

Strategic Long-Range Plan

OVERVIEW

A strategic planning committee consisting of Governing Council Members, staff and volunteers of the Nova Scotia Dental Association (NSDA) met to update its long-range strategic direction. The group was led in the planning process by Bud Crouch, a principal partner of Tecker Consultants and president of Innovations Plus.

This document defines the NSDA's clear strategic direction. It is the planning group's consensus on what will constitute its future success. It answers the following two strategic questions:

- 1) *Where is the NSDA going? Its future direction.*
- 2) *Why is it going there?—its reason for existence and core purpose.*

Planning Strategically:

The creation of this strategic direction and its successful implementation signals the Council's and staff's desire to lead the NSDA via a more formal planning strategically leadership approach. Developing this strategic direction is not a one-time event. It is an ongoing commitment and process to lead the Association in a strategic orientation. The strategic direction represents a compass that it will use to guide its future strategic decision-making and ongoing operational work.

Planning Horizons:

During this session, the strategic planning team developed two of the key planning horizons used by successful organizations today. These horizons significantly differ in strategic focus and the length of planning time. The following planning horizons were developed:

- Ten-year assumptions that identified the key external trends, challenges or issues that will impact the profession and the NSDA in the future. These assumptions could represent future opportunities, threats, or both to the NSDA.
- A three to five year strategic plan that consists of the following:
 1. a limited number of long-range outcome oriented goals (NSDA's future direction);
 2. a concise mission statement (NSDA's five year strategic niche);
 3. strategies under each goal (how it will accomplish each goal); and
 4. milestones that provide for a means to measure the accomplishment of each goal.

Strategic Focus:

Organizational strategic focus or intent is very important. One of the challenges that the NSDA faces is the fact that there is more to be done for members and key stakeholders than the Association has resources to accomplish. The temptation to do everything can often lead not-for-profit organizations to trying to be all things to all people. The result of this approach is not doing anything particularly well. If everything is important, nothing is important. Planning strategically is the counter to the all-things syndrome. It is about identifying that limited number of key strategic activities that the organization must undertake to move successfully into the future. Using the new strategic direction will help to bring focus to the NSDA's future activities.

Strategic Approach:

The NSDA currently provides a portfolio of programs and services - its annual operational plans. The approach in defining this new strategic direction was not to identify what NSDA is doing today, but to determine what is not being done today but needs to be done in the future to be successful. This strategic direction is not about business as usual; it is about change!

This approach separates the strategic direction and five-year strategic plan from the annual operational plan. The strategic direction is a constant reminder, as the leadership team oversees the development of the annual operational plan, of what must be changed to steer towards the envisioned future.

Updating the 5-Year Strategic Plan:

A strategic plan that covers the 3 to 5 year planning horizon can only stay current and relevant (in the oral health care profession that is experiencing rapid and discontinuous change) if the governing body insures that the plan is updated on an annual basis. A strategic plan is not laser-beamed onto a marble tablet that can never be changed. It is the leadership team's working document. Therefore, the governing body has both the right and the responsibility to: 1) change the 3 to 5 year strategic plan when it needs to be changed (based on sound reasoning and assessment) and 2) update the plan on an annual basis.

Development of the Strategic Direction

The planning team's objective was to develop a credible and relevant strategic direction that is distinguished both by its simplicity (a user-friendly document) and its power to assist leadership in making tough decisions in order to sustain the NSDA's success.

The development of the NSDA's strategic direction was accomplished in four major phases:

Phase I: A plan for planning call was initially conducted with members of NSDA's planning team to make final decisions on the scope of the planning project and the process to insure that all logistics and administrative issues were resolved and all questions were answered.

Phase II: Relevant NSDA background materials and information were developed or gathered for distribution to the planning team prior to the planning meetings.

Phase III: The crafting of the strategic direction included the development of:

10 year strategic external and internal assumptions; a 3 to 5 year envisioned future; required infrastructure changes;

- the mission and goals; and
- strategies and milestones.

Phase IV: NSDA will need to develop policies and procedures to effectively implement its new strategic direction.

