1. Understanding delegation
Delegation is a skill essential to any manager and practice owner. Used effectively, it enables expansion of that most powerful and elusive of resources available to a leader.

2. Selecting tasks
An example of a delegatable task is stock control. Only a practice owner should be the one finding out what materials are required, where to get them at the best possible price, and ensuring that the practice neither runs short of nor has a surfeit of necessary materials. An intelligent leader will appoint someone competent to carry out these tasks, and the sole responsibility of the leader is to monitor levels of spending and stock volumes. While someone else is sitting at the computer or telephone doing the ordering, the healthcare professional is either attending to patients, writing reports or letters or reading journals, none tasks which can be delegated.

3. Why delegate?
If you often say 'I don't have enough time', you are badly organised and a poor delegator.

4. Under-use of delegation
Insecure managers who do not delegate underuse employees, which acts as a demotivator to others who know they can do the job at least as well as you but significantly lower cost. The cost of delegation should not outweigh the costs of non-delegation.

5. What is involved in delegation?
Delegation involves the loss of direct control but the retention of direct responsibility. The basic elements involved in delegation are autonomy and control. When delegating, ensure that the delegate is fully aware of the objectives, which should be stated clearly and concisely. Base the decisions in required outcomes.

6. Accountability
Accountability is at the very core of delegation, so it is essential that delegates know what their responsibilities are. All guidelines should be set in writing, delegating works best when accountability for any particular task rests with one individual.

7. Choosing the right person
It is very important to choose the right person for the task in hand. The first few times it will be trial and error, but experience brings improved skill assessment and better person selection. Letting go of work gets easier the more you do it. Show faith in your chosen person, even if others have reservations. Do strive to regard your staff as competent people. If you do not trust a member of staff to do a job, it is better not to retain that person.

8. Training
Delegation is an important part of the training process. Consider which skills will need to be developed and taught to enable the delegate to be able to carry out the task. Skill training will motivate the delegate and strengthen their self-confidence.

9. Feedback
Meet regularly, but not over-frequently, for feedback sessions. As a delegation proceeds, you should gradually reduce the frequency of meetings. When discussing progress always raise questions in a positive way that is likely to bring solutions to problem areas than being overly critical. Encourage delegates to pose their own solutions.

10. Provide backup
Ensure you provide enough support and back-up to each person delegated a task, especially when things go wrong. Don't use delegates as scapegoats when things go wrong. Establish a culture that recognises success and avoids blame for failure. If delegation is not working, ask yourself, 'What am I doing wrong?'

Listening to the market
This is the fifth in a new series of articles by Dr Ed Bonner

A modern age: when you can see a bandwagon, you’ve missed it!

Market opportunities
Every business (and dentistry is no exception) needs to be able to identify new market opportunities. None can rely nor depend on present products or services, nor on the existing market lasting forever. Many practice owners may think that there are few opportunities to develop and renew themselves regularly, but this simply shows a lack of a strategic overview and a lack of belief in their own abundant strengths. In preparing a marketing plan, we need to listen carefully to what the world out there is saying about itself, about us, and to us. We don’t want surprises. We dare not live in that protected cocoon called ‘this does not apply to me, I’m a dentist not a businessman’. Our comfort zone of the past is under siege.

We require information
to understand what our patients/customers want, we need a plentiful supply of timely, accurate information: information about the environment; about how we are perceived by the media and by the public; about government thinking. We need all of this because we need to be able to respond rapidly to current fashions, trends and, not least, prejudices. This information will come from market research, which tends to be an expensive luxury for us. For, but not for our suppliers, to see if we are on the agenda for us, rather than the other way round. We need to know how our healthcare providers want to develop and retain our patients, like hot potatoes because our patients will be asking about them. On the other hand, some professionals may see this as an overt indoctrination where the process moves from informative to persuasive, and they may wish to have no truck whatever with such a process.

Gathering market intelligence
What dentists can do is to involve themselves more actively in intelligence gathering. Market intelligence is information about important environmental events, new laws, social trends, technological breakthroughs, demographic shifts and competitive manoeuvres. From a marketing perspective, the following questions need to be answered:

• What decisions are we regularly called on to make?
• What types of information do we need to make those decisions?
• How do we get the information we need?

We can get this information in a variety of ways: here’s 10

• Reading dental journals and magazines from a different perspective
• Attending lectures, courses, seminars and workshops
• Talking to colleagues, representatives
• Government publications
• Through associations/organisations such as CODE
• Reading adverts and advertorials by other practices in local magazines
• New staff employed from other practices – are they competitor ex-employees?
• Listening to our patients
• Watching television and reading newspapers
• Searching the web.

The good news is that all the above are within our existing capabilities. The better news is that not one of the above list will cost you a single penny. What will cost you is not to do anything.

Planning from strength
Once we have the necessary information, we can plan either defensively, for example, re-