

# Finding your first job as an associate in general dental practice

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## IN BRIEF

- Practical advice on how to go about finding a job as an associate in an NHS or private dental practice.
- How to assess if a practice, principal and team is right for you.
- How to avoid common contractual and monetary pitfalls.

The landscape of dentistry is changing at a rapid rate and nowhere is this more apparent than in the job market. Finding work as an associate GDP is more competitive and seems increasingly driven by large corporate practices and faceless recruitment agencies. There is a massive emphasis in vocational training (VT) and dental school on clinical training, and rightly so, however, practical advice on how to obtain an associate position and what to avoid when looking for work was a little thin on the ground as I finished my degree in 2011. In this article I have attempted to give some basic tips on how to find an associate general dental practice job, what to look for in a practice and basic pitfalls to avoid. I should know – within three years of graduating I had already worked in a variety of NHS and private settings in five different practices.

## WHERE TO LOOK FOR A JOB

If you are fortunate enough to have enjoyed your VT placement and a job becomes available, it may be offered to you; if not, don't be shy, ask if they would consider you. The benefits of staying on are numerous but generally there are just fewer surprises after working there for an extended period of time.

If this is not an option the next best way to find work is to ask any friends who already work in good practices and enquire if they are looking for anyone. Attending one of your principal's seemingly dull local dental committee (LDC) meetings is a decent way of meeting other principals in the area and making some new contacts. It is worth noting that meeting with dentist friends or contacts in your area can be invaluable and save a lot of stress and hassle later; for the price of a pint you can learn an awful lot about the practices locally. Dentistry is a very small world.

Another way to find work is to use the multitude of recruitment websites or even recruitment agencies out there: BDJ Jobs, Elite, Green Apple Dental etc. This is also a good idea to see what is on offer in the area, average UDA value, amount of UDAs offered

etc. Failing this, creation of a good CV with a decent covering letter (ideally personalised for that practice) is a good way of letting a practice know that you are interested in working for them.

## WHAT TO LOOK FOR IN A PRACTICE

Brilliant! You've been asked to come in for interview. Apart from knowing as much as possible about the practice (this is especially important of private practices-what is it that sets them apart?) the old advice your mum gave to you before going to any interview obviously applies: look presentable, better to be overdressed than look like you've just rolled out of bed, be early and friendly and chat to all the staff, not just the principal.

Most associate interviews are not formal; in my experience they simply are a quick chat to confirm you will fit in and, if they like you, negotiate what the terms of the job are. It is impossible to know what it will be like working in a place based on a short 10-15 minute chat in a back room of a busy or even closed practice. However, you can improve your chances of working in a good practice by making sure you have considered the following:

**Do you get on with the principal?** If your personalities do not click, it is probably better to move on and look elsewhere; there are usually problems that need to be ironed out with equipment, patients, pay, pensions etc on a daily basis in practice – you do not want to have to deal with a difficult person as well.

Ask or find out how many associates have been with them for a long period. If lots have left after only a few months or weeks in the job, there is probably a reason. Try and chat to another long term associate and ask them what they think of working there.

**Is there an effective practice management structure in place?** This is crucial if your stress levels are to stay low. Do not expect a full book, regular recalls, a well-stocked room or quick resolution of any day to day problems for example, with equipment, if there aren't well trained staff answering the phones and an effective senior member of staff giving feedback to the principal. Avoid working at any practice lacking management and leadership.

**What is your did not attend (DNA) policy?** This varies widely and can really affect your income particularly in high need areas when a greater number of appointments are needed. Principals are generally more inclined to give patients another chance due to three reasons: they don't have to waste their own time; it is hassle when the patient rings up to complain they have been removed from the list; and the possibility of a lower NHS contract value in the future if the new contract does turn out to be a capitation based system. The usual rule is three within a reasonable period and you're out, or missing a first appointment without good reason. Again if this is not backed up by a good manager/receptionists you could be sitting there twiddling your thumbs a lot.

**What kind of contract do you use?** I, along with many others, have been stung

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on this. Ultimately you have very few rights as a self-employed associate and what few there are you'll find written in your contract. If it is not there in black and white then treat it as if it does not exist. A surprising number of people still have no contract at all. A contract is still implied legally even if you don't have one; however, I would definitely not rely on this.

