STRIKING OUT ON THEIR OWN

Setting up and operating your own clinic is undoubtedly a challenging and arduous journey.

SMA News checks in with four family doctors who run their own practices, and they share how far they've come.





Dr Lily Aw graduated from the University of Singapore in 1980. She has completed the GDFM, GD(FP) Dermatology, MCFP(S) and FCFP(S), and has a certificate in clinical hypnosis. Dr Aw is a Designated Workplace Doctor and registered acupuncturist.



Dr Leong Choon Kit is a GP trained in both Public Health and Family Medicine. Besides his clinical practice, he also helps various groups in medical missions, as well as social and educational services.



Dr Kiran Kashyap graduated from the National University of Singapore in 1992. She has completed the MMed (Family Medicine) in 1998 and the GDGM in 2011. She has enjoyed teaching medical students in her clinic for several years. Married with two children, Dr Kiran is grateful that this vocation has allowed her to achieve some degree of work-life balance.



Dr Kevin Loy is married with two teenage children. He likes to mess about with digital painting in his free time. He also plays the bass guitar and fiddles with the soundboard in church on weekends.

How long have you been running your own practice? Why did you decide to start it?

Dr Lily Aw: 24 years. I preferred working in primary care to hospital inpatient care so I started out working in a group practice. My six-year stint at that practice not only confirmed my preference for primary care, but also gave me the confidence to venture out on my own.

Dr Kiran Kashyap: My clinic was started in 1998, by two established family physicians. I was invited to join the clinic as the main resident doctor right from the start and have been in charge of it since then. I learnt how to run the practice on the job, with invaluable advice and support from my senior partners.

Dr Leong Choon Kit: I have been running my present clinic for ten years. I started it with a group of mission-minded friends to facilitate going into medical missions. We were hoping that our model would attract and encourage younger doctors to do likewise.

Dr Kevin Loy: For almost nine years now. It came a little by accident. A doctor friend I met through online gaming invited me to join him in a partnership. Since I was quite jaded working as an employee at my old workplace, I decided to take the leap to form the partnership with him and another partner. However, the other partner later left

the practice and I became the main shareholder.

What is work-life balance to you? How do you maintain it?

Dr Aw: It is all about time management and priorities. Work-life balance was more relevant

in the early years when I had to juggle family time while building up the practice. Now that my two daughters have graduated, I can spend more time developing my own interests. Besides being part of ABnC Runners, which has participated in local and overseas runs, I am also part of a walking group (W4F) and a cycling group (C4F), for Fun, Fitness and Food with Friends. I also enjoy travelling and photography.

Dr Kiran: It means being able to provide good quality healthcare to my patients while maintaining my family commitments. I have changed my practice session timings and have hired locum doctors to run the evening sessions, so that I can be home with my children. I have come to really appreciate the flexibility I enjoy in adjusting my working hours, something few of my friends in fields outside Medicine have.

Dr Loy: I work around 44 to 50 hours per week, and try not to bring any work out of the clinic. I am kept busy on weekends, spending time with my family, serving in church, and with my hobbies. I think life is more than just work. We need to really maintain a good work-life balance, so that we can say in retrospect that we have fulfilled our part as not just a provider to the family, but also as a spiritual head of the household, a good husband and a loving father. Of course, it's not easy to juggle all these roles. The key is not to take everything too seriously and to be able to laugh at whatever situation you find yourself in.

Dr Leong: My clinical work-life balance is achieved by opening fewer hours and providing high quality of care. This frees me up to do voluntary work outside the clinic.

Describe a typical day at work.

Dr Kiran: I start my clinic at 8.30 am with a full appointment list for the day and run straight through till 3 pm, with a very brief ten-minute lunch break. By the time the patient load, review of results and administrative work are cleared, it would be about 4.30 pm when I can leave the clinic. The administrative aspects (like ordering drugs, paying bills, staff issues) of running the clinic are largely delegated to my staff but still have to be looked into after the patients' sessions.

Dr Leong: A typical day starts with breakfast en route to my clinic. My afternoons are spent attending or conducting meetings, meeting colleagues, reading and resting. On evenings without clinics, I try to spend time at home with my family.

Dr Loy: I get in usually around 9 am and start seeing patients almost straightaway! Depending on the day of the week, the queue may vary, so it's really hard to predict how the day will go. My clinic does not have a lunch break so I usually work through lunch. I'm not usually very hungry anyway. The key is a good breakfast! By late afternoon, it is usually quieter at the clinic so that's when I start to relax a bit more. I will usually have a quick dinner and take a 45-minute nap afterwards. Then I am refreshed and ready to go for the evening. Thankfully, my wife helps out with the claims for the managed healthcare patients so that takes a big load off my shoulders.

Dr Aw: There is no typical day for me. My clinic is in the heartland of Pasir Ris with a beach resort and an industrial estate nearby. I often see three to four generations of a family unit. I have had babies rushed into the consultation room with febrile fits; attended to cycling, rollerblading and fish-hook injuries; and industrial accidents. I also see patients with chronic diseases. Generally, I never know what time I will finish work each day.

What are some challenges that you have encountered while setting up or running your own practice?

Dr Aw: Getting a good team of staff to work with, Continuing Medical Education, keeping up with technology, deciding what services to offer, and enhancing care to patients.

Dr Leong: The biggest challenge in starting a practice is actually getting the right partners and agreeing on everything. The second biggest hurdle is the many rules and regulations in the actual setting up. The third challenge is to ensure the business is able to cover all the overheads every month.

Dr Loy: The main challenge nowadays is that there is so much competition in the neighbourhood from other GPs vying for the same piece of the pie. I can imagine how hard it is to maintain the bottom line without the right medical and PR skills. It was initially very tough during the first few years but things got better as time went on.

Dr Kiran: Over the years, the biggest challenge is manpower issues – be it with doctors or clinic assistants. As a parent with schoolgoing children, I have had to rely on locums to help run the clinic's extended opening hours so I can be available to my family. It is challenging to provide good quality patient care when relying on locums as they tend to be more junior and may not be as committed. The cost of hiring locums has also skyrocketed over the last five to ten years. Among the clinic staff, interpersonal conflicts are common, and I have also had to deal with theft of both medications and money by staff. One clinic assistant even ended up in jail for a year!

What is one piece of advice you would give those who intend to set up their own clinics?

Dr Leong: Be very patient and seek the wise counsel of older GPs. I benefited a lot from the advice given by many older GPs whom I locumed for.

Dr Kiran: Be prepared to work hard with long hours. Develop your skills and confidence with further training in Family Medicine (like the Graduate Diploma in Family Medicine or MMed in Family Medicine), which is invaluable in building up a good reputation and providing the high quality healthcare that makes all the effort finally fulfilling.

Dr Aw: Get your priorities right: family, staff, friends and patients before profits.

Dr Loy: Be ethical. Whether the clinic is doing well or doing badly, if one maintains a sense of ethic and honour in one's doctoring, then one can be considered a good doctor by the public.