

Orthodontic Business Supplement

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Editor: Mark Forty



This Issue

PCT Games • The Private Squat Practice – Myth or Reality? • Twenty First Century Marketing Strategies for Orthodontic Practices • Do you want to pay 50% income tax ? • “Do what you say and say what you do”

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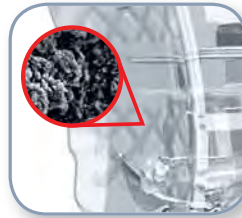
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Dr Mark Forty BDS M.Phil FDS M.Orth RCS is a member of the Orthodontic Specialists Group of the British Orthodontic Society. Mark joined Quality Orthodontics as an associate in 2000 and in 2005 became a partner in the practice.

Editorial

OBS Editor's statement

A warm welcome to the latest edition of OBS. We have some familiar and some new contributors in this edition.

I am pleased that Arun Mehra has agreed to write for us. An ex-city executive, he now runs a group of dental practices with his wife and writes on the trials of setting up a squat practice. Simon Hocken may be known to many of you already, as will his company Breathe Business, and in this issue he shares some invaluable marketing tips.

In addition, Mark Horsey poses the leading question 'Do you want

to pay 50% income tax?' whilst Jonathan Alexander-Abt describes his admirable journey towards ISO 9001 accreditation. Finally, solicitor Alexander Hall updates us on some current PCT contracting trends from a legal perspective.

I hope you all gain something from this edition and would like to thank our contributors for their in depth articles which should help us gear up for an interesting year in practice.

With best wishes for a good summer.

Dr Mark Forty
Editor

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A word from your sponsor

Once again it is a pleasure for Ormco to be associated with the Orthodontic Business Supplement. With the UK economic climate still in a state of flux, the way one handles business can have immediate effects, both positive and negative.

Businesses that will come through stronger during any tough financial times are those which see and invest in opportunities where others do not. Disposable income, in certain demographic groups, has definitely reduced. Also the decisions on where this disposable income is spent have increased, so how do you ensure this money is spent with you?

Continuing competition from cosmetic dentists advertising “instant orthodontics” is here to stay, and will most certainly have an effect on patients looking for orthodontic treatment. What is the answer....? Communication! If you don't tell people how good you are and what you can do for them, how will they make the right decision to take up treatment with you and not with the veneer option.

The web is such a powerful tool these days for any purchase we make. You therefore have to invest in creating a “patient friendly” website. Make use of the manufacturers' patient websites,



for example www.damonbraces.com by placing a link on your site to theirs. So often the choice to take up treatment is made before patients even enter your practice, and just think of those who do not even bother to enter your practice, based on what they see on the web.

A quote to leave with you

“if you continue to do what you have always done, you will get what you always have”.

Andrew Price
Marketing Manager
Ormco Europe

PCT Games

Alexander Hall is a Solicitor with MFG Solicitors, a firm with many years of experience acting for dentists and dental practices in the legal issues affecting dental practices and in those issues specific to the business and regulation of dentistry.

With the squeeze on PCT budgets, the introduction of PDS Plus contracts and the access programme, there is pressure on PCTs to achieve 'VFM' - value for money - possibly via Steele pilots and the roll out of 'World Class Commissioning'. It should perhaps be no surprise that PCTs are becoming increasingly inventive and daring, and their methods often lean dangerously close, or even cross, the legal lines set by legislation (eg. PDS Regulations and EU procurement rules) and contractual restrictions.

Here are a couple of the latest PCT 'strategies' which have come to light. These are worth watching out for and, as always, it can pay to know your contractual and legal rights in such circumstances.

UOA rationalisation projects

A number of PCTs are attempting to obtain consistency across their areas and contracts. Average UOA values

have often been set (or 'calculated') and contract holders have received letters stating that their UOA rate is to be reduced to a certain amount in line with the 'average' in the PCT area.

The letters give the impression that the practitioner has no choice. This is not of course the case. Such a unilateral change is not contractually possible. The practitioner is often asked to sign and return a copy of the letter - by doing so they 'accept' the changes.

