As a business consultant, I have been providing training, coaching and mentoring services to UK and Irish dentists and their teams for the last 23 years. Additionally, I have had the opportunity to work with clients in a number of European and other countries, including Turkey, India, the US, Canada and Australia. I consider myself a bit of a rebel and love to talk about innovation in business and how it applies in dentistry and the wider health care environment.

In this article for Dental Tribune I want to take you back to the mid-1990s and my first experience of working with UK dentists, providing team training workshops all across the country. Inevitably, there would come a point in one of those early workshops at which an attendee would raise his or her hand and, instead of asking a question, make a statement that came down to something like “Chris, this is all very good and exciting, but you need to understand that here in [insert place name] things are different.”

Candidates for “insert place name” ranged from the valleys of southern Wales to the West End of London, from north to south, from crowded to thinly populated areas: references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would fall on stony ground because of the idiosyncrasies of the local population or macro- and micro-economic circumstances.

As a speaker, one learns to deal with such objections and concerns with empathetic listening and compassion, but I gradually realised that, in each of these locations, there were dentists who were just getting on with the job and enjoying great success, because they were either oblivious of or immune to those self-limiting beliefs. Now, do not get me wrong here, if your dental practice is situated in a town where a significant proportion of the population is dependent on one major employer that then closes down, even the greatest optimist and positive thinker would have to take a reality check and respond. Thankfully, such economic disasters are relatively few in number. Most of the time, the aforementioned statements of difference are a self-fulfilling prophecy on the part of the conference questioner.

The caring speaker will try to engage the attendee in meaningful dialogue, but experience shows that, sadly, the critic rarely wants to be persuaded away from his or her unsatisfactory hypothesis. Bringing this phenomenon into the second decade of the twenty-first century, the most frequent use of the phrase “ah, but it’s different here” relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experience, I then meet dentists in the same location who are happily generating digital sales.

A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact that almost 66 per cent of their website visits were from mobile devices—smartphones and tablets—thus demonstrating that website appearance on a 27-inch iMac screen is no longer as important as how it looks on mobile.

If I now refer back to the international locations in which I have had the opportunity to work, I can think of not one of the listed countries in which I would argue that the situation is different. Perhaps the most notable of these is India, where I was privileged in February to deliver a two-day workshop to 50 dentists from crowded to thinly populated areas: references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would fall on stony ground because of the idiosyncrasies of the local population or macro- and micro-economic circumstances.

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A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact from that city and nearby Mumbai. Halfway through the morning on my second day there, an attendee rose to his feet and requested a hand mike and I knew what was coming. “Chris, we have all enjoyed your lecture so far, but you need to understand that here in India things are different,” he said.

I listened, acknowledged and then simply carried on, in the knowledge that Mumbai is now regarded as the health care tourism capital of the world, that technology is influencing society as rapidly as anywhere and that the traditional Indian business model of sole-trader dentists with no nurse, no hygienist and no associate is rapidly being replaced by dental corporates and retailers, as is the case everywhere. In my original list of countries, there is not one excluded from the information and connection revolution that is reshaping all of our lives.

People are people. The independent traveller of 50 years ago would have commented on diverse cultures. In 2016 the same traveller will comment on similarities, whether good or bad. The global village contains dental patients and they have similar needs and expectations of value. So if you are looking for tips on how to improve your dental business, you now gain a global perspective when observing best practice.

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I have visited and worked with the best in all of the countries listed and found that no nation is behind the curve when it comes to innovation in the business of dentistry and we can all learn from each other. Except, of course, in your place—if it’s different!

Chris Barrow is the founder of connections business coaching. An active consultant, trainer and coach to the UK dental profession, he regularly contributes to the dental press, social media and online. Chris Barrow can be contacted at coach@7connections.com.