



10 Recruitment Mistakes That Cause  
Disappointment, Stress and Burnout –  
Ref228

*with Nicola McLennan*

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**TRANSCRIPT**

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**Steven Bruce**

It's gonna be good. I'm talking to Nicola McLennan again, now Nicola has been on the show three times, I think before, she was on quite recently talking about ways in which you can help your business. Today we're looking at the three most common recruitment mistakes and Nicola is well placed to tell us about this. She's an osteopath herself. She's made it her business to learn how to run businesses and to help you run business. So Nicola, great to have you back.

**Nicola McLennan**

Thank you so much for having me, Steven.

**Steven Bruce**

It's always great fun. And it's always, I love intriguing titles, like the three most common mistakes because you're always like, what are these mistakes that we're all making? Am I making these mistakes? And I probably am, we probably all are, aren't we?

**Nicola McLennan**

Wow, absolutely. With recruitment it's such an issue generally, across professions, we can all get into that mindset of, you know, my associate isn't as busy as me, can't find a way to make it work. Everything relies on me and my practice and argh, it's a real source of stress and burnout. But with regards to the recent labour shortage, that is a really, really real, tangible problem. It makes it even more of a struggle to grow and scale your practice and add clinical team members and have it actually work and not be a source of stress.

**Steven Bruce**

What you just said reflects back on what we were saying before we went on it air, doesn't it, this business of delegation, there's a balance to be struck. Yes, it's great to give away responsibilities, get other people doing things for you. But at the same time, there are still some things you have to keep back yourself. Now, recruitment. A lot of people don't perhaps have any interest in recruitment, because they aren't running their own business. Is this something that someone who is a potential recruit should be listening to as well?

**Nicola McLennan**

Well, absolutely, in terms of helping to understand how you can fit into a business that is already got a great reputation, and have you be part of a business for kind of months, not years and become an asset to that business, and they want to look after you and keep hold of you for years to come.

**Steven Bruce**

Okay, so do you want to start us off with the first mistake?

**Nicola McLennan**

So the first mistake is to not be responding to the labour shortage. So if you are in that camp at the moment of, there are just no associates out there. I can't find anybody. If you are still recruiting the way you did three years ago, even two years ago, and you're not responding to the fact that there are an enormous amount more jobs than there are job seekers at the moment, then that is probably why your

job ad is going out and getting crickets. It's probably why you're in that camp of, there are just no associates out there because clinics are hiring. There is good news, clinics are hiring. But you need to adapt what you're doing. To stand out in a very, very crowded market. The way people look for jobs has changed a lot. If we go back three or five years, you used to put an advert in like a printed magazine that no longer exists, they don't print it anymore. That was how I found my first associates, you know, everything has changed dramatically.

### **Steven Bruce**

You still can advertise in the equivalent of those magazines, can't you? You can advertise through the Institute of Osteopathy, The General Chiropractic equivalent or other chiropractic equivalent organisations, and so on.

### **Nicola McLennan**

Absolutely, you can. But there's lots of other places where you should be kind of showing up. And it's the job ad itself, Steven, to make sure that when we are in a really competitive and crowded market, we've got to make sure that we stand out, not just our ad itself, being clear and concise. And obviously, I see job ads, where it doesn't say where you are, until like the sixth paragraph and it mentions, oh, they're in New Zealand, okay. Thanks for wasting four minutes of my life, I won't get back discovering that you're not going to apply for that. So making sure that your job ad stands out, is concise, you state whether you're looking for, is it an employed position? Is it a self-employed position? That's a useful thing to put right at the top? Where in the country are you? Is it a part-time role? Is it a full-time role? You know, look at it from the point of view of the person that's looking and there are loads and loads and loads and loads of job ads. And if they're looking in your area, you want to make sure that it's really clear and obvious. So almost looking at your job ad as a little bit like a marketing exercise to sell the position.

### **Steven Bruce**

You're selling a position in your own clinic effectively at this stage, you're selling not a product, but a service if you'd like to look at it that way, but turning it on its head, where are my potential recruits actually looking?

