

I feel like I've been on a one-woman mission to educate about the role of the TCO and the benefits it can bring to the dentist, the team and the patient

WHO HEARS A HORTON?

LAURA HORTON HAS BEEN EVANGELISING ABOUT THE BENEFITS OF EMPLOYING A TREATMENT COORDINATOR (TCO) IN YOUR PRACTICE FOR THE PAST FOUR YEARS...AND IT SEEMS THAT A LOT OF PEOPLE HAVE BEEN LISTENING. MORE AND MORE PRACTICES ARE EMPLOYING THE SKILLS OF A **TCO** AND OFTEN TO DRAMATIC EFFECT. **LES JONES** CAUGHT UP WITH LAURA AT THE BOD PRACTICE MANAGERS' CONFERENCE TO HEAR WHY SHE IS SO PASSIONATE ABOUT PROMOTING THE **TCO** ROLE.



Laura Horton sits in a large studded leather chair at Whittlebury Hall Hotel in Northamptonshire. She has just finished delivering her keynote presentation to just under a hundred practice managers and dentists from across the UK at the inaugural BoD Practice Managers' Conference. Later analysis of the feedback forms from the event will show that her presentation was rated as one of the highlights of the day in the eyes of many delegates. But Laura's not convinced, 'Was it OK...really?' she asks. 'I've been trying to move about a bit more when I'm presenting and also to add more anecdotal stuff to make it more engaging for people – I'm not sure how well it worked.'

This critical self-analysis and desire to do better is typical of a woman who, through a passionate belief in what she has to say and a determination to say it, has steadily carved out a niche for herself within the dental industry that has brought her respect and credibility amongst her peers. Today, she is one of the most sought-after consultants within dentistry.

Laura's first experience as a TCO came in 2004. She had been temping as a dental nurse for eight years but was looking for a new challenge. She had ruled out moving into the role of hygienist and in her own words was 'a lost soul'.

How did you first get into the role of TCO?

The agency I was with asked me if I was interested in

going for a job with a practice about 20 minutes away from where I was working at that time. I decided to go along and they offered me the job, but then asked me if I'd be interested in taking on the role of TCO in their other practice in Essex. I didn't know what a TCO was, but when it was explained I thought that it sounded good; I'd get to keep my own diary and see patients, so I decided to give it a go...and started the next week.

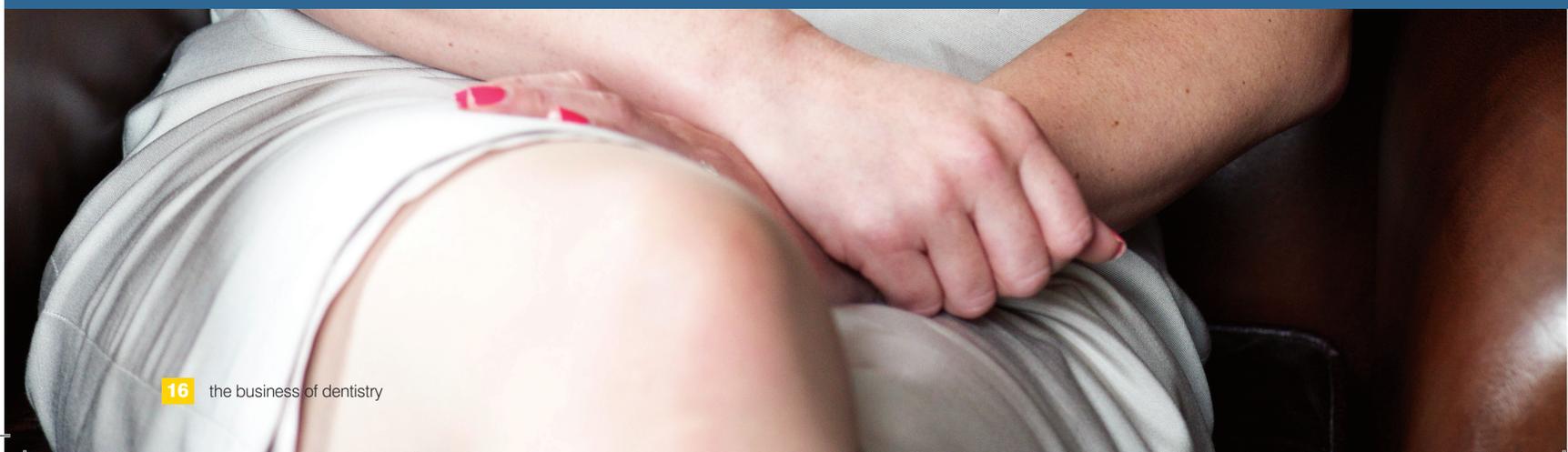
As it turned out, the two principals at the practice were very forward thinking and were early adopters of the role of TCO. They had been to America on numerous courses and worked with the best business coaches from there. They were young, energetic, very goal orientated and focused on what they wanted to be doing with their dentistry and their careers.

