

## THE EDITOR'S CORNER

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### **Stretching the Limits of Delegation**

From the responses to the 2001 JCO Orthodontic Practice Study (JCO, October-December 2001) on delegation of tasks to assistants, it seems reasonable to surmise that about 10% of practicing orthodontists routinely delegate almost all tasks, a somewhat smaller percentage may not routinely delegate any tasks, and the rest are somewhere in between. At least a few orthodontists routinely delegate every task listed in the Study questionnaire. One would therefore have to conclude that all the tasks are delegable, and that the extent to which they are delegated in any practice depends on the orthodontist's choice and comfort zone, as well as the size and competence of the staff.

Over the 20 years of JCO Practice Studies, we have seen a steady increase in delegation as the orthodontic practice model evolves from one in which orthodontists were required by law to perform virtually all the treatment tasks, with little need for or attention to practice administration, to one in which orthodontists are managers with diagnostic and supervisory professional responsibilities, and with heavy emphasis on administration and training of employees. Because orthodontists receive little or no training in management or staff training, however, they find themselves in somewhat of a dilemma, performing tasks that appear to be delegable and accepting responsibility for the management and training tasks, for which they do not necessarily have the qualifications. Under the circumstances, orthodontists are succeeding remarkably well.

Another factor in the delegation picture is that the supply of practicing orthodontists in the United States appears to be declining as the orthodontic population ages, while demand for orthodontic services appears to be increasing as the number of potential adolescent patients continues at a high level, as interest in adult orthodontics increases somewhat, and as various forms of marketing bring results. At some point, these trends may create an imbalance that can be resolved only by increasing the number of orthodontists--which seems unlikely in the foreseeable future--or by delegating more.

The competence of operator personnel and the speed at which they can be brought to an acceptable level of competence is related to the effectiveness of their training. Training in most practices consists of on-the-job training of clinical staff by the doctor or other trained auxiliaries and on-the-job training of the orthodontist in management skills. Fewer than one-third of the respondents to the most recent JCO Practice Study reported using a written staff training program, and a little more than half reported using an office procedure manual. Those who do have such systems in place have always reported superior results in terms of income and case starts.

Making allowance for the idiosyncratic nature of orthodontic practice, with each doctor having certain preferences for the way various office procedures are performed, there would appear to be a clear advantage to some organized form of basic training. In-house training of operator personnel should be based on a set curriculum, with training manuals and time set aside for teaching by the orthodontist or by the operator supervisor, in addition to on-the-job training of new hires. There would also seem to be a need for a school or schools to turn out assistants well trained in the basic tasks and ready to be indoctrinated into the methods of performing procedures in a particular practice.

Some practices are born busy, most achieve busyness, and some have busyness thrust upon them by an imbalance of supply and demand. The JCO Practice Studies have consistently shown a relationship between high degrees of delegation and disproportionately high income. Nevertheless, an orthodontist is not forced to have a large, busy practice. An orthodontist can choose not to delegate most clinical tasks and still enjoy a happy and remunerative practice life. On the other hand, if an orthodontist is not delegating out of force of habit, or because he or she cannot or will not trust the operatory personnel to perform certain tasks, that indicates a hiring and/or a training problem. The limits of delegation have yet to be explored for a large majority of tasks in a large majority of orthodontic offices. •