At least one PCT is generously increasing the UOA values of contracts which have a below-average UOA value to that of the PCT average. It would be interesting to find out how many such contracts in the PCT area fall into this category and the likely overall savings obtained. It is still a fact that the majority of practitioners who receive such letters, believe they have no choice but to accept such changes - that the PCT must be able and has the authority to make them - and so sign and return.



One has to wonder in relation to such rationalisation - where will it end? As UOA values are reduced, so does the PCT average. It is easy to envisage further rationalisation projects occurring from time to time, pushing rates lower and lower.

Incorporation conditions

Incorporation remains an attractive option for many, especially due to rising income tax rates. However both PDS and GDS contracts contain restrictions on incorporation necessitating PCT consent. In most cases PCTs prefer to say 'no' to all but the preferred three or four large corporates.

If PCTs consider giving consent, it is often only on the basis of onerous conditions. For example, practitioners are being given the opportunity of incorporating if they agree to a substantially lower UOA and contract value. One orthodontist was recently given PCT consent, only to find such a reduction in UOA value written into the new company contract when it was posted out for signature. Such a reduction hadn't been mentioned and this example goes to prove that a contract must be read and checked rather than just signed and returned. Another practitioner was recently told that he could only incorporate if he swapped his GDS contract for a PDS Plus contract.

PCTs are becoming ever more aggressive in their hunt for savings and at times appear to be riding roughshod over rights. Wariness is recommended and wise.

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The Private Squat Practice - Myth or Reality?

Arun Mehra FCA, is Managing Director of Samera Limited - Dental Chartered Accountants and Practice Management Experts whose mission is to help dentists build better businesses.



For the faint-hearted, setting up a private squat practice is a challenge.

Yet, with goodwill values remaining at all time highs, NHS contracts getting harder to obtain, setting up a private squat practice is potentially the only avenue available for Associate Dentists and Specialists to have their own practice.

But setting up a private squat doesn't have to be a challenge: no doubt it is hard work and not for everyone, but, if carried out correctly, it can prove to be very rewarding personally and financially.

In the last six years, I have been personally involved with my wife, Dr Smita Mehra, (a GDP) in setting up three private general and specialist dental practices, The Neem Tree, based in London and Surrey (our newest venture is in Esher, Surrey and is due to open in Spring 2010). In addition, through my business Samera Limited, I have been personally involved in many more successful ventures. No doubt, the first practice is where we made most of our mistakes, but since then, we have managed to develop a formula for setting up successful practices for clients and ourselves.

The Neem Tree – Esher, Surrey

In our current venture, we have had to deal with many issues which never arose in our Wandsworth or Canary Wharf sites, such as:

1. Dealing with obtaining D1 planning permission and Grade 2 issues with the council
2. Trying to help and house a homeless man living in one of the sheds on the site and liaising with the probation service and police
3. Negotiating a £1m plus loan with the banks in this current economic environment!

The list goes on...

As you can see from this short list, none of these issues relate to dentistry (the easy bit!), but plain old common sense and business acumen.

For anyone looking to set up a practice, I have summarised the key factors I personally feel are essential to make a success of a private squat.

1. Passionate leadership

Leadership qualities – passion for their future business is essential for anyone setting up a private squat. You will need to work other people, lead them, coach them, even when things hit rock bottom, people will be looking to you for answers.

That's why before you even decide on setting up a squat practice, ask yourself the question, "Are you truly passionate about making a success of your venture?"

No passion, then forget about it.

2. Putting it on paper

If you feel you have the passion and the gusto, the key is then planning. Clarify your vision and mission, do your research thoroughly, ask for help and then put all your wonderful passionate ideas into a written business plan. Always seek professional help to create your business plan, as this will be the tool which will get you from where you are now (as an Associate), to where you want to reach (a successful private practice owner).

3. Location, location, location

Cliché or not, getting the right location for your venture is an essential component of a successful new private practice.

