

GYCP Ep. 118 - Connecting Practice Owners and Practitioners with Lokko

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This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

JACK: Well, welcome back to another episode of the Grow Your Clinic Podcast. My name is Jack O'Brien. Thank you for joining us for another episode. We have a guest joining us today that you are really going to enjoy. So, strap yourself in, as you got dog on the leash, the treadmill turned up, or the car on cruise control, so you can tune in it and stay focused. We have Joel Simpson joining us from the [Lokko App, Lokko.work](#).

Joel, how're you doing?

JOEL: Hey, thanks for having me.

JACK: It's a pleasure. This is gonna be a whole lot of fun. Now, for context for our listeners, Lokko is an app that helps clinics or hire as recruiters, find locums, and/or staff for their clinics. But before we get into the specifics of the app and the locum industry in general, who the heck is Joel Simpson? What's your background? Where'd you come from? Are you a health professional? Tell us your story.

JOEL: Yeah. Good question. So, I'm from the Gold Coast, originally, and I was an exercise (inaudible) exercise. And basically worked in sales role in pharma for a couple of years and ran a group of clinics on the Gold Coast which was a multi-discipline allied health business. A little bit of software development through that process, the clinic business morphed into doing other things like sleep-apnea diagnosis-treatment. And now, I live in Singapore and I do more of a consulting role with medical devices and business development pathways for clinic businesses essentially to sell products and working software, obviously, with Lokko.

JACK: Yeah right, unreal. What's the single best thing and worst thing about living in Singapore?

JOEL: The single best thing is the food, for sure, and I highly recommend (inaudible) to have a little binge, that would be my recommendation. The worst thing for me, it's the heat. I love, you

know, having a beer outside or barbecue and that sort of thing, and I sweat more than anyone. So it's not perfect. But yeah, I think (inaudible) it's pretty good.

JACK: I'm actually coming and stopping by Singapore on the way to Japan for the snow in early 2020, so we'll, you might even take up one of those sneaky beers on the way through. So tell us about some of the you mentioned: medical devices and pharma, we're talking surgical devices? or what sort of stuff we're dealing with?

JOEL: Yeah. So at the moment, because we were doing sleep stuff for a while in the clinics that I used to run. I am doing some work with some (inaudible) and a lot around the diagnosis site as well, so with diagnostic equipment, different types of sleep apnea, or just in general sleep diagnostic devices. And then some sort of, I guess, accompanying products that kind of help, you know, people run their practices and that's what stuff. And then the software that can help manage the patient pathway.

JACK: Yeah, right. Tell us about at that moment that that that catalyst for you when you went, "all right, I'm done being a full time clinic owner, it's time to transition to Lokko or different types of work."

JOEL: Yeah, it's a really good question. I was thinking about this recently and you know, why we were talking about this earlier, it's - clinic business is a tough. Like, they're difficult business to run and you need to have a lot of passion for patients, you know, and be that you know really, I guess, empathetic, you know, practitioner to have the drive to, you know, keep doing it. And you know, I had that. I think that it was a point where I thought, okay, well, how do i also have this feeling of, you know, i'm helping people and, you know, doing, you know, great things in healthcare but also not sacrifice a time with my family. With our clinic business, I think we had 30-plus practitioners at one point, you know, even more, like you know, support staff. And we're dealing with multiple relationships. It was a lot - it was a lot of time. I was working every weekend, (inaudible). I probably could have used a help of guys like you. You know, and you know, like I said, you know, before we went on it, it was a long time went, we didn't know what we're doing. So, you know, you think about the pain that you go through where you just try and figure out things on your own and you don't have the support or you don't have a good mentor, you know, as a clinic owner. There's a lot of pain in there, so I think from where we went and there was lots of other opportunities starting to, you know, kind of appear outside of the clinic business side of things. I think that was the moment where it's kind of like - and yeah, family life became a little bit more hectic, you know, it's sort of all came together. I was like: all right, cool, let's jump into this and see where it goes.

