

Locum Tenens—A Concept It Is Time for Dentistry to Embrace

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Abstract

As shown by success in other health professions, dentists can effectively stand in for other dentists who need to be absent from their offices for reasons of health, family matters, education, and many similar reasons. Locum Tenens agencies can facilitate such temporary substitutions and are especially valuable in maintaining productive use of fixed overhead. Examples of situations where a Locum Tenens arrangement may be beneficial include practice transitions necessitated by health problems, educational opportunities, temporary leaves due to pregnancy or other family matters, wellness interventions, and management of dentist shortage areas.

Locum Tenens is a concept with a long and successful history in the health professions. However, dentistry in the U.S. has shown considerable reluctance to widely use it, in spite of rather obvious and substantial benefits that are readily available to practicing clinicians, especially the solo general dentist. A Latin term, meaning *one holding a place*, Locum Tenens is the use of qualified professional personnel to substitute for colleagues who are absent from their practices.

Locum Tenens has been used effectively in a number of countries for at least fifty years in the areas of medicine, dentistry, nursing, pharmacy, and veteri-

nary medicine. In the United States, Locum Tenens enjoys broad use in medicine, nursing, and pharmacy, most especially in medicine. For example, most

tions, work flexibility, caring dentist programs, dental faculty retention, manpower distribution, contingency planning, family/dependent security, retire-

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of our hospital emergency services would struggle to provide care were it not for the availability of Locum Tenens physicians, physician's assistants, and nurses. Dentistry on the other hand, has struggled with the concept, most likely due to several factors: dentists by training are unaccustomed to sharing patients, unlike physicians; most general dentists in this country remain solo practitioners; this has led to a widespread notion among clinicians that each has a particularly unique approach to clinical care. As a result, many dentists have developed a baseless fear that patients will relate to only one caregiver. Of course, the many successful practice transitions/sales, associate integrations, and actual interim care activities disprove this on a daily basis. If dentists can begin to overcome this insecurity that "no one can come into my kitchen and cook but me," the profession will realize advantages from which so many other professionals and patients alike have been benefiting for so long.

Stress relief, efforts to increase productivity, patient access, employment op-

ment transition options, office staff morale, and learning opportunities are among the issues which have the potential to be positively impacted through the use of Locum Tenens.

Locum Tenens in Practice

Perhaps before enlarging upon the applications of Locum Tenens to dentistry and the potential benefits to be gained, a description of Locum Tenens service dynamics and a profile of an established U.S. service company would be insightful to the uninitiated.

An active general (specialty coverage contains special issues) dentist who wishes to take elective time away from



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Partners with Dentistry

the office, or who is forced into a non-elective absence due to an illness or disability, faces at least two significant and immediate challenges: (a) loss of potentially substantial amounts of revenue (which can never be recovered) combined with ongoing overhead obligations, and (b) denial of patient access and in most states, suspension of dental hygiene protocols. For any small business, interruptions of activity, regardless of cause, always carry negative implications. A dental practice is no exception. However, if a practice owner chooses to contract with an established Locum Tenens resource, most practices can continue to function very close to normal for as long as necessary until the owner can resume activity.

To initiate the process, a standard service contract is generated for the anticipated duration of absence. The Locum Tenens service company then makes an appropriate match from available independent contractors based upon comprehensive information about the practice and the contractor. (Part of each contractor interview process is designed to facilitate these matches.) Once a service provider has accepted a work option, the two parties are put in contact to finalize details and discuss issues such as hours, unusual techniques, referral protocols, lodging, etc. One of the distinct pleasures of Locum Tenens service is that contractors are charged with clinical care responsibilities exclusively. The host office staff performs all usual and customary practice administration functions, and the Locum Tenens service is responsible for all details involving independent contractors, including pay, logistics, and problem solving.

Typically, a reasonably experienced contractor dentist will maintain at least 80% of normal office production, assuming routine scheduling. At this level of income production, a service client can expect to shelter sufficient revenue to cover fixed and total overhead expenses, the Locum Tenens fees, and depending upon the client's revenue-to-overhead ratio, in some cases actually generate a modest net profit. However, safely recovering the ever-present fixed business

overhead, especially that of a sole proprietorship professional endeavor, is obviously the most attractive financial benefit to be realized.

It should be noted that comprehensive Locum Tenens agreements include fair and equitable covenants to expressly

try, Dr. Irons left the University of North Carolina in May of 1983, incorporated Forest Irons & Associates and began offering Locum Tenens services, initially to general dentists throughout North Carolina. Challenges of investment capital, licensure restrictions, quality

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protect a client's staff and patient base. Fortunately, from an historical perspective, this has rarely been an issue. By contrast, "mutual aid" agreements favored by some study groups or small dental societies either lack these provisions or they are in practice unenforceable. They also do not cover elective down time, which accounts for the majority of annual revenue loss and historically they tend to fall apart when an absence is prolonged. This is understandable, as attempting to focus on another's practice while running one's own is difficult and often creates awkward conflicts of interest.

In some cases, by mutual agreement, a service contract may be extended and altered enabling contractor and client to work together in the office until the client is fully recovered and physically able to handle a full patient load. In addition, although the Locum Tenens service is by design not an employment agency, on occasion a "temp-to-perm" or buyout arrangement may become the most advantageous long-term solution for all parties.