### **Nicola McLennan**

So we use something and I teach something called the five step recruitment process. And that means that you've got, you know, you've got print, which we mentioned earlier, but a lot of people fall into, and this is the sort of second kind of aspects of that job offer and where you're putting it out, fall into what I call the Facebook group trap. Okay, so dumping your job ads into local professional Facebook groups, and perhaps doing that once or twice, and declaring there are no associates out there. Now, the trouble with doing that is that if you are an undergraduate, and you're under 25, you've only got about a 15, to an 18% chance of actually having a Facebook account. Facebook isn't very cool. A lot of them don't have Facebook accounts. And if they do have Facebook accounts, they don't check in with them more than about once a month. So you've got a whole chunk of people that won't be seeing them. Now, I'm not telling you, don't put them in those Facebook groups. But that isn't you done. Because such a small proportion of people are going to see. And at the moment, with everything that is going on in the world, those Facebook groups are quite busy places, people are still using them as like sounding boards of, how are you changing the wording of your such and such for COVID? Are you still using all of this PPE?

Or are you just using this, people are still very uncertain with all the changes, so you're likely to get really lost in the crowd. And you're not going to get seen very easily. So the other three things we encourage people to do is Indeed, because they've got Google covered, somebody's googling, looking for a chiropractor job in Newcastle. Indeed, will have got you covered, Indeed, we'll get you onto the first page of Google, if people are actually searching on Google.

**Steven Bruce**

I have never heard of Indeed, what's Indeed?

**Nicola McLennan**

So Indeed is basically a free place where you can go ahead and post a job listing. And that's all they do is job listing. So think of it as like, you know, gum tree, but it's just for jobs, you can do a paid listing as well. But for now, get yourself over, spend 10, 15 minutes, just copying and pasting your job ad over there, because that gets kind of Google covered. And the other two big ones that people really forget about. And the first one is huge right now, is LinkedIn. So LinkedIn have dramatically in the past three months changed your ability to be able to advertise a position, and for people to be able to search for positions and apply for that job on their platform. And they've kind of put a statement out, that's what they want to have their platform be known and used for going forwards. And I've had practices that have been looking for months, have posted on LinkedIn in the past six weeks, and have candidates for interview and got an undergraduate sorted for the summer.

**Steven Bruce**

That's really interesting, because I've always thought, you know, if 25% of people have a Facebook account, I've always thought a 10th of that, maybe lots will have a LinkedIn account, but a 10th of that will actually look at LinkedIn. And only a few weeks back, I was contacted by somebody through LinkedIn, who wants a job in our area, and we want an associate. Georgina, if you're watching, I'm really pleased that you contacted us through LinkedIn. And I'm hoping that when you graduate, you will come and join us. But I was astonished because to me, I've always thought LinkedIn, particularly for osteopaths, chiropractors is of limited value. Lots of people get on to it because they think they should but so it's worth it paying more attention to now.

**Nicola McLennan**

Absolutely, because there's only really two types of practitioners that hang out on LinkedIn. And that's people that are looking for roles and people that are offering roles. Everybody in the middle tends not to you know, if you're not hiring at the moment, and you've been out in practice for 10, 15 years, we'll forgive you if you've got a layer of dust on your LinkedIn profile and it needs updating but there's only those two types. Those are the only people that hang out over there. So get your butt over there and dust off your LinkedIn profile.

**Steven Bruce**

Oh, good, good, brilliant. I should pay a bit more attention to mine. I do go in occasionally. Usually in response to somebody sending me a message I must say. All right.

**Nicola McLennan**

It's all to play for with LinkedIn at the moment. They've made dramatic changes and as soon as you sign in, you'll even see a brand-new tab that says jobs. It literally, from December last year to today, it's a completely different platform.

**Steven Bruce**

Okay. Which is curious, I suppose, because I worried about LinkedIn suddenly becoming just a different version of Facebook at one point, there were lots of people going on and posting their inane comments, you know, I've had a lovely cup of coffee or whatever. And, you know, that's not what LinkedIn was ever intended for. But good. I'm glad. We sorted LinkedIn and we sorted Indeed, did you say there was a third one?

**Nicola McLennan**

Um, so the last thing to think about is your website.

**Steven Bruce**

I thought you said there was a third platform where potential recruits would be looking.