JACK: Yeah, right and so now you're a be on an app with no software background. How's that working?

JOEL: Yeah, so tricky. There's plenty of lessons that you learn. I think one thing is making assumptions that, you know, because it's healthcare you're gonna know what you're doing.

JACK: Right, (inaudible) like in the healthcare space, so therefore, you thought you'd make it out (inaudible)?

JOEL: Yeah and then, what we're realizing now is that, you know, it's very much in the recruitment space, it is, you know, it's an app that helps people find staff essentially. So, we're becoming more aware of what we need to focus on. We're getting more expertise from people with experience of recruiting, you know. And you know, like I guess, like, with you, you know, we do patients when you're running a clinic business, you know, getting feedback from customers, getting feedback from practitioners and clinical owners from hospitals, you know, from all the people using the app, that's what I've been out of focus on because I understand what they need and what they want. And you know, I've got a pretty good working relationship with the with the developers, the tech guys, that I work with, so we've worked on some other projects before. And I think that he is a big part of it - is you have to have a good relationship with you know people that do the job that you can't do.

JACK: Sure, yeah. Yeah, really good. And I think, you know, I can vouch for that. Certainly seen you around the place over the last couple of years in the, especially the physio community, and the clinic owner communities that I'm a part of, and saying you're really active listening, providing feedback, which I think is really important. Can we speak to the the locum industry of recruitment across healthcare bit more generally? Can you wrap some numbers or context around what that looks like in health?

JOEL: Yeah, sure. So, I think the key point that we're starting to realize now with freelance work in health care is that it's becoming more and more common. So 10 years ago, there was locum work but it was pretty, you know, it was pretty compartmentalized to, like hospital, emergency, like things that are really really needed to, you know, that if they weren't available, if those services weren't available, people were going to die. Now, we're finding that there's locums by choice. So people want a flexible lifestyle, you know, they want to be able to go, you know, six weeks to Tasmania and do, you know, figure out, you know, whether, you know, they like living in a city or they want to go on a holiday or they want to you know experience a different city, culture, and that sort of thing. And then there's just people that don't know if I can work certain days. You know, like people returning to work from maternity leave or you know paternity leave, that started that as well. And you know, this flexibility that you can have from, you know, doing freelance work is, you know, it's developing and it's growing. And I think overall in the population Australia, around 32 percent in 2015 we're doing some form of freelance work. So that's one third of the population. In healthcare, it's lightly less. So it's in the

20s. So, someone's doing either, which you've gotta remember it would be like the footy team asked me to do two hours on a Saturday, you know, and that might happen once a year. Okay, so it's not like, yeah, this is - it's potentially, not as regular in health care. I think that health care certainly is a lot slower to a dot. And when you think about the relationship with patients and practitioners, you know, there's a reliance in a lot of a lot of health care fields, the continuity of care with the same person. So, when I say - I don't think we see (inaudible) as much. It's not like you can just sit in an office into a project and it's like all this (inaudible) finished. But certainly, it's becoming more common and more prevalent and something that we need to prepare for.

JACK: What do you define as a locum, Joel. Is it 2 to 6 weeks? Is it anything up to 12 months? What is a locum?

JOEL: Yeah I certainly have a perfect definition for it. But I think the - it's non-permanent. So, if it's not been a part-time or permanent full-time, essentially it's a locum. I guess you could argue that if over a certain period, you know, I want a 3-year locum, it's probably not a (inaudible). I think it's mostly defined is a, you know, (inaudible).

JACK: And do you find that a lot of locums do it because they're traveling or, you know, looking for that transient lifestyle, or is it an in-between thing as they look for more permanent work?