The hardest thing in any new business is getting customers or patients, so being hidden from your target customer base in terms of location can prove to be commercial suicide.

Always pay a premium for the right location, because if you don't, your

future marketing costs will always be high. Short term pain in terms of higher rent usually leads to long term gain as your marketing expenses will be lower, and hence profits higher.

4. Build a team of professionals

We always believe in getting experts to help you with your business, don't try to cut corners as 9 times out of 10 they will come back to haunt you. So hire a team of accomplished advisors, designers, builders, accountants... who know what they are doing to help you achieve your dream private practice.

Remember, when designing the practice, be different, don't be the same as the practice down the road, dare to be a little risky, as this will get your customers to notice you, even before you open! Get a great designer, don't do it yourself!

5. Raising cash and being tight with the purse strings

Armed with a detailed business plan and robust financial forecasts, you should start approaching various banks to support the venture.

Sticking to your budget is paramount to getting the business off the ground successfully. Don't be swayed by the salesman!

So is setting up a practice for everyone?

Probably not. It requires stepping out of your comfort zone many a time, working extremely hard, taking decisions that impact on not just you but many others too, and basically putting yourself on the line. If you relish that kind of challenge and possess an appetite for calculated risks then you probably need to set up your own orthodontic practice!

For further help call Samera on 020 7100 8788 or visit www.settingupinpractice.com and www.samera.co.uk

Twenty First Century Marketing Strategies for Orthodontic Practices

Dr Simon Hocken is the founding partner of Breathe Business and has a wealth of experience as a successful private dentist, practice owner and business coach, helping clients increase their turnover, recognise and act on developing trends, and find the perfect balance between their personal and professional lives



In this article, I want to give you an overview of what has been proven to work for Breathe Business orthodontic clients to increase their supply of ready and willing patients who want straight teeth.

The market in orthodontic provision is growing but it is also changing rapidly and becoming more 'crowded'. This makes it more difficult for prospective patients to understand and navigate. In my view, this is because:

- Using the Index of Orthodontic Treatment Need, the Department of Health has a lever to reduce their financial commitment to providing orthodontic treatment. Therefore, potentially, an increasing number of child patients will fall outside of this NHS net.
- I believe there will be a reduction in the provision of NHS orthodontic treatment within the hospital

service, simply because of the government's need to cut public spending and repay its debts.

- Waiting times for NHS orthodontic treatment have, in some areas, reduced dramatically. This means that the argument for providing orthodontic treatment privately (to jump the NHS queue) has in some areas disappeared.
- Increasing competition, not least from GDPs offering treatments such as Invisalign and veneer based 'smile makeovers', means that an orthodontic practice may no longer be the first port of call for an adult patient who wants straight teeth!
- Many more adults are deciding they want straight teeth, thanks to the media and the celebrity cult, and these patients are also willing to pay more for 'invisible braces'.

So, significant changes are happening. Whenever there is

change there is opportunity and where there is opportunity there are winners and losers! The winning orthodontists will have robust and effective marketing and sales strategies, which clearly differentiate them and their practice from all the dental practices that surround them.

Marketing without selling skills and sales systems is a fast way to waste your marketing budget. Effective marketing will attract people who are interested in what you offer; however, unless you and your team have effective selling skills and systems, you will only 'sell' a course of orthodontic treatment to the most determined of your enquirers. There's little point in spending your resources attracting new patients if you have a drawer (or hard drive) full of unsold or incomplete treatment plans.

Before you start any marketing, it's important to consider what distinguishes your practice from the orthodontic practices around you and ask yourself why GDPs should refer to you or why patients might choose your practice. In other words, it is important to decide what *differentiates* your practice from the rest, so that you can market this message. You may have noticed that many dental practices that are good at marketing have embraced the importance of creating a "brand". Effective dental branding should reflect your personal and business values, and having a brand will help you gain visibility in the market place. Without it, prospective and existing patients may compare you unfavourably to the branded competition.

