



Chapter 3

The Critical Role of Staffing in a Multi-Practice Model

Dentistry is a **service business**, and **one of the most important decisions you'll make when acquiring a new practice is how you're going to staff it.** The success of this new office will **hinge on two key positions: the doctor and the office manager.**

A **bad hire** in either position can lead to:

- **A practice that struggles financially** and drains profits from your main office.
- **A dentist who doesn't meet your clinical or production standards—**hurting patient retention and practice growth.
- **Constant turnover—**leaving you scrambling to fill gaps, potentially even forcing you to step in yourself, which can be stressful and potentially disastrous!

A well-run, self-sufficient practice requires a **stable office manager** and a **competent, reliable associate.**

The Office Manager: The Cornerstone of a Successful Expansion

While **dentists are obviously critical to patient care, the most important staff member to stabilize a new practice is the office manager.**

Why? Because **associates may leave, but a strong office manager ensures the practice remains functional and profitable, even when a doctor transitions out.**

- The OM maintains practice culture & continuity.
- They handle operations, staffing, and patient flow.
- They can help find and onboard a new doctor if needed (assuming you're happy with them clinically).



An unstable office manager leads to instability everywhere.
A great one builds the foundation for expansion.

Transferring Your Culture & Systems

Your goal with every new location should be to replicate the culture, work ethic, and operational systems of your main office.

- Patients should receive the same level of care and attention in all locations.
- Systems should be consistent—from scheduling to financial arrangements.
- Team values should remain intact—so any office feels like “yours” when you walk in.

How Do You Do This?

The best way is to staff new locations with personnel from your main office—people who already understand and operate within your systems.

- They know your patient experience standards.
- They’ve been trained on your systems.
- They require minimal onboarding.

This eliminates a **steep learning curve** and ensures **business continuity** from Day 1.

The question is how to do this without disrupting your main practice.

Your Main Office

A major concern in **expanding using your existing team** is **not disrupting your primary office**.

To that end, before you even think about starting office number 2, your main office **must be stable and profitable! You don’t want a ton of problems that you carry into Office #2.**

You **cannot expand effectively** if your main office is struggling.
Your first location should be running smoothly with:

- A stable, competent office manager.
- No major internal issues.
- Profitability and consistent growth.

Expansion should be a choice, not an escape from a failing office.



Assuming you have a workable setup in your main practice, you must **have a plan** to replace key roles **BEFORE** moving any staff over to the new location.

Choosing & Transitioning the Right Team for Your New Office

Selecting Your Office Manager for the New Practice

The ideal OM for a new location should be:

- Sharp, stable, and proven.
- Able to sell and close cases. (You've seen them do it.)
- A strong leader with management experience.

Who Might Be Candidates for This Position?

- A current “junior manager” or strong treatment coordinator in your main office.
- Someone who has already **demonstrated management potential** within your organization.
- NOT your **main office's current OM**—they are too valuable where they are.
- The more trained they are the better.

Avoiding Disruptions to Office #1

Moving your top talent requires a **transition plan**.

- Train their replacement **BEFORE** moving them.
- This may cause you to carry additional payroll for **1-2 months** to train up their successor.
- It should also ensure production remains **stable** during the transition.

If you do this right, your new office gets an experienced leader without hurting your main practice.



Finding the Right Associate for the New Practice

While the office manager keeps things running, the dentist delivers the product.

Ideal Associate Qualities

- **Good communicator**—engages well with patients and the team.
- **Understands your clinical and quality standards.**
- **Ideally, has been trained by you**—so they are already familiar with your processes.
- Potentially, has **some sales training**. We'll have a manager who can sell. If the doctor can sell as well all the better.

Who Should You Move?

If you already have a **great associate in your main office**, you have two choices:

Option 1: Move them to Office #2

Option 2: Keep them at Office #1 and hire a new associate for the expansion.

A smart move: Bring in an associate **NOW** to train alongside your current one.

When the time comes, move the one you feel is best suited for the expansion.

How This Works in Different Acquisition Scenarios

Your staffing approach depends on the type of practice you're acquiring.

Buying a Practice Where the Owner Stays On

The seller remains as a provider but no longer owns the practice. Assuming you are happy with their clinical skill. You **still need to place your own office manager** to ensure your business systems are implemented. There's a reason the seller is selling. The challenge: **If the seller resists change**, you may eventually need a new associate in that location.

Buying a Practice Where the Owner Is Phasing Out

A temporary transition period where the seller stays for a few months.

The new associate will be replacing a long-term owner/doctor. In this scenario a stable associate that you've worked with is **all the more important**.

You may be the "face" of the practice and do some procedures from time to time – but the associate is who they'll be seeing the most.



Buying an Associate-Driven Practice

The seller is already absent or minimally involved.

The practice is run entirely by associates. Assuming you are happy with their clinical skill and they want to stay on, this could work. If not, you may have to swap them out for one of your associates.

You **MUST have your own office manager** in place to ensure smooth operations.

Summary

To sum it all up – let's keep it simple:

1. Before you start a second practice, the first one should be doing well!
2. Ideally, you'd find your OM and associate for location number 2 by looking within your main office.
3. If you're going to transfer people to the new practice, you must be smart about how you do it – so you don't disrupt your main office.
4. This may cause you to carry a little bit of extra payroll for short period – but a couple of things prevail here:
 - a. Productive people do productive things! And increased productivity should offset the increase in staff costs somewhat. If you're training a new Treatment Coordinator to replace your current one who will be moving into the OM position at office number two, there will be a period where BOTH will be fully functioning in your main office. You might find you're even more productive than before with these two! And then the Treatment Coordinator leaves to the new place and stats go back to where they were. This is the universe telling you something! Maybe get second Treatment Coordinator!
 - b. That little bit of extra payroll for one to two months is a small price to pay for a new, stable, and productive practice that's built to last!

Doing all of this right **ensures a seamless transition, prevents unnecessary stress, and sets your new practice up for success.**

On the following pages, you'll find **the Practice Readiness Checklist** which will help you determine the steps needed to get ready to take on a second location!