Managing a dental practice: Jimmy’s story

By Dr Alun Rees

Jimmy* stood shyly on my doorstep and asked, “Can we go for a pint Alun?” This wasn’t the normal way for a client to start our work together, but I had known Jimmy for the better part of 20 years and understood that he was a proud man who found it difficult to ask for help.

People seek my help for a number of reasons. Often, it is because they have reached a crisis in their business lives or have arrived at a crossroads and cannot decide which path to take. At other times, they realise they are stuck in the middle lane, being overtaken by other businesses. Some want an outside set of eyes evaluating those in crisis, where they could perform better.

In Jimmy’s case, this was a crisis, and over a couple of pints, he started to share his problems. “I paid the Inland Revenue £40,000 a couple of weeks ago and now they’re back and want the same again,” he told me. “I was able to cash in a policy but I had known Jimmy for the better part of 20 years and understood that he was a proud man who found it difficult to ask for help.

My approach

I was a dentist before changing career, and I work in a way that is unique but familiar to my clients. First, I take a thorough history of the client and his or her business. Next, I receive a detailed examination of the practice and a number of diagnoses. In consultation with the client, we decide on priorities and a time frame for change and then formulate a definitive treatment plan, if you will.

Financial controls

Although he paid his accountant a monthly retainee and annual bookkeeping fees, no accounts had been submitted to Her Majesty’s Revenue and Customs (HMRC) for the previous three years. His practice manager and he rarely communicated effectively and he presumed that she was “managing”, whereas she was barely administering. There were few financial controls and no budgeting or planning. With a monthly gross of 210,000, everything appeared fine—until it did not. It only takes one rock to sink a ship and Jimmy was sailing without charts or depth gauges.

We moved Jimmy to a new firm of accountants, who liaised with HMRC. I negotiated with the bank on his behalf to temporarily increase his overdraft, and we were able to get the practice out of the emergency ward as stability was regained.

As in dentistry, people who have had their acute pain removed are tempted to return to old habits, but Jimmy could see that there were other things waiting to trip him up. He was at an unknown retirement age in his thoughts and I was able to show him that a profitable, well-run business would fetch a better price than one in its present state.

Taking his retirement sale as our end point, we created a vision for the business and determined what would be measurable land marks along the journey.

The results

By introducing financial controls and budgets, he was able to bring his materials, laboratory and utilities bills down by 25 per cent. At the same time, we increased his forecasts and subsequent turnover by 10 per cent, increasing overall profit by 20 per cent.

Both he and his associate accepted referrals for some treatments, but that was done on a random basis. By introducing a defined patient journey for all new and old patients, Jimmy was able to show him that a profitable, well-run business would fetch a better price than one in its present state.

Starting Well drive encourages young children to visit dentist

By DT UK

LONDON, UK: It can sometimes feel like dentists are fighting a losing battle when it comes to children’s oral health, especially given that recent figures from NHS Digital show that the number of children admitted to hospital for tooth decay has risen for the second consecutive year. It comes as some welcome news, then, that around 30,000 children in the London Borough of Ealing have registered for a dental practice this year, thanks in part to the starting Well: A SmileLife Initiative.

The initiative, run by NHS England, is intended to reduce oral health inequalities and improve the oral health of children under 5 years of age. This is done by focusing on those children not currently regularly attending a dentist and by providing their parents with advice regarding sugar intake and the benefits of fluoride exposure for teeth.

Though it will eventually be a national programme, Starting Well: A SmileLife Initiative was launched in Ealing earlier this year (January 2018). It was a success! These areas were chosen because they have access to local dental care and were in need of help in reducing oral health inequalities and improving oral health systems in the area. Children under 5 years of age are encouraged to visit their dentists and are provided with advice regarding sugar intake and the benefits of fluoride exposure for teeth.

At the recent RDIA Dental Showcase, Kelly Nizyzer, Regional Lead for Dental, Pharmacy and Orthodontic Services at NHS England’s London Region Team, outlined how well the initiative has performed.

“For the first time in our practice, we have been able to show our patients the importance of seeing their dentist regularly. This is especially important for children under 5 years of age, as they are more at risk of developing tooth decay. The initiative has been very successful in Ealing, with around 30,000 children registering for a dental practice this year,” she said.

Starting Well: A SmileLife Initiative is run by NHS England and aims to reduce oral health inequalities and improve the oral health of children under 5 years of age.

Starting Well: A SmileLife Initiative is run by NHS England and aims to reduce oral health inequalities and improve the oral health of children under 5 years of age. (Photograph: Dmytro Zinkevych/Shutterstock)

It has worked so well for us and we are giving training to the dentists with paradigm shifts in the dental practices to make sure that the children have access to fluoride in their diet.

I have been an advocate of this initiative since the beginning and I am proud to be able to share my experience with others.

About the author: Dr Alun Rees graduated from Newcastle University in the UK and started his career as an oral surgery resident before working as an associate in several practices and opening two of his own. He sold his dental business in 2005 and, as a Coaches Training Institute-trained coach and Kolbe consultant, now runs the Dental Business Coach, where he offers support and advice regarding practice organisation and management in the UK, Ireland and beyond.

*Name has been changed

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