

Oral Health Journal

The first article, Entrepreneurism and Dentistry, appeared in Oral Health Journal in November of 2011. I wrote to Dr. Glazer, after reading his article, with a rebuttal. After a lively email discussion, Dr. Glazer arranged for my rebuttal be published in Oral Health Journal as my points had merit. Here are both articles:

November 2011: ENTREPRENEURISM AND DENTISTRY - Mutually Exclusive?

Dr. Bruce Glazer

(Communication Editor and Dental Advisor for the Canadian Dental Protective Association and the Prosthodontic Editor for Oral Health Magazine)

The word 'entrepreneur' came into vogue in the 1980's and has now come to mean a person who organizes and operates a business or businesses, taking on greater than normal financial risks in order to do so. Entrepreneurism is an uncertain endeavour as the odds for success are not favourable. Thus, according to this definition, a dentist is not a true entrepreneur, as the chance of success is relatively high. However, the spirit of entrepreneurism surely does exist within dentistry. Most dentists desire to be successful and given the demand for dental services - they are! Dental practices do not bring new services to the public. But, they can be marketed in a unique and different way, perhaps in an entrepreneurial way. If an entrepreneur is successful, the company created can be sold, taken public or retained personally. Either way, business success is measured in the millions. Most solo dental practices differ from this scenario. They usually grow steadily, but slowly and offer the owner a comfortable living.

In many ways, this slow and steady growth is the genesis of a practitioner who, after graduation, needs considerable time to develop the clinical skills necessary to practice above the accepted standard. Most stakeholders in dentistry agree that to become really accomplished in dentistry, it requires considerable practice and the passage of time, much like a musician. I believe the aforementioned scenario, to be the proper developmental path in dentistry. The problem, however, occurs when dentists begin to acquire many active offices in an attempt to become entrepreneurial. These practices are demanding and are in need of a distinct business model, which usually is odds with quality dentistry. These models go beyond savvy purchasing, good staffing, and increased services - they are about increased productivity.

There is only so much that production can increase before compromise creeps in and quality nose dives. No longer are record-keeping, informed consent, and proper diagnostics practised as they are too time intensive and poorly compensated. Adverse outcomes become the norm and it does not take long for the dentists to be involved in a malpractice lawsuit or a collegial complaint. Most dentists whom I have taught or mentored possess adequate skills but the demands of overproduction can cause them to skip steps and become sloppy. When this occurs and a College complaint follows, the dentist must step back and realistically evaluate the reason the problem occurred in the first place.

From my experience, working with CDPA as dental advisor, the lack of record keeping, diagnostics and dental work in general below the provincial standard are the symptoms of the underlying disease. The root cause is an unrealistic production schedule which in most cases makes dentistry and entrepreneurism mutually exclusive. BG



Oral Health Journal

My rebuttal to Dr. Bruce Glazer's thesis that dentistry and entrepreneurship should be mutually exclusive....

November 2012:

ENTREPRENEURISM & DENTISTRY

Mutually Exclusive?? No! A Necessary Combination!

Kristin Nickells, Nickellsilver Solutions, Business Leadership Communication Coach for Dentists

Dr. Bruce Glazer published a feature in Oral Health Journal (Nov.2011), titled "Entrepreneurism & Dentistry - Mutually Exclusive? I feel compelled to respectfully rebut! Dr. Glazer makes the argument that because the likelihood of failure of a dental practice is relatively small and the ideas and services are not new, dentists should not consider themselves to be entrepreneurs, nor is entrepreneurship in their best interest. Dr. Glazer goes on to say that dentists that try to be entrepreneurs often get themselves into trouble. Really??

I train dentists in basic business skills. I began life in the dental field nearly 30 years ago as an Office Manager for an OMS practice. I was right out of business school. I have since served the dental profession as business manager, business services consultant and now, after earning my Masters level coaching degree, as coach and trainer. For years I have witnessed how a lack of business skills affected many dentists and their staff. I realized that i could be of better service to dentists by helping them to develop their business savvy and leadership skills, rather than just doing it all for them. I have spent the last few years teaching dentists the basics of business. Acquiring essential skills is making a difference to these dentists.

I agree that dentists can find themselves in too deep when they try to stretch their entrepreneurial wings without the planning and skills to make a good business case for their ventures. However, I feel Dr Glazer made some assumptions in his article about entrepreneurship that i would like to counter.

The first is that the definition of 'entrepreneur' is someone who takes greater than normal risks. *Every* business is risky, even a dental practice. In good times, it is true that most dental practices are natural money-makers. This is double-edged sword in my opinion. When cash flow is good, it is easy to assume that are doing all the right things, however without solid fundamental knowledge of how to run a business upon which to rely, this very circumstance gets many dentists in big trouble when times are a little tighter. Even though risk may not be felt acutely at all times, it exists and every business decision must be weighed against its risk/reward ratio. The acceptance of any risk is entrepreneurial; one does not have to go way out on a limb accepting greater risks in order to be an entrepreneur.

Secondly, and most alarming, is Dr. Glazer's assumption that expansion is all about increased production only. My opinion, based on experience, is that *any practice* where the focus is primarily on production, is in trouble on many levels, including the traditional slow and steady practice! Patient and staff retention (or lack thereof), inattention to efficiency and lack of ability to plan are symptoms of that disease. The flip side of that coin is that with careful planning and attention to all aspects of the business of dentistry (including risk management, values, human resources, efficiency, return on investment, mentorship, quality control and overall goals), expanding his/her enterprise can be entirely attainable for a dentist without compromising care or quality of any sort.

In my humble opinion, Dr. Glazer has the cause and effect reversed. Entrepreneurism is not the cause of quality taking a nose-dive and landing dentists in hot water. Rather, adverse outcomes become the norm *only when entrepreneurship, in its purest form, is not practised!* Going off wildly in all directions without planning and carefully considered intent is not entrepreneurship.

Kristin Nickells, CEC