



# Setting Up A Clinic

## My Highs and Lows

Text by Dr Alex Wong, Guest Editor

What goes into a successful set up of a clinic? What would even be defined as a successful clinic? Who knows? I suppose, if you define a clinic that sufficiently feeds the doctor and his/her family as a "successful clinic", then perhaps, just perhaps, I have one and hopefully my story is of use to you.

### Day 1: partner someone smart... and honest

"So... you want to start a clinic?" Big E looks at me expectantly.

It's been a long day and an even longer week. The weather is warm and muggy and the hospital cafeteria is sweltering and overcrowded, as is every other part of the hospital. My phone goes off, but it's only our daily SMS reminder from the Chairman Medical Board: "Dear colleagues, the bed occupancy rate is 110%, kindly expedite discharge." I look up and Big E is standing before me, the day's emergency department queue clearly having taken

its toll on him. Ten years of hospital practice has taken its toll on us both.

The murmuring tide of people has fortuitously swept us together – two ex-classmates from vastly different specialties. A brief lull in clinical work before evening rounds allowed for a session of conjoined navel gazing, which lead to other things: a meeting of minds. A genuine dissatisfaction with the way we were delivering healthcare, a sudden lark of an idea, a hurried discussion of cockamamie plans and finally, a decision to proceed with the wildest ride of our lives.

### Day 365: just keep swimming

We have been looking for a year. We have a plan. Some sort of an idea of the community we want to serve and how to go about building a business model we're comfortable with. Except that this community we're looking for doesn't seem to exist. A year of fruitless digging through classified ads, trudging

through Housing Development Board (HDB) estates, meandering around construction sites, furtively talking to clinic owners and landlords and trawling the HDB Place2Lease website goes by. We learnt some things: rental is incredibly expensive, existing clinics are even more so, and never to answer honestly when a landlord first asks you what trade you're renting the space for. We conclude that we need *more money* and hence need to locum some more.

### Day 730: carpe diem

An old friend calls me up: "Eh, you want to check out this place? The rental looks okay and the area looks promising." It's 11 pm at night. I drive down to Sengkang and find myself under a singular HDB block surrounded by grassy wasteland. There's enough empty space around the clinic to run several concurrent soccer games. It doesn't look even vaguely promising but the rental

looks manageable. I WhatsApp half a billion photos to Big E and we have a quick discussion. We figure that even if nobody comes to our clinic in the grassy wastelands of Sengkang, we can afford to pay the rental off our locum pay. We submit a bid and await the nail-biting morning of rental bidding.

### **Day 730+1: luck is what happens when you bang your head against the door often enough**

We wake up and log in to Place2Lease with trepidation. The rental bid hasn't moved from the opening bid on our space. Nobody is interested in our deserted little grassy outpost in the corner of the world. The other HDB designated clinic space 500 m up the road has already been bid up to \$6,000 in less than 30 minutes. It rises meteorically in the last 15 minutes and finally closes at \$12,000. We assure ourselves that what we've gotten is a steal. We're either incredibly lucky or just plain stupid; we fervently hope it's the former.

### **Day 760+: plan and plan (and pay and pay)**

Life is becoming a blur of locum shifts and administrative red tapes. We've been pulling more locum shifts than ever because everything needs a licence – and licences cost money. Frightening amounts of it.

I briefly wonder serially if I should have been a lawyer, an architect or an engineer instead. Just some of the licences you will need: fire safety certification, air-conditioner condensers, autoclaves and of course, a clinic licence from the Ministry of Health (MOH). I developed a new respect for my contractor and how fast she can work. (You need a good contractor!) The clinic infrastructure has come up with record speed, but all the sinks are the wrong size because she finished installing them before I could say anything. Also, because we're too busy with our locum shifts to actually be there as much as we should. Oh well.

### **Day 790+: poor also pay**

The rate at which we are spending money is vaguely alarming. Expenditure

is running into the tens of thousands and we haven't even opened shop yet. Choosing a clinic management system is also problematic. If I were to do it all over again, I would just use whatever everyone else is using. We were simply cheap and used whatever that was cheapest (in this case, free by the grace and mercy of an old friend).

Also, note to self: MOH licencing takes longer to schedule than you think. The clinic is up but we can't start because we don't have a licence yet. We can't order drugs and equipment without a licence so we can't see patients anyway. No matter, the clinic is still littered with unbuilt IKEA furniture and unopened boxes from Lazada and Taobao. We'll sort that out first. Curious people wander by to peer in at us and gesticulate at our signboard. I feel like an animal in a zoo but try to plaster a friendly smile on my face. On the days when I'm a bit less sweaty, I wander around the estate like some pseudo member of parliament and try to shake hands and kiss babies. Some people dodge the crazy homeless man, but most do deign to have a conversation with me – I am heartened; they seem like nice people.

We spend afternoons interviewing potential clinic assistants that we found on random online job sites. We are inundated with all sorts of interviewees, including people who haven't read the advertisement for the job description and don't know what job they're applying for, people who haven't read the advertisement for clinic opening hours and don't know when the clinic is open, people who turn up without documentation or a CV; the list goes on. At the beginning, we interviewed all comers – we quickly learn to be more selective so that we can spend less time interviewing and more time as locums.

### **Day 797: appreciate your friends**

Once the inspection was done, we got the licence fairly fast. A bit too fast. We see our first patient! There are all sorts of teething issues; the NETS machine refuses to work, the printer labels and medical certificates don't print, and so on. We soldier on somehow. Our one patient of the day doesn't seem to mind

the delays that much, and she comes back a few days later with an opening gift to us; we waived her next consult.

We have laughably small amounts of medication in our clinic, mostly borrowed from well-meaning friends. It's really insufficient and we should probably have bought more of our own, but we make do somehow till the new stock comes in.

Business is slow at the start. We fret on a daily basis about when it will pick up. We fret when business dips a little. We fret about which third-party administrators (TPAs) to take. We ended up taking most of them, but dropped two of them just as quickly. "If you're drowning, this \*\*\*\* TPA will sink you even faster," an older and wiser friend intones. She owns two clinics. We heed her sage advice.

We fret about how much to spend on medication. We probably shouldn't have fretted. Quiet hard work pays off and word of mouth spreads. We find that there is no real need for fancy advertising. The trickle of patients becomes a steady stream and we began paying ourselves a salary by the end of the first year.

### **Day 1,892: just do your work**

It's been a wild three years and the clinic continues to grow. We've made it, but only because of our patients. Patients now know us and we have become part of the community tapestry. I also could not have made it without a great amount of forbearance from my clinic partner. Maintaining that relationship has been key to our survival.

We have begun to understand the joy of family practice. There is something to be said about planting down one's roots in a place and tending the land. We watch babies born and grow. The children that we vaccinated when we first arrived are now walking and talking. The parents are now bringing their grandparents to see us. We have had the privilege to influence, nurture and empower people. People will tell you that old-school family practices are dead. They are wrong; an old-school family practice is what will bring patients to your doorstep and keep them coming back. ◆

