What’s in a name?
Alun Rees discusses the dental identity crisis

That by which we call a rose.
By any other name would smell as sweet.”
Shakespeare - Romeo & Juliet.

I think it’s fair to say that a lot of dentists struggle for an identity of their own. Are you a dental surgeon, a dental practitioner or “just” a dentist? Many change descriptions as they progress through their careers; certainly I believed dental surgeon had a certain ring to it when I was doing my hospital resident posts. Pomposity usually precedes deflation as it was when I asked for patients to be referred to the department of oral and maxillofacial surgery and was asked by nurses and porters, did I mean the dental clinic?

To add to this where do you work? A quick look at Google would have you believe that what were once just “practices” are now anything from surgeries, smile centres, dental care, family dental health care centres, implant clinics and spas.

I have nothing against differentiation and during the first decade of practice ownership I changed the name of what I called the place where I went to work several times. Initially I implied ownership of an area by taking the suburb’s name and adding the word dental. Next I was influenced to promote health (nothing wrong with that) so I became the suburb “dental health care centre”.

Eventually I came from behind the names and realised that if I wanted to be successful on my own terms it was me that people wanted to see. The process wasn’t without wobbles, I had got so used to being part of a “thing” that I shied away from just being me but once I became comfortable with it I was happier and so were the patients.

They wanted a relationship with a real human being whose name they knew, someone who they trusted and to whom they could refer their friends when requested. So I became Alun, their dentist.

Then we made it harder to become a patient, whenever a potential new patient rang to make an appointment the first question asked was, “can I ask who referred you because Alun usually only sees new patients on referral from existing patients.” That was said even when I was desperate for patients - it implied exclusivity and invitation. The follow up was left to my reception team; if they felt that the person on the phone was someone who would fit with us then they were able “to make an exception” in their case. If they made a fuss or demanded to be seen then they wouldn’t have suited us anyway so there was little point in starting a relationship.

At this point I’d like to introduce the difference between a transaction patient and a relationship patient and why it’s important to attract the latter to your practice if you want long-term success. Very few people are entirely comfortable letting someone who they don’t know very well and may, therefore not fully trust, work in what is a very sensitive area. Don’t forget, no matter what you call yourself, your area of expertise is the mouth and most people don’t leap out of bed in the morning with the cry, “Fantastic, dentist today, hope it’s a long appointment!”

So what’s the difference?
Transaction patients.

- Interested in price alone
- They believe all dentists are the same
- They love Groupon or other discount offers
- They show no loyalty, you keep the practice open for them on Saturday and by Tuesday they have found someone else
- They want the best deal you can give them and are never afraid to ask
- Ask for referrals and they want to know what’s in it for them
- You make very little profit

On the other hand...

Relationship patients

- Seek trust and confidence
- They want to use friendly companies with familiar people and reliable products
- They are lifetime patients.
- They will pay more and they know it
- They find it emotionally tiring to shop around
- Ask for referrals and they are flattered and pleased to help
- They are profitable over the long term

Exclusivity does not mean unavailability, in fact quite the opposite. Your business depends upon you being able to give the support and service to your patients that you would expect to receive yourself.

Nor does it mean that you have to be the only visible name and face of the business. Your qualities as a leader will be tried and tested so you have to absolutely sure in what you are trying to achieve. Your team and their training becomes even more important so that everyone is aware of the standards that you set for yourself and expect from them.

Your systems must be able to cope with everything that is thrown at them. When those patients with whom you have worked so hard to build a relationship are ready to commit to the treatments that have been discussed, you and the team are ready.

Your marketing must reflect your desire to attract relationship patients. Your website should have testimonials either in video format or at some length, not just sound bites. Your Internet activity should exhibit the fact that you are in this for the long haul.

There is of course an exception to this. If you are the sort of person who shops around for the cheapest deal you can get, who objects to paying other professionals what they are worth and who haggles over payments then you are very unlikely to attract relationship patients.

Instead you’ll spend your time saying “What’s the matter with them? Why won’t they commit?” not to mention spending a fortune trying to attract more and more transaction patients who will leave you at the first marketing email for cut price whitening from the people down the road.

People aren’t stupid; they will know that you’re after the profit today and aren’t interested in their long term needs and wants. It’s unfortunate that the traditional NHS approach with its emphasis in making the patient “dentally fit”, whatever that really means, coupled with the removal of registration in 2006, does nothing to encourage a long term relationship.

So what’s the name for you and your business?