JOEL: Yeah, great question. I just recently had a conversation with the head of school for Griffith University, funny enough, in Singapore. And we're talking about grads and how, you know, locum work is going to become more and more important for, you know, graduating professionals. You know, they have like 2,000 people graduating from nursing across people in Singapore and you know across Australia, you know, remotely, and things like that. And say, we talked about, you know, that becoming more and more important for the new grads and for a career development pathway, also then, you know, lifestyle obviously. But then, you have these physios where their thumbs are breaking, and you know, treating patients every day is tough. Yeah, maybe they want to go do something that's a little bit less manual therapy, a little bit less musculoskeletal, and maybe something else. And so, this is giving them the opportunity do that. And that's, you know, we're seeing a mix and certainly, we we've even got an article on our website that's like defining different types of locum and you can kind of figure out which one you are. You know, the traveling - the traveling physio, or the traveling GP, or whatever is definitely a type. And we've seen that with people that have taken, users that have taken shifts in certain locations. And there's some really great locations that people can go and work in. And we've had a couple of great ones in Tasmania, rural Queensland, a couple of wine regions. So you know, obviously, those are attractive. But you have to be kind of positioned to take it rightly. It's hard to (inaudible) on six weeks, annual leave, or unpaid leave now because I'm gonna go do a locum. It's not necessarily gonna, you know, work when they've got a full-time position.

JACK: Yeah, right. Interesting. Okay. So, talk to me about some of the problems that either clinics and recruiters or hirers face, all the physios, practitioners themselves. Because when I think about it, I go: there's so many graduates coming out of universities across all Health Professions on one end of the spectrum and on the other there's heaps of clinics that are constantly looking for staff but yet there seems to be this disconnect. So talk to me about the practitioners or professionals first. What are some of the problems that they face when looking for jobs or locums?

JOEL: Yeah, I think it's working conditions. So, for them, you know, a lot of people want stability but I think, if we talk about the different groups. So grads, they want exposure. So, they want to try different things, right? So health professionals, they want to learn. They want to keep learning. It's, you know, pretty consistent across the board, doesn't matter what profession you are. So, this is what we know, from some market research, is they spend more on education. There are a lot of professions, you know, CPD, and of course a broader field. Having access to, I guess, different things is a great way to attract new grads, if that's what you want to do. If we're talking about the older group, it's definitely working conditions and flexibility and things like that. Which is very similar attracting staff in other markets, so you know, whether it's in law or in you know technology or you know hospitality, generally speaking, if you can look after your staff and pay them well, that sounds like a no-brainer but -.

JACK: That's an interesting one you've touch on there, because pay, you voice, it's a throwaway thing at the end. Where does (inaudible) come into the - come into play?

JOEL: Well, so if you look at the top 100 companies to work for, they're also, like most of them in the top 100 in terms of salary. So yeah, I think, it's pretty important to get it right, but then, you know, you also can't cripple your business. And wages in Australia in particular, you know, like you're talking forty five - forty percent, you know, plus, in terms of your gross revenue. So, as a percentage of gross revenue, wages in Australia, I mean it makes sense because we have the highest minimum wage, but in terms of where we are proportionally in business, really high. So it's difficult, because you have to sit down and go, okay, well how can I pay this person really really well? And also, you you're making a bet on whether they're going to be able to perform. And that's where, you know, things like incentive - incentivization and all this other stuff, and commissions, and so that comes into play. It's just when we look at ships being filled in the app and when we look at permanent, 'cause we have permanent positions you can list a permanent position in the app, the ones that get filled are the higher rates always. So, I think that's really important to know there is a threshold, I think below a certain number depending on the profession. It gets really really low, the application rate. So we're talking obviously at some point it's five percent and then ten percent. And then, you see it spiked a lot over a certain threshold. So I think, for health professionals, I kind of - they have a certain number in their head. Yeah.

And once they exceed that number -. So, I think, like, depending on where you are in location, we don't really have enough data right now to say, you know, per area. We have a general idea per profession, but, you know, at some point in your future, we will be sort of tell you as a clinic owner, especially if you're using the app, what, you know, levels you can turn into, and what success rate you're going to get with different salaries and different rates.

