

AN INSPIRATIONAL JOURNEY TO SUCCESS

Interview with Andrew Nesbitt



Andrew Nesbitt, practice principal at the award-winning Shenstone Dental Centre in Staffordshire says going fully private and investing in redevelopment have led to success in all areas



Can you tell us a bit about your background?

AN: I grew up in Northern Ireland in a medical family where my parents were both doctors.

I went to school in Coleraine on the beautiful north coast of Ireland, close to the Giant's causeway. After leaving school I moved to Manchester in 1986 and qualified in 1990 before moving to the Midlands for a year long hospital position. Over 20 years later I'm still here, albeit with a year long sojourn in Australia.

What or who made you choose a career in dentistry and oral surgery?

AN: Subconsciously I'm sure my parents were strong influences. Having grown up in a medical household it was the only environment that I knew. Having said that my parents never pushed any of us in a particular direction. Actually the only career advice they gave us was don't become a doctor. I think I took that on board although my brother went on to study medicine. I still feel I got the better deal.

I always enjoyed the surgical aspects of dentistry right from my days as a student in Manchester. Robin Gray was a big influence

on me as a student – a great teacher and very approachable. When I graduated I stayed on at Manchester as a house officer for a year under the fearsome Miss Gilbie before moving to the Midlands for SHO positions in oral surgery. I was fortunate at the time as these were posts in small departments that ran with just a consultant and an SHO so there was a lot of hands-on experience. I then spent a couple of years at the Dental Hospital in Birmingham working under Rick Roberts and Caroline Evans who were very helpful. These posts gave me a good grounding in surgical skills and recognising pathology that are maybe more difficult for new graduates to get these days.

I decided to take my first steps into NHS general practice and quickly realised two things. Firstly, I didn't really know what I was doing having not lifted a handpiece in earnest in six years and secondly that NHS dentistry with its time constraints wasn't really for me. I set out with a plan to educate myself about dentistry in general. Paul Tipton and Mike Wise have been a big influence on me as with so many other people.

Around this time, I began to explore the world of implant dentistry. It seemed clear that this was a genuine paradigm shift in

how care could be provided but it was also clear that the training on offer was often quite limited. This brought me to Sheffield University's 1-2-1 course, which seemed unique at the time. It took trainees through the planning to placement and restoration of implants over 18 months with plenty of hands-on experience. This naturally led on to the M.Med.Sci course run by Sheffield that I completed in 2005. Since then I have become heavily involved in mentoring other dentists in implant dentistry and I am also an examiner for the MFDS part 2 examinations at the Scottish Royal Colleges.

Throughout my postgraduate training I was working in mixed NHS/private general practice. In 2005 the opportunity arose to buy a small practice in Shenstone, which I did with a friend and colleague, Paul Carroll.

Tell us more about Shenstone Dental Centre.

AN: When we bought the practice in 2005 it was a small, very traditional mixed private/NHS practice with one dentist and two surgeries. As all principals will know, making the transition from associate to practice partner and principal is a huge leap. While we felt we could do the ▶

dentistry we were faced with a whole new set of business related decisions that we had no training for ranging from staffing issues to who supplied the phone systems. But we learnt and gradually began to shape our small practice in the way we wanted it. We added hygienists and expanded the range of treatments offered to our patients. We were lucky to inherit a fantastic practice manager, Andrea, who helped smooth the transition with our new patient base. She is still a key member of our team and celebrated 25 years at the practice last year.

In 2006 we declined the new NHS contract and became fully private. Our initial plan was to concentrate on the clinical side, investing in the best technology such as intra-oral cameras, digital radiographs and CEREC system. These are all items I would struggle to work without now and allowed our patients to see the difference in our type of dentistry. At the same time, we focused heavily on training our team in service skills. Our front of house team managed to create an inclusive, happy environment every day for our patients where laughter is the most common sound emanating from the waiting area.

As the practice grew in patient numbers it became increasing apparent that the constriction in our workflow was being caused by our premises. We were trying to provide high-end dentistry in a small, cramped building. To rectify this we needed to buy the building first which we did in 2013. I am blessed to be married to Claire, a designer by trade, so the refurbishment of the practice was delegated to her. Mine and Paul's input was limited to what we wanted (better staff facilities and an additional surgery), what was needed to comply with regulations and who was to carry out the build. The practice was refurbished and redesigned over Easter 2016. The end result has been a dramatic improvement in the practice facilities and visibility.

