Most of my career in dentistry, up until seven years ago, involved clinical rather than business development. This eventually evolved into a management role, where I took on all the aspects of developing the business. With this, came the responsibility of looking strategically at a marketing plan for the practices and monitoring the performance of the adverts that we were running in our local newspapers on a weekly basis, until more recently.

Why more recently? Well, due to the economic recession, we all know money is scarce, so we have to be proactive in monitoring expenditure and spending money only where it is showing a return. Receptionists fill in a ‘response sheet’, which, as you might guess, is where we write down and monitor the responses we’re getting from our advertising campaigns.

To run an advert externally in any publication on a weekly basis is very expensive. It gets even more costly if you start to request the advert is placed on a prominent page, for example on the right side of the paper where the public is deemed more likely to scout.

In saying that, I have seen our advert placed on page three with three or four more advertisements for other dental practices within a 10-mile radius of each other, mostly being mixed NHS/private practices very similar to ours. So I ask myself, ‘How will my practices benefit from this advert?’ My only answer is ‘Not much’, other than perhaps generating a few more new customers, which is just as important, but not the most important aspect of advertising making this my obvious second choice.

A seasonal approach

In relation to the feedback from the adverts we have gathered, we have decided to only run adverts externally during ‘seasons’ for example; spring which is a good time to advertise bleaching or during. Smile Month when you can offer free smile consultations and goody bags. Another ‘season’ where we would advertise is during the summer months, as many customers chose to go on vacation more or less at the same time leaving the cities abandoned. During these months, we would target specials on cosmetic treatments with discounts attached to them.

Every new patient you attract adds to the strength on the return of your investment. In saying this, I still firmly believe that your best form of marketing is done internally. Each practice already has an abundance of information sitting in their filing cabinets or on their computers. I have found that dormant patients seem to be overlooked and not targeted.
which is a real loss of potential income, right under your nose!

Following up

I ensure that all my practice managers regularly follow up on recalls, failed-to-attend appointments and incomplete treatments. If the patient does not respond after several recalls sent by post, we make a courtesy call, personally reminding them they have not been into the practice.

Sometimes this is due to patients moving away, but mostly it is due to them not having had any dental discomfort leading the patient to forgetting about their oral health. In placing the call, you can normally get your patient to book an oral exam and an oral hygiene appointment simultaneously.

Each month, when we send out our recalls, we take advantage of updating our patients to any specials that we are running. We also advertise special treatments in the form of notices in frames around the practice, so that our patients are made aware of what is being offered. We also train our receptionists as to what is being offered so that they can inform the patients on entry to the practice or when rescheduling for further treatments.

When it comes to marketing, you have to keep evolving and strategically stay abreast of your campaign. It takes time and money but can be well worth it. Follow what works in your location and invest in that and leave what does not work alone.

As Winston Churchill once said, ‘Success is the ability to go from one failure to another with no loss of enthusiasm.’

About the author

Originally from South Africa, Sharon Holmes has worked in dental practice management since 1992. She received hands-on training from the first dentist who employed her in 1992 which gave her a broad experience in providing dental treatment. Arriving in the UK in 2002, she took a post in a mixed NHS and private practice in Wimbledon, eventually taking over its management, converting it to a fully private practice. In 2005, she moved to London City Dental Practice where after 18 months, was responsible for managing four practices in the group. The London City Dental Practice is now part of a mini co-operate group called the Dental Arts Studio, to which she has been instrumental in its creation. She holds the position of operations director and manages every aspect of the group along side her principal dentists.