**Nicola McLennan**

Yeah, so to have somewhere to send all of these other places to. So if recruitment has been a challenge for you, whether it's geography, you're in an area, perhaps where there's more sheep than people, you're in an area that perhaps you know, not a lot of people want to go ahead and travel to, we do see a lot of practitioners north of the border, like I am up in Scotland, because University is free there. But there's no way you can study these courses. So you know, you do tend to have a lot more difficulty recruiting north of the border, you almost need to be permanently recruiting, you almost need to be always open to being approached. So popping a new page on your website that can be about the roles that you're offering currently, and a little bit about yourself, a little bit about the practice, why would it be a great place to work, so that there is always a place to go. And that can help with SEO, that can help with people searching on Google. So you don't need to constantly keep posting on Indeed, and really just putting it on that priority list, giving it some real estate on your website to help you, again, stand out from the crowd.

**Steven Bruce**

Well, here's an issue that strikes me about websites, Nicola. First of all, I do look at quite a few people's websites. And because they're, you know, in connection with people who've approached us, who are my members, and so on, and I do see quite a lot of shitty websites out there, you know, really, really scabby, 1995 looking websites, if websites go back that far. But also, they're probably like that, because the website owner, the practice owner, first of all, is an osteopath or a chiropractor. They're not a techie, they're not a web designer. So they either don't want to get involved in it or don't know how to get involved in the redesign of their website. And I guess, for a lot of people, especially those people out in the non-technical areas like Scotland, offended half my audience now, they may just not have any way of updating their website. So how do they create a new page? How do they make it easy for themselves?

**Nicola McLennan**

Well, that's a big broad question, because it completely depends where their website lives and other such things. But if recruitment really is on your agenda for the next year or so, if getting an associate in and having it actually work would fix a lots of things in your practice. And if you are at capacity, you're like SOS button, I need help, we've got too many patients, we're really struggling, we need another team member, then you don't need to rebuild your website to add another page, you know, contact your website person. And as long as you give them, some nice pictures of the location of the practice, the exterior, if it's nice, or the interior, whichever is the better picture, a picture of your team and a really good strong job ad and offer. That's all we need. We're not talking about building a, you know, a brand-new site just to add a page about recruitment and about the position that you've got available.

**Steven Bruce**

We could go down a rabbit hole here, but again, I'm always astonished at the number of websites where there is no picture of anyone in the team. You get the generic stock photographs of a crowd of happy Americans promising across a hillside, but you've got no picture of the person who's actually going to be treating you potentially or the person who will meet you at the door or anything like that. And I think that's, I really think that's important because if I'm nervous about visiting a medical practitioner, it reassures me a lot, just that I've seen their face beforehand, I think.

**Nicola McLennan**

I couldn't agree with you more. You know, you're expecting somebody to come into a room and take their clothes off and put their spine in your hands. And, you know, really trust you. And people do want to see the human being that they're going to see. And having every single team member should, you should have a profile picture and a short description of their website. Now, we don't want to go too far with that. We don't want to know that you enjoy dog walking and going to the theatre. Nobody cares. They're worried about their pain and if you can fix for them, but they just want to see the human being that they're going to interact with. Because it's very reassuring.

**Steven Bruce**

I tell you what, I'm glad you said that because in the past, we were encouraged to write, you know, make ourselves human, right, a lot of a lot of stuff about ourselves. But I suspect that the attention span of somebody who needs an osteopath, or a chiropractor is relatively limited. As you've said, they don't really want to know what your hobbies are, and where you grew up, and all that sort of stuff, because they just want to know that you're capable of dealing with their problem. And maybe, if you've got a long piece about each practitioner, the top stuff has got to be why you should be trusted. First paragraph.

**Nicola McLennan**

Yeah, absolutely, I would challenge you to kind of keep it to three sentences.

**Steven Bruce**

Yeah.

**Nicola McLennan**

Because they're not going to read the rest. You know, you're qualified, where you went to uni, how long have you been the practice? And do you have any special areas of interest? That's it.

**Steven Bruce**

I don't know about you. But I also think that the stock image of your practitioner standing in front of a wall, arms folded, looking at the camera is all very well, it's nice in a smiley face, and so on. But probably more reassuring if you're seeing treating a happy looking patient. What do you think?

