

TAKING THE PLUNGE:

How to Survive Private Practice for New Clinics

By Dr Desmond Wai



WHEN I left for private practice back in 2006, my former head of department jokingly announced that I was going to the DARK side. Another senior consultant quickly added that I was going to the DARK but GREENER side. To some doctors in public service, private practice seems to be an “enriching” destination.

In reality, private practice is not that rosy. While some new clinics appear to do very well fairly quickly, many take quite a long while to build up their patient pool. A colleague of mine revealed that his clinic was “binary” when he just started private practice. He explained that he had been seeing only “1 or 0” patients every day for several months. I also know of other specialists who decided to give up their private practices and return to public institutions.

I will share my limited, anecdotal personal experience on how new private specialist clinics can survive. If you are currently in an institution and are thinking of going private, you may find my analysis useful.

The reality

Too many private specialists

The other day, while searching for an orthopaedic surgeon on the website of the private hospital where I practise, I was surprised to find 32 of them. Likewise, over 30 gastroenterologists were listed. Patients and referring doctors are simply spoilt for choice.

Winner takes all

While restructured hospitals distribute patients to all doctors fairly equally, there is no such allocation system in private practice. Private patients often obtain recommendations from their friends, primary care physicians, or other specialists. Not uncommonly, good and experienced specialists have many patients, while new specialists may need some time to develop their patient base.

Patients unwilling to change doctors

Unless patients are very dissatisfied with their old doctors, they tend to stick with their physicians. So it is always a challenge for a new doctor to attract new patients.

Firm existing referral patterns

Most doctors, whether GPs or specialists, have their favourite doctors to refer to when they need help. Such referral patterns are formed over time via evolution and natural selection. So as long as their patients receive the best care and achieve the best outcomes, the referring doctors will continue to direct future patients to the same specialists.

For example, when I see a patient with surgical abdomen, I would refer him to one of the surgeons whom I trust for operation. Similarly, whenever I need intensive care for my patients with massive variceal bleeding or acute liver failure, I would ask my preferred intensivists for help.

Such professional relationships do take time to cultivate, thus doctors new to private practice will not find it easy to break into existing referral patterns. They must first demonstrate they are reliable and competent, before their colleagues entrust their patients to them.

Myths about new private clinics

Your old patients will follow you

Only two of my old patients from public hospitals followed me out to private. And very few patients from my previous group private practice followed me to my current solo practice.

Many patients prefer to remain in the same institution and environment. Some may possess civil service cards or be on certain insurance schemes, and are thus required to stick with public institutions, while others perceive that charges at private hospitals will be much higher than restructured ones.

Your old patients can find you if they want to

Your old patients' contact details and clinical notes belong to your previous workplace and thus you are not allowed to bring such information to your new clinic. Even if your old patients ask your old institution for your new clinic address, they are not obliged to provide it. Therefore, you need to make sure that you can be easily found via the Internet.

Your old referring doctors will continue to refer to you

Needless to say, your colleagues in public hospitals cannot refer their patients out to your new private clinic. But your GP friends may not refer to you either, as they could have been actually referring to your old institution, rather than specifically to you.

Surviving private practice

With so much uncertainty, how can private clinics get their own patients?

Let people know about you

Clinic websites are important. They tell the public and fellow doctors what you are good at. But do be mindful about the Singapore Medical Council Ethical Code which states that website content should be factual and accurate. Extravagant claims, laudatory and comparative terms/words are not permitted.

Be hungry for work

Referrals can come at any time and from anyone. So the more available you are, the higher your chance of being called. If you are absent when a colleague refers a patient to you, he will simply turn to someone else. Therefore, avoid going on leave too frequently when you are new, so that you can be around to attend to any new referrals.

Once, I admitted a patient with gastroenteritis and swollen eyes at 11 pm on a Sunday night. I tried calling the patient's old ophthalmologist, then the first and second on-call ophthalmologists, but they were unavailable. Fortunately, my ex-neighbour, who is an ophthalmologist, agreed to come down. She was armed with a bag of eye equipment when she arrived at 12 midnight. She is always eager for work and prepared to do so at all hours.

Have subspecialty skills

Possessing subspecialty skills will be an added advantage for private practice. Among the 32 orthopaedic surgeons at my hospital, some subspecialise in spine, some in joint replacement, and some in foot and ankles. Patients usually just want to see an orthopaedic surgeon for low back pain. But increasingly, they will request specific subspecialists for particular problems, like cervical myelopathy or torn knee ligaments.

Do a good job

Reputation is the most important asset you need in private practice. In fact, you should only consider going private if you are generally known as a good doctor, and competent in your field of expertise.

How do you discern if you are well regarded? When your colleagues from other departments refer you their difficult cases, when your patients recommend their friends and relatives to consult you, when your chairman of the medical board asks you to see his VIP patients, when your fellow consultants in the same specialty ask

you for advice on their patients, when your trainees ask you about their difficult cases, then you are probably somewhere near the reputable level.

3As of private practice

When I first started private practice eight years ago, a senior doctor shared with me the 3As of private practice, which summarise the essence of private practice and will be useful for all physicians:

1. Ability

At the very least, you need to be competent in your work. But to do well in private practice, you need to excel in your area of specialty and subspecialty.

2. Availability

Be available most, if not all the time. Be hungry for cases, especially when you are new to private practice. By this I mean forgoing international conferences and holidays, as you may be called at any moment.

3. Affability

Be nice, helpful, and respectful to your fellow doctors, patients, and their relatives. No one wants to work with rude colleagues.

Conclusion

Going into private practice is never easy, as it is like setting up a new satay stall at Satay by the Bay. Customers tend to patronise their usual stalls as long as they can maintain their culinary standards. While old stalls continue to have long queues, new ones have to work hard to grow clientele. No matter how much publicity a new store can get, the most important factors for its success still boil down to good food, friendly staff, and long opening hours. ■



Desmond is a gastroenterologist in private practice. Like other medical colleagues, he is still struggling to balance family and work. Desmond believes sharing our thoughts and experience are important in moving our profession forward.