This is probably the time of year to look back at what we’ve covered in my series of articles – the journey so far, if you like. We’ve considered telephone conversations with patients and how to make sure enquirers become clients. Following this I discussed the look and atmosphere within and without a practice – and the impression this creates. Then we spent some time discussing various ways of gathering feedback from patients and what to do with the information collected. Marketing and dealing with complaints were the next topics – with an emphasis on the role of your front of house team in each of these.

Quite a journey but I did write in the first sentence that it was only ‘the journey so far’. There’s more – much more – to come. Just as clinical dentistry is becoming less about drills and wet fingers and more about intraoral cameras and dental lasers, so developing a dental practice is constantly changing too.

Here, I’ll give you a taste of what I’ll cover in my new series of articles beginning in 2013 and suggest some (Christmas holiday?) research and reading you can do.

The editor and I have not firmed up the title of the new series but something along the lines of ‘The Z to A of dental practice development’ is favourite. No, I haven’t mis-typed that – I do mean Z to A, not the other way around. Perhaps ‘Bottom to Top’ would be a more accurate way of describing the approach I’ll be taking.

For me, the development (and the ongoing journey towards perfection) of a dental practice begins not with the dentist principal securing another qualification but with the recently recruited receptionist picking up a discarded sweet wrapper as he or she enters the practice in the morning. Too esoteric? Let me explain.

If a culture of seeking perfection in all things is embedded deep within the psyche of a practice team, a new member will automatically adopt the same approach and, aware of the poor impression it may give patients and potential patients, will pick up the wrapper.

As preparation for what I shall write about next year and because I’m sure that, like me, you’ll get bored over the Christmas break here’s some suggested reading.

I would visit your local library and get out a load of books on marketing, business development and market...
research. You needn’t read all of each one or them all – just ‘skim read’ through to store key phrases and terminology in your mind.

One book I do recommend reading all through is The Jelly Effect: How to Make Your Communication Stick, by Andy Bounds. It’s been out a couple of years so second-hand copies are available via the Internet if you don’t want to spend the RRP of £8.99 for the paperback version (it’s also available as an e-book). I’m happy to quote part of the description of the book from the publisher’s (Capstone) website: ‘Like throwing jelly at a wall, poor communication never sticks.

Too much information and not enough relevance is a problem that pervades almost all business communication. So what’s the answer? More relevance and a lot less jelly.

I won’t spoil your enjoyment of the book by saying much more about it but the key to his well-argued contention is the word relevance. What you, your staff, your website and your marketing say about your practice must be relevant to what patients and prospective patients want. So forget listing your qualifications and say instead how by straightening their teeth you will make a person look younger.

The other area I suggest you bone up on is training and personal development – particularly for your front of house team and manager(s). If I can draw a parallel with the Olympics, these members of your team are like the lead runners in a relay squad and patients are the batons. If they make a poor start with a patient or, worse still, metaphorically drop the baton there’s no chance of you, as anchor woman or man winning. That’s why I constantly advocate having a well-trained, highly motivated front of house team – they are, in effect, your ’shop window’ to the public and patients. They can also be your marketeers and market researchers.

Before you rush off to do a course on, say, cosmetic dentistry, check with your reception staff that it’s something patients or prospective patients are enquiring about. And once you are trained, it will be your front of house team who will initiate the process of selling your cosmetic dentistry skills to patients.

Dental Tribune contributor, Glenys Bridges, runs a dental reception course entitled Purely Practical Reception Skills and there are a handful of people such as myself who undertake on-site training for front of house staff.

There is also the Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER) – being led by Glenys and Jane Armitage (another Dental Tribune contributor). Back in April they circulated a statement that ‘when it comes to the non-clinical aspects of dental care there is a massive black hole in terms of training and ongoing development requirements’.

Their statement went on to say: ‘to consistently achieve an excellent dental experience for patients, a range of quality management skills are required, such as planning services, auditing performance, creating, implementing and evaluating SMART objectives and gathering feedback on clinical and non-clinical aspects of care’.

I wholeheartedly agree and was delighted to be one of the dental professionals they invited to work with them to urge the GDC and CQC to formalise a non-clinical curricular framework. The work is ongoing and you should keep an eye open for more news.

That’s about it for 2012. I’ll leave you with a story about President Kennedy (quoted by Andy Bounds). The President asked a NASA janitor who was sweeping the floor: “What do you do here?” The janitor replied: “I’m helping to put a man on the moon.”