**Nicola McLennan**

Absolutely. I prefer treatment images across the website as well, I don't really like your kind of, as you said, your cheesy recovery images where somebody's striding across a sunset beach looking, you know, like they've left their backbone behind them. It does date websites quite a bit those type of images. So treatment images are always preferable, but be careful. You know, some treatment images, we've been treating so long, we forget to somebody that's never been seen osteopath or a chiropractor. A lumbar roll treatment image, for example, can be mistaken for a kind of wrestling match, you know, go for treatment images that do not look intimidating, do not look painful, avoid elbows in shot, really look for images that are quite neutral.

**Steven Bruce**

The ones where you're sitting across a desk from a patient where you're discussing the case history, and they're looking engaged and interesting. And of course, these things are all set up. They're not real patients, but it looks like it's a real patient. And it's reassuring to the viewer. They're probably a good one.

**Nicola McLennan**

Absolutely, it looks super professional. And it's not just all about you. And here's my profile picture. It's showing you do what you do best, which is engaging with another human being and helping them on their journey to get their pain resolved. So that's something that I talk to practitioners a lot overall as a theme on their website. If your website is underperforming, go look at your homepage, and I want you to count the amount of times you use the word we and our. And that might be why your website's giving you trouble because it's all about you. So try and replace it.

**Steven Bruce**

Right, now I'm going to go back to something you said earlier on, you said adverts, tell people whether the job is self-employed or salaried. There's an issue, which is best?

**Nicola McLennan**

So that brings us to our kind of second biggest recruitment mistake which is having an average job offer. Okay, so what part of our title was, you know, that these mistakes can cause like stress and disappointment. So, I've spoken to so many practitioners in the past few years, who have perhaps interviewed somebody, and then when they contact them to make the offer, they've already accepted a job elsewhere, or they are accepted. And then they turn that practitioner down a few weeks later, because the job offer isn't competitive. And I also speak to a lot of practitioners who are, quite justifiably, just quite terrified at the idea of offering a salary because it just seems like an amount of money going out the door



every month, it seems quite like oh, I don't know if I can afford it. So a lot of undergraduates are expecting salaries. And I would urge you, if you are somebody that is in that group of, there are no associates out there, I'm getting crickets from my job ad is to go do your numbers, you know, have a look at a starting salary. And work out your breakeven, how many patients does that associate need to see for you to break even, bearing in mind, you'll be taking 100% of the fee. And it's often a far less scary number than we think it is. And it's actually quite scalable for both parties. If you then look at things like incentive bonus, retention bonuses so that they're not stuck on a basic, they've got room for progression. And you're rewarding hard work, versus having an expense that just is so variable month to month, you've got a fixed cost if you're offering a salary, and you only pay bonuses out when the business can afford it, as opposed to when you're doing a fee split with somebody, which has been our traditional model in the industry, when I worked as an associate, I got a fee split. It's a variable cost, the busier they get, the more money is going out of the practice. But from the associate's point of view, they've just qualified, they've probably got, some dreaded student loans sitting there, hanging over them, I think it took me 13 years to pay mine off. I'd be self-employed for all of that time. But if they're salaried, you know, they can move forward in their lives much faster, they can buy stuff, they can get financed to get a car, they can get a mortgage, or they can think about getting a mortgage. And, you know, we all know a lot of us watching this are self-employed, it's not easy to get a mortgage. We're treated the same as a self-employed pipe fitter, it doesn't matter to the banks is it that we're in a professional, we're in healthcare. So you know, times are moving on. And people are expecting it. Not just associates, but the Inland Revenue are going that way, in terms of people having to justify their self-employed status. So if it is something that just makes you think, oh, my God, justifiably, I don't think the business can afford it, just go work out your numbers, go through that kind of exercise to see, is it viable?

### **Steven Bruce**

Now, a very well-known and well-established colleague of both yours and mine, several years ago, I remember talking to me about hiring sales staff. And his advice was that you pay them a certain amount. I can't remember the exact formula; I could look it up. But if they achieve a certain amount, then they get paid considerably more. And that increase remains with them for as long as they keep that sales pitch going. Where I'm going with this, is there room to be creative in a salary package for associates? So given that we are probably providing them with the patients, I guess we could only reward them for repeats or patients that they bring in themselves? Or how would you do that?