JACK: Which is a really good point, I think. Like you're saying, you've got to pay enough to get over that threshold and make sure you get enough interest. Well, I think given the fact that you mentioned it last and this sort of resonates with a lot of our - the clinics that we're working with, is you don't necessarily have to be the highest paying job if you meet the other expectations of for young graduates, that exposure, experience, mentoring. So maybe a more experienced therapists, it's around stability, and working conditions. So you know, it's interesting that money is important but it's not the only factor as long as you're in the ballpark, by the sounds of it, you're gonna do well.

JOEL: Yeah, I think that if you have the mentality that you you always communicating with your staff as well, it's really tricky once you get it. I mean, I think the gold standard is like six for one manager or something like that, probably let it flow it up to around eight. But some people manage like 20, which is crazy, and then it's impossible to give people the attention they need. You think (inaudible) with his staff is really important. If you're not checking in with people, I mean it's great doing like daily huddle's and all this sort of stuff where we can all chat and that sort of thing. But I think checking in with people individually is also good because they they feel like, okay, well, this person cares about me. And that's a big part of it. (Inaudible) training them well, and then you give a, you know, crap about this people, you know. I think they find it hard, it's a kind of (inaudible) from that environment. Because, you know, when they feel nurtured, they become a loyal, you know, and they'll work harder for you. We've had people that honestly have turned it around. Like they've gone from, they started out and weren't doing so well, and they, you know, this isn't (inaudible), you know, spent time giving them attention and what training do need and sort of stuff. I think that was one thing we learned from experience - was definitely you know if you gave them some attention, and some time, and really focused on them, and forgot about everything else. Then, they do eventually come good and turn it around. It's just you know, you as a business owner, you needed to provide and patients and things like that as well which is all another problem.

JACK: Yeah, it is. But you're right, you know. We've got to lead inspired teams. It's not just putting staff in a position and making sure they'll do their job. We're here to lead people and investing them. You take care of your team, they'll take care of the patients, and the patients will take care of the business in the long run. Okay, that's really helpful. Sorry. Continue.

JOEL: No, no, sorry man. It's very - it's a good philosophy. I think that it feels - especially when you're struggling a little bit and you know you potentially breaking it, and then you're working harder than what you used to. Yeah these are - it's common feelings. So that you go to normalize, okay, well, I kind of feel a bit you know crap because I'm working my ass off and I thought I'd be making more money at this point. But it's also like, well, you've got to realize what phase a business that you're in as well. And it's like if I'm making a gun team that are going to be loyal, that gun team that's loyal are gonna get other people to come and work for you as well. And you know, that's - it can, it does grow organically in terms of staff and you know you the patients and everything like that like you talked about, they do kind of come with that. But you've got to start with that person that's training the patient, you're a human, you know, human-facing business That's how you make you money.

JACK: Right. Human facing business, and our biggest asset are people. Your team, you know, Shane Davis, one of our team says that as a clinic owner, you ought to be thinking around we're a recruitment induction and training company before we're a physioclinic or an EP speech clinic. Our job: recruited duct, and train, and nurture, our - the legends that are on our team 100%. So, then if we switch gears over to that practice-owner mindset, and from a recruiting perspective, or attracting locums, what problems do you see them having?

JOEL: Yeah, I think practice owners in private, practice so - let's say, the typical physio clinic, that's a musculoskeletal work or something like that, or you know, a podiatrist leaning that does toenails and products, that sort of things. And when they are recruiting it for locums, I think, you know, it's a knee-jerk reaction because someone's left and I thought, "no, we've got a 1 linked week notice period." You know, because typically speaking, in employment contracts, what you give your employees is what you get back and return, right? But they've got one week to find someone, you know, for the immediate future which you know as we all know, it's pretty pretty much impossible. So then, you're scrambling to put those patients in with other people and probably inadvertently half of them go to wherever this person has left anyway.

