

Dental Reception and Practice Management

Glenys Bridges
Managing Director
Dental Resource Company



Blackwell
Munksgaard

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Blackwell Munksgaard, a Blackwell Publishing Company,
Editorial Offices:

Blackwell Publishing Ltd, 9600 Garsington Road, Oxford OX4 2DQ, UK

Tel: +44 (0)1865 776868

Blackwell Publishing Professional, 2121 State Avenue, Ames, Iowa 50014-8300, USA

Tel: +1 515 292 0140

Blackwell Publishing Asia Pty Ltd, 550 Swanston Street, Carlton, Victoria 3053, Australia

Tel: +61 (0)3 8359 1011

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First published 2006 by Blackwell Munksgaard

ISBN-13: 978-14051-3888-8

ISBN-10: 1-4051-3888-2

Library of Congress Cataloging-in-Publication Data

Bridges, Glenys, 1956–

Dental reception and practice management / Glenys Bridges.

p. ; cm.

Includes bibliographical references and index.

ISBN-13: 978-1-4051-3888-8 (pbk. : alk. paper)

ISBN-10: 1-4051-3888-2 (pbk. : alk. paper)

1. Dental offices–Management. 2. Receptionists. I. Title.

[DNLM: 1. Dental Auxiliaries. 2. Practice Management, Dental–organization & administration. WU 90 B851d 2006]

RK58.B77 2006

617.6'0068–dc22

2006013670

A catalogue record for this title is available from the British Library

Set in 10/12.5pt Palatino

by Graphicraft Limited, Hong Kong

Printed and bound in Singapore

by Markono Print Media Pte, Ltd

The publisher's policy is to use permanent paper from mills that operate a sustainable forestry policy, and which has been manufactured from pulp processed using acid-free and elementary chlorine-free practices. Furthermore, the publisher ensures that the text paper and cover board used have met acceptable environmental accreditation standards.

For further information on Blackwell Publishing, visit our website:

www.dentistry.blackwellmunksgaard.com

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About the Author



My career in dentistry began in 1972 when as a school leaver I was employed as a dental nurse-receptionist. This was a time when careers in dentistry offered very few prospects or opportunities, unlike the ever-growing range of career prospects for dental care professionals today. My interests lay mostly in the reception work where I could mingle with patients and where the work was more self-determined and less restricted than chairside work.

In 1975, looking for a career challenge, I became a Clerical Officer in the Civil Service; this gave me a thorough grounding in administrative skills. Five

years later I returned to work as a dental nurse in the Community Dental Service, eventually moving back into general dental practice.

It was in 1992 that I decided to return to education and study psychology and business management. At this time I also worked part-time as project coordinator for a counselling service for young people and their families. When I had completed my studies, I was asked by Stuart Hawkins, Dental Advisor to Birmingham FHSA, to write a training programme to introduce management skills to senior dental receptionists. This programme was well received and in 1996 was accredited as the BTEC Professional Diploma in Dental Practice Management. In addition to this award I have written BTEC qualifications for dental receptionists: the BTEC Advanced Award in Dental Reception, and, for care coordinators, the BTEC Advanced Award in Dental Patient Education.

Over the past 20 years I have worked closely with many practices, helping them to realise the potential of their teams and compete in the increasingly business-focused world of dentistry. My work has included writing monthly articles for dental journals, making presentations to dental associations, independent dentists and deanery groups, and delivering workshop, in-house and home-learning versions of my BTEC qualifications.

During 2001, in response to requests from student receptionists studying for the BTEC Advanced Award in Dental Reception, along with four of my fellow tutors working for the Dental Resource Company I became a founder member of the British Dental Receptionists Association, formed to give receptionists a voice in the dental community.

If you would like to contact me directly or learn more about what I do, e-mail me at glenys@dental-resource.com or visit the DRC website at www.dental-resource.com.

Special Acknowledgements

Writing this book for dental administrators was an enormous undertaking, which made huge demands upon my time, skills and dedication and those of my family, friends and colleagues whose help and support have been vast and generously given.