As you are aware, orthodontic practices have two sources of new patients:



1. General dental practitioners who refer their patients to you for orthodontic treatment and
2. Self-referring, 'walk in' patients.

And two different markets/
demographics:

1. Children/Adolescents
2. Adults

These two sources of patients and the two demographics will require different marketing strategies, different sales strategies and even different facilities.

Attracting General Dental Practitioner Referrals

It is no longer enough to move into an area where you perceive there to be a gap in the orthodontic market, grab some UOAs, send the local GDPs a letter, shake their hand at the local BDA meeting and wait for the referrals to flood in.

All successful referral practices are based on the quality of:

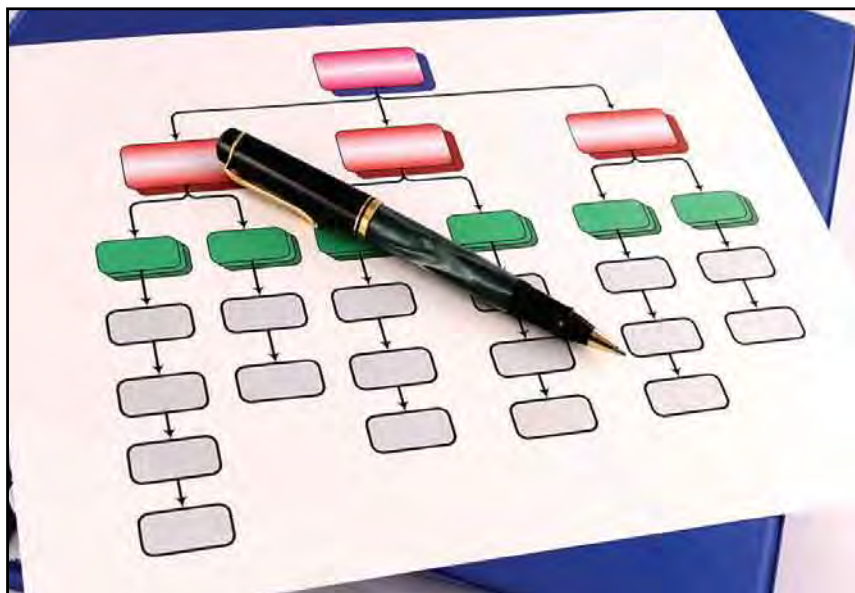
1. The relationships they have with their referrers
2. The quality of their follow through in providing the treatment

So the most important marketing strategies in order to increase the size of your referral base are those that allow you to build and maintain relationships with GDPs and those that ensure that what you do for their patients is effective and efficient.

It's human nature for a potential referrer to (quietly) ask themselves, 'What's in it for me if I refer this patient?' The answer to this question is the key to creating successful marketing strategies to attract new referring dentists:

So, here are 10 possible answers to 'what's in it for me?':

1. My patient needs this treatment and I don't have to solve this problem anymore
2. My patient will be grateful
3. It's really quick and easy to make a referral to this practice
4. The orthodontist is a nice person and will make me look good
5. This orthodontic practice is really quick to see my patients; they are transparent with their pricing, offer easy ways for my patients to pay and they are brilliant at keeping me informed of their progress



6. This practice gets really good, stable results and my patients are delighted!
7. The orthodontic practice has invited me to their: Study Club, social occasion, Christmas party, sends me a gift at Christmas etc.
8. The orthodontist is helping me to do some of the simpler cases myself under their supervision
9. They send me a regular newsletter to keep me up to date with what they can offer (which I enjoy reading)
10. Their website is fantastic and I use it as a resource to show my patients exactly what they can achieve

I'm sure you can think of some more! The secret of marketing to GDPs for referrals is to allow them to have a warm glow of satisfaction when they send a patient to you. This encourages them to feel part of your 'tribe' of referrers and, as well as feeling like they are doing the right thing for their patient in sending them to you, they will also feel genuinely appreciated and helped by you on a day-to-day basis in their general practice.

