

Focus on dental practice managers



Lisa Bainham, President of the Association of Dental Administrators and Managers (ADAM), considers the current concerns of dental practice managers, and how the role of the dental practice manager has evolved over the years.

Current concerns

Dental practice managers (DPMs) need broad shoulders. The days of a DPM being a receptionist who did the cashing up and staff rotas are over. Today's successful dental practice needs a dedicated team with an effective DPM at the heart of it.

But what are the major issues that are landing on DPMs' desks across the UK? Having surveyed the Association of Dental Administrators and Managers (ADAM) membership, here are our top five:

1 CQC/Regulation. Far and away the dominant issue affecting DPMs and their practices today. Quotes included:

'Definitely the ever changing and increasing regulations; whilst there are compliance packages available, we shouldn't need to be buying in further help. Some of the compliance companies are also fuelling the system by adding in all sorts of unnecessary policies and protocols. It is becoming very difficult to know what is actually required, and what is totally over the top. One CQC inspector will interpret things one way, and another will have a different opinion. I understand that they are trying to be more standardised in how they inspect, but there are still far too many variants out there for anyone to tick all the boxes.'

'It's hard to keep up with changes and regulation; there are not enough hours in the day. You tend to be buried in paperwork, when you should be available to deal with staff and patients and to let them know you are there for them.'

'The other problem is the new CQC inspections on the KLOEs [Key Lines of Enquiries] – is the practice well led? To an extent yes, it is as all governance, health and safety, information governance to name just a few are complete, but as the principal is the registered manager and doesn't invest in the practice or staff, this affects the outcomes of some of the CQC requirements.'

Whereas I can identify the learning needs of the staff, the principal will not pay for any training other than CPR/medical emergencies. So I am not in a position to support the staff to meet the requirements of the registration.'

'...keeping up with regulations and CQC requirement is quite stressful.'

2 Staff – recruitment of the right team members

'I think the biggest concern at the moment is the lack of qualified and experienced dentists and dental nurses who want to work in an NHS practice that is open 8-8, which is how our site operates. Even though we offer modern facilities and have a very good, qualified support team, if someone leaves, we have been finding it extremely difficult to recruit these two key roles for about two years now. Even securing a locum dentist who wants to work these hours has proved almost impossible.'

worry is after Brexit this will become even more difficult as most of our dentists are Europeans.'

3 Tendering and LATs

'The subject of tendering has now come up as although we are told by our health board it will just be reviewed like the end of previous contract times, we cannot assume. This may change and we may have to tender for our large orthodontic contract.'

'E-referral systems are being set up now throughout England for minor oral surgery and orthodontics with us in September 2017. We are an orthodontic practice but we also have a paper referral waiting list. The Local Area Team (LAT) are asking us to add all of these onto the e-referral system as well as still using our own software - double the work and to what end? The LAT don't really know yet. The LAT get audit figures from the BSA already. All very annoying!'

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'I hear anecdotally from colleagues that many dentists are choosing to work outside the NHS, even after completing their VT, which makes one concerned for the longterm future of NHS dentistry.'

'Recruiting qualified nurses is becoming harder. I have been advertising for months and no interviews.'

'Recruiting experienced dentists is a constant struggle – there are very few applying for jobs. My

4 The economy. This was a particular worry of those who had a small or no NHS commitment

'We are an independent non-NHS practice in a market town. If the economy does worsen that will have an effect on our patients' ability to pay for treatment; recruiting new patients is always something which we worry about.'

5 *Staff – retaining the right team members*
 ‘My current challenges are retaining staff and keeping them motivated. With the cost of GDC, Indemnity and DBS (which staff have to pay themselves) staff are now starting to leave and go into jobs in supermarkets etc as the pay is higher and there are no outgoing costs involved in doing your job and no outside bodies coming in and inspecting the way things are done.’

‘In the 30 years we have been in dentistry, getting the right team together is the biggest issue. Finding that special person has always been a challenge! You do get what you PAY FOR!’

The evolution of dental practice managers

Looking back on almost 20 years’ experience as a dental practice manager, never before has there been as much responsibility on the shoulders of practice managers, and now more than ever, they are finally getting the acknowledgement they deserve.

When I began as a DPM back in 1998 at the age of 19, the role could be quite basic and there was not the level of compliance or responsibility that comes with it now. In those days I learnt as I went along, and quite frankly from the many mistakes that I made.

There cannot be too many careers in which one is expected to be an HR Manager, Marketing Manager, Compliance Manager, Business Manager, to name just a few, whilst also being an approachable, occasional shoulder to cry on and not forgetting referee! The role needs to be carried out to the highest of standards, often without any formalised, additional training, other than core CPD.

However, it would be fair to say that the role has evolved at different rates in different practices. ADAM’s 2017 Salary Survey demonstrated that there was a huge range of pay disparity that was often (although not always) dependent or linked to the scale of responsibility the DPM was working at. So, is this the fault of practice owners not understanding, or DPMs not asserting themselves and demanding the credit and pay that is due to them? Part of the problem for DPMs is not being aware of what they don’t know, and then finding out where they can gain the training and skills to equip them in their roles. There are often no allowances for error, and certainly not in areas such as HR and Compliance where there are legal implications.

In my experience, the majority of DPMs are happy to take on a huge workload, but too often are also expected to be a receptionist one day and maybe a dental nurse the next in

addition to their DPM roles and often without the reflection in remuneration. Many dentists are so busy treating patients (which is as it should be), that they sometimes don’t realise the extent of the workload or the systems that are in place and being used by the whole team, to ensure the smooth running and success of their practice.

I would like to say that I don’t believe there is a vast swathe of DPMs that are being undervalued, but for those grafting away and feeling overworked, under appreciated and underpaid, the quote, ‘You get what you pay for’ springs to mind.

Many of you may not know that Chris Barrow was involved with the British Dental Practice Managers’ Association (BDPMA - ADAM’s former name) in the 1990s. I caught up with him and asked for his take on the massive changes in the role of a dental practice manager over the last 20 years.

Chris Barrow: ‘Back in 1997, when the BDPMA was representing the profession, I wonder what the reaction would have been if I had predicted that



20 years later the fully functioning practice manager would have to demonstrate leadership and management skills in:

- Financial monitoring and analysis
- Branding
- Direct marketing
- Digital marketing
- Patient relationship management
- Treatment co-ordination
- Post-treatment follow-up
- The patient experience
- Clinical governance
- Compliance
- The complete HR function.

‘I also wonder what the reaction would be if I said the practices in which they work would include:

- Vast nationwide corporates with over 500 locations owned by healthcare insurers and financial institutions

- Rapidly growing sector of privately owned multiple location micro-corporates
- In-store dental chains owned by (or renting from) major high street retailers
- Economy, business and first-class environments
- The world in which they work being dominated by the Internet of Things, bringing a digital perspective to every aspect of their work
- That private dentistry in the UK would have grown from £1 billion to £5 billion a year of sales (and that the £2 billion NHS dental budget in 1997 would be £2 billion in 2017).

‘A good practice manager is integral to the running of a successful practice. Indeed, John Milne, CQC’s Senior National Dental Adviser, recently said at a CQC Reference Group Meeting that the CQC inspection programme, to date, has found that “a delegated and empowered practice manager is a

key component of a well led practice”. ‘Considering that the majority of failed CQC inspections are in the area of the “well led” outcome, surely there is no better reason to not only look after your practice manager but delegate, empower and reflect this in their salaries based on responsibilities.’

Would anyone like to predict where we will be in 2037?!

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