Neel Kothari discusses the advantages of taking the leap from associate to principal

Since the 2006 dental contract was imposed upon the profession the Department of Health no longer allowed dentists to set up practices within the NHS without its expressed say-so. A plethora of new words such as ‘commissioning’ and ‘tendering’ came into force on the basis that new practices could be set up based on local need rather than where dentists want to live. Whilst the cost/benefit of this exercise has been heavily debated, the reality of modern day dentistry now means that the traditional evolution of dental associate to principal has been messily severed.

A few associates might be able to compete with tenders from current practice owners or corporate bodies, however the vast majority will probably not. Recently the Carlyle Group (Carlyle) announced that it has signed a binding agreement to acquire Integrated Dental Holdings (IDH) and simultaneously merge it with Associated Dental Practices (ADP) in partnership with private equity firm Palamon Capital Partners (Palamon). The Carlyle group clearly sees growth opportunities within the NHS and private sector. So when this merger goes ahead, what are the chances that an individual associate or group of associates can compete with a group that has close to 450 practices treating 5.5 million patients between them?

At present, the number of dentists looking to buy a dental practice far outweighs the numbers of practices put up for sale - and the list appears to be growing. With such high demand, those dentists who decide to make the investment now have to face a tough set of choices ranging from acquiring finance (albeit at extortionate bank rates), judging the valuation of the goodwill and entering into a workforce which is probably the most over-regulated industry of the goodwill paid to the seller in order to carry on the business concerns of the practice, such as having a patient base to work from. In many cases this goodwill is based upon the gross projections of future earnings received by the seller, so it is important that any prospective buyer must consider whether or not they can keep their patients based on the type of dentistry they provide.

It is also important to look at how the goodwill valuation is broken down. A low goodwill value based on a seller who mostly provides advanced dentistry such as implants or aesthetic dentistry may actually be very expensive if the buyer cannot ‘match’ the level of dentistry provided, likewise a high goodwill value based upon relatively simple day to day dentistry may seem cheap, especially if the buyer can offer the patient base more advanced forms of treatment.

Rajesh Varma from Hitchin Dental Care has been a practice owner for the past six years and points out that, unlike buying a house, those looking to buy a dental practice should be very aware that the valuation of the goodwill of the practice is an important part of the business of dentistry and, unless the buyer can provide a similar level of dentistry to the seller, the goodwill of the practice may go down.

The process of buying a dental practice can in some ways be similar to buying a house. The valuation of a house is based on more than just the costs of the bricks and mortar - essentially it is based on what the highest bidder is prepared to pay. When buying a dental practice, a large part of the cost comes down to the goodwill paid to the seller. The value of the goodwill of the practice is the most over-regulated industry in the UK.

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As a dentist who has recently made the transition between associate and principal I can say that there are significant advantages and disadvantages of both pathways. For many the allure of a higher degree of control over their clinical practice and a higher financial reward seems greater than the business risks associated with being a practice owner. However as practice valuations continue to rollercoaster in an upwards direction, the risk/benefit ratio becomes much closer, making the transition from associate to principal riskier than perhaps it may have been in the past. The fact that banks are still lending for new practices highlights that they consider the dental sector to be a safe bet, but none are the days when putting up a sign saying ‘accepting new NHS patients’ was enough to secure a patient base to work from and just being a safe pair of hands was good enough to satisfy the regulatory authorities. Associates who are currently looking to buy a dental practice must remember that in the modern day it is just as important to understand ‘outcomes’ and ‘quality frameworks’ as actually fixing teeth.

About the author

Neel Kothari qualified as a dentist from Dental University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at the University Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.