So then, the struggle is planning and having options. I think that being reactive is not a great place to be anywhere in business. So, I think having a good plan. So how do we do with somebody leaving? Because, you can also remember like as much stress as that gives you, you also need to treat this person well when they leave, and this is a big part if I guess HR you can do really really well is show your other employees, if nothing else, it's an opportunity to show your other employees how well, you know, how much we appreciate your efforts when you leave. We make a big deal of it. Like, I thank you so much for what this person did, you know, you have a going-away party all this sort of stuff. I've been in companies where it's like shut down their email straightaway, radio silence tonight, we want you to pack up your desk, see you later. And there's certainly instances, you know, in terms of intellectual property and stuff like that. But we don't work in those industries where you need to do that, you know. Like somebody's working on

the trading desk and then managing 500 million dollar transactions. That guy or girl, they might need to leave straightaway. (Inaudible) so much you know patients that hand over this sort of thing.

JACK: And your team always watching (inaudible), you have the rest of the team.

JOEL: Hot, yeah. And like everyone that works for you surely they have at least a few people that they're friends with and they have lunch with and hang out with, right. It's it's - you've got to you've got to manage that well. And so that's where I think having good plans will help alleviate some anxiety and then you'll make less silly decisions.

JACK: Mmm, makes sense. And so, you know, it's the perfect segue for something like a Lokko becomes that, don't wanna call contingency plan, but it's part of that strategic planning ahead. (Inaudible) recruiting is happening healthfully, yeah?

JOEL: Yeah, it should just - it should just be a platform that helps you manage it. And that's the thing, it's that it's not - it's not gonna solve all your problems for sure; but if you can have, you know, using things like we have an internal pool feature where you can create an internal pool of people that are, you know, they love your brand, they love your clinic. And they - if you've got a day free here, or if you've got a couple of weeks free there, they're happy to come in and do it. There - that's a really good feature that you can use. And you can actually plan for that, you know. You can - if you're out there in the community building your network (inaudible) you've got mates from Uni, but you know, you'll have to work with, but they're doing something else. I mean, you've even got, you know, high proportion of allied health professionals that don't even work in their chosen profession. They might be (inaudible) now, in the firefighters or they're, you know, working for a medical device company for example. So I think that's like - those guys are good because, you know, you can (inaudible) network. And they're probably, some of them are probably great practitioners, because they might have done it for 10-15 years before, you know, and then maybe all I do now is a weekend or here and there. So I think just thinking about what are my options, you know, and what am I willing to do with my patients. Because obviously, if you've got a 20 year experience podiatrist and they do a fantastic job and they leave and then you've got and then you try and backfill that with a new grad, it's probably not going to be the same service. Yeah, so I think like having a strategy, you know, what do we do if this happens. It's important, creating plans for these sorts of situations can really help alleviate a lot of things, right?

JACK: Yeah. I know from experience with clinic owners that when they have someone leave, it is a real pressure cooker that they're not making snap decisions that aren't strategic and they might have long-term consequences, you know. In my own learning, and perhaps those listening can take away, that I know that we have employees team members that used to be with us, that

now aren't working clinically, and that have retired, semi retired, that would be perfect to be in a pool on Look. So, I know that that's one of my action points of this call. (Inaudible) set that up or and make -

And I'm sure there's clinic owners all across Australia, New Zealand, the UK, Canada that are listening in here that go, "Oh yeah, that's right. Maybe we do need to start thinking about those contingencies." Because in my mind job, that's doing the right thing by your patients - is having these plans in place so that management plans for care can continue, right?

JOEL: Yeah, exactly.

JACK: And so, what are some of the cleverer ways that you see clinic owners using Lokko or all practitioners, for that matter? How people using Lokko well?

