

CLINICAL LEADERSHIP AND GOVERNANCE

Mike Busby discusses how effective leadership and governance can ensure business profitability.

I strongly believe that leaders don't have to be born to the task - they just have to have the passion to pursue their goals. This also goes for effective dental leaders, who must also engage their team in order to accomplish both individual and practice objectives. During my time as a GDP, I found that this can often be achieved by building strong relationships and fully involving team members in the possibilities, opportunities, priorities and direction of the practice. The following information includes just some ideas on how you could implement effective leadership and governance strategies for your business.

Success

Our own job satisfaction rests heavily on whether we feel that we're helping patients achieve good oral health. But according to research, perceived quality of service is one of the most highly correlated variables to profitability¹.

There is also significant evidence to suggest that lasting success is achieved through customer satisfaction and it seems that our patients have three clear priorities on the service they want from a dental practice:

- 1) **Competence** - they want to be confident that we will do a good job
- 2) **Communication** - they want us to treat them in a friendly manner, listen to their needs and explain their care clearly.
- 3) **Cleanliness** - they want to be confident about our infection control²

Spending time improving performance in these three areas should impact favourably on your practice's success.

¹ Profit Impact of Marketing Survey, www.pimsonline.com

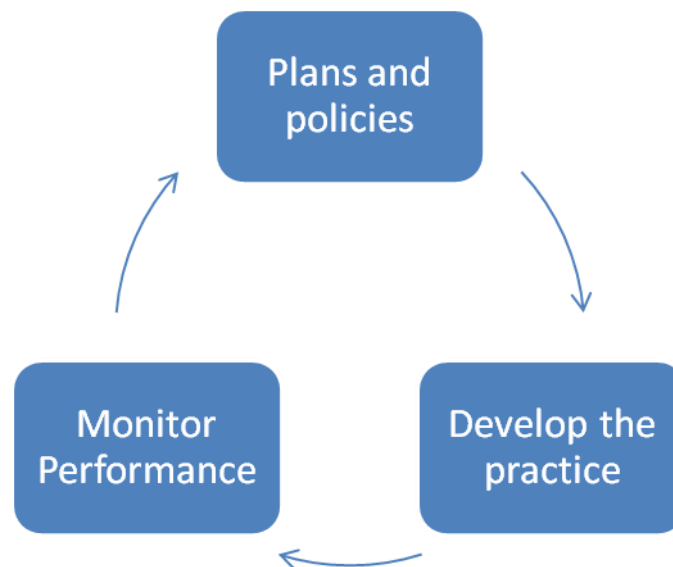
² Mike Busby (2010), Measuring success in dental practice using patient feedback- a feasibility study, Birmingham University M Phil Thesis

Competence

A key part of highlighting your professional competence to patients is through the achievement of ongoing training, recognised qualifications and external accreditations. Some payment plan providers offer a portfolio of events and tailor-made training modules focusing heavily on these topics. These courses can not only count towards verifiable CPD, but could also contribute towards post-graduate qualifications such as an MSc in Primary Dental Care.

A key aspect of modern clinical governance is that practices should keep records to demonstrate that the management/governance cycle is being followed (Figure 1), particularly on important quality and safety issues. The Investors in People Standard is also based on this model:

Figure 1- The management/governance cycle



Communication

I think it's fair to say that, over the years, we've come to understand the pivotal importance of our communication skills when it comes to business success and this goes for all practice staff, not just the receptionist or dentist.

Communication policies can be developed as a team, taking into account current evidence, guidance and the law. These should be 'living documents' and reviewed periodically in team meetings, not just allowed to gather dust in a filing cabinet or saved as a word document on the practice manager's PC. These policy documents not only guides the whole team towards favourable patient outcomes on a day-to-day basis, but they also contribute towards evidence that a process exists and where improvements can be made. For example, your website and literature will produce evidence of practice development, while CPD records provide evidence for the development of people.

The final, but essential cog in effective communication is audit. The outcome of our patient communication is one of the most important audits we can perform. We can ask patients in a graded survey how they rate our communication, particularly in the areas of attitude, listening and explaining - amending policy and development in order to improve outcomes. If these governance principles are adopted, particularly on the issues of communication, competence and cleanliness, continued success is supported.

Cleanliness

We're all very much aware of HTM01-05 requirements and most are ploughing ahead with any necessary changes, as well as planning for best practice. One requirement of HTM01-05 is that dental practices have a risk assessment for Legionella, particularly where premises are older or the water system more complex.

However, recent dental market experience by Brodex, an accredited water treatment specialist, has shown that one in 100 dental practices have identifiable Legionella in their water supply³. Dental staff are more likely than the general public to have Legionella antibodies (i.e. they've been exposed to it but have not had acute symptoms) and at least one dentist in the US died as a result of Legionella species found in his dental unit⁴.

³ www.brodexuk.com 01704 834 477

⁴ Infection Control Services - Management of Contaminated Dental Unit Waterlines

The majority of practices can get a full risk-assessment and recommended audit protocol for around £475 plus VAT, so the cost is well worth the peace of mind. Some payment plan specialists can also secure substantial discounts on these services for member dentists.

It's clear that the leadership of a successful dental practice requires passion and a patient-centred approach. The tips above have hopefully given you some ideas on where you can develop your leadership and governance further, but I will leave the next steps in your very capable hands.

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Mike has been working as a trainer and advisor with Denplan for nearly 20 years and is also an honorary lecturer in Primary Dental Care at the University of Birmingham. Mike has over 30 years' experience of practice life having practiced as a GDP in Newport Pagnell.