1. Understanding delegation

Delegation is a skill essential to any manager and practice owner. Used effectively, it enables expansion of that most powerful and elusive of resources available to a leader: time. There is no other management technique that can buy time as beneficially as delegation.

Delegation involves entrusting another person with a task for which the delegator remains ultimately responsible. That person should be able to perform the task using available resources or having the skill, ability and drive to find additional resources if necessary.

2. Selecting tasks

An example of a delegatable task is stock control. The practice owner should be the one finding out what materials are required, where to get them at the best possible price, and ensuring that the practice neither runs short of nor has a surplus of necessary materials. An intelligent leader will appoint someone competent to carry out these tasks, and the sole responsibility of the leader is to monitor levels of spending and stock volumes. While someone else is sitting at the computer or telephone doing the ordering, the healthcare professional is either attending to patients, writing reports or letters or reading journals, none tasks which can be delegated.

3. Why delegate?

If you often say ‘I don’t have enough time’, you are badly organised and a poor delegator.

A manager who does not delegate underuse employees, which acts as a demotivator to others who know they can do the job at least as well as you but significantly lower cost. The cost of delegation should not outweigh the costs of non-delegation.

5. What is involved in delegation?

Delegation involves the loss of direct control but the retention of responsibility. The basic elements involved in delegation are autonomy and control. When delegating, ensure that the delegate is fully aware of the objectives, which should be stated clearly and concisely. Base the expectations on required outcomes.

6. Accountability

Accountability is at the very core of delegation, so it is essential that delegates know what their responsibilities are. All guidelines should be set in writing, delegating works best when accountability for any particular task rests with one individual.

7. Choosing the right person

It is very important to choose the right person for the task in hand. The first few times it will be trial and error, but experience brings improved skill assessment and better person selection. Letting go of work gets easier the more you do it. Show faith in your chosen person, even if others have reservations. Do strive to regard your staff as competent people. If you do not trust a member of staff to do a job, it is better not to retain that person.

8. Training

Delegation is an important part of the training process. Consider which skills will need to be developed and taught to enable the delegate to be able to carry out the task. Such a process of training will motivate the delegate and strengthen their self-confidence.

9. Feedback

Meet regularly, but not over-frequently, for feedback sessions. As a delegation proceeds, you should gradually reduce the frequency of meetings. When discussing progress always sue questions in a positive way that is likely to bring solutions to problem areas rather than being overly-critical. Encourage delegates to provide their own solutions.

10. Provide backup

Ensure you provide enough support and back-up to each person delegated a task, especially when things go wrong. Don’t use delegates as scapegoats when things go wrong. Establish a culture that recognises success and avoids blame for failure. If delegation is not working, ask yourself: ‘What am I doing wrong?’

Listening to the market

This is the fifth in a new series of articles by Dr Ed Bonner

A modern adage: when you can see a bandwagon, you’ve missed it!

Market opportunities

Every business (and dentistry is no exception) needs to be able to identify new market opportunities. None can rely nor depend on present products or services, nor on the existing market lasting forever. Many practice owners may think that there are few opportunities to develop and renew themselves regularly, but this simply shows a lack of a strategic overview and a lack of belief in their own abundant strengths. In preparing a marketing plan, we need to listen carefully to what the world out there is saying about it, itself, about us, and to us. We don’t want surprises. We dare not live in that protected cocoon called: ‘this does not apply to me, I’m a dentist not a businessman’. Our comfort zone of the past is under siege.

We require information

To understand what our patients/customers want, we need a plentiful supply of timely, accurate information: information about the environment; about how we are perceived by the media and by the public; about government thinking. We need all of this because we need to be able to respond rapidly to current fashions, trends and, not least, prejudices. This information will come from market research, which tends to be an expensive luxury for us. For us, but not for our suppliers, so it is they who will set the agenda for us, rather than the other way round.

We thus need to know what our suppliers are thinking about, what our researchers and scientists are doing, we can also benefit indirectly from their education of the public through advertisements. If a major company spends millions on extolling the virtues of their new electric toothbrush, we can sell them like hot cakes because our patients will be asking about them. On the other hand, some professionals may see this as over-indoctrination where the process moves from informative to persuasive to aggressive, and they may wish to have no truck whatever with such a process.

Gathering market intelligence

What dentists can do is involve themselves more actively in intelligence gathering. Market intelligence is everyday information about important environmental events, new laws, social trends, technological breakthroughs, demographic shifts and competitor manoeuvres. From a marketing perspective, the following questions need to be answered:

• What decisions are we regularly called on to make?
• What types of information do we need to make those decisions?
• How do we get the information we need?

We can get this information in a variety of ways: here’s the 10

• Reading dental journals and magazines from a different perspective
• Attending lectures, courses, seminars and workshops
• Talking to other representatives
• Government publications
• Through associations/organisations such as CODE
• Reading adverts and advertorials by other practices in local magazines
• New staff employed from other practices – they are competitor ex-employees
• Listening to our patients
• Watching television and reading newspapers
• Searching the web.

The good news is that all the above are within our existing capabilities. The better news is that not one of the above list will cost you a single penny. What will cost you is not to do anything.

Planning from strength

Once we have the necessary information, we can plan either defensively, for example, re-