence and experience should receive like remuneration.
5. Your record-keeping should not allow flexibility: note everything required at all times, and even if nothing abnormal is observed, it must be noted. Note details of conversations, and information supplied.
6. Each patient is unique and must be managed in a way that works for them. One size does definitely not fit all. One patient may like a running commentary, another is happy with an iPod and headphones, yet another may enjoy classical ambient music. One may require TLC, another firm handling.
7. Every treatment plan needs to take account of individual circumstances. Some patients want and can afford a total solution; others will only accept piecemeal reconstruction – paying as they go. Whatever their wants, it is essential that all options for treatment be provided.
8. Not all restorations are suitable for all functional situations: for example, porcelain overlays may work well for class-two bites with long teeth but are not a good idea in class-threes with short teeth, or for bruxers. Ve-neers may work well in protected bites but not where they are at the mercy of functionally protrusive lower incisors. Composite is not an ideal material for large compound fillings.
9. Although the salary scale should be consistent, the way you manage each member of staff cannot be: each needs to have individual skills and personal-ity traits recognised. Some growth through delegation, others through regular instruction. Square pegs cannot be made to fit round holes.

Your marketing plan has to be totally flexible and change with the times; your economic circumstances. Extended pay-ment plans work well when cash is in short supply.

Today’s dentist needs to be a person for all seasons at times but constant as the north-ern star at others. By allowing the right person to emerge at the right time, you will get things done more effectively, efficiently and profitably.

A stable relationship?

Working with an associate can be problematic, but the relationship can also work if you manage it well from the start. Geoff Long offers some pointers.

Very often, being awarded additional UDAs under the new NHS dental con-tract leads the principal to con-clude that he will have to hire an associate to cope with the influx of new patients. He sees the acquisi-tion of an associate as a solution to the problem of stress associ-ated with a single-chair practice. An associate may be a means of relieving one set of problems but over time is almost guaranteed to +£10,000 a year profit. On anything in the range of –£20,000 to £9,500 per month depending on practice overheads. Many associate appreciate how expensive it is to run a business, but also transfers some of the financial risk from the principal to the associate. It also strengthens the associate’s self-employed status under the new NHS contract.

Rewriting the rules To overcome this inherent problem with associate’s profitability, I have rewritten the associate contract to include a more representative proportion of the practice’s fixed overheads. This not only helps the associate appreciate how expen-sive it is to run a business, but also transfers some of the financial risk from the principal to the associate. It also strengthens the associate’s self-employed status under the new NHS contract.

On top of that there is the problem of instability. The minute they get their gross to £10,000 a month, they invariably leave to start their own practice or get another job. To overcome this problem, the prin-cipal needs a much more sophis-ticated recruitment strategy than sticking an advert in the back of the BDA – along with all the others.

For those dentists who still insist on taking on an associ-ate, here are some points to look out for:

• DO treat the associate as an equal clinical partner in the practice.
• DON’T pay the associate more than 45 per cent. This is the quick-est route to the bankruptcy court.
• DO give the associate his fair share of the new patients. Don’t hog them all yourself.
• DON’T interfere with his clinical judgment. Remember he is a professional in his own right. Ask his opinion occasionally, after all he is probably more up-to-date than you.
• DO make sure you have clear systems in place when you take on an associate and make sure you are properly prepared before he starts.
• DON’T assume your associate will be like you. He is a professional in his own right and will have his own idiosyn-crases (he will have his own way of doing endo). Be flexible in your response.
• DO have up-to-date equipment and service contracts to ensure breakdowns are quickly dealt with and kept to a minimum.
• DON’T sound out about your abilities as a dentist. It is very de-moralising for the associate.

• DO be aware of the older “pro-fessional” associate. Why hasn’t he surgery of his own?
• DON’T forget to have a written agreement that is both compre-hensive and fair with the Associate covering such things as pay and “binding out”.
• DO ensure there is sufficient work to keep the associate busy.
• DON’T forget to keep the channels of communication open with the associate and hold regular meetings.
• DO have a gentleman’s agree-ment that the associate will stay for a minimum two-year period.
• DON’T forget to give the associ-ate clear goals to work towards.
• DO ensure the associate has a good dental nurse.
• DON’T be unreasonable about hours and holidays.