

Dr. Amanda Trotti - on her experience working in a traditional associateship

Dr. O'Keefe: Today, I'm speaking with Dr. Amanda Trotti and she's a general dentist based in the Greater Toronto area and she has chosen to remain as an associate for her career, to date. I want to find out her perspectives on associateships. Amanda, what's the nature of your practice right now? You've been in different types of associateships, paint a little picture of your career to date, please.

Dr. Trotti: Oh sure. Okay. So, when I first started practicing I assumed a typical associated agreement where you work in a practice under a principal dentist and agreed upon hours. The patients belong to the practice and you work certain days, certain hours and whatever percentage of collections that is collected, standard is about 40%, that is your portion. When I first moved to Canada 16 years ago, unbelievably, I did work as an associate in a corporate structure. Very, very similar fee arrangement, 40% of collections, the only difference was there was no principal dentist, it was an absentee principal dentists who would own several offices. And you know, we had [inaudible] one dentist who was there who had been there for a long time that, you know, we kind of looked to her for mentorship, etcetera. But the dentists who owned the practice were, I don't think they practiced dentistry, I think they just were investor dentists.

Dr. Trotti: And then for the next several years I just worked again, typical, you know, standard associate agreement, 40% collections, etcetera, etcetera. It wasn't until about a year and a half ago that I assumed a new kind of position, it's kind of unique. So, as you know, dental hygienists are allowed to operate independently, and I was contacted by an independent dental hygiene clinic who was looking for a dentist to practice there and to perform dentistry and dental services on the patients that were in the hygiene practice. So, the College or regulatory body states that we cannot fee-share with someone who is not a registered member of the College. So, what you can do, you can work in an office like that, but I have to pay a rental agreement, hourly chair fee to the hygienist. And all of the billing is done through, you know, my own billing. My laboratory fees, everything, I'm responsible for those.

Dr. Trotti: So, in essence, I kind of operate my own practice within this dental hygiene clinic. However, as per the contract, the patients technically belong to the dental hygiene practice and there is a noncompete agreement, as there is with any kind of associated agreement, and whatever fees are left after my rental, they're my responsibility. However, what is covered in that fee is the reception staff, any materials, my assistant, anything like that. So in essence, you have the lack, I don't want to say lack of responsibility, but there's less stress because all of these things are handled for you. But from a business perspective, because you are responsible for your rent and your laboratory fees, etc., you are a little bit more mindful about how productive you are in a day and what your costs are.

Dr. Trotti: So, you kind of get the best of both worlds. You're running your own little mini business without the hassles. So, when my assistant got sick or she took vacation, I didn't have to scramble to find the replacement, the principal owner of the hygiene clinic did. Now, thankfully we work in a great team and she accepts my feedback and I have a role in these kinds of things, and she asks me, what do you think? It's almost developed into a business partnership and a kind of friendship and it's actually been quite great. And even when I got sick, she looked for the replacement. But I had a huge role in that because I felt that these, you know, on paper, they're not my patients, but they are, and especially because I'm the only dentist that's there. So, I feel this responsibility that I want to have someone who's going to have the same practice philosophy.

Dr. Trotti: So, any resume that got sent to her, she put up the ad, it got sent to me and I looked over it and I approved it. And then I interviewed, and I spoke to this person who was taking over. So maybe I was assuming a little bit more responsibility than I needed to, but I just felt very, very invested in that, because of the nature of the relationship. It wasn't like I'm an associate, I can just walk away and that's it good luck with that. I feel invested enough that I feel I have a huge role to play in this practice, but there's not as much pressure on me because that's what I'm paying for in my chair fee for, you know, to alleviate that responsibility from me. Yes. So, it's a unique position.

Dr. O'Keefe: Yes, and you could say it's a hybrid position of associateship and dental practice ownership if you like, because you have to have a sense of ownership.

Dr. O'Keefe: And it's interesting, if I may add, when I was looking for a replacement for me and we were discussing this with some of these potential candidates, a lot of them were very reticent to take on this position, which I found was quite remarkable. Ohhh they were scared to take on this position.

Dr. O'Keefe: So, it was like, it was almost like an associateship plus because there was a certain amount of responsibility because of the nature of how you have fashioned this particular relationship with this delivery system.