When did the role of TCO first appear in dentistry?

I would estimate that the role would have been around in the eighties. There has always been a little debate about where the role originated, either Australia or America, but I'm not really bothered as it's here now and it's fantastic. Paddy Lund, a dentist from Australia, is a huge advocate of the role and he has had TCOs for years and years. In the UK they have been in orthodontic practices for much longer than general practice and I find they are always a step ahead with their team development. ➤



Relationships take time to develop.
So, why not leave it to someone who
is an expert at listening and
relationship building?



So you arrived at this job that you had never heard of before and you suddenly step into this role – how did that feel?

It felt like I had found my place. I mentioned before that I was a lost soul but I was quite up for giving anything a try. I feel that I am a positive person and I really wanted a career. I am not suggesting that dental nursing isn't a career but at that point in time in 2004, you had to put yourself on a voluntary register and most people saw dental nurses as the little person who should be quiet in the corner.

I wanted something different, something that made me feel good about my job. I loved the role straight away. Within the first month, when I was given the autonomy to make changes, it clicked and I thought, 'Yep, this is it! This is what I've been looking for and it suits me down to the ground. I love it!' I found great satisfaction.

It sounds like you could see the possibilities within the role?

Customer care has always been something that is really important to me. Even before I had started dental nursing, I had an NVQ in Customer Service combined with previously working for years in a Harley Street practice. I felt like I knew what customer service was all about and I loved to provide that. I could have worked fantastically within an NHS set-up as a dental nurse but I got much more satisfaction as a nurse from the customer service element. I spent years working with a dentist who was the first in his area to offer IV sedation, so all day long I helped to look after nervous patients.

Laura's top ten reasons why you should consider introducing the role of TCO into your practice...

1. YOUR LEVEL OF CUSTOMER SERVICE WILL BE EXCELLENT AND CONSISTENT
2. GREAT WAY TO ATTRACT NEW PATIENTS, ESPECIALLY NERVOUS PATIENTS
3. YOUR PRACTICE CAN OFFER FREE CONSULTATIONS AT NO COST TO THE DENTISTS
4. MAKE THE FRONT DESK TEAM'S DAY AT WORK LESS STRESSFUL
5. INCREASES TREATMENT UPTAKE
6. REFERRALS FROM PATIENTS INCREASE
7. YOU RECEIVE A HIGHER RETURN ON YOUR INVESTMENT FROM YOUR MARKETING
8. AMOUNT OF NON-CLINICAL DENTISTRY FROM THE DENTISTS DECREASES
9. EMPOWERS YOUR TEAM
10. TREATMENT COORDINATORS PAY FOR THEMSELVES OVER AND OVER

It's an aspect that has always been part of me; to enjoy helping patients and changing their perception of dentistry. When I started doing the TCO role and only had fifteen minutes for a new patient consultation, I knew that it wasn't enough time. So I approached my boss, Ash, and he allowed me to have more time. I then started to think about all the other skills I had, radiography and my oral health education, and tried to tie them in with the role. The role was basically a massive work in progress but it wouldn't be what it is today if it hadn't been for Ash – he let me do it and he invested heavily in training.

Why should a dentist have a TCO?

Quite simply, to increase their turnover and to reduce their non-clinical time, which allows them to concentrate on the dentistry they enjoy doing. Let me explain: the TCO role allows dentists to move away from the daily tasks of treatment plans, consents, paperwork and explanations with patients. It ensures that their patients are making informed decisions – which in turn falls in line with the CQC consent processes. Legally, you can argue that they are working to the highest standard possible.

