OPERATIONS, MODULE 8

Hiring and the team

The clinic is its people, and the wrong hire costs more than a bad month. After this module you know when to hire, how to hire an injector, what an offer should contain, how to keep the people you have, and why written procedures are the thing buyers ask to see first.

When to hire

Finance 8 has the test: the current book is full (utilization above 75 percent and rebook above 55 for two months), you can name where the first 60 days of patients come from, the three-times rule works at month four revenue, and runway stays above two months after the hire. If any of the four fails, the hire waits and the fix is the schedule or the funnel.

Hiring an injector

1. **Write what the job produces, not what it does.** "$25,000 a month of service revenue by month six, rebook above 55 percent, units per patient in line with the clinic." A candidate who flinches at numbers is telling you something.
2. **Ask for the numbers from the last job.** Monthly production, rebook, how many patients followed them. Good injectors know; great ones bring a spreadsheet.
3. **A working interview.** A paid half day: one consult observed, one treatment on a model with the medical director present, one checkout. Skill, bedside manner and whether they ask for the rebook, all in four hours.
4. **Check the license, the training and the history** with the state board before the offer, not after.
5. **The offer**: base or hourly, the production plan (Finance 8), the ramp (a guaranteed floor for the first 90 days), what is expected (rebook, charting, retail), and the non solicitation your attorney drafts. Never a non compete you have not had checked; many states do not enforce them.

Hiring the desk

The desk is the conversion engine (Operations 1). Hire for warmth on the phone and comfort asking for the booking; teach the software. A five minute phone role play in the interview tells you more than the resume: "A patient calls asking how much neurotoxin costs. Go." The answer you want ends with an offer of two times.

Keeping them

- **Pay on production, transparently.** Every provider sees her own numbers monthly (revenue per hour, rebook, retail attach). Nobody argues with a number they can see.
- **A path.** Lead injector, trainer, a share of the membership program, a second location (Operations 10). Injectors leave for a title as often as for money.
- **Training that costs you something.** A course a year, paid, with a repayment agreement your attorney drafts if they leave within a period.
- **Protect them from the schedule** (Operations 2). Burnout is a scheduling problem before it is a person problem.

- **Ask.** A 20 minute conversation each quarter: what is working, what is not, what would make you stay. The injector who leaves without warning almost always warned.

Written procedures

A buyer asks for the SOPs before the P&L (Advanced 5). Not a binder; a shared folder with one page per routine: opening, closing, the consult, checkout, the inventory count, recall, a complaint, a reaction. Written by the person who does it, reviewed once a year. The point is not compliance. It is that the clinic runs the same way on the day the lead injector is out, and that a new hire is productive in two weeks instead of two months.

Contractors, and the trap

Injectors on 1099s are common and frequently wrong in the state's eyes. Control of the schedule, the pricing and the protocols usually makes them employees, and misclassification is an audit finding with back taxes attached (Finance 10). Ask your attorney and your CPA before the first contractor is engaged, not after.

> **Where Benchmark comes in.** Hiring and provider pay plans are a service we quote: the production plan, the offer, the ramp, and the numbers each provider sees monthly. Written procedures are built with your team in the plan. Reviewing an offer before you make it is a question that is included in every plan.

Try it yourself

- [ ] Write the production line for your next injector hire: revenue, rebook, units, by month six.
- [ ] Run the phone role play with your current desk. Note whether the answer ends with two times offered.
- [ ] List your routines. Count how many exist on one written page. Write one this week.

Check yourself: Operations 8

A job post for an injector should lead with

The clinic's culture

What the role produces: revenue, rebook, units by month six

The equipment list

Candidates who are comfortable with numbers self select.

The most useful interview step for an injector is

- A personality test
- A paid working half day with a consult, a treatment and a checkout
- Three rounds of conversation

Skill, manner and the rebook ask, all observed in four hours.

A non compete in an offer should be

- Copied from the internet
- Drafted by your attorney, because many states do not enforce them
- Left out entirely, always

A non solicitation is usually the enforceable piece.

Written procedures matter most because

- Regulators require a binder
- The clinic runs the same way when a key person is out, and buyers ask for them first
- They look professional

SOPs are proof the business runs without the owner.

An injector on a 1099 whose schedule, prices and protocols you control is

- A contractor
- Probably an employee in the state's eyes; ask your attorney and CPA
- Fine either way

Misclassification is an audit finding with back taxes attached.

Pick an answer for each question.

Want this done, not just explained?

The 10-Day Sprint finds the leaks for $1,000, one time. After that, on the plan, the scorecard keeps coming and at least one growth initiative is executed with you every month. Plans from $2,299 a month. Everything in this module is part of that work.

See the sprint and pricing | Text Nate

Educational material from Benchmark Advisors, not tax, legal, medical or investment advice, and not a promise of any result. The sample clinic and its figures are invented. Rules differ by state and change; confirm anything that matters with your CPA, your attorney and your state board. Full disclaimers.