Dr. O'Keefe: Yes. And I think they were afraid of the nature of paying the chair fee. And I would say to them, it's like, okay, well how much do you produce in an hour, right? Think about what your hourly production is. Because look, like I said, we're caregivers, but we are business people and I know that every practice owner has to look at their production per hour, they look at their hygiene projection per hour, etc. So, this is no different. How much are you producing in an hour? What does your typical day look like? This is what you can expect to generate if you're working on, you know, at this pace, and this is what you could expect to pay out. And when you walk away, this is what your percentage would be. So you have to kind of think out of the box that way. But when I had decided to assume this possession, that's what I did. I had to do the math. I had to say,

okay well this is something that is going to be the, at least the very, you know, very similar or the same in terms of a regular associate agreement or is this going to be more of a struggle? And it turned out it was the best decision that I ever made.

Speaker 1: Right. So, Amanda, why have you chosen to be a long-term associate, and we'll use that term a little bit loosely but why?

Dr. O'Keefe: A lot of it has to do with the financial stress and the cost of operating a practice and the cost of purchasing a practice. So, I had at several points in my career seriously looked into purchasing an office. And to me, and I don't, I don't know if my colleagues would agree, but the costs of purchasing a dental office really far outweigh, like the listing price, far outweighs the revenue that an office can generate. Cause I looked at practice evaluations and you would see that the price of a of a practice is almost now 1.25% or 1.5% of the actual revenue of the net production. And you would be entering into this huge financial burden. You're already in the red, right? And it used to be that you, you know, this is how much income an office would generate. This is what the sale price is. And so, you, you know, you take into account that you have some attrition, you lose some patients but you, you gain it back. But when you start it, when you start out in the red, you're already scrambling to generate revenue and you're already over in over your head. I'm probably not articulating this very well.

Dr. O'Keefe: And I believe you we're meaning to say that the price is 1.25 times or 1.5 times the net revenue.

Dr. Trotti: Yes! A little bit of brain fog here.

Dr. O'Keefe: No, no, that clear, right. You know, it was clear, but just clarifying that.

Dr. Trotti: Yes. Yes.

Dr. O'Keefe: Really you have decided that there was certain financial and business burdens that weren't for you and that's okay, and you've been happy to date with the types of arrangements you've been able to find out and find for yourself. There perhaps are some pros and cons to the different types of arrangements that you've had. Are there any of those pros and cons that you'd like to share with us?

Dr. Trotti: Well, definitely the pro of being an associate is that I can set my own schedule and, you know, within the limits of the operating office, right. So, you can choose which days you want to work, you know, what the hours are, come to that agreement with the principal dentist. You can choose an office. Like when I'm looking for an office, if I was ever looking for an office now, I'd say for me no weekends. I don't want to work any weekends. So, I have the luxury of turning

down that position. Whereas if you own your own office, if your patient base demands, look, I need some Saturdays and you're like, well I have to keep the practice open and I have to appease my patient base, I might be to open up an occasional Saturday, you know, that kind of thing. You don't have to worry about staff as much.

Dr. Trotti: Staffing is very difficult to manage and to find good, good people that will work with you and for you and within your practice philosophy and managing the personalities that way, so I'm kind of free of that. I'm very, very lucky that we just happened to have a very, very good team as it is. So that part's been great, and we just hope that nobody goes anywhere because if they do, then that burden is placed to find someone else. But that's not a burden that I have to deal with. Right. It's not all on me.

Dr. O'Keefe: Was there any particular advantage or disadvantage in the situation where the principal investor dentist wasn't on site?

Dr. Trotti: Yes, because you don't have to worry about clash of practice philosophies and just the dental philosophies. You might look at a set of x-rays or look at a patient and treat it one way where if you have an absentee dentist, or if you are in a situation that I am and then you don't work with any dentists, you're it, that you don't have someone kind of like, well, you know, I would do things differently or, you know, I would, what are you doing this way. And especially the older that I am, the more experienced that I have, I feel very confident in my diagnosis and I feel very confident in the way that I do things. So, if someone were to kind of come along and like, oh, well ... you're, you're kind of like, argh I kinda know what I'm doing here. You know, I kind of trust in my diagnosis and trust in my practice philosophy. So, in that sense it's nice not having someone there that you would have to, oh my goodness...

Dr. O'Keefe: It's almost ask permission for things. Your own autonomy is terribly important to you and you've been able to carve out spaces where you feel that autonomy.