Many thanks are due to Caroline Holland who proofread drafts of the text and who, in her thoughts and feedback on the content, gave me the benefit of her extensive knowledge of the world of dentistry. I thank my daughter Gemma, who is my co-director in the Dental Resource Company and has kept the business running whilst I have been otherwise engaged; she has also taken many of the photographs included in the book. Thanks also go to Anita Maniak and Sue Surbey, successive Chairmen of the British Dental Receptionists Association, for their support and input, and to Heidi Cresswell, one of the DRC course tutors who has always been ready to help. Thanks also go to all those dental professionals who have shared their stories with me.

Introduction

Over the past 10 years, governmental measures to modernise health services have recognised a need for more clinicians. In the absence of sufficient numbers of qualified dentists, measures have been developed to train and register the vastly under-used dental care professionals so that they may play a more active role in patient care. Dental nurse radiography and sedation qualifications are just two examples of how dental nurses with adequate training and supervision are already contributing to patient care.

Expanded qualifications and duties for dental nurses will lift their status. However, since there are only so many working hours in the day, when new clinical duties are included other non-clinical duties will have to be taken away. So the expanded role of dental nurses is likely to see the end of the nurse-receptionist role. Many dental employers have recognised that the skills and aptitude required to be a good clinical dental nurse are not necessarily the same skills required to be a good administrator. It therefore becomes possible to develop receptionists with the focus on marketing and customer care skills rather than on clinical skills. In this way practices build up teams made up of individuals each of whom brings complementary skills.

This book has been written with the aim of going some way towards providing background information for those new to dentistry. At the same time it provides additional information on and insight into dental administration and management skills for qualified dental care professionals and dentists.

Section 1

Overview of Dental Care Administration

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Chapter 1

Understanding the Culture of Dental Care

History of the non-clinical dental team

Teamwork is an essential part of modern dentistry and critical to the provision of high quality dental care. Over recent years, the team roles of dental care professionals (DCPs) have been redefined, with registrable qualifications introduced to ensure whole team professionalism and dental treatments and services focused upon the patient's best interests. More recently the profession has consulted members of the representative groups for DCPs when ground-breaking decisions are to be made.

Before gaining recognition as a profession in its own right, dentistry was considered as a branch of the medical profession. Under the terms of the Medical Act of 1858 Queen Victoria granted a charter to the Royal College of Surgeons to award licences in dentistry. Two years later, 43 candidates passed the first examination to receive the Licentiate of Dental Surgery.

In 1878 the first Dentists Act provided for a register to be kept by the General Medical Council. Until this point there had been no requirement for those carrying out acts of dentistry to hold recognised qualifications. Barber surgeons and blacksmiths frequently extracted teeth in public places with little regard for hygiene or patient care. This changed in 1921 when, to protect the public, a new Dentists Act was introduced under which all 'acts of dentistry' were limited to dentists qualified and registered with the professional lead body.

The next significant milestone for the dental profession was the introduction of the National Health Service in 1948. At this time the majority of dentists worked alone, often from part of their own home converted into a dental surgery. In 1948 the range of treatments delivered by general dental practitioners (GDPs) was limited, with complex procedures being referred to a dental hospital.

At this time, most dentists preferred to mix their own materials. Since air turbines were yet to be invented, a simple saliva ejector was sufficient to keep the treatment area dry. The only assistance dentists required was in the form of someone to answer the doorbell, book appointments as patients left (very few people had a telephone so the phone was not a consideration) and complete

the NHS paperwork. In many cases the dentist's wife, or the daughter of a well-off family (who were hoping that their daughter would find a professional husband through her work), fulfilled these duties. In this way, the earliest receptionist role was created.

In the 1950s new generations of dental equipment were developed, in particular the high-speed drills that became standard equipment by the 1960s. Belt-driven drills were replaced by air-driven, water-cooled, high-speed drills. As a result of the water coolants that accompanied this equipment it was necessary for someone to work alongside the dentist to remove excess water for the patient's comfort and to keep the operating area dry. By the late 1950s in some avant-garde, high-tech practices, the four-handed style of dentistry was growing in popularity.