As a TCO, you are their right-hand person who is there for them, supporting them with the patient. This means the dentist gets to do more of the dentistry that they enjoy because they are not having to focus on creating the paperwork such as treatment plans, they only have to review it.

What are the steps to thinking about putting a TCO in place?

The first things to consider are who and where. So, who is going to do this role for you? You need to speak to the team individually, one-to-one, to explain the role to them and see if anyone might be interested. You then need to go down the correct processes for advertising and interviewing for the role. I would recommend you try to find this person from within as it is really hard to recruit from outside, unless you are in a city, as there is a higher possibility of finding the right person.

As a dentist, you need to have a TCO you know and trust. Secondly, the TCO needs to believe in the dentist and the dentistry that they deliver, otherwise they cannot say to the patient, with conviction, that the recommendations are genuine.

It sounds sensible, but will everyone have the right person in their practice?

No, not always. I would recommend that if you haven't then you wait until you find the right person. In fact, I would recommend making sure you have at least two people who can fit this role: one as your main person and one as a back-up to cover holidays and sickness. I guarantee, once you start using this role you won't want it to stop.

What would be my check-list when looking for a TCO?

There is a lot more information available about what the role covers compared to when I first started, but a general rule of thumb is:

- A positive can-do attitude
- A great personality, someone who is smiley and happy
- Someone who can get on with all types of different personalities
- A good communicator and an exceptionally good listener.

The whole role is about relationships, with patients and with the dental team. It's a vitally important aspect of the role and this can't become an issue. A potential TCO doesn't need to be working as a dental nurse, they just need to have dental knowledge. Ideally, they also need to have some leadership skills because they are the central person who is in communication with the patient, dentist and the rest of the team. They need to feel comfortable to push everyone in the right direction and also push customer service forward. ➔

Are there any pitfalls to the role?

Things will go wrong at some point and systems will fall apart if the level of organisation is not high. Remember, the TCO is organising themselves, the dentist, the patient and the rest of the team. A dominating personality can prevent a person from being a good listener, it will prevent a relationship or rapport from forming, and the person you pick must also have integrity.

What made you move out of the role into being a TCO consultant?

It was a very big decision and a risky one. I had been thinking about it for some time. Ultimately, over time I ended up running both practices as the practice manager and the TCO and ran our training academy. I found that I couldn't do it all, so the time came when I had to stop doing one of those things and it was treatment coordination. It was my decision and I wasn't forced in any direction, but it broke my heart. I trained two different people in each practice to replace me. They were brilliant at it and they loved it.

This brought back that rewarding feeling of helping other people and seeing them find such satisfaction. If I know something then I am happy to share my knowledge. So that became another light bulb moment where I always wanted to work for myself, but I was always trying to think of an idea to make it work. It wasn't necessarily about being rich, just finding something for myself. People used to tell me to stop trying to think of something, it will just come. When I trained those people, it clicked and I thought, 'Yes, this is it, now I have my idea'.

The benefits seem clear, so why don't more practices invest in a TCO?

There are still so many misconceptions about the role in the dental world. Sometimes it's just fear of the unknown that stops practices adopting the role; others have made up their own minds about what it's all about. I would estimate that only 5% of practices have a true TCO in place. More and more practices are putting in place what they 'think' is the role. But they aren't necessarily doing it the right way, which means that it doesn't work and they stop doing it. It's not just an American thing or a sales role. It's a relationship role and one that's very important. Many younger dentists see the TCO role as a no-brainer, whereas the dentists who have practised for longer are happy to stay as they are as everything has become a way of life. All of this combined can put people off.

For me, it's about mindset and change. The role is gathering momentum and I love it when a practice contacts me wanting to make a positive start. They are the ones who get the best results.

So what about the future for you?

In July I launched a video e-learning programme. This was in response to the many requests for advice I get from abroad as well as from the UK. The platform allows me to reach lots of different practices but helps people to learn at their own pace. So I am hoping to see that develop further, as well as continue with my one-to-one consultancy.

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I spoke to my Dad, who has his own business, and we worked up a business plan and he encouraged me to do it. My Mum was worried about me leaving my job, as I had an amazing salary and bonuses – I had a lot to leave. It was risky, but I wanted to do it. I handed in my notice and the recession broke. I remember Ash asking me, 'Are you sure you want to do this? You don't have to leave'. But I was determined that it was now or never.