Dr. Trotti: You're summing it up absolutely perfectly, better than I could. And yes, there is more autonomy and especially in the world with the principal dentists, you know, and I completely understand this, this is their practice, these are their patients. So, if you get an associate to come in, you want that associate to have the same mindset, to have the same practice philosophy, the same quality control that you expect from yourself. Right? But that differs from principal to principal. So, what's so important in that associate agreement is making sure that you connect. Right? That the two of you see eye-to-eye in how you would do things. And I have worked in offices where I'm very much on the same page with the principal dentist and then I have worked in other offices where I'm not on the same page as the principal dentist and that makes it more challenging.

That's challenging. Not to say that anybody's right or wrong. You [inaudible] of one person, you have two people and there's 20 different ways of doing things.

Dr. O'Keefe: Are there any signals that you seek to pick up on that would give you an idea of whether you're close to being on the same page or not? Imagine, how would you sound me out to see if we might be on the same page?

Dr. Trotti: That's a very good question and I don't have an answer for that. Sometimes you have to just give it some time and see how it goes and see how your principal interacts with the dentist. Sorry. See how your principal interacts with the patients, how you interact with the patients, how you interact with the principal. And I think it's a very good idea to have that line of communication open. Some of the best places that I've worked in, we would sit down together, and I saw something very, very interesting what are your thoughts on this? And vice versa when the principal would say, take a look at this case, what do you think? And it's obviously a patient that they are treating, a case that they're working on, but then they get your feedback and when you get that, yes, yes, wow, okay, I totally see that. You know, I would do it this way. Absolutely. Yeah. What do you think of this? Right? That's a good sign that you're on the same page.

Dr. O'Keefe: So really there is something to be kept in mind is that before you start in a place, there's lots of things you really don't know, and you can't know until you get in there [inaudible].

Dr. Trotti: It's just like anything, even getting into a relationship. Whether it's a friendship or a romantic relationship, you have that trial period. You have that period where you're getting together and feeling each other out, getting a vibe. You'll see when that first person, that first patient sits in your chair and they have a treatment plan that you didn't, you didn't plan it, right? So, you're looking at the treatment plan, you're looking over when you do your audits in the morning and you're going through your huddle and your treatment lists of the day and you can see, okay, well doctor so-and-so treatment plan this and this and this and this. Yes, okay. Yeah. You what, I absolutely, I get this, I'm on board with this. Sometimes you get a person who's in your chair and they're scheduled for a certain procedure and you're like, I wouldn't do that. You know, like, no, that's, that's not something that I would feel comfortable doing. And of course, every now and then you're going to get one of those situations, you're going to be in one of those situations, but if you find that that's happening more and more, then this might not be the place for you. And that's okay. That's okay. You know you're not married to that place. So, if you feel that it's not in line with your practice philosophy, that's fine.

Dr. O'Keefe: Practice philosophy and comfort with practice philosophy, very, very important. But sometimes you need to actually get in there for a little bit of time before

you can really find if that comfort level is there. Now of course you've gained more experience with time. You're not a new grad. What's a typical day of dentistry look like for you?

Dr. Trotti: Well, I am a general dentist and I do basically a little bit of everything. And the nice part about being a general practitioner, what I love about it is that I get to do everything, everything that I'm comfortable with. And my philosophy is if I can't execute it perfectly, I'm not going to do it, I'm going to refer it out. So, this is true for the more complex procedures like complex root canals or extractions. I do extract wisdom teeth, but if they're impacted [inaudible], I will refer those out. I do root canals and I do molars too. But if I look at the x-ray and I say, you know what, I think this is going to be a challenging case and I don't think that this is gonna look at your perfect when I'm done with it, I refer that out.

Dr. Trotti: And same thing with challenging, complex crown and bridge. I have done some full-mouth cases that are challenging, but if a person has like, I don't know, a parafunctional habit that I know that there's going to be an issue or if I have to open up the bite, no. You know what? I think that might be one of those cases that I refer out. So, my typical schedule will have a mixture of everything in it. A lot of restorative treatment, especially in the practice that I'm in at Humber, we have a lot of students so it's just a lot of typical composite resin restorations in approximal lesions. Old restorations that need replacement. I do have some wisdom teeth extractions that I do, like [inaudible] on them. You know, I do quite a bit of crowns in that practice, even considering that they're students.