We wish to thank NSDA volunteers and staff who offered their valuable time and hard work to participate in the successful development of this strategic direction. It is the responsibility of the entire NSDA leadership team to give the new direction meaning and life.

THREE - FIVE YEAR PLANNING HORIZON

External Assumptions:

The following are NSDA's ten-year assumptions concerning the key external trends, challenges, or issues that will impact the real world of the association's members and NSDA in the future. They may represent either future opportunities or threats to the association.

- There is an increase in the fragmentation of the oral health care profession (e.g., hygienists, denturism, dental assistants, holistic medicine, etc.). This creates conflict and competition within the profession, which may not be in the patients' best interests.
- Increased consumerism has entered the profession, including:
 1. patient with more awareness due to the internet,
 2. more advertising and marketing in the dental profession, and
 3. moving into cosmetic and aesthetic dentistry with a significant reduction in dental diseases.
- Technology will continue to change the oral health care profession (e.g., practice trends, payment systems, more educated patients, etc.).
- Government regulations and intrusion into the profession will continue (increased health and safety regulations, decreased funding, potential elimination of the requirement to belong to the association in order to be licensed, etc.).
- Population demographic changes will impact the delivery of oral health care (e.g., elimination of diseases—cosmetics, people living longer, etc.).
- Third party influencers will continue to be an issue and will change the way patients interact with their dentists (e.g., managed care, HMO's, non-dentist's owners of dental practices, etc.).
- Oral health care has improved dramatically over the years. How many dentists will be needed in the future?
- Economic trends will continue to impact the profession (e.g., the increase in the cost of doing business, opening a practice, the demand for care, etc.).

Internal Assumptions:

The planning group also identified the current internal areas where they believe NSDA must change in order to successfully move into the future and to better serve its members, constituency groups, and the profession.

The NSDA will need to:

1. review available educational programs to be sure that they are relevant and beneficial to new members.
2. increase and improve the interactive communications with its members (both traditional and using new technology). What do members want and need ?
3. increase the base of participation from grassroots member by becoming more volunteer user-friendly.
4. continue to work on improving the public's perception of the profession.
5. be a player in unifying and maximizing the oral health care profession's resources in the Maritimes Provinces.
6. be open to new volunteers, their views and ways of doing things, and not be perceived as a "good ole boys club".
7. make membership and the interactions with NSDA an enjoyable experience.
8. improve its marketing and communication to members and key external audiences and stakeholders.
9. expand its education activities and make more use of technology, web sites, interactive E-mail, and in the delivery of these programs.
10. facilitate enhanced local and maritime regional activities for members.
11. ensure it remains financially secure and stable.
12. ensure that NSDA's infrastructure is fluid, flexible and responsive to better serve members in the future.
13. outsource selected association activities where it makes strategic and good business sense.

THREE - FIVE YEAR STRATEGIC PLAN

The following is the NSDA's three-to-five year strategic plan, which consists of an envisioned future, key, short-term infrastructure actions, its mission statement, three-to-five year goal statements, and strategies and milestones.

Three To Five Year Envisioned Future

An envisioned future is a simple and concise view of an ideal, desired future for the Association. The envisioning process involves the leadership team reaching consensus concerning what future success will look like for the association. By engaging in the envisioning process, the Association already is beginning to create its own future. The envisioned future sets long-range direction and helps to focus its strategic planning efforts. The process of developing an envisioned future is as important as the direction itself. The envisioned future does not supplant the strategic plan—it comes before it. The envisioned future sets the tone and direction of the strategic planning process.