### **Nicola McLennan**

Well, absolutely, there is room for it, because we want to reward hard work. And when we find an associate that performs well and gets good reviews, and everything slots in and is working nicely. We want them to stay with us, we don't want them to go off. So retention bonuses are really, really important to kind of reward the workhorses and put off the precious snowflakes that we perhaps don't want in our practice. So you can approach them from multiple different angles, I advise you to have some really good, and this is going to sound really corporate and I hate this word. But there's no other way to say it. Some really good key performance indicators in your practice, to help you quantify how well your associate is performing. So if you're somebody that's watching this that has associates that, their list just never takes off. They're just never as busy as you or you're somebody where, you know, all the new patients wants to see you because your practice really has thrived on word of mouth. So your associates list kind of never takes off. Whatever it is, often people are in that position, and they can't quite put their finger on

why the associates' list never gets busy enough, then key performance indicators will completely set you free, because it will show you where the problem is, and then enable you to be able to fix that problem, whether it be through mentoring, whether it be through getting kind of marketing in places, you know, that's a whole nother conversation for another day.

**Steven Bruce**

So what would your KPIs be, what sort of things would you have in mind?

**Nicola McLennan**

So it's entirely up to yourself and your business. Some practices that I work with go with just the most obvious, which is, patients seen. Yeah. So when you see 80 patients a week, your first, you know, percentage bonus will kick in. Others will go with things like utilisation rates, which is just a slightly different slant on the same type of number. So that will be the amount of appointments available, versus those that were actually booked, just expressed as a percentage. So if they've got 40 slots available in a week and 20 were booked. That's a utilisation rate of 50%.

**Steven Bruce**

Isn't your associate though going to say, I have no control over the marketing in this business, therefore I can't increase my patient numbers myself unless I start encouraging people to come back for more appointments than perhaps they actually need, which would be unethical.

**Nicola McLennan**

100%. That's a really common pushback. And I'm glad you asked the question. So there's two things that that raises. So another reason why associate relationships fail, and we get burnt out and frustrated and stressed out, is that a practice is over relying on word of mouth. That all those patients want to see you. And they feel like that having their arm twisted behind their back to see your associate, they feel like they're compromised from the beginning. And that's no way to build a busy practice. So making the assumption that because you're busy, they will be busy, is our third big recruitment mistake. So you've got to have a structured system there to fill your associates list. If you don't keep them busy, and give them a reliable supply of new patients, particularly in this labour shortage, they're going to leave. But the other thing I really enjoy teaching with practitioners is what I call treatment plan training. So oftentimes, if we've got an associate that is underperforming, perhaps their retention rate is lower than yours would be as the principal or they're not rebooking patients as often. It's a case of really looking at the principal, especially if your practice is thriving through word of mouth. Because if your practice is thriving through word of mouth, you're blooming well doing something right. Okay. So we have to look at what is it that gets patients confident in you? What is it about the way you communicate with your patients, essentially, what's your secret sauce? What are the non-negotiables that you would like to have in your practice, so that you can train that with your associates in what I call treatment plan training. And that gives just tremendous wins. Because when undergraduates come out and we all remember this, we were just in our own heads, we were trying to remember the order to do everything. We were trying to think of the differential diagnosis, and it was all kind of in our heads and all us. And treatment plan training helps get that practitioner out of their own way. And thinking about the human being in the room, in their underwear, who doesn't really care about you returning the range of movement in their shoulder, they want to get back to golf, golf keeps them out of divorce court, you know, it gets you training them to communicate

their treatment plan in terms of what matters to the patient, and helps you bottle kind of your secret sauce. So that you know, if you're on holiday, if you're off sick, or you're busy seeing your patients, it gives you that reassurance that no matter who new patients see in your practice, they're getting your standard of care that you would expect. And that helps to generally get rid of that pushback, because they're not taught that undergraduate.

