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 them 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. When it was explained that their absence was due to the death and burial of their father, their absence was due to the time.

An illusion
Research has shown that the notion of an individual with a stable, unchanging personality extending across all circumstances is an illusion. Art historian Bernd Berenson said: “Consistency is the last refuge of the unimaginative.” Consistency is the polar opposite of creativity and innovation.

Five situations where you should be consistent:
1. You require a philosophy of practice that is clear and consistent, accepted and implemented 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 (private) scale of fees should be consistent for all patients - no discounts, no deals, no add-ons. The fee collection policy must be resolutely controlled without leeway.
4. Your staff salary structure should be consistent for all – no exceptions. 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 for 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.

...and five where consistency is not a good idea:
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 to be rushed, 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 flat 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. Composites are 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 personnel traits recognised. Some grow 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 and economic circumstances. Extended payment 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 northern 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 UDA s under the new NHS dental contract leads the principal to conclude that he will have to hire an associate to cope with the influx of new patients. He sees the acquisition of an associate as a solution to the problem of stress associated with a single-chair practice. An associate may be a means of relieving one set of problems but over time is almost guaranteed to replace them with another set. Stress is usually the former, and invariably money is involved in the latter.

In taking on an associate, you will invariably discover the unpleasant side of the ethical pursuit of dentistry. There is no code of ethics when it comes to the associate/principal relationship and different situations can develop; promises are broken, principals are blackmailed, goodwill is high-jacked and associates open in competition next door.

It gets worse
Associates are generally detri mental to practice profitability. There are two reasons for this:
(i) Low grossing
(ii) Instability
The monthly break-even point for an associate is usually £8,000 to £9,500 per month depending on practice overheads. Many associates work part time or do not make the break-even gross.

I took a sample of associates’ pay and the results were staggering. Depending upon ability, an associate can earn the principal anywhere in the range of £20,000 to £30,000 a year profit. On top of that, taking on an associate will probably add £10,000 to your practice overhead while you fund the increased overheads for the first few months. In fact, if you added all the associates in the country together, they would produce no net cumulative profit for your practice as a whole. What a waste of time.

Rewriting the rules
To overcome this inbuilt 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 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.

On top of that there is the problem of sustainability. 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 principal needs a much more sophisticated recruitment strategy than sticking an advert in the back of the BDS – along with all the others.

For those dentists who still insist on taking on an associate, 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 quickest 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 idiosyncrasies (he will have his own way of doing things). 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.

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