You won 'Most Improved Practice' at the Private Dentistry Awards 2016. Can you tell us more and how did you feel about winning the award?

AN: I decided to apply for the award as a way to recognise the changes that had happened in the practice. While the catalyst was the change in the structure and fabric of the practice, I felt that the other aspects of the work we did had also evolved and would fit this award category well. Having submitted the application, we set about planning a good night out in London without any real expectations of winning. I can't really overstate

the excitement and positivity that have been created by the awards. Being shortlisted was a great talking point with patients who became very engaged in the process. To win has been even better with the award a constant talking point in the village. And the night? Best night out ever according to our staff. The awards ceremony was fantastic. Very professional, great venue, great band and great atmosphere. And then we won which came as a big surprise. We partied well into the night then headed into London to party a bit more. A very late night, headaches all round but great fun and great for our team.

Can you tell us more about your work in implant dentistry?

AN: Implant dentistry makes up a large proportion of my work but I see still see myself as a general dentist even though I am on the specialist list in oral surgery. I have seen a huge increase in the awareness of implant treatment from patients over the last 15 years and this has certainly helped the



practice to grow. At the practice I undertake all forms of implant treatment from simple, single unit cases to complex reconstructions with augmentation. Outside of the practice I also provide a mentoring service for one-to-one training with dentists in practice.

What have been your best decisions? In hindsight, would you have done anything differently?

AN: My best decisions in dentistry were to involve myself in implant dentistry at an early stage in my career and to buy the practice with Paul when we did. Both of these decisions required a leap of faith that has fortunately paid off. In my family life Claire, my wife, has been an inspiration. In hindsight I would have liked to redevelop the practice sooner because of the possibilities it has opened up for us. Having said that I content with where

we are at the moment.

What lessons have you learned since you started working in the practice?

AN: The biggest lesson has been to avoid compromising standards. Whether that is in customer service or on the clinical side compromise is the death knell of quality because it allows standards to slip. This was the original driver to leaving the NHS and it still motivates me to this day.

What are the most and least enjoyable aspects of your work?

AN: The biggest pleasure is always the clinical side. I still love the feeling of a good result and a happy patient. Whether it is a simple composite or complex augmentation and reconstruction I still get immense pleasure from the clinical interactions with patients.

The least enjoyable aspects are always the non-clinical side. The business elements and especially the regulatory side of things. Having a good team and excellent practice

manager allows most of these things to be delegated. We outsource some of these tasks as far as possible. We use RightPath4 for our CQC materials which ensures that we know what we need to comply with and Peninsula for our HR. Unfortunately some things cannot be outsourced and we are all aware of the risk of litigation and the attendant issues with the GDC at present. These are risks that need to be managed by all of us working in clinical practice but I'm not sure they can ever be eliminated. These are the most stressful aspects of the job.

What marketing tools do you use and find most effective?

AN: When we first started the practice we used traditional media with limited success. However we made a decision a number of years ago that the returns for traditional marketing didn't justify the costs so we started to look for alternative approaches.

We have had a website for many years that is being upgraded at the moment as a website is clearly a significant reference for patients. However most of our new patients come either by word of mouth from existing patients or via referrals from other practices. Several years ago I decided to build the implant side of the practice. We have reached out to local practices to provide a referral option for most aspects of dentistry. From the implant perspective we offer a year long training course for the restorative side of implant treatment. We provide this at low cost in conjunction with Biomet/Zimmer. Participants are provided

with the knowledge, hands on training and a free restorative kit to allow them to restore simple implant cases in their own practices. The goal has always been to create a win/win/win situation where patients get the best treatment, referral dentists get to be involved in the patients care and maintain the revenue involved, while of course our practice benefits from the growth this brings. This is backed up by a mentoring service so referral dentists always feel supported.

Are there any products that you find invaluable in your practice?

AN: For general dentistry there are a number of items that I would buy immediately if I was starting again. I love the ease of use and reliability of our Digora X-ray system. In surgery we use electric handpieces rather than turbines and I love the torque and precision they provide. I'm also a big fan of our CEREC system. We have used CEREC for around 8 years and it has been a big hit with patients. They love the hi-tech approach and the lack of impressions. While there is definitely a learning curve it gives reliable results and has certainly given a good return on the investment.