JOEL: Well, at the moment, I think they were really actually just trying to figure it out. And you know, try it the way that you'll be able to use it really well, I think, once you have your plans and things is, like I said, that having an internal pool that you can manage and and use as contingency when people leave. But also, I think, you know, just being able to get real time feedback or data around your area in terms of what you can be, what, you know, pay is going to likely get you, you know, staff, you know. What will be something that we'll be able to provide over time, yeah. And I think that that's gonna give great feedback from a clinic perspective. But from a practitioner perspective, it's - they can filter. So they can, you know, get rid of all the noise. They can drill it down to "I want this specific job, this is the exposure that I want." You know, if it's locum work, we're talking about they can map out certain days. They can put, you know, "I'm free to work on a Saturday, and I'm happy to do any type of work, or I only want to do a hospital, or and they want to do support." So they can they can filter down and that's the feedback that we're getting from the practitioners. It's - I can actually design my job which is from the clinic owners just using it, I guess, will give you access to, you know, targeted candidates that you wouldn't otherwise be able to find easily. So I think, you know, it's more around from a business side, you can get more feedback around, you know, better ways to recruit in terms of setting your price, you know. (Inaudible.)

JACK: Mmm, that's awesome. And that I get excited about having - if we were to need to advertise, having a great pool of motivated locums candidates, potentially, you know, there's there's obviously innumerable ways to advertise on public job platforms, association platforms, they don't always typically yield the best quality applicants. And so something a really centralized place of motivated therapists like Lokko makes that makes a whole lot of sense. You also mentioned earlier, Joel, a resource or two, if people want to get in touch with you or get that, what's the best way to find it more about Lokko but get in touch with you personally?

JOEL: Yes, so people can email, it's joel@lokko.work, so, l-o-k-k-0 dot work. And yeah, I'm happy to answer any questions. There's some really good articles online around the workforce shift and the gig economy which is what everyone's kind of calling. It is, you know, people are, uh especially with the new generation of practitioners coming through. I think they're very simple in terms of, you know, other industries for that generation, is the 20-year olds that are kind of getting through Uni at the moment. They they want to experience more, they've got less patience, you know. The perception of less time, and they want to get out there and and jump. And that's the other thing for them is that for a new grad there's less - I guess, if you're doing freelance work or gig work, locum work, which is what it's called in our industry, where they're less likely to have, I guess, a cross against their name if they're not in the job for long. So gives them the opportunity to, you know, trial a few things without, you know, just looking at their resume and saying: 6 months here, 6 months here, 6 months here, you know, which obviously doesn't look great, (inaudible) loyalty. But you know, like I think even the opportunity to kind of do that under the radar and really figure out what they want. Because I mean I know that you are all your listeners but even now I still haven't figured out what I want to do with my life, you know. Like, I think it's - we all kind of have this evolving change in desire for what we want to achieve and you know, I think that's a big thing for this new generation. This is just more aware of it they have more access to technology and information. I do what we did when we were younger.

JACK: Mmm-hmm, that's awesome, mate. Thank you for providing your details for people to get in touch with you personally and to check out more around Lokko, have you got any parting words of wisdom, clinic owners, practitioners, what do you think?

JOEL: I'd love to say something truly philosophical, but I think the key is focus on what you're doing, do it well, get it right, before you move on to any sort of side projects, or anything, like anything else.

JACK: Like, touching shiny objects?

JOEL: Yeah, don't touch any shiny objects. And I think having a really good plan, like from the locum side, (inaudible) side, yeah, having a good plan is really important. And it will help you focus on, you know, having the the breathing space. If you can come up with a, you know, an interim locum plan, it will give you the breathing space to recruit well. And I'm sure that you guys have plenty of advice for your listeners on how they can do that. So yeah, it's it's a good thing to have in place, yeah, for those moments.

JACK: Mmm, unreal. Joel, thank you for your time. I really appreciate it. Listeners, make sure you check out lokko.work, that's l-o, double k, dot, work. And we look forward to bringing you another episode of the Grow Your Clinic Podcast again really soon. Bye for now.

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