Attracting Walk In Patients

These strategies are effective at attracting both children (and their parents) and adult patients; however they must be tuned to suit either demographic. This market for 'walk in patients' is growing because the media tell us repeatedly that straight white teeth are desirable (they are!) and because patients no longer feel the need (or understand the need) to seek orthodontic treatment by asking for a referral from their GDP. (In fact many potential patients don't have a GDP.)

There are many marketing strategies to attract these patients and I've listed below the most effective, in order of their effectiveness:

1. Asking For Referrals

My coach, Dan Sullivan (www.strategiccoach.com) often says, "That all the money you need for the rest of your career is in the pockets of the clients you've already met and in the pockets of those they can introduce you to." So, before you go looking outside your practice for new patients, make sure that the patients who really appreciate what you do actively tell their friends, colleagues and relatives! This simple and inexpensive marketing strategy, if systemised and handled well, can be the most effective in increasing your walk-in new patient numbers. To make it effective, use a suitably branded "referral card" (a sort of mini brochure) as a vehicle for asking for a referral and a system that has you asking the right patients. Such a request is always best timed for when the tears of gratitude are in your patient's eyes!

You can offer incentives for introductions – even though you will have to be careful not to infringe any GDC rules (avoid using finance to induce new business) it's still possible to say a genuine and unpremeditated "thank you" for a patient referral – but let's go beyond the obvious shall we? Bottles of wine and flowers are very tired. Free I-pod shuffles, vouchers for health spas and Hotel Chocolat postal goodies are much more 'now'.

2. Internet Marketing

There is no doubt in my mind that one day soon, this will be the marketing silver bullet. However, we are not there yet and it's important to realise that Internet marketing is not just about the attractiveness, quality or complexity of your website, it's a powerful combination of the right website with state of the art, search engine optimisation.

A good website designer will consider the website 'Search Engine Optimisation' (SEO) when considering the initial website architecture and will then expect you to employ a specialist in SEO, on a retainer, to continually optimise your site over its lifetime.

An effective marketing website is not an excuse for vanity and mustn't be all about you! It must serve three types of market who navigate to their part of your site with ease from the home page:

1. Referring Dentists
2. Child Patients (and their parents)
3. Adult Patients

The most effective websites (from a marketing point of view):

- Are clear about the offer the practice makes and exactly what differentiates it from other orthodontic practices
- Show lots of 'before and afters' featuring a variety of patients of different ages with different malocclusions
- Have lots of genuine testimonials from different age groups
- Have a fee guide
- Are willing to make promises about their service
- Demonstrate that their environment and their service will suit both children and adults
- Introduces their team and tells prospective patients what to expect

I'm a huge fan of embedding video 'tiles' into websites, as video is extremely effective in delivering a marketing message from you and your team and also from your satisfied patients in the shape of video testimonials.

3. Forming Strategic Alliances

Having another practice or business



be an advocate for your business and, in return, you/your practice being an advocate of theirs, is an effective way of promoting both businesses and for you to gain new patients. Firstly, have a look for potential strategic alliances partners amongst your existing patients who may own local businesses that focus on delivering well-being services. You can then experiment by creating joint marketing initiatives that will potentially generate new clients for both businesses. Secondly, consider forming strategic alliances with other, 'look good, feel good' practices/businesses such as:

- Other specialist referral practices
- Corporate dental practice groups
- Health and beauty practices
- Hairdressers
- Photographers
- Wedding Planners

4. PR Campaigns

You can hire a local PR expert (although few will have experience of marketing a dental practice) usually on a monthly retainer and for this to work effectively, consider that this relationship needs to last in excess of six months and preferably twice or three times that.

If you want to do this yourself, make contact with all your local media companies and offer them advertorial (paid for editorial) which focuses on a clearly defined niche patient market (the narrower the niche the better). Don't forget that if there is anything

of the performer in you, then get out of the door with your laptop and digital projector in hand and offer your services to deliver short talks in the local personal and professional community about "How to improve your confidence through improving your smile".

