

Rising Costs And The New GP - Quo Vadis?

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As GPs provide 82% of primary health care in Singapore⁽¹⁾, it is important that the delivery of care remains cost effective without compromising on the quality given. With this in mind, the Singapore Medical Association conducted a survey of housing estate practice costs and GP fees in April 1996. This study found that new GPs who entered practice within the last 5 years worked longer hours than their established colleagues. Being new, they not only had increased start-up costs but also a smaller workload despite the long hours at work as compared with their established colleagues. Many of these doctors also receive lower remuneration for their efforts. If this is so, is it really worth setting up a new GP practice when the rewards seem disproportionate to the effort involved?

With increasing costs and competition, successful new GPs need to practice with competence, confidence and with care. This not only comes with the doctor's work experience but also with adequate training, much of which should continue even after the doctor leaves the hospital environment. Despite the need to "maintain long clinic hours", the new GP requires self-motivation to maintain proficiency throughout his career. This can be done by attending CME lectures, workshops or committing oneself to a structured post-graduate programme such as the Masters of Medicine(Family Medicine) course run by the Ministry of Health together with the College of Family Physicians, Singapore and the National University of Singapore. This programme is open to both trainees and existing practitioners and aims to produce competently trained family physicians from whom the general public can expect more than the treatment of just "common coughs and colds".

These doctors can play an increased role in the long term management of those with chronic disease. Their role in the secondary prevention of complications is important as they can co-ordinate long term patient care and rehabilitation with available community-based services such as the Home Nursing Foundation, the New Horizon Centres for dementia or the Hospice Care Association to name a few. These services should complement the doctor's work in optimising the care of his chronic sick patients and thus keep them within the community.

Another option of facilitating community-based care is for family physicians to participate in stepped care programmes organised by major restructured hospitals. These institutions would welcome some lightening of their patient loads as participating

neighbourhood doctors are encouraged to provide routine follow-ups so that patients need attend hospital clinics only for specific visits or whenever the need arises. Two existing programmes recently implemented are the shared care programme of the Department of Obstetrics & Gynaecology, SGH and that of the Department of Rheumatology, TTSH. All this helps "widen the role of the family physician and makes his work more fulfilling⁽²⁾".

Another option open to the aspiring family physician is to participate in Health Maintenance Organisation(HMO) Schemes. He will then be consulted by patients registered with these schemes and would have to manage them within a particular framework. In deciding whether to join a HMO, the doctor has to consider whether to become a "risk taker in terms of professional liability and capital outlay⁽³⁾" as these are the factors not covered by the HMO. He should evaluate whether the HMOs fixed fee emoluments would benefit or hinder the growth of his practice. A co-payment scheme for the patient would probably be a more satisfactory alternative.

The challenge of starting a new GP practice in the present context is not an insurmountable task. What the new entrant needs is a "vision" of how he intends to provide effective continuing care for his practice population. He needs to create a "niche market" for his practice through meticulous planning and skilled management. He should also periodically evaluate important aspects of his practice for example, patient management outcomes, the effectiveness of home visits done, the usage of certain drug types and even his own remuneration to ensure that his practice remains efficient and viable. Most importantly, the doctor should not forget that having compassion and a sense of self-satisfaction at work are paramount to both his patients and his own well-being. As Sir William Osler once said "the practice of medicine is an art not a trade; a calling not a business; a calling in which your heart will be exercised equally with your head".

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