History

The origins of all the aforementioned activity and Forest Irons & Associates, Inc. began to evolve in 1982. Dr. Irons, having spent fifteen years as a dental educator, became aware of the Locum Tenens concept from a colleague who had witnessed its success abroad. Convinced of the concept's merits, aware of its extended history, and sensing an obvious need for its availability in our own coun-

control, education, and awareness have combined to slow the pace of expansion and availability of service. Nevertheless, Forest Irons & Associates currently offers Locum Tenens service to dentists in thirty-eight states and throughout Canada. The company's overall goal remains the ability to assist all U.S. dentists wishing to benefit from interim manpower assistance.

The success of the company to date (over two-thirds of requests for service are repeat clients) seems to be due largely to a strong sensitivity to the very personal nature of such interactions, fairness of fees, and an ongoing intense effort toward quality control. The success or failure of Forest Irons & Associates, Inc. however, is not the real issue. The multiple applications of Locum Tenens to dentistry hold so many potential benefits that the concept can no longer be ignored. Furthermore, based upon current trends in our profession, the advantages before us will only be enhanced with time.

Applications

The role of stress in dentistry is well documented. Equally impressive are the efforts and ideas that have come forth regarding relief from stress and its many manifestations. Unfortunately, regular extended quality time away from the office is rarely promoted by consultants as an integral part of comprehensive stress management protocols. Established practitioners could easily delete a minimum of six to eight weeks per year from their work through the use of

Locum Tenens, while keeping the office on its regular schedule. Few would deny this more relaxed pace of practice has positive implications regarding incidence

(as realized from my personal endeavors) make them better teachers. In many cases, participating faculty will also be able to observe firsthand their curricu-

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of illness and disability, as well as quality of life issues.

For the foreseeable future, it is estimated the dental profession will experience 4,500 deaths and permanent disabilities annually. In some cases, the affected practices will be too degraded to have a transition value. However, experience has shown us that if guided by an experienced transition consultant and actively maintained, many practices can be efficiently transitioned at fair market value. A practice closed because of death or permanent disability will lose up to 80% of its value in sixty days. In many of these instances, the cash thus generated is essential to a dentist and the estate. Regrettably, only a small percentage of dentists are positioned to retire without relying upon social security. Locum Tenens, with its non-competitive covenants and structure is an ideal complement to these types of transition resolutions.

It is widely known that dental education is engaged in a crisis regarding faculty retention and recruiting. Two significant reasons for the situation are woeful salary levels relative to the private sector and little on the horizon in the way of viable relief. Although not a complete solution, dental schools providing clinical faculty an option to perform Locum Tenens six to eight weeks per year could effectively increase their annual base salaries upwards of \$20,000. In addition, since historically few full-time faculty members have successful private practice backgrounds, these experiences will

lum efficacy. For those schools relying upon substantial part-time faculty, more time for teaching could be released if those people could leave their offices without fear of down time and the attendant loss of revenue.

The percentage of women dentists in our workforce has been growing for a number of years. Furthermore, this trend appears to be continuing. Women have justifiable issues, in particular child-bearing, which conflict with conventional private practice expectations. Shifting this paradigm and integrating Locum Tenens into the workplace has the potential to provide excellent avenues for women practice owners who desire to balance professional and personal endeavors, for those who have put off ownership for the same reasons, and also for those who, for any number of reasons, simply require ongoing workplace flexibility.

For those familiar with the intervention process involving victims of substance abuse, it is well known that a major hurdle to voluntary admission to treatment centers is how to maintain the practice. This period can be ninety days or more, depending upon the circumstances. Dentists brought to the point of acknowledging their illness, often (realistically) balk at the prospect of prolonged office inactivity. Less commonly known, is that these illnesses are rarely one-dimensional. They are often accompanied by complications regarding family and finances. Therefore, closing an office can seriously exacerbate an already difficult situation. Needless to say, confidentiality

is of paramount importance in dealing with intervention. Over the past eighteen years, Locum Tenens has proven to be an outstanding resource when summoned to participate in these unfortunate, but all too common occurrences.

Distribution patterns of dentists have been a challenge to the profession for years. Supplying underserved areas continues to be very difficult in spite of various incentives, which have been offered in an effort to attract dentists away from more desirable and often oversupplied communities. This is a complex problem which will require assistance from a number of agencies working together to solve. As an interim measure and in support of these efforts, Locum Tenens use can provide some measure of relief, short term and long. Living in one community and traveling to another, often distant worksite is simply part of the job for a Locum Tenens contractor.

Conclusion

The areas mentioned above represent only some of the ways Locum Tenens can positively impact the dental profession when effectively implemented. Unfortunately, a broad majority of clinicians remain unaware of the concept. Others seem to have a partial understanding but restrict themselves to conventional routines. To be sure, Locum Tenens is not universally applicable. There are many practices that have become, intentionally or otherwise, quite difficult to be attended by anyone outside the owner. (Unknowingly, these practices likewise are nearly impossible to transition, regardless of their value.) Nevertheless, there are thousands of dental offices throughout the country that are well staffed, perform good quality general procedures, and have a vitality very much worth preserving. Through persistent education and efforts towards awareness, these individuals, their staffs, and patients will come to benefit from what is essentially — dentists helping dentists.