

Economic benefits

Therapists can make a practice more profitable, says **Linda Nandlal**.

A key function of a dental accountant is to work with clients to maximise profitability whilst emphasising the need for them to provide dental care to their patients in an ethical and caring environment. Most GDPs undertake a range of treatments in the course of their working week, some of which are more profitable than others. Typically a dentist will work around 30 clinical hours per week, and with upwards of 1,000 patients per dentist, the available time is limited.

In most private practices the time allocated to patient examinations does not generate a high hourly rate as this time will be spent in educating patients as to their clinical needs, and explaining the options available to them.

At the other end of the spectrum, time devoted to specialised treatments, such as implants, have the potential to be highly profitable. If a dentist wishes to maximise his or her profitability it is essential for the chairside hours to be organised so as to ensure sufficient time is available for these more profitable treatments.

The situation is rather different in NHS practices, where output is measured in Units of Dental Activity, and check-ups are not necessarily less profitable than treatments.

For many years, GDPs have recognised the value of hygienists in the practice, both in terms of patient education and preventative care, and in terms of profits generated for the practice. There is a growing realisation of the enhanced benefits that dental therapists can bring to the practice, with the extended range of treatments they are able to provide.



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Case study

Richard Charon, of St. Mary's House in Newbury, Berkshire, has experienced the benefits a dental therapist can provide.

Richard runs a small, successful private practice with expertise in sedation and aesthetic dentistry and which also undertakes dental implant work. For many years Richard worked only with the invaluable support of his wife, Chris, and a part-time hygienist. The demand for his services was increasing but he did not wish to work longer hours. He had a second fully equipped, but under-utilised second surgery. After some considerable thought, Richard decided to engage a dental therapist, initially for one and a half days a week to add to the one and a half days for his dental hygienist.

The patients visit the dentist they are used to, who carries out an examination and gives a treatment plan. They are

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then referred for some of the treatment to the practice therapist. The patient then ends up paying lower fees for routine fillings, for example, that would normally be carried out by the dentist. Depending on the number of fillings or PRRs prescribed, the saving to the patient might be £50–£300. The therapists benefit from earning generous salaries in an attractive practice where they are valued and respected members of the team. Richard benefits from having extra clinical hours available to provide the more advanced treatments that generate higher gross fees, as well as reducing the amount of time undertaking what could be described as less demanding or interesting work. He is also able to see his second surgery put to good use. The practice also retains its character, something often put at risk when a small practice takes on associates.



● There are significant opportunities for therapists to make a useful financial contribution to a practice.

The new regime at the practice is just a few months old and has had a favourable patient response.

Large NHS practices

Management of UDAs in NHS practices poses a different but important challenge; to keep the practice profitable whilst providing patients with the care they expect and deserve. Nicholas Taylor runs a nine surgery NHS practice in Nelson, Lancashire, and has carried out some useful studies into the financial viability of employing dental therapists.

Where it is the principal who is referring work, the benefits are clear. If 450 UDAs per month are referred at a practice rate of £25 per UDA, ignoring laboratory charges, the gross profit where the work is done by a therapist is £7,650 (assuming a salary of £3,600); whereas the gross profit for work done by an associate on the normal 50 per cent basis is only £5,625.

The formula for associates at Nicholas' practice has been carefully thought out. They are allocated a high number of UDAs to achieve, but the UDA rate applied to the associates is lower than the rate received by the practice. The UDA target is achieved by the associates referring to therapists without charge for their intervention. The end result is that associates are earning the same as previously, but working differently. ■

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