### **Steven Bruce**

We've done a number of programmes, a number of shows which have looked quite closely at treatment plans, perhaps in a slightly different way to yours. I don't know. Two speakers in particular we've had and I don't want to assume that all chiropractors are good at this. But I've always thought chiropractors, some chiropractors are better at it than most osteopaths, we did a couple with Russ Rosen. And he taught, he was very good at trying to get people out of the mentality of, we need to get them out in three sessions. Because actually, with patients you are trying to restore to them the quality of life they want. And for many of them, they're not fussed with you fix them in three sessions. They just want to get out doing what they want to do to the best of their ability and fixing that one thing, the shoulder problem, the elbow problem might not be enough, you need to think about other things that you can do for the patient. Is that what you had in mind by treatment plans?

### **Nicola McLennan**

Absolutely. Yes, I absolutely agree. So and it is something that I describe as, like pain firefighting, often undergraduate, we're in highly subsidised clinics, where we kind of get them to maybe 60, 70% And they just either self-discharge or we don't get to do the last bit which is what mattered to them, you know, their daughter's going back to work in a few months, and they've got to be expected to look after a toddler and they can't even get their tights on off right now, nevermind lift a child from the floor. So you know, getting that person firefighting pain and just getting her to the point where she's got some functional range of movement, and kind of letting that drop off isn't actually good enough.

### **Steven Bruce**

I suspect that a lot of this for both osteopaths and chiropractors reflects a lack of confidence on our part that we can continue to deliver a valuable product even after we've got rid of the initial pain.

### **Nicola McLennan**

100% agree with you. And that's why when I teach treatment plan training, it's about getting to the crux of what actually matters to that patient. So we go with that example that we just gave, it increases patient compliance, all the way through the treatment process. So if you're giving that lady an exercise and saying, this is going to increase the range of movement in your low back, she might do it. But if you say this exercise is specific to be able to help you lift that toddler from the floor, you've got her undivided attention, and she's more likely to go ahead and do that exercise and come back to you with questions. So yeah.

### **Steven Bruce**

On the topic of questions, I've got a couple of questions, observations on my list here already, Lucy's going back to the website, the thing about team members, and says that she thinks it's okay to include a

line of therapists' interests. For example, if you play tennis and the patient's play tennis, and they might like that you have a common interest there. What's your view on that?

**Nicola McLennan**

Absolutely, if there's something that is, you know, going to make somebody relate to you in terms of sport, exercise, that type of thing, then absolutely, I'm not saying go remove it. But we really want to be careful that we're not putting information that just isn't relevant. It's not our Facebook profile, you know.

**Steven Bruce**

We don't want to get too far down in the weeds of this. But there are so many instances where practitioners will have a list of how they got a deep interest in Andrew Taylor Still, if they're an osteopath or Palmer if they're a chiropractor, whatever it might be. And patients really don't give a stuff about who founded our professional, I don't think they could care less. They only interested in the relevance of you and your experience to fixing their pain, I would say. We had another one here from, my list says the person is called Amboss. I don't know who this is, whether it's male or female. But it's a very, very predictable question. And it goes back to this business of whether you offer salaries to people. And of course, the minute you start employing your associates, then you are liable for all sorts of other things. First of all, you've got tax and National Insurance, you've got sick pay, pregnancy pay, all that sort of stuff to look after, maternity leave. Should we be concerned about that?

**Nicola McLennan**

Well, absolutely, it's something to consider. And I would, anybody that is considering going and taking that leap, and salaring somebody, go and speak to somebody that is qualified in HR, get yourself a really solid contract to protect yourself and to protect your team member, and to make sure that they get everything entitled that they are entitled to. But in all honesty, we may not have a choice. You know, if we fast forward, this is the way that it is going from a tax perspective. The UK and Canada are one of the only places left where osteopaths and physios and chiropractors are still self-employed, you know, it is going in that direction, and you know, it can't be avoided. So you can't go ahead and go with a salaried option, and have the benefits of it without the potential costs of sick leave, etc. So yes, you do need to consider all of that on balance.

**Steven Bruce**

Yeah, and I think that's probably is a worry for people. I've always thought that most osteopaths, and therefore probably most chiropractors, want to be self-employed. But you seem to suggest that's changing now with new grads?