By the late 1960s dentistry was experiencing a period of rapid change. As a result, the role of support staff began to change. A new trend emerged for dentists to work in multi-practitioner practices. At the same time more and more patients were contacting dental practices by telephone. This meant that one-person assisting was no longer adequate. There was a need for someone to work chairside while someone else answered the telephone, managed the appointment book and collected patients' payments. Under these conditions the multi-skilled nurse-receptionist role came into its own in the delivery of patient care.

Another wave of change began in the early 1990s, leading to the development of non-clinical skills. This was driven primarily by two factors: computerisation and patient demands. Computer skills were needed to enable dental businesses to achieve best value from their considerable investment in equipment, and meanwhile non-clinical client care skills were essential as the service aspect of the National Health Service came to the fore. The surgery role also became more involved, with an increased range of skills, knowledge and qualifications being required in order to provide higher quality dental care.

A further impact of the changes of the 1990s was the development of another team role: the practice manager. The number of practice managers in post has grown rapidly since 1992 and continues to grow. The impetus for this is the massive and far-reaching changes in the delivery of primary dental care services, including initiatives such as Clinical Governance and continuous changes in general and employment law. Today, management decisions previously taken by governing authorities on matters such as fee scales and the availability of services are being managed in house, sometimes with little or no guidance. This creates a substantial amount of extra work. Clinically trained practitioners find that running a small business places enormous demands upon their time and resources. As management tasks are not revenue generating, it represents a drain on practice resources. A practice manager is essential to oversee the tactical management of the practice. To fulfil this role, practice managers need a good knowledge of how the practice works and of the needs of both the team and patients.

The practice manager role is still developing, as is the structure of the dental profession. With substantial changes in business aspects of dentistry, the role of practice manager will continue to develop. A whole range of opportunities for the development of the practice manager role are available as a result of corporate dentistry, government policy on Clinical Governance and the increased professional status for DCP groups.

Today's DCPs are highly skilled and, increasingly, highly qualified dental professionals. However, the skills and aptitude required to be a good nurse are not wholly the same as those needed to be an equally good receptionist. The nurse-receptionist role is evolving into two different and highly skilled DCP roles. With the introduction of mandatory dental nurse qualifications, practices may question the deployment of qualified nurses on the reception desk, carrying out work for which qualifications are optional.

Patients are becoming increasingly vocal about their care and treatment. Recent cases brought before the General Dental Council have highlighted issues such as informed consent. Patients are asking questions more often and should be provided with accurate and appropriate responses. The practice manager can ensure that responses are initiated by clinicians and standardised amongst the team.

Options for Change, a government initiative for the 21st century, has completely rewritten the way in which NHS dentistry is to be provided in this country. The financial structure of dentists' payments and patient charges has also been completely redefined.

Likewise, we can expect that the practice manager's role will change as developments occur within the profession, in tandem with changing legislation and increasing patient awareness and expectations. It is an evolving role and will be shaped by all manner of demands as determined by the changing face of dentistry.

On reflection we can see that dental health care has changed dramatically over the last century and is continuing to evolve. As a result, yet another role is emerging, that of the care coordinator. This role will enable dentists to offer a full range of patient education services, with the knowledge that their patients can make informed choices of the treatment options available to them. The care coordinator role will be an important step in the continuing development of dental care.

The ethos and ethics of dental care

Ethos

In the earliest recorded accounts, dentistry is described as a healing art. Advances throughout the 20th century changed the profession dramatically and created today's culture of dental care, and today modern dentistry is an

exact, high-tech science. Before becoming a self-regulated profession dentistry had its share of amusing folk remedies, colourful quacks and cults. Now dentists must observe the highest ethical standards by placing patients' interests first and acting to protect them.

Historically, most health-care professions have focused on curative care. Dentistry was one of the first health-care professions to focus on prevention and patient education, aiming to create awareness of the causes of dental problems and to enable patients to make lifestyle changes to prevent dental disease. Today, most general medical practitioners now offer their patients regular health assessments and lifestyle checks, taking an approach tried and tested within the dental profession for decades.

