

How do you manage?



Sia Mirfendereski tells Moira Crawford about the importance of being able to switch off occasionally and remembering there is life beyond dentistry

How did you get to where you are today?

I qualified from the Royal London Hospital in 1991 and bought my Wimpole Street practice from a practitioner who worked two days a week in November 2000. While I was building this up, I also worked part-time at a practice in the Oval belonging to Professor Edward Lynch and Mrs Miriam Lynch, and set up a squat private practice near Baker Street in 2003. The advantage of Baker Street was that it had a shop front, which attracted walk-in trade, something you don't get in Wimpole Street or Harley Street. I was keen to attract new patients, so this was a contrast to the more traditional style of the Wimpole Street practice – cutting edge, feng shui and funky. At the same time I was also lecturing part-time at the Royal London until 2000 in both conservative (now called restorative) dentistry and in oral surgery. In around 2004/5 Mrs Lynch wanted to sell her Oval practice, which was predominantly NHS, so I took that on too.

How did MS Dentistry come into being?

I met my professional partner, Professor Liviu Steier, a specialist endodontist, in 2006 and we started to work together in Wimpole Street. Our practice, MS Dentistry formed in 2007. Meanwhile, I decided to sell the Baker Street practice, and earlier this year I purchased another NHS practice where I had previously worked, this time in East Dulwich.

What kind of practice is MS Dentistry?

With Liviu Steier's expertise in endodontics and implantology, and mine in prosthodontics, we are a referral-based practice, and also have our own pool of patients. We both have a strong commitment to education and pride ourselves on the teaching we give. We run implantology and restorative courses and because we are largely a referral practice, we also like to educate our referring practitioners –

Siavash Mirfendereski has a glamorous CV. He is Honorary Associate Clinical Professor at the University of Warwick, as well as a visiting lecturer at the University of Florence, Italy. A specialist in prosthodontics, he has lectured both in oral surgery and restorative dentistry on a part-time basis at the Royal London Hospital, and was dental adviser to Damien Hirst for his diamond skull artwork, 'For the Love of God'. Sia also does dental consultancy for Chelsea Football Club and is a lecturer on dental bleaching both internationally and in the UK. And oh, yes, he has three contrasting London dental practices too. How does he manage?

if they wish it – so that they can be involved in the treatment of their patients and take over certain parts of it. It's important to have a sound system of education – we train them so that we and they are confident in their ability to take the case to its conclusion. We have clear shared goals and like to work together with our referring dentists.

How do your other practices operate?

Both are predominantly NHS practices and I am the provider who holds the contract with the PCT. I have associates/ 'performers' who work there.

What do you put this success down to?

You need to know what to do, which I've learned from experience, and have the right management team to put that into action. Dental practices are small businesses that are often expanding. You need to find people to manage who are good at small business, and you need sincerely to trust the person who's in charge, especially when you are not there in person all the time. Dentists, whose skills are primarily clinical, need to employ staff whose management expertise is complementary to theirs.

How do you get the right people?

You need to vet and choose the right practitioners – explain to them what you want to achieve – and they need to share that vision. It is not just a robotic numbers game; we are not just providing UDAs, but whole patient care. I take on the right associates/performers and make sure to motivate them accordingly. The location of my practices demands certain staff; for example, at the Oval you need someone with experience who can handle a high volume of patients at the front desk, others have a natural 'bedside manner' and are more suited for just nursing, so you need to position people carefully.

Is 'bedside manner' so important?

Extremely. You need to work on it. You may have clinical expertise but in the end it is down to whether your patient likes you. Some people have it naturally, others don't and need to learn it. Either make sure you have it or get someone in your team – ideally your nurse – that does!

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Communication is equally important within the team. Keep communicating – set goals and check that they are being achieved and are still relevant and realistic.

How do you go about motivating staff?

They need to operate as a team, and you need to gauge how hungry and keen they are; whether they understand your approach to patient care. Staff need achievable goals, targets and bonuses, and to have their roles clearly defined. Communicate with them; praise them – and mean it; treat them. I reward them well: I am taking a group of eight employees to Barcelona for the weekend. A genuine thank you goes a long way in a professional environment. Bonuses and rewards need to tie in with the etiquette of medicine – we are working in a health-providing environment, but also performing within a business one.

How do you divide your time?

I spend most of my time and do all my clinical work in Wimpole Street, where Liviu Steier and I take on some very complex cases.

Who runs the other practices in your absence?

In each NHS practice I have chosen someone whom I trust enough and who has sufficient presence to get things done

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on a daily basis, such as purchasing, which is done individually by each practice. That person is not necessarily paid more or raised above their peers, as that could create ill-feeling, but they are incentivised to shop around, find deals with wholesalers and so on. The head person at each practice reports to a head manager who oversees all three practices. I have monthly reports on all the practices and meet at least weekly with the head manager.

Why do you run NHS practices as well as a top private clinic?

I believe in providing the best, but not everyone can afford the top end. I've always felt that for different socio-economic groups you should provide the best you can. I've never lost touch with the NHS – because it is out there and there are people who rely on it. We offer private specialist care where appropriate, but good bread-and-butter NHS practices are needed too. I am glad that when asked I am able to recommend NHS practices. I love the teaching aspect of what I do at MS Dentistry and want to keep my hand in education, whilst offering the best of what's available on the NHS and at the high end.

What do you love and hate most about your job?

I love knowing that my practices are running smoothly because I have a good team with good management, so I can get on with my clinical work. I hate staff moaning about trivial issues. This gets less the more you communicate, because it avoids problems being swept under the carpet until they erupt.

What have been your best decisions?

Employing the right staff, motivating them well and, for the referral practice, to work with the crème de la crème, ie Professor Steier.

What might you have done differently?

I'd advise others to take one step at a time and not overreach. Try to balance your work and life – something I'm not very good at! Work out what's good for you and don't let your work damage your health. Additionally, now I know better, I wouldn't have believed all that the dental salespeople told me when equipping a practice. Shop around, be sceptical of promises and make sure you get warranties, as some suppliers disappear once they've made their sale. By the time I equipped the Oval practice I'd learned a lot from Baker Street, and did it for a fraction of the price. If you want to expand, do one practice; learn from it and then embark upon another.

Have you any further plans for expansion or other horizons?

I am open-minded: if a good opportunity arises, I'll go for it.

What advice would you have for other dentists?

Don't neglect your CPD. There is so much that is changing and developing in the profession and a lot of new research. This is why with our referring practitioners I encourage

Siavesh Mirfendereski's top tips

- Provide the best care you can, regardless of socio-economic group
- Employ a good team and motivate them well
- Set realistic and relevant goals
- Take one step at a time, do not overreach
- Shop around
- Don't neglect your CPD
- Be a good communicator
- Balance your work and life – don't forget that there is a life beyond dentistry.

them to come with their patients and learn about certain aspects of the treatment that they may be able to carry out themselves back at their own practices and refer the more complex aspect. Keeping up-to-date can seriously improve even the day-to-day treatment you've been doing for years. If expanding, don't overreach yourself; and be considerate to your staff. Above all, be a good communicator. I'm fortunate that even since school people have wanted to listen to me and be friends with me – if you don't have that aura naturally, work at it – it can be learned, like being organised or delegating. And switch off from dentistry sometimes. There is a life beyond it! [PD](#)

Fact File

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- Smile @ SE11 Smile @ SE22
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