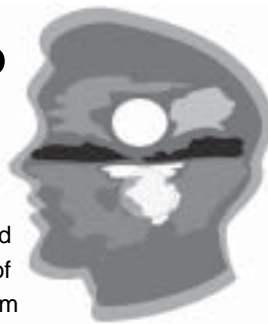


Reflections from a solo GP

By Dr Choo Kay Wee, MCFP



I turned to the College of Family Physicians because I could not find a suitable forum anywhere else to discuss the plight of solo General Practitioners in Singapore. I arrived at this conclusion after I attended a CME talk on 'Rewards for Quality Care' at the CFPS given by the external examiner for MMed FM Examination in October 2004. I was greatly encouraged that in Scotland they revamped the whole payment schemes for their National Healthcare to stress on remuneration based on Quality rather than Quantity care.

I also would like to forewarn enthusiastic GP trainees about the risk involved in setting up a solo practice.

What is the status of solo General Practice in Singapore? I would like to share my experience and let you the reader make your own judgment.

I obtained my MCGP in 1990 after going through a very comprehensive theory and practical training organized by the National University of Singapore, Ministry of Health and the College of General Practitioners. I was then very confident of my new skill and knowledge, very eager to practice what I have learned. I took over an old GP practice and began my new career as a solo general practitioner. It was immediately evident that there are many things which are not found in the medical text books which are very important in opening and managing a medical practice. The College was helpful with their publication, some years ago with a guide to the set up of a GP clinic which I followed religiously. Other than that everything else is on our own.

I had to struggle with high rentals, unavoidable relocation of practice from compulsory HDB acquisition, flooding from choked sewage pipe, and unpleasant and unreasonable landlady etc. I suffered from diminished patient load every time I relocated. I also lose contract patients to Managed Healthcare and

Insurance schemes. And also from other causes of falling patient load from decreased birth rates resulting in fewer pediatric patients, attachments of office workers and their families overseas, increase of travel abroad by patients for work...and many patients going to polyclinics for subsidized primary care in this difficult economic times.

The cost of renovation, staff salary, license fees, maintenance fee for example - autoclaves, medical indemnity & public liability insurance etc are escalating through the years.

Other aspect of running a solo practice are to employ your own staff, maintain proper accreditation standards, order medicines, equipments & surgical dispensables, clinic stationeries etc, keeping of accounts & mending the clinic.

You are your own boss and this provides the reassurance that you work your best because you are working for yourself and

administrative work and financial burdens.

Should this trend of GPs forgoing the role which they were initially trained to do healthy? Will the private solo GPs die out?

The doctors in the private medical groups are employed and they enjoy just doing the clinical stuff. They have support from auxiliary staff. They have better patient load and cross covering. They have MCs, annual leave, 13 month pay, bonuses and promotions. But they are answerable to their bosses.

Polyclinics doctors are our unsung national heroes, they see a patient in 3 to 5 minutes. They work non-stop even past their lunch-time sometimes. At the same time, they are upgrading themselves, taking up post-graduate courses, trying very hard to practice what they have learned. Many times they are rewarded by undeserving trivial complaints from patients who are not aware that they are heavily subsidized. They complained about the slow services, short operating

"...Is there a way of allowing solo GPs to group together to lower their overheads and financial burdens and yet allow them to remain their own boss..."

there is no one else to answer to. This is the most important aspect in having a solo general practice. I really hope that this will never be lost!

However, as you can see there are only one pro and many cons.

We are seeing GPs who peddle sleeping pills and selling MCs who got into trouble. Others are branching out, by 'specializing' in aesthetics and cosmetics surgery or became involved with multi level marketing to supplement their income. Many of the older GPs have closed down their clinics and worked as a full time locum which pays better than what they were actually earning in their solo practice without the headaches of all the

hours, inadequate attention & refusal of doctors to submit to their abuses of the system. Polyclinic doctors are not paid better than solo GPs, I feel they deserve more. Many are not staying for obvious reasons. And unfortunately they leave and hopefully not into solo GP practice as it is now.

From the things as it is, it looks like there isn't much of a future if nothing is done to change the primary healthcare landscape. My final question from the heart then is this: *Is there a way of allowing solo GPs to group together to lower their overheads & financial burdens & yet allow them to remain their own boss & practice the best primary care medicine that they can provide?*