Dr. O'Keefe: Opening up the lines of communication and allowing people to see the value in what we do, considering, you know, the population that we're working with. I do a bit of crown and bridge there too. So, it's a wonderful mixture of everything and I'm very, very busy. My typical appointments would be about an hour for, you know, multiple surfaces, maybe half an hour for a single restoration. I like to take my time with root canals. I'll book for molars, I'll book like two and a half hours to do the molar/endo and the restoration. You know what it is with those upper stitches, you have to find that fourth canal and you have to really, really look, right, so I like to take my time. I don't like to rush. And I try not to run behind, but I like to talk as you can see so sometimes, we do run behind, but everybody gets the same amount of time and the same amount of TLC. So that's how we work, and I work from 8:00 to 6:00 is my longest day.

Dr. Trotti: Now, just one little quick question. Have you always had the freedom to choose which specialists that you refer out to?

Dr. Trotti: Well that's the key in finding an associate agreement that works for you, that someone will respect your comfort level. And again, that open line of communication. And when you look for an associate position you must be comfortable with molar/endo. Well, yes, I'm very comfortable with molar/endo,

but I don't want to feel that pressure to do something that I'm not comfortable with. So that's very important in the interview process when you speak to the principal. Okay, well, yes, I am comfortable with doing these procedures, but when can I feel like they, hey, you know, it's in the patient's best interest to refer this out. Do you have a network of specialists that you do refer to? I have not felt any pressure, me personally, I have not felt any pressure to do anything that I'm not comfortable with. And I'm sure for the principal as well, they want to make sure that their patients are well taken care of because anything that I do is a reflection on them and a reflection on the practice. So, we're very mindful of that and the principal would be very mindful of that and they will respect that, hey, you know, if I do this, this is not gonna to turn out the way we want it to, and this is not gonna get an outcome that we want to have. So, it's again, that's the kind of thing that, you know, it does evolve over time, but that's a conversation you can have at the interview.

Dr. O'Keefe: Well, I think you're giving me a very nice segue onto the next question I want to ask you because you've given some nice advice there about in that interview process to have a conversation about important things like the referral pathways. Have you any other pearls of advice? Let's say I'm a new grad looking for my first associateship.

Dr. Trotti: First of all, make sure that you have a contract, a very explicit contract about, you know, restrictive covenants, fee arrangements, chart ownership. It's a good idea to just have someone in the legal field take a look at it and just make sure that it's fair and that the language is plain. It doesn't have to be like a 30-page contract, but just something outlining what the business relationship is going to be. And make sure again that it is reasonable in terms of like how much notice that you have to give, and again, like I said with the noncompete and the restrictive covenant, make sure that it is reasonable, especially in Toronto and there's a lot of dentists everywhere in the Greater Toronto area. There's like a dentist every, every several blocks, right, or every block. So, you have to make sure that it's [inaudible] and reasonable to you. Right?

Dr. Trotti: Absolutely. Again, you, sometimes you'll get a feel just by speaking to someone if, you, know, if you're comfortable in that arrangement or not. Go with your gut. And sometimes you're gut's right, sometimes it's not. You're not married to the place. If you find that something is not working, then look for something else. It's okay. This is not, it's not the end of the road. I always knew that, I pretty much always knew that I just wanted to find a place that I was going to be in long term and in some cases after a few months I'm like, no, this is just not the right place for me. And in other cases, I was there for a long time, but it was just time for me to move on. And that's, that's okay too. It's, it's fluid. That's the nice about being an associate, you have that flexibility and you can work as little or as much as you want. Listen to yourself, trust your instincts. You know, at the end of the day, your name is on the chart. Even if you're an associate, your

name is on the chart. You are responsible for those patients. So, you have to acknowledge and respect that. And if you find that you're in a place that you are not comfortable with, you don't have to, you don't have to stay there. Don't compromise yourself.

Dr. O'Keefe: That's it, I think that's an absolutely key point that even if somebody is starting out in their career, they mustn't be so intimidated by those that hold more cards than them don't act as a sovereign responsible professional person.