**Nicola McLennan**

Absolutely, they know, the labour shortage exists be under no illusion that they aren't being told undergraduate that, you know, almost like it's a buyers' market, you know, do make sure that you negotiate when it comes to salary and what you're expecting and your fee split, etc. And I'm not saying, I'm not making a sweeping statement, there are going to be plenty of undergraduates who would prefer to be self-employed, you know, but what I'm saying is, especially if we think back to your job ad, and being competitive, if you're open to either make sure you state that on your job ad because if it doesn't say one way or the other, if it's a self-employed or a salaried role, neither camp is going to apply. Because

what are they supposed to do? Get into an email conversation to you to find out? No, they're going to go down to the next job ad that says it's in the area they're looking for. And it's salaried, and that's what they're looking for. And if you're in either camp, you'd be happy to have either, state that, because then you'll put me in a camp off.

**Steven Bruce**

Getting into the weeds of the benefits of salary and self-employment was getting away from the mistakes that people make in recruitment. But it is an important criterion, isn't it that people think about what it is they want to offer. And maybe a lot of us, including myself in my own clinic, maybe we need to open our minds a little bit to the prospect of salary in our associates. And yeah, I think, well, Claire, and I will probably have a big discussion about that shortly as a result of this conversation, Nicola. Chubs has said, Is there a formula that you use to work out a realistic salary and bonus for staff? Chubs has said a realistic salary and bonus for self-employed, but presumably, if they're self-employed, they're not on a salary payment.

**Nicola McLennan**

So if we can answer the salaried sort of part of that question, because there is, I've dealt with practitioners in the past year, who have really got themselves into trouble offering far too generous bonus scheme that actually isn't viable for the business. Okay. So the most basic formula I'm going to give you is, I'm going to use simple numbers to make sure that the math is just easy to understand. So let's say your associate, the starting salary is 2000 pounds a month, I generally recommend that you do not have a bonus that kicks in until you have got double your investment back. So until they've bought in 4000 pounds in that month. So then you're going to reverse engineer that number, to however many patients equals 4000 pounds is the minimum at which your bonus, your first bonus should kick in. Okay. And you can have tiers, you know, if they see more than that you can have it go up in grades. But I've seen people put a fee split bonus in too early in eagerness to try and secure a candidate because you know, a lot of people that are struggling with recruitment are struggling with like burnout or struggling with I can't remember the last time they had a flipping holiday. And it just, you know, in their eagerness to secure a candidate have put a bonus that kicks in too early. And it just then isn't profitable or viable for the business owner, for the practice owner. So if we want a formula, there's your formula, make sure that you're getting your the salary back plus the salary amount again in profit before you let a bonus kick in. Otherwise, it just isn't viable. It isn't scalable.

**Steven Bruce**

Yeah, okay. And I suppose, at some point, we must be looking at what we expect to pay a self-employed associate. So there's a good reasonable ceiling to say, well, that's the salary we should be offering somewhere around there, maybe a little bit less with the bonus opportunities. But you want to kind of know what your business can afford. And you can run the numbers through an Excel spreadsheet, can't you, to just check what happens under different circumstances?

**Nicola McLennan**

Absolutely, to make sure it's viable, run the numbers at 10 patients a week, 20 patients a week, 30 patients a week, 40 patients a week, because when you're comparing fee splits or salary, you'll be very

surprised at what those numbers look like. So yeah, absolutely. You've got to get a good grasp of the numbers to make sure it's viable.

### **Steven Bruce**

We are almost at the end of our time, we got about five minutes left Nicola, it does strike me that in order to make our jobs attractive to potential associates, but also to keep our businesses busy, we're going to have to work quite hard. And one of the reasons I say that is because one of my guests last Wednesday when we had our housewarming party with the live music and everything was Laurence Kirk. Now Laurence will be known to many, many osteopaths, he's a very well established, very senior, very experienced osteopath, who has lectured in a variety of organisations and so on. But he was telling me that sorry.

### **Nicola McLennan**

He was one of my tutors undergraduate.