Personally unless it is an actual British Dental Association (BDA) contract, which is designed by its very nature to be fair to both parties, I would not sign it. If the principal will not agree to change his/her contract it could be wise to move on. If you are willing to accept a different kind of contract (due to a lack of choice) a good rule of thumb is to check the thickness of the contract and who it is written by. An extremely lengthy contract (60 plus pages) written by a solicitor representing your principal is not likely to be in your favour. Likewise a short 'back of a fag packet' agreement written by your principal may not give key information they do not want to put in for a reason. Essentially whatever the alleged pressures of time or competition exist when discussing a potential job contract with a new principal: if you do not agree, do not sign it.

### THINGS TO CHECK ARE INCLUDED IN YOUR CONTRACT

**Length of agreement:** I would go for 12-month period before review. Some of the more biased contracts lock you in for 2-3 years with heavy payments if you leave the practice before this. Watch out.

**Retention fees:** these are in place for a good reason – if Mr Smith's private crown you charged £500 for breaks two months after you have left it is probably only fair that you should be responsible for part payment of the lab bill and putting it right. A reasonable suggested figure is around £1,000 which the principal keeps for a period of 6-12 months or alternatively a small percentage of your last payslip. What is not reasonable is one year plus with much larger figures. From some friends who work for DBCs I have heard £8,000+ retention figures taken from your last payment. Trying to get this back in full or even in part can be very stressful and is essentially out of your control. Even if a principal/company should pay you and you have a contract it is unfortunately very, very difficult to get them to do this promptly, even if going through the courts. Definitely best avoided.

**Pay date:** following on from the above: make sure a clear date/week is written in which you should be paid.

**Extra charges:** an associate should expect to pay for a percentage of lab bill costs or perhaps if you break a piece of

equipment and it is your fault. Some people/organisations will charge for anything they can get away with. I have heard some ridiculous things from CQC and decontamination charges to EDI (charging for pressing the button to submit your UDAs) to credit card charges. One charge to consider as an associate is that if a key piece of equipment breaks down, the principal has to have this repaired in good working order within a reasonable period (less than five working days), and if it takes longer will you receive any compensation? This is covered in the BDA contracts. Essentially avoiding any extra or unreasonable charge is down to you and your reasoning abilities talking with your principal.

**Hygienist fees:** this is either a brilliant benefit or a complete hindrance depending on a number of factors beyond an associate's control – after all you did not employ the hygienist and do not know what their quality of work is like. However, a lot of associates have to deal with this as a cost, so think about whether the figure stated is reasonable and you can make it work on the UDA/percentage value offered, or whether it is just another hidden charge.

**Notice period:** if you do want to leave how much notice do you need to give? Three months is fair, any longer and you will struggle to find a job.

**Areas of work:** virtually all contracts will state that you agree to not work in the immediate locality for a certain period of time after your job ends, if you decide to move on. If location is everything to you consider this closely and be upfront about this; the principal may renegotiate the boundaries to some extent.

**Money:** this is an awkward topic for anyone to discuss with their boss however long you have been in a job. It is obviously more awkward to discuss as a potential associate at an interview or as a new team member with little or no history dealing with your principal, but is essential to get this bit right ideally from day one, as ultimately you want to be paid well and fairly for providing quality work.

**UDA quantity:** be sensible. Being greedy could backfire massively economically and stress wise. When setting a UDA target it is essential to check your contract carefully for what happens when you underachieve. This will usually involve clawback. Clawback is in its simplest terms paying money back to your principal when you have underachieved on your target of UDAs. This should only really apply if you are paid monthly as a twelfth division of your gross salary, and then this figure will be 50% of your UDA value (or whatever percentage you are paid).

If you are paid only by what you have performed there should be no clawback clause in your contract.

When discussing targets with a potential employer it is important to be realistic. Base this on your past experience as a VT, your own skill set and how much time you want off and see what suits you. Above all check your contract, or better yet get a specialist dental solicitor to check it for you.