I'm glad that I did; if I had left it any longer, I think the risk might have become too high and put me off. If anything, the news of the potential recession made me more focused.

And now the name Laura Horton goes hand in hand with the description of TCO. Are you happy with where you are now?

That's good to hear. I feel like I have been on a one-woman mission to educate about the role of the TCO and the benefits it can bring to the dentist, the team and, ultimately, the patient. I think I have been quite lucky through opportunities for the articles I have written, social media and YouTube as they are all fantastic for getting your message out there.

If you had only 30 seconds to speak as an ambassador for the TCO, what would you say?

People buy from people they like. Practices and dentists need to see patients as clients, ones they should develop relationships with. Relationships take time so why not give this role to someone who can handle it and is an expert at listening and relationship building?



TCO CASE STUDY
REBECCA COPELAND
THE OLD SURGERY
CREWE, CHESHIRE

SO, WE'VE HEARD THE THEORY...THE QUESTION IS, DOES IT WORK IN PRACTICE? WE THOUGHT WE'D GET SOME FEEDBACK FROM A TCO AT THE COALFACE. REBECCA COPELAND IS A TCO WITH CREWE-BASED PRACTICE, THE OLD SURGERY. SHE WAS TRAINED IN THE ROLE BY LAURA HORTON JUST OVER A YEAR AGO.



The Old Surgery, in Crewe, is one of the area's leading dental practices with a passionate desire to keep improving and to deliver excellent customer service. Practice Manager Lisa Bainham had been keen to introduce the role of TCO into the practice for some time and after creating a dedicated space for meetings with patients in the practice, approached Laura Horton to come in and train Rebecca and the team.

When asked about the training, Rebecca's eye's light up, 'It was fantastic...really, really good. I knew the basics of the role and what was involved prior to Laura coming into the practice, but she was able to add in some fine detail and take my understanding and approach to the next level.'

Rebecca now feels that she has taken to the role really well, 'It was hard work at first, just getting into the routine and the systems, but now I'm really comfortable in the role. I love being able to talk and engage with patients and help them to understand the options that are available to them, and it's very satisfying to see the final results.'

The practice offers patients complimentary appointments with Rebecca, who describes how a session might pan out, 'We would normally start off by gathering information about the patient – we use a smile questionnaire, which gives me an insight into the areas that the patient is concerned about in terms of their oral health and aesthetics. I can then focus in on what specifically we could do for the patient and from there I will talk the patient through what options they have for treatment that will help them achieve their objectives. Quite often, patients will have lots of questions, so I'm able to help with these and also I can reassure them by showing them the results of similar treatments we have carried out. Obviously at this point, they haven't had a clinical assessment with the dentist, but I am able to give them some approximate

estimates of what costs might be involved and also options on how they might spread the cost of the treatment – we offer patient finance, which is very popular.' Rebecca believes the key to being a successful TCO lies in having the right personality traits to deliver the role, 'You definitely have to be a people-person. You have to be relaxed and able to chat with the patients to make them feel at ease and also to gather the right information to be able to advise them effectively. You also have to be quite caring and sympathetic to the patient's needs. Some are very nervous when they come in and it's part of my role to help them overcome any fears or concerns they might have.'

'Perhaps most importantly, you have to be a good listener. Many people have underlying issues and stories that are the key drivers as to why they are now seeking treatment. In many ways, the role does have an element of counselling within it.'

'Organisational skills are also key to the success of the role. I see a lot of people and I have to manage my time very effectively, so I can provide the right information in a timely fashion and make follow-up calls when I've said I would.' Lisa, Practice Manager, concludes 'From a business perspective, the introduction of the TCO role has had a significant effect. It has freed up time for the dentists so they have more time to concentrate on clinical matters. Dentists are now more efficient with their time, but customer service levels have not been compromised at all.

'All of this has led to tangible improvements on the bottom line. The uptake of patient treatment plans has increased significantly which has led to increases in income and profit within the practice. The practice has also seen an increase in patient referrals, which has been clearly linked to the experience existing patients have had with Rebecca. We are very pleased.' **boD**