

Dentistry Business

Added burdens

Lester Ellman looks at how the HTM 01-05 decontamination guidance will affect dental practices

When I was young we believed that dentistry lived in a protected bubble unaffected by world and local events. To some extent, that was true because the type of dentistry which we provided was fairly simple and predominantly governed by the patients' needs. Pain had to be alleviated and this urgency negated the effects of any broader economic situation.

But, as our profession has developed in terms of the accepted complexity of treatment which we provide, the affordability of what we offer has a much more complex relationship with both the wider economic position and the individual patient's circumstances. This is clearly being demonstrated currently as the effects of the recession have removed both individual confidence and actual attendance at many practices, causing considerable difficulties in balancing the books and reaching UDA targets.

Given that times are hard for

many practices, the added burdens being heaped on us all through the HTM 01-05 Decontamination guidance, which will undoubtedly soon become de facto accepted practice, will create yet another administrative nightmare, as well as an additional financial hazard to be factored into the fiscal equation.

So, how will the application of this guidance affect practices? Having read the guidance, my own view is that there will undoubtedly be a need to purchase additional equipment. Aside from the financial implications, this brings with it additional associated problems of training, ongoing maintenance and extended turnaround times. It will also require additional sets of instruments to ensure patient flow is not impeded because the necessity to achieve UDA targets is unlikely to be removed. Failure may well result in clawback and reduced contract values which will seriously affect practice finances adversely. This makes

target achievement a necessity.

Some practices will face insuperable problems in that they will have no space to accommodate the bulky additional kit e.g. washer disinfectors and extra work surfaces. This means that they either have to build on to create that space or they will need to find another means to comply with the guidance. I have no doubt that there will be a period of grace given for these practices, but a solution needs to be found fairly quickly to ensure survival. There will be many practices which will have these problems and I can certainly think of several ways that they can be solved. Whichever way we decide to resolve the issue there will be significant disturbance to practice finances. This will necessitate careful management to negotiate the adverse changes.

We dentists are extensively trained in the arts and science of dentistry, but we are not really taught anything about

managing a practice.

As the largest proportion of our graduates will, unlike our medical colleagues, make their career in general practice it seems rather remiss that we are not schooled in the running of a practice. Experience can be a good teacher but can also be an expensive one. Some 25 years ago, October 1984 to be exact, I wrote that we should be given some grounding in the art and science of managing a practice. Much of the expertise I have

gained in practice management has been at the expense of my purse but, while that may have been a valuable series of lessons, it could have been far less painful (and expensive) had I been given some training before embarking on my practicing career.

Thank goodness there are now people around who have an in-depth knowledge of dental practice who can assist and spare others some of the misery I endured.



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Lester Ellman has been a GDP all his working life, running several NHS practices and converting, in 1999, to a largely private practice. He is now involved in two private practices and has visited and observed hundreds of practices through his roles with the BDA and with PCTs.

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