Dr. Trotti: Yes, yes. And then the other thing too, on the flip side, you can gain so much. Even the places that didn't end well for me, I took away something from each practice that I worked in, whether it was getting comfortable with those extractions or getting comfortable doing those root canals or figuring out what materials to use or, like what works for you and what doesn't because a lot of different offices will use a lot of different materials, right? So figuring out what you like, figuring out practice management software, figuring out the personality of the practice, learning the business side of it in addition to patient management side of it, and just kind of letting these associateships shape who you are, the good, the bad and the ugly and you, you always will walk away from something, a stronger, better practitioner. And that's the positive end of it. I know it sounds like, well don't compromise yourself. Yes, absolutely. But on the flip side, no matter what your experience is going to be, you're always going to take something away from it that's going to better you in the long run.

Dr. O'Keefe: So, every associateship is a learning opportunity and always be on the lookout for the silver lining, no matter how dark the cloud is.

Dr. Trotti: Absolutely. Because there can be some dark moments. Absolutely. Even in practice ownership, which I'm sure that you will, you will gather from your other interviews, you can't learn anything without something bad happening. Those kinds of moments and those dark times, they make you stronger. And it sounds like a cliché, but some of the worst experiences that I've had, and I've had a lot, I think I've had a good career, it's 16 years out, right? So, I still have many, many more to come, but I'm not a new graduate and I think I'm a seasoned professional right now and some of the worst times that I had in my career, they made me stronger. I've learned so much from them and I just feel that I want to pass all of that wisdom down to someone else.

Dr. Trotti: I didn't have any kind of mentorship when I first graduated. I came to Canada and we didn't know any other professionals and we didn't know anybody else. And I had to kind of learn all this on my own, right? So, when I see a new graduate or a young dentist, I'm just like, here, let me, let me take you under my wing and I'll tell you all the things that I know. Don't get scared, you know, that kind of thing. And that's one of the reasons why, and I don't know if I mentioned before, why I want to be an associate, is I want to leave my schedule open for

teaching. And so, I started teaching at UofT and I'm in the radiology department and I just absolutely love it. I love seeing those students and I'm looking at them and I'm like, you have such a long career ahead of you and you're gonna see so much and experience so much and it's gonna be exciting, but it's gonna be hard at times and you're gonna mess things up and that's okay. You know, it's okay and you need someone there to tell you that it's gonna be all right.

- Dr. O'Keefe: And any student who is lucky enough to have you as a teacher is in for treat.
- Dr. Trotti: Thank you.
- Dr. O'Keefe: Can I ask you one final question?
- Dr. Trotti: Of course.
- Dr. O'Keefe: Have you any particular words of advice for young female dental graduates? Are there any particular considerations that are any different from male graduates?
- Dr. Trotti: Well, obviously maternity leave, dealing with pregnancy, practicing dentistry when you're pregnant. I battled some pretty bad morning sickness with both of my pregnancies. And with my son in particular, my arms were a little bit short when I was practicing towards the end and I had to leave to start my maternity leave a little bit earlier than I wanted to because I couldn't reach, you know, I was huge. And with my daughter my hands were very, very swollen, so I had some limitations there. And going back to work when you feel like you are ready. And when you're an associate versus when you own your own practice that's challenging because I was an associate when I had my son, I was a resident when I had my daughter, and I did cover on mat leave for a young principal dentist and it's very, very hard.
- Dr. Trotti: She went from, you know, 60 miles an hour to zero. Right. And that was a struggle for her, and she wanted to take the time to heal and nurture the baby and give herself time to recover, both mentally and, physically. And then when she came back to work, it was good. She wanted to work part-time, and we had to find people, good people, to kind of mend the ship for you while you're gone or while you're just taking a little bit of a breather or just stepping down a bit. So, it's challenging in that sense, and unfortunately biologically this is the way we are built, and this is what we have to deal with. And a lot of the child rearing, the breastfeeding, all that does fall on us. The physical demands of being a mother, they do fall on us in that first year. So, you do have to prepare yourself for that. It can be done. If you have a wonderful support team in place, it can be done. But it is challenging and it's definitely something that we as women, we will have to assume the burden. And that's okay, but respect your recovery time, respect that you need to take the time to be the best you. Make sure that you have that support system in place before, beforehand.



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Dr. O'Keefe: Amanda, I have enjoyed this conversation very much. I want to take this opportunity to thank you for sharing your insights. I believe they'll be very valuable for our target audience.

Dr. Trotti: Thank you so much for having me and for bearing with me and my little fumbles.

Dr. O'Keefe: Just brilliant. Thank you so much.

Dr. Trotti: Thank you.