**UDA value:** this varies massively across the country (just looking in the BDJ Jobs section £8-£13.50). Values are higher up north generally but are lower in big cities where there are a large amount of associates who want work, SUCH AS, central London. You will never know what the true gross UDA value is unless your principal shows you their NHS contract and values paid to associates have gone down steadily even since I graduated in 2011 from about £12 to now roughly £10 in Yorkshire.

There is definitely scope to negotiate this with your principal but there is a fine line between being taken advantage of and pricing yourself out of a job due to greater competition as a younger associate. Value is an element to be taken into consideration with all of the other factors mentioned. If trying to negotiate, ask yourself what can you bring to their practice and business? After finishing VT this is not likely to be much but in time your CV may be expanded to include extra qualifications, a proven track record of achieving UDA targets or overachieving, grossing a high private income or extra duties such as performing audits and being the radiation supervisor.

Some associates may even have a UDA renegotiation clause written into their contract; this could work in your favour or not.

**Considering working in private practice:** after a short period working in the NHS after VT I took the plunge and worked in a very friendly private practice for just shy of a year before I ended up moving back to Sheffield and to mixed practice. I mostly enjoyed my time there and I learnt a considerable amount from my principal but this would not be for everyone. The key thing you need to ask yourself when working privately is: can you deliver? If you suffer from low confidence, are not comfortable with your basic cons/crown/bridgework etc or are a poor communicator this is probably not for you so soon after VT. Things I really enjoyed included: challenging and more interesting cases which you were paid proportionately for, a nicer working environment, excellent training and state of the art equipment. I think it's important to remember that private practices can be far worse to work in than the

NHS with the added headaches of a lack of generous NHS pension and no guaranteed income if you are working fee per item or building a new list of plan based patients, or even dealing with neglected patients who have unknowingly been paying for the privilege. Apply the other key things discussed above and ask yourself whether you can deal with the pressure, deliver predictable results and honestly think about whether there are enough patients to sustain your income.

**Other considerations:** is your boss a dentist? After the 2005 amendment to the Dentists Act,<sup>1</sup> non-dentist 'directors' were permitted to purchase and run dental practices as part of a dental body corporate as long as they were in a numerical minority. The law, however, does not stipulate that the business control must be even, and therefore effectively it is possible you can work for a businessman and not a dentist. The law was passed to 'increase competition and choice for patients', however, as we have seen over the past nine years it has effectively achieved the antithesis of this idea as well as a lot of other unwanted side effects for both patients and clinicians.

Now it is law, consider whether you want to work for a businessman or a dentist. Under the current NHS system of UDAs it can at times feel like you are chasing points rather than treating individual people and giving them the care and advice they need to improve their health. In my experience I have not met a shrewd investor who cares as much as a dentist for the oral health of others. It is your decision at the end of the day but I wouldn't expect to get the fancy composite kit or the latest rotary RCT kit unless you can show it makes business sense. Certain protocols like having an efficient recall system, dealing with complaints and using a better quality of lab work to save on re-tries may also pass them by.

Is your room and X-ray machine in good working order and of a size you are happy with? Is the practice pleasant and well equipped? You will be spending a lot of time there under pressure. Make sure it is efficient (that your handpieces and scaler work) and is pleasant. If there's air conditioning you may have hit the jackpot.

Ask to see the current associate's book if you are replacing someone else: are they

busy? How many DNAs are there on average? Have they taken any radiographs? What are their notes like? All will usually be indicators of the kind of list you will be taking over. If you are starting afresh with no list expect a hard slog.

## TO SUM UP

Don't panic, it would be easy to focus on the negatives affecting a new UK dental graduate but dentistry is fun, varied, challenging and generally a well-paid and rewarding career. When looking for a job, if there are a few available, go for what suits your abilities and aspirations at that time. If fewer are available it may take a little more time but you will get there; don't believe the grass is always greener. People aren't very likely to admit if they are having a miserable time at work. When looking for a job there are still some caring, fun and generous principals and organisations to work for; you just need to have your wits about you and a bit of luck.

*With thanks to Rosie Vickerton for proofreading.*

1. UK Government. The Dentists Act 1984 (Amendment) Order 2005 schedule 3, 2(e).