In 2005 the NSDA will:

- be a strong, proactive, and successful advocate for positioning dentists as the primary providers of oral health care.
- be very financially strong and viable.
- experience increased volunteerism and member involvement.
- possess a very strong, proactive public policy program that minimizes third party control.
- be a leader in unifying the fragmented oral health care community.
- be involved in providing community service.
- utilize technology to better communicate with members and create a variety of forums for knowledge exchange and member services (e.g., on-line publications, list serves, surveys on line, virtual meeting, distance learning, E-commerce, etc.).
- communicate strongly with the new graduates of dental schools.
- acquire a variety of strategic alliances and partnerships with other organizations where they provide value and service to NSDA members.
- experience strong supportive and consultative relationships with its local societies.
- have a stronger strategic relationship with the other Maritimes dental associations.
- utilize the latest technology in an efficient manner to deliver oral health information to members, non-members, the oral healthcare community, customers and the public.
- provide strong leadership development programs at all levels of volunteer leadership.
- engage in highly effective internal and external marketing.
- foster a community (culture) that is built on trust and will create an enjoyable experience.

Infrastructure (Next 12 to 20 Months)

The strategic planning group also identified areas in NSDA's infrastructure that will need to be reviewed and possibly reshaped to better align the infrastructure with the new strategic direction and to continue the association's success. These issues must be addressed operationally in the next 12 to 18 months to better enable the implementation of the strategic plan over the next 48 to 60 months.

Possible Action Areas:

- Membership:
 1. Create more value for membership. Members want to belong rather than have to belong to become licensed.
 2. Make NSDA more user-friendly to the amount of time that future volunteers/members will have to give.
 3. Develop stronger consultative partnerships with local Societies to increase benefits to all members.
- Review and reshape the Governance System:

1. Continue to focus the Council more on leadership activities and leading the organization
2. Create a more user-friendly governance system that attracts the most competent leaders
3. Improve and formalize the volunteer leadership succession planning and leadership development at all levels
4. Clarify the Council's roles and responsibilities Create higher value meetings (electronic).
5. Create more dialogue between the Council and grassroots members.
6. Improve Council orientation

- Review and reshape the Committee System:

1. Be more user-friendly to the amount of time that future volunteers/members will have to give.
2. Be more competency based than politically driven.
3. Align it with the new strategic plan. Disconnect the committee system from the program structure—turnover time.
4. Make use of ad hoc (issue and strategic plan oriented) committees more than traditional standing committees.
5. restructure the Nominations Committee role.

- Staff:

1. Develop a formal staffing plan to support the implementation of the new strategic plan.
2. Increase overall staff expertise via self-development and training. Insure that staff is using the most appropriate new technology.
3. Review and reshape where appropriate staff's current structures and processes.
4. Review staff's current marketing capabilities, expertise, capacity and resources to insure the successful support and implementation of the new long-range strategic plan.

- Communications:

1. Develop plans to increase or optimize communications with members and key stakeholder groups—intense and effective communication up, down, and across the organization, including:
2. heavy use of technology (but utilizing high tech/high touch)
3. high member contact, feedback, and needs assessment.
4. reduced member isolation by creating a strong sense of community.

- Financial:

1. Develop a long range financial plan to insure continued financial stability and security that includes:
2. five year revenue and expense projections.
3. a formalized dues plan with shorter time intervals and smaller incremental raises that are benchmarked to a nationally recognized index.
4. a plan to create more diversified and new sources of non-dues and non-member revenue streams. New sources of revenue could include electronic commerce, increased industry support, etc.
5. Council budget policy to create positive retained earnings each year, and determine the correct size, continued growth, and use of the contingency fund.
6. utilize the notion of zero based budgeting in preparing the annual operational budget.
7. Less reliance on dues income.
8. Increased corporate sponsorship, support and alliances.

- The Council needs to develop a policy concerning the use of business plans where NSDA's activities, new programs or services, etc., will create a significant financial impact or implication. These business plans should include:

1. Market research that indicates there is a market or legitimate need for the activity, program, or service.
2. The establishment of program or service value to member, customers, or key stakeholders and its financial objectives.
3. An accompanying marketing plan.
4. Adequate allocated resources and capital.
5. Periodic program evaluation.

MISSION STATEMENT

A mission statement is a concise description of NSDA's fundamental niche as it pursues its new three to five year goals. The mission statement should answer the following questions: 1) why do we exist? 2) Who do we exist for? And 3) in the broadest sense, what do we accomplish?

