Clients often ask me about key numbers they should monitor in their practices every month in order to effectively manage and monitor the success of their practice. One such critical number, and one which is rarely mentioned, is the size of their patient list (and that of their associates).

I believe that large patient lists are counter-productive and restrict practice profits, and might lead to one or all of the following situations:

- Patients are unable to make an appointment for treatment
- New patients have to wait weeks to get a new patient consultation
- The practice profits fall consistently year on year
- The dentist gets bored of having to carry out relentless check-ups
- A decision is made that means some of the patients should only receive a check-up every 12 months or, worse still, every 18 months.

Strangely, the full-appointment book scenarios above are likely to make the dentists feel more secure, which is ironic, as they should really be sounding the alarm! All of these situations will reduce the effectiveness of the practice and potentially reduce the profits.

How it goes wrong

I was working with a client recently who is a very capable and ambitious restorative dentist. We were looking at the average daily production (gross) that he earns for every day that he works. Despite having a (private) practice focused on restorative work, he was shown to be grossing around £1,000/day. His fee for this appointment is £59. He therefore spends 855 hours a year doing these ‘check ups’ on his patient list which for a 7.5 hour clinical day adds up to 111 days a year. He is therefore spending the equivalent of 111 days, or 66 per cent of his clinical time doing check-ups, grossing the equivalent of £877 a day.

In his remaining 57 clinical days per year, he has to do all the restorative dentistry and push his gross high enough every day to compensate for 111 days grossing too little! Unsurprisingly, he is finding this a thankless and exhausting task.

Consider the situation

Before we look at the solutions, let’s model this situation some more as it’s very common and I’d like you to consider your own situation.

If you work a little more often than my client, say, four days a week, taking six weeks holiday a year and a week to do your CPD (and a week to have flu), you will be working 44 weeks/year, that is 176 days/year clinical. If your ‘check up’ takes 15 minutes and you see patients twice a year then:

1. If you look after 1,000 adult patients, you will spend 67 days (leaving 100 days to do clinical dentistry/year or nine days/year)
2. If you look after 1,500 adult patients, you will spend 100 days (leaving 50 days/year)

 honouring his desire to learn new clinical and business skills. So, this leaves him 42 weeks to actually practice dentistry and run his business, (this is made up of 168 days doing

 treatment or for his time?
- How much discount was given?
- Was he experiencing high ‘no-show’ rates?

All of these variables looked fine, so we considered his patient-list size and what follows is the source of his low profitability:

This dentist works a four-day week. He likes to take around eight weeks’ holiday every year, and he needs at least a couple of weeks to fulfill his desire to learn new clinical and business skills. So, this leaves him 42 weeks to actually practice dentistry and run his business, (this is made up of 168 days doing

clinical dentistry and 42 days running his practice).

He looks after 1,250 adult patients who he sees twice a year for a ‘check-up’, which takes 20 minutes. His fee for this appointment is £59. He therefore spends 855 hours a year doing these check-ups on his patient list which for a 7.5 hour clinical day adds up to 111 days a year. He is therefore spending the equivalent of 111 days, or 66 per cent of his clinical time doing check-ups, grossing the equivalent of £877 a day.

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