How important is patient communication to you?

AN: Communication is the key to success. The process of communication starts as soon as a patient contacts the practice so our front of house team are crucial. Over the years we have worked hard to make sure that all our staff can communicate effectively with patients as patients will often choose to discuss things with our practice manager or reception team.

It's vital that patients understand their treatment options and we strongly encourage this. Of course this is essential for informed consent but it is more fundamental than that. I see our role as an advisor to patients. To inform them of options and likely outcomes but we work hard to ensure that patients understand the treatment possibilities and are involved in the decisions they make. Much of the work I do these days at the practice is referral based treatment for complex cases so patients need to go through an education process about the issues they face and the possible solutions. For me the mainstay of communication is just words and pictures but we will often discuss treatment plans over several visits before starting any treatment. We never try to 'sell' treatment or pressure patients but just allow the process to evolve. I've found this approach means there are no surprises for patients about their treatment or costs.

How do you stay abreast of modern techniques?

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AN: Over the years I have used a continuum of strategies to improve my dental knowledge. After graduating I studied for formal postgraduate qualifications. Having passed FDS and MFGDP I looked for hands on courses that were more applicable to a working GDP. I attended Paul Tipton's hands-on phantom head course and year long restorative course. Both of these fundamentally changed my day-to-day treatment. Interspersed were other courses on occlusion, aesthetics and of course implants. My implant training progressed to attaining my M.Med.Sci at Sheffield in 2005. These days I choose a number of different sources. Core CDP is generally done on line. For implant education I am a member of various societies such as the ADI that provide high quality CPD. I also attend conferences and have access to a wide range of journals to keep abreast of the latest research.

Professionally, what are you most proud of?

AN: I'm proud of what we have achieved as a team at the practice. We've taken a small practice and grown it to become a busy, three surgery referral centre. The Private Dentistry award is something that I am very proud of because it is a recognition of these achievements.

Where do you get your motivation and drive from?

AN: It's very easy to go to work on Monday morning because I still love what I do. Every day is different and no two cases are the same. As dentists we can really have an impact on people's lives and I find that implant dentistry in particular can solve life-long problems that people have suffered with. There is a great appreciation from patients for what we do which makes it very easy to be motivated.

We have always tried to surround ourselves with the best people. People who share our ideas and goals, from our nurses or practice manager and receptionists to our associates it is really important to me to be working with happy people who want to do their best.

How do you relax in your spare time? How do you balance work and family life?

AN: I'm married to Claire with three youngish

children so family life is very centered around the children. I rarely happier that when I'm doing things with the kids, whether that's playing football in the garden and recreating 'Bake Off' with my daughter. I made a conscious decision to reduce my working week to four days when the children came along. I'm still passionate about football and still play twice a week. That's my best stress reliever and it helps keep me fit.

Do you have any regrets? What has been your biggest mistake?

AN: I've always viewed life as a journey and have made decisions with the best intentions along the way. Sometimes things haven't worked out as hoped but those are just the bumps in the road so I have no regrets about these decisions but hopefully I have learned from them. The biggest mistakes that I have made in the past have usually been related to compromise. In clinical situations accepting a compromise will often come back to bite you later while with staff, to paraphrase Steve jobs, if you accept less than A players soon you're surrounded by B and C grade players. We only look for A players these days.

What are your plans for the future?

AN: With our expansion we have added an extra surgery. This has allowed us to take on an associate, Dipesh Parmar, who is a truly gifted clinician. We also have plans to add a periodontist this year. We are also aiming to expand our referral network and create more links with other local practices. We are also in the process of improving our online presence with a redevelopment of the website and a more focused approach to the use of digital media.

Overall I feel very positive about the direction of the practice and, while dentistry faces many challenges at the moment, if generally feel that it is a great place to be. ●



FACT FILE

QUALIFICATIONS: BDS (Manc) FDSRCPS (Glasgow) MFGDP (UK) M.Med. Sci (Dental Implantology). Specialist in oral surgery

POSITION: Practice principal

DENTAL INTERESTS: Implant dentistry and interdisciplinary dentistry.

INTERESTS OUT OF DENTISTRY: Football, travel.

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