The ethos of modern dentistry developed throughout the last century, guided by successive versions of the Dentists Act. The Dentists Act of 1921 was a milestone in the profession's development. This Act ended an apprenticeship system where both qualified and unqualified dentists and medical practitioners shared the practice of dentistry. William Guy, who introduced this Act, led the drive to stop dental care being delivered by unqualified dentists. He was conscious of the need to protect the public from the dangers of dental treatments performed by unqualified practitioners and devoted his energies to arousing his colleagues from their lethargy and persuading them that legislation prohibiting unqualified practice was absolutely essential for the protection of the public.

The 1921 Act made sure that only registered and qualified dentists were permitted to practise. Since then, a whole range of laws, standards and regulations have been introduced to shape the profession. Other milestones in the development of the dental profession were the introduction of the National Health Service in 1948, and the establishment of the General Dental Council (GDC) in 1956.

Ethics

The GDC's role is to protect patients and regulate the dental team. They protect patients by promoting confidence in dental professionals through the enforcement of ethical standards of practice and conduct. Adherence to a formally agreed set of values is a fundamental aspect of professionalism. The concept of ethical codes specifying standards of behaviour can be tracked back as far as Moses and the Ten Commandments.

Early Grecian civilization is recognised as the birthplace of western ethics. In particular, the teaching of Socrates challenged the right of the strong to oppress the weak, and taught that the strong should uphold the rights of the weak. This was not readily accepted in early Greek society, and in around 400bc Socrates was put to death for 'corrupting the youth of Athens'. Socrates angered the authorities of the day by urging individuals to make reasoned distinctions between what is morally right and what is in their own best interests.

The French philosopher Descartes is considered to be the father of modern western ethics. In his book *Le Monde*, published in 1633, he aimed to 'encourage all who had good sense to think for themselves' and he offered guiding principles and a moral code on which to base thinking, as follows.

Guiding principles

- (1) Accept nothing as true that is not self-evident.
- (2) Divide problems into their simplest parts.
- (3) Solve problems by proceeding from the simple to the complex.
- (4) Check and re-check the reasoning.

Moral code

- (1) Obey local customs and laws.
- (2) Make decisions based on the best evidence.
- (3) Change desires, rather than trying to change the world.
- (4) Always seek the truth.

Although lifestyles and moral standards have changed considerably since 1633, these guiding principles still provide a basis for building trust and respect.

The GDC publishes ethical guidance for the dental profession and sets guiding principles in the following six key principles of ethical practice.

- (1) Put patients' interests first and act to protect them. This principle sets out the responsibility of GDC registrants to work within the scope of their knowledge and keep accurate patient records.
- (2) Respect patients' dignity and choices. Here the requirement to treat patients with equality and dignity and give them all the information required to make decisions is outlined.
- (3) Protect patients' confidential information. This sets the standard for the use and disclosure of information held about patients and outlines the circumstances under which such information can be disclosed.
- (4) Co-operate with other members of the dental team and other health-care colleagues in the interests of patients. Protocols for communications between health-care professionals for the best interests of patients are defined.
- (5) Maintain professional knowledge and competence. Dental professionals should keep their knowledge, skills and professional performance under continuous review and identify their limitations as well as their strengths.
- (6) Be trustworthy. Dental professionals should act fairly and honestly in all their professional and personal dealings.

Maintaining acceptable standards of behaviour for each of these 'principles' requires every member of the dental team to be fully aware of their role and responsibilities. Guidance is in place to provide clear and detailed definitions and guidance on dental team working.

You can find the most up-to-date information and advice for dental professionals on the GDC website, www.gdc-uk.org.

Dental reception skills

The role of the dental receptionist has changed considerably over recent years. Numerous influences have shaped the role of receptionist as it is today, including public expectations and developments within the dental profession. Today's receptionist needs to be able to draw upon a wide range of skills, some originating from the service sector and others from the health-care sector. In most cases receptionists develop their skills basis from a mixture of formal qualifications and hands-on experience.

The reception is usually the first point of contact patients have with the practice and is the 'shop window' of the practice. Careful consideration should be given to the appearance of the reception area and the reception staff, who should be smartly presented in office wear rather than nurses' uniforms which can be misleading unless reception staff are doubly qualified as nurses.