The Nova Scotia Dental Association serves the interests and goals - of its members through advocacy, professional development and knowledge exchange to advance the dental profession.

LONG-RANGE GOALS

The following represents NSDA's long-range goals that encompass its three to five year direction. These goals are outcome-oriented statements that lead NSDA towards its envisioned future. These goals are not in any order of priority. All of the goals will need to be accomplished, if NSDA is to fully achieve its three to five year quest.

In 2005:

- The NSDA will be its members' primary resource for information, knowledge exchange, professional development, and practice enhancement.
- The NSDA will be the recognized public policy advocate (force) for creating a favorable environment to position dentists as the primary oral health care provider.
- The NSDA will be a public resource for oral health care information.
- The NSDA will be the proactive leader in unifying the oral health care profession.

LONG - RANGE GOALS & STRATEGIES

Strategies indicate how the NSDA will organize, focus and expend its resources and actions to maximize its effectiveness and efficiency in achieving the goals. Strategies must be reviewed and updated on an annual basis.

Milestones are used to determine the overall progress toward a goal. They indicate how close NSDA is to achieving a goal as it executes the individual strategies for each goal. The milestones measure goal achievement, not strategy achievement.

Goal A: The NSDA will be its members' primary resource for information, knowledge exchange, professional development, and practice enhancement.

Strategies:

A.1 Develop an internal marketing plan that includes: on-going membership assessment and feedback, intense, effective member communications, marketing of benefits vs. features, and sufficient resources (including staff) to implement the plan.

A.2 Improve and encourage members to use technology to facilitate improved communication.

A.3 Expand the resource of information and education available to members through the NSDA.

A.4 Seek out new partnerships/strategic alliances to enhance services and information to members.

A.5 Develop new continuing education programs.

Milestones:

• An increase in the number of:

1. • interactive hits on the web site,
2. • emails.
3. • members at the annual and regional meetings.

• An increase in non-member revenue.

• The existence of a/an:

1. completed internal marketing survey.
2. completed marketing plan.
3. established online and direct communications with members.
4. new on-line continuing education programs.

Goal B: The NSDA will be the recognized public policy advocate (force) for creating a favorable environment to position dentists as the primary oral health care provider.

Strategies:

B1. Increase the dissemination of information regarding the prime role of dentists in oral health care.

B2. Develop a means of reaching out to the under-served.

B3. Communicate to manufacturers, suppliers, laboratories, etc., the need for them to support the DDS position of primacy.

B4. Educate membership regarding their roles as team leaders and decision-makers in this primary role.

Milestones:

• An increase in:

1. positive information to the press.

2. communication to manufacturers, suppliers, laboratories, etc.

- The existence of:

1. a plan to deliver care to seniors homes.
2. dentists being the primary care providers.

Goal C: The NSDA will be a public resource for oral health care information.

Strategies:

C1. Develop an information database on oral health care topics.

C2. Improve and update the external marketing plan to improve the public's view of dentists.

C3. Allocate resources to execute an external marketing plan to position the member dentist as the public's primary source of oral health care information.

C4. Assess the need or feasibility of developing or acquiring additional information sources (electronic, print, etc.) for segments of the public.

Milestones:

- An increase in:

1. interactive hits on the web site by the public.
2. the number of public links to the web site.
3. regular questions in the Omnibus Survey indicating that NSDA is communicating more effectively with the public.

- The existence of a/an:

1. revised external marketing plan. information database. adequate resources for external marketing.

Goal D: The NSDA will be the proactive leader in unifying the oral health care profession.

Strategies:

D1. Educate the public about the roles and qualifications of various dental team members.

D2. Establish our position as the facilitator in the process of changing the scope of practice in allied oral health care groups.

D3. Establish more contact with the dental school.

D4. Increase the cooperative activities with the dental specialty associations.

Milestones:

- An increased in:

1. communication and contact with all the oral health care team members.
2. communication and joint activities with the dental school and specialty associations.

- The existence of:

1. information stating the roles and qualifications of various dental team members.

more cooperative relationships and less fragmentation.