### **Steven Bruce**

Yeah. But he was telling me that at the UCO at the moment, because of problems they've had in their clinic, and because of lockdown and so on, an awful lot of graduates are coming out with far less hands-on experience than we did in our day. And that means that they are going to be much more nervous and in need of much more mentoring when they come into our clinics. And that's really something that we have to think about. You and I have both seen in the past adverts for an associate where effectively there's one room and you get the room when the principal isn't there, which isn't much of an offer for an associate who actually needs some help while they're in the clinic.

### **Nicola McLennan**

So this is not necessarily bad news. They have had less clinical experience undergraduate but if we go back pre COVID, in normal times, the biggest mistake you can make when you're taking on a new associate is to interview them, decide they're fine, and let them loose on your patient list. You should be mentoring them. There's a big difference between mentoring and CPD. These are two very different things. Both parties benefit from CPD, only one party benefits for mentoring. And it should be custom around that less experienced person. So I would encourage you not to look at mentoring as like an expensive time and oh, God, I don't have time to do it, I would look at it as an absolute non-negotiable, it's part of that, once you've bottled that secret sauce, you've got a teacher, you've got to make sure that the standards are being maintained in your practice. And that will turn that potential associate into a superstar in your practice, that will mean that they'll get word of mouth coming in, that will mean that they'll get five star reviews, that will mean that you are not in that situation of just having an associate that's never busy, is never as busy as you, that they start presenting the fact that they're twiddling their thumbs while you're seeing patients back to back to back to back to back and just being like, oh, when's my life going to get easier? So I would look at it as, yes, it's even more important when they've had less clinical experience to be mentoring. But it's a kind of non-negotiable for hiring associate and having it actually work.



**Steven Bruce**

And we mustn't forget that actually, for certainly for osteopaths and this would apply to chiropractors, though it's not specified in their CPD requirements. Peer observation is a legitimate CPD activity for osteopaths. But that peer observation would almost certainly have to include a period after the observation when the patient is gone, when there's an exchange of information about how well it went, what could be done better, and so on. So there's a mutual exchange of information there. But that would be learning with others?

**Nicola McLennan**

Well, absolutely, absolutely. But there is, if we think about the criteria that the powers that be that shine upon us and dictates what our CPD must include and mustn't include to one side for a moment and look at that fundamental difference between CPD and mentoring, you can't always claim as much of it as the principle because it will get repetitive, you will find yourself saying the same things again and again until that person's got enough experience. And it's kind of seen that to be true for themselves.

**Steven Bruce**

This is one of those occasions when you have to reflect accurately on how much was new information that was exchanged.

**Nicola McLennan**

Absolutely. But that's where, what we mentioned earlier, which is treatment plan training makes that really, really easy. And actually, mentoring an associate should take very little preparation when you do it right. Because they're coming to you with stuff that they want to pick your brain about. And you've got your treatment plan training in place. So you can see the treatment plans and you can look at them and work on them together. As opposed to if you're preparing a CPD meeting for your team. Well, you've got to go and prepare it, haven't you. So CPD is actually often more time consuming than mentoring.

**Steven Bruce**

Nicola, you've very generously given up your time to talk to us here, without having mentioned anything about your own business so far. And clearly, I'm not here to plug anyone's business, but you've probably piqued some interest from a number of people. We will share the slides that we haven't used for this presentation with people as a handout afterwards, which has some contact details on it. But just give me, you've got 30 seconds to tell us what you do and who you do it for and how they get in touch with you.

**Nicola McLennan**

Absolutely. So I'm an EC certified business coach. And I was an osteopath for the best part of 20 years. This topic that we've talked about today is really close to my heart because it can change so many practices. So if you're struggling with recruitment or you've got associates that are underperforming and you've got no clue why and no clue how to fix it, then you can email me at [Nicola@boostyourpractice.co.uk](mailto:Nicola@boostyourpractice.co.uk) and we can set up a practice growth recruitment or a practice growth sort your associate out strategy call and get that problem solved for you.

**Steven Bruce**

So that was [Nicola@boostyourpractice.co.uk](mailto:Nicola@boostyourpractice.co.uk).

**Nicola McLennan**

Correct and you spell my name with a C so, N,I,C,O,L,A.

**Steven Bruce**

We will share the details, Nicola. Nicola, that's been great.