The role of receptionist goes beyond the immediately obvious. The receptionist is the crucial link between the public and the practice team. Patients' comfort and well-being should be of prime concern to the receptionist. Patients report that waiting for and uncertainty about treatments increase their anxiety. The receptionist should be aware of how patients are feeling and behaving, and should always appear calm and confident. Patients will often reflect the attitude of the receptionist, so reception staff should take the lead when interacting with patients.

It is not only patients who become stressed in the practice: colleagues too can feel under pressure and so taking time to consider how other people are feeling can go a long way to reducing workplace stress. When the appointment book runs late, stress comes to the forefront. Here the receptionist should be aware of the need to liaise effectively between the surgery and the patient, keeping everyone informed and maintaining good will. A good receptionist learns to judge the mood of patients, dentists and work colleagues.

When speaking to patients over the telephone, the receptionist should sound friendly and efficient. It is important to maintain a positive tone. Your practice should set telephone protocols to reflect the ideals of the practice, which are observed by all members of the team when answering the telephone.

An important aspect of the practice is the atmosphere surrounding the reception area. Reception working areas should be kept uncluttered and tidy at all times, as this shows competence and control of your work environment. This calls for methodical working systems, which are vital to add professionalism to administrative services. Learning to work under pressure comes with experience.

The role of the receptionist will vary from practice to practice. The team role of the receptionist is outlined by the British Dental Receptionists Association in broad terms as follows:

'As part of the practice team, to assist in the provision of dental care services To embrace the organisation, implementation and delivery of dental services by developing patient care procedures to ensure maximum contribution to the practice's profitability, in line with GDC guidelines and practice policies.'

This is carried out through the following tasks:

- Open and close the practice each working day.
- Welcome patients and visitors and direct them to appropriate waiting areas.
- Notify providers (dentist or hygienist) of each patient's arrival.
- Review adherence to schedule and remind the provider, and inform patients of excessive delays.
- Anticipate patients' anxieties.
- Answer patients' questions.
- Arrange appointments in person or by telephone.
- Enter and retrieve patient records.
- Send out recalls.
- Receive and redirect all incoming telephone calls as appropriate.
- Operate the central paging and music system.
- Operate the computer system in accordance with legal and ethical guidelines.
- Monitor the hazard warning systems and notify the appropriate person of occurrences.
- Sell sundry products at patients' requests.
- Calculate and collect patient charges.
- Note feedback from patients.
- Complete NHS claims.
- Respond to emergencies in line with practice policy.
- Participate in professional development activities.
- Attend regular staff meetings.

Perform these and other related duties necessary to maintain a high standard of patient care with due regard for patient confidentiality.

The person specification

The receptionist's job description should be agreed and written down and should be reviewed as part of the appraisal process. Any areas in which improvements are required can be addressed and an action plan agreed to strengthen areas of underperformance. The receptionist plays an extremely important role in ensuring the smooth running of the practice. Because it is vital that work is carried out to the highest possible standard, employers are advised to look for the following skills when recruiting reception staff.

To begin with the receptionist must be organised and efficient. This will result in work being carried out in an effective and efficient manner. Employers know the effects of a badly run reception; it will have repercussions throughout

the practice. An organised reception also looks more professional to patients, and may make nervous patients feel at ease whereas a chaotic workplace appears unprofessional and may increase their anxiety.

Good timekeeping is also essential. The receptionist needs to be on the premises in good time to greet the first patients of the session.

Receptionists should be observant. It is important to monitor the comings and goings of patients and to keep an eye on the waiting room. If a patient has been waiting for a long time, an apology must be made and the situation should be brought to the attention of the dentist.

Good communication skills are an essential attribute. If communication is lacking between team members, it often means things get forgotten, missed or not done properly. It is equally important for the dental receptionist to be able to communicate with the patients. At times this will involve using a sympathetic caring manner, whereas at other times assertiveness will be required. Nervous patients need a reassuring tone of voice to help calm their nerves, but difficult issues or complaints may need to be dealt with using a more assertive approach. Speaking in a clear voice is very important so that people can fully understand what you are saying. Listening can be just as important as speaking, and if a message needs passing on it needs to retain its meaning enough to make sense to the person for whom it is intended.