5. Advertising Campaigns

And finally advertising! It works, of course it does, that's why you see it everywhere! However, it is very, very expensive and in order for it to be effective, you will need clever copy writing in order to create a bold series of branded adverts which run many, *many* times over a period which is closer to a year than a month. Effective advertising strategies incorporate time limited offers and clear calls to action which encourage the potential patient to make contact with your practice.

Lastly, the best marketing in the world will not come even close to the power and attractiveness of having a fantastic reputation in your community. So, take enormous care of it!

Breathe Business, 0845 299 7209, info@nowbreathe.co.uk.

The Company has offered OBS readers a limited number of free half hour coaching calls. If you would like to book one of these sessions with Simon, please contact Lucy on the Breathe Team, quoting this article.

In a future article, Simon will discuss Twenty First Century Sales Strategies for Orthodontic Practices.

Do you want to pay 50% income tax ?

Mark Horsey is Principal of Dental Money Management which specialises in pensions and investments for orthodontists. Mark is also a well-known dental postgraduate lecturer.



The April 2009 Budget proposed a new 50% top rate for income tax commencing 6th April 2010 and this will apply to taxable income above £150,000. National Insurance rises by 1% from April 2011.

Under the current rules, individuals can receive up to £6,475 of income (this is known as the personal allowance) before being liable to income tax. However, from 6th April 2010 those earning above £100,000 (this will apply to many orthodontists) will see this allowance withdrawn.

The allowance will be reduced by £1 for every £2 of income above £100,000 and therefore orthodontists with income above £112,950 ($£100,000 + £6,475 \times 2 = £112,950$) will effectively have no personal allowance.

For those orthodontists anticipating receiving income (including investment income) above £100,000 during the 2010-2011 tax year the following strategies may be helpful:



a) Pension contributions

Many orthodontists practise outside the NHS and, by definition, these earnings do not accrue NHS pension benefits. Some orthodontists fund personal pensions but, despite the tax relief available, this is not always the case. Like the rules governing income tax, the rules governing pensions are also going through a series of changes.

Suffice to say that regular pension contributions up to £20,000 during the tax year attract tax relief at the 40% rate. Orthodontists can therefore generate a fund of £20,000 from a contribution of only £12,000 - an immediate return of 66%!

b) Employ spouse or partner

If your spouse or partner has little or no earnings then it is worth placing this person on the payroll. This must be justifiable employment, the salary must be paid into a specific bank account, and first discuss the exercise with your accountant. If the income that the orthodontist would have received is legitimately passed to the spouse/partner by way of salary, then this person's personal allowance can be fully utilised.

Therefore, rather than being taxed at 40% or even 50%, this amount (up to the £6,475 threshold) will not be liable to income tax at all. Furthermore, once the spouse/partner is on the payroll, the employer can also make a pension contribution up to 100% of the salary being paid. Again, this is a payment which serves to reduce the orthodontist's income tax liability by up to 40%, assuming the orthodontist is a higher rate taxpayer.

c) Incorporation

Around 3-4 years ago there

was discussion within dental accountancy firms about the benefits of self-employed practitioners trading as a limited company. Some dentists decided to incorporate but the majority have not gone down this path.

Those orthodontists who decide to incorporate their own practice activity may wish to consider restricting income to one of the two key thresholds (£100,000 or £150,000 etc). This can be achieved by taking profits via a modest salary and taking the remainder as a dividend. Dividends are not liable to National Insurance contributions.

It can also be worth leaving deemed surplus capital within the company. If the company was liquidated at a later date, with HMRC's permission and your accountant's guidance, retained profits would be taxed as gain (18% rate but effectively 10% if Entrepreneur's Relief is claimed) as opposed to income (40% and possibly 50% rate).

These are all points that require careful thought and should not be pursued without proper advice and guidance. Although it is clear that the tax regime in the UK is becoming tougher, there is no reason for orthodontists to pay more tax than they have to.

