This Month's Focus:

Family Medicine

And a Special Feature on the Tsunami Tragedy

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SMA NEWS

Is There a Future for General Practice?

By Dr Tham Tat Yean

There seems to be a feeling on the ground that general practitioners (GPs) in the private sector are facing a lot of challenges these days, judging by the feedback that SMA has received in recent times. This is evident from the verbal and written communications to the Association, and the online discussions in the SMA website's forum.

I have personally talked to GPs (or Family Physicians) who have painted a relatively gloomy picture on the future of general practice. What is perhaps troubling is that these GPs do not belong to a particular subset of the population, that is, I get these comments from young and old GPs, employer and employee GPs, experienced and inexperienced GPs, and others. Even more disheartening is the fact that some of the GPs owning or managing the larger group practices feel that general practice is going sunset. Now, I do not think that this represents the universal opinion of all GPs in Singapore. I am not even convinced that the majority of GPs feel this way. However, in my years of private sector practice, I have never seen such pessimism and diffidence in the profession.

So, what has gone wrong? Many GPs have cited the following issues: dwindling patient load, increased operating costs, reduced income, long working hours, unfair managed care schemes, demanding patients, and fear of litigation. These issues are not new – they have always been challenging GPs all these years. So, have these factors become more prominent? Perhaps GPs with their limited resources are drained?

THE COMPETITIVE LANDSCAPE

Competition has always been present in any business environment, not just the healthcare scene. Many private GPs view polyclinics as a major competitive factor. They think that the polyclinics are a major reason why they are suffering from dwindling patient loads and reduced incomes. And they feel that if not for the patient subsidy available in these polyclinics, their patient load will improve. Instinctively, such thinking may make sense but competitive forces are not static. It would be simplistic to assume that if less patients consult polyclinic doctors, things will be much better. I believe that market forces would cause a new competitive equilibrium to be achieved. Even if there is an outward shift of patients from the polyclinics, it does not mean this patient pool will be taken over by the existing private GPs.

The reason is obvious: today, the primary care landscape is not determined by private GPs and polyclinics alone. Firstly, the Traditional Chinese Medicine (TCM) practitioners are an emerging force to reckon with. They are now licensed and recognised by the authorities; many undergo a formal training programme for certification; culturally, they are well-

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accepted by the community; and more importantly, some are affiliated to business groups that have significant marketing power. Secondly, chiropractors, physiotherapists and other alternative medicine providers are gaining acceptance and prominence, particularly those who are well-trained and are able to meet the needs of segments of the community.

The primary care landscape is also shaped by the increasing number of Specialists who are coming out to practise in the heartlands. While they have their own niches, there are bound to be overlaps in what a Specialist and a well-trained Family Physician can provide. Last but not least, the pharmacists will play a greater role in the years to come if more medications are declassified and made available over the counter. As frontline professionals, they will need to advise patients who choose not to consult a doctor for minor ailments but prefer to self-medicate.

I believe all the above providers have a role to play in the community. GPs must realise that other providers and caregivers are here to stay but that