Good administrative skills are needed in order to ensure that all reception duties are prioritised and completed with competence. At times the receptionist will be required to make decisions within the framework of the practice rules, and should be confident enough to do so.

Being computer literate is also an advantage as most dental practices now rely on computer systems for booking appointments and typing referral letters.

Customer care skills are vital, especially a friendly disposition which must be retained even at the busiest of times and when working under pressure.

To ensure patients' dental experiences are positive, receptionists must have the following skills and abilities:

Communication	Being comfortable communicating with all types of people.
Empathy	Being able to see matters from the patient's point of view.
Organisation	Ability to deliver streamlined and friendly services.
Language	Ability to speak clearly using appropriate language.

With these skills and abilities in place, receptionists project the image of being confident and competent dental professionals who take pride in their work.

Practice management skills

In today's dental practices, everyone needs to be committed to the concept of 'whole team professionalism'. This means each member of the dental team needs to have a working knowledge of the principles of professionalism, leading to adherence to a set of values comprising both a formally agreed-upon code of conduct and the informal expectations of colleagues and society. The key values are to act in patients' best interests, with obligations for the health needs of society. When each person in the team is fully committed to these standards, the role of practice manager is straightforward.

In many cases, managers are finding workers increasingly difficult to manage, especially those who do not respect rank or rules and are more concerned about themselves, their families and the deals they can make for their own benefit than with loyalty or commitment to standards of professionalism. At times managers feel they are in a stressful tug-of-war. On one side are the demands of professionalism, and on the other side the demands of employees, added to which they are continuously trying to define their level of authority. The title of practice manager does not guarantee respect just as drawing up a policy does not ensure implementation, and delegation of work does not ensure the desired results.

Never before have the skills of management been so frequently studied and defined as over recent years, resulting in strongly contested debate over the merits of the hands-on versus hands-off management approaches. Managers should be alert to the fact that, where the hands-off approach is used, the result may be a severe case of undermanagement with resulting deterioration in worker-employer relationships and a lowering of work standards. When asked, managers who preferred this approach claim they are 'empowering' their people by remaining hands off. Although nobody wants to be micro-managed, the feeling that the boss is breathing down your neck is claustrophobic. It is just as hazardous as the hands-off approach when it is used as a cloaking device for the manager's shortfalls in the basic skills required to focus and motivate the team.

Undermanagement results when managers fail to keep informed about the details of their team members' tasks and responsibilities, and they neglect to provide clear direction and support or to hold individuals accountable for their performance. Failure to provide these management basics leads to a downward spiral which is devastating to both the credibility of managers and the motivation of employees.

HOT management

The opposite approach to hands-off management is hands-on management. The term 'HOT management' is used to describe a **hands-on** transactional management style, which requires managers to be:

Informed:	Fully aware of both the legal and ethical obligations placed upon dental professionals, and understanding their teams' challenges and triumphs.
Comfortable:	With their role and justly confident in their management competence, and with adequate support mechanisms for managers and the teams they manage.
Understanding:	Having empathy for the needs of both patients and employees, leading to recognition of people's problems and achievements.
Relaxed:	In their approach to personnel management, using a calm 'can-do' approach supported by policies and protocols to provide an equitable working environment.
Confident:	When dealing with difficult people and circumstances.
Leaders:	Effective leaders give clear direction, and set standards by example whilst supporting all the team to meet those standards.
In touch:	With team members and aware of each person's value to the team.
Sociable:	Networking with colleagues in the dental community, sharing ideas and experiences, and considering them as allies, not competitors.
Innovative:	Not stuck in a rut; prepared to make carefully thought-out changes.
Successful:	Business success brings rewards on all levels; 'work smarter', making best use of the team's skills and enjoying the rewards.

The nature of management lies between a science and an art. This requires managers to have good aptitude for the objective scientific skills such as managing income and expenditure, organising practicalities and setting the policies, procedures and protocols to create equitable, consistent and robust workplace environments. In addition they need a range of soft management skills such as providing pastoral care to build loyalty, motivation and a sense of belonging into the team. On their own, excellence in only one of these types of skills leads to poor team performance: good management is a balance of both aptitudes.