Orthodontists who require independent financial advice can return the reply slip enclosed with this issue to Dental Money Management at the FREEPOST address or contact them in one of the following ways:
Telephone: 01483 578 411
Email: mark.horsey@dentalmm.com
Website: www.dentalmm.com

“Do what you say and say what you do”.

- Our journey towards becoming the first UK specialist orthodontic practice to achieve ISO 9001:2008 Certification

Jonathan Alexander-Abt is Principal of Stevenage Orthodontics in Hertfordshire.

Seven years ago when my practice opened, we contacted Investors in People and took on the daunting task of trying to achieve the standard within our first year. We worked with our local Business Link team who awarded us some grant money and lots of advice which would have normally cost us thousands of pounds in consulting fees.

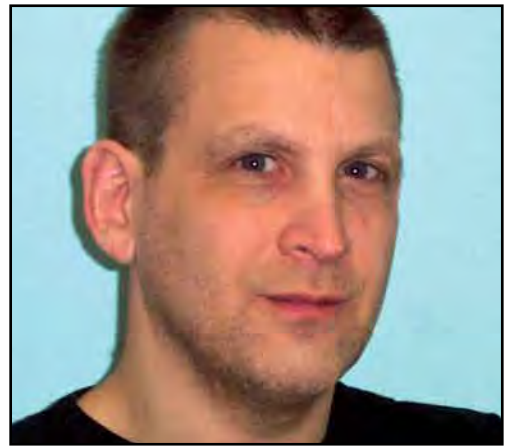
We honed our human resources procedures, built a practice culture centered on a strong, proactive and highly qualified team and employed several of the suggestions put forward to maintain a very communicative working environment. Our practice achieved Investor in People in March 2004, exactly a year and a day after first opening our doors, which made good copy in the dental and local press.

Our next undertaking was to complement our Investor in People commitment with certification on the clinical governance front. Building on our newly polished discipline of adhering to the multitude of requirements involved in achieving the Investor in People award, we transferred that skill set to our application for BDA Good Practice certification which we achieved months later in September 2004.

Since that time, our practice, along with others, has endured enormous change in the form of the new NHS contract and GDC registration of the entire dental team. Orthodontic practice management is set to become even more complicated

once HTM01-05, GDC revalidation and ISA and CQC registration are introduced. Our team was pleased with the overall handling of our practice administration but decided that more discipline could only be a good thing. I sought out a framework which would help monitor our performance and improve our compliance with the ever increasing burden of regulations and thereby lower the chance of something ‘falling through the cracks’. In September 2008 I proposed to the staff that achieving ISO 9001 seemed to be the logical next step. Our research also showed that if successful, we would be the first orthodontic practice in the UK to achieve the standard. ISO 9001 is the world’s most established quality framework which sets the standard not only for quality management systems, but management systems in general. It is being used by almost 900,000 organisations in 170 countries worldwide. It also shares many of the same principles established at our practice through Investor in People and the BDA Good Practice Scheme.

The essence of ISO 9001 is “do what you say and say what you do”. It can help bring out the best in your practice by enabling you to formally articulate the procedures that you already employ for delivering your service



