

DENTAL ASSOCIATE EMPOWERMENT – PAYMENT HELL! *(The First In A Series)*



Let me start with this – I get paid to sell dental practices, and I get paid to work as an occasional locum, and I get paid to assist dentists and other healthcare professionals in getting the best possible lease for their premises. I don't apologize for that, and it doesn't preclude me from doing a lot of unpaid work in support of dentists who need help in the form of mentorship and advice.

I have practiced in different countries, and in many different practice models. I have volunteered in dental organizations including the ODA in multiple roles, and as a Rotarian on mission trips abroad. As a former instructor at a leading post graduate institute, I have also mentored many dentists as they transformed their practices both clinically and in how they were managed. This does not mean that I know everything, but I have seen and heard thousands of different stories and at the end of the day, I am a dentist serving other dentists.

Having a dental license is a great privilege and it does provide us with the potential to have a great life – but it's tough out there right now and I am doing this series because I am tired of hearing story after story of unassuming associate dentists being taken advantage of on dental social media groups. The reality is that there are a lot of principal dentists out there who don't live up to their agreements, and change the goalposts along the way. So I am going to give everyone some hard truths and areas where I think we can all do better.

As a disclaimer, during my years of practice ownership, I never hired an associate. But I was an associate several times, including one year where I left a partnership to become an associate in a very high performing office – that's a story for another day, but I have seen first hand some of the 'things' that are not becoming of our profession.



Additional disclaimer:

Before I am accused of taking a completely one-sided position on the 'Associate vs. Principal' struggle, here are a couple of potentially unpopular opinions in favour of principal dentists:

1. I think that associates, in general, are paid too much. I understand why the suggested fee guides do not take years of service into account, but experience matters with regards to positive clinical outcomes. There are certainly exceptions.
2. There are a lot of entitled associates with no skin in the game. When your risk is close to zero, you don't hold much influence on how things operate – more on that later, but this may in fact be a knock on effect from an associate being able to earn mid-six figures on a pretty reasonable schedule, with no other responsibilities for the practice.

So onward to the meat of issue #1 – associate dentists not being paid what they have rightfully earned, other compensation concerns, and how to protect yourself. (Hint – contract, contract, contract)

1. Not being Paid on Time? That's a Dealbreaker

I am continually stunned at the number of associate dentists that report not being paid on time. Shame on the principal! I would tolerate that exactly zero times (or maybe once under exceptional circumstances). In your associate contract, compensation terms and dates should be completely clear.

2. Holdbacks for Re-dos: Were You Told Upfront?

Associate dentists often report holdbacks for future re-do's – there is a conversation to be had on the legitimacy of that concept, but it seems like this is often disclosed only after the associate has started. This misunderstanding can be solved simply by having..... an associate contract! (with or without that provision, but at least you know).



3. Pressure to Perform Unnecessary or Unethical Treatment

This is a little more nuanced – coming out of dental school late last century, I felt as if we had been trained to be somewhat self-righteous about ethics, and I don't think that has changed much. While there is absolutely an epidemic of corporate and non-corporate offices misleading patients as to the urgency or necessity of treatment, that doesn't mean you shouldn't be having regular conversations with the principal dentist (and not office managers or efficiency experts!) about their restorative philosophy. There is a considerable spectrum of what could be considered appropriate care and we are often too fast to judge things as unethical without the full context, or the underlying knowledge that may go into a more complex treatment plan.

So let's say you do have that conversation with the principal dentist, and you realize that your restorative philosophy does not align with the principal dentist. At that point you have three, and only three options:

1. Shut up and go along with the program. Even though a principal may invite your feedback, there is always a limit, and even implying that your boss is unethical will likely get you shown the door.



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If you are not that far off in philosophy, there is probably some room for compromise as long as you realize that you hold no power in terms of how the practice chooses to operate.

2. Keep complaining or take a more passive aggressive approach of just ignoring the instructions. If you work in an office where the principal has never fired anyone, you will then have the pleasure of working in a stress-filled environment indefinitely. Otherwise, you should expect to get fired.
3. Leave – I don't care if it's hard. If you knowingly stay where you are 'forced' into performing treatment you feel is unethical, then you are also at fault. Don't fall into the trap of believing you won't find another position – there is plenty of opportunity for associates - maybe just not exactly where you want it, and maybe not under the terms that you expect. Your real power as an associate is your ability to walk – use it!

As a closing story, I was working as a locum in an office where it was the associate's first day in practice! They had to perform an extraction on tooth 37 in the afternoon, and from the next room I could hear that it was very challenging. Eventually I got a shoulder tap to see if I could assist. The tooth had been sectioned at an angle that didn't quite hit the furcation which has happened to every one of us. With some difficulty I managed to get it out, and the patient was cared for. I made sure to reassure the dentist that it was a difficult case for anyone, and informed the front desk to ensure that the payment went to the associate. What do you think the outcome might have been if that had happened in a corporate office? There is a big difference between mentorship and management, and if I had to go back and do it all over again, I would change offices as many times as it took to find that mentor that would have my back, and not berate me when something didn't go to plan.

In closing out this first article – associates, you have been advised – if you decide to work somewhere without a contract, you significantly increase the risk that a dentist will take advantage of you. And if that happens, you can and should leave – there are many dentists currently looking for associates to mentor, and partner in their success.

Do you have a related story? A different opinion? – I'd love to hear it – reach out at drew@roicorp.com or call me at [\(705\) 985-7253](tel:705-985-7253)

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