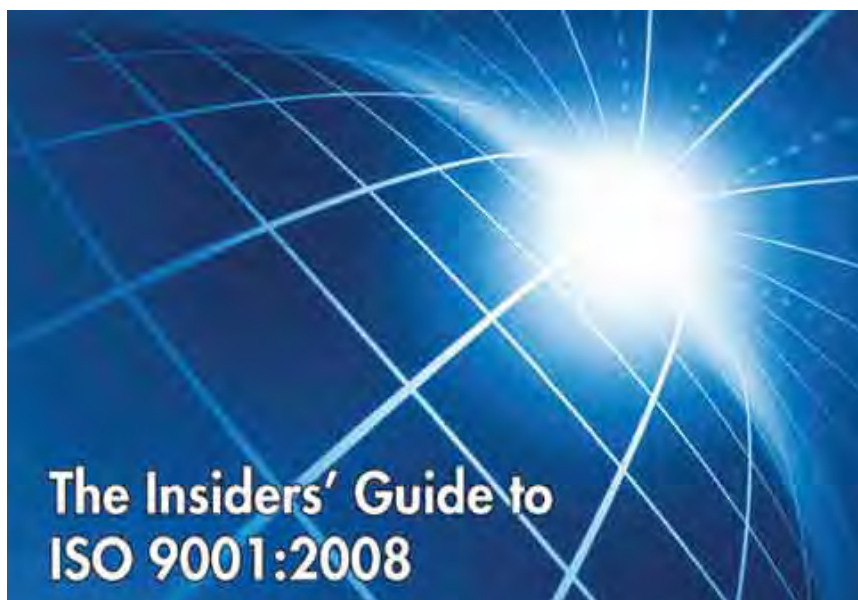
to your patients, but in a highly structured and disciplined format. Every last detail is encapsulated in a binder called the Quality Management System (‘The QMS’).

Delivering the QMS required a dedicated Quality Manager who was committed to the project and who could work alongside our Practice Manager to make this a reality. The Quality Manager had to be IT literate; extremely organized; have terrific attention to detail; be familiar with all aspects of how the practice operates and be willing to serve in this role. In December 2008 one of our senior team members accepted the position. She was assigned dedicated work space and a laptop - and our journey began.



As a first step, we would need to choose from a number of UKAS (United Kingdom Accreditation Service) accredited companies that provide ISO certification. We chose to work with BSI (British Standard Institution) who is the founder of the first quality management system. We bought a copy of the standard from BSI which included a complimentary Gap Analysis where a BSI auditor visits and advises on one's readiness to apply for a formal assessment. Formal assessments are usually conducted over two separate visits each lasting a day, spaced several weeks apart. The Gap Analysis allows you to be much more prepared for the first formal assessment as any areas of weakness are identified so that they can be corrected.

There is no shortage of courses and training workshops on offer from BSI, and others, for preparing your organization for ISO. We took the unusual decision to train ourselves in-house and bought all kinds of books and materials to help us through the maze. Our Quality Manager was fantastic and delved into the task with enthusiasm and commitment. After our Gap Analysis in March 2009, we took on board one particular suggestion regarding our internal auditing process and sent our Quality Manager on a course to become successfully certified as an auditor. Over the course of the ensuing months, we tweaked and fleshed



out various areas of our QMS in preparation for the first part of our formal assessment in December 2009. It was a nerve racking and draining day where all of our hard work culminated in an exhaustive inspection of our QMS as well as staff interviews by the assessor. While sometimes the second assessment can take place as quickly as one month later, we agreed to let some of our newer systems mature for a bit and allow time for some auditing of QMS procedures. We scheduled the second part of the assessment for March 2010. Our successful culmination of the eighteen month process was immensely gratifying and merited a wonderful bottle of champagne shared by all! ISO 9001 requires a real investment

of time, money and energy. Our nurse who took on the project remains our Quality Manager. During the past eighteen months she had to commit approximately half of her time to this project and her role as Quality Manager will continue to demand resource but at a significantly reduced level. We will have our next assessment in six months time and then annually thereafter.

We have realised invaluable benefits from going through this process, maintaining and updating the QMS, and now taking part in the ongoing accreditation process. Benefits include improved business performance as practice objectives are constantly fed into the review process; tremendous team and morale building; higher standards for measuring and managing risk; regular identifying of efficiencies which help save money and streamline operations and boosting our reputation in the marketplace. The 'Plan, Do, Check, Act' structure of ISO 9001 also helps ensure that the needs of the patient, as our customer, are being considered and met at all times. A substantive result has been significantly higher than average levels of patient satisfaction as evidenced by our NHS Vital Signs data. We are relieved that the journey to ISO 9001 has been successful and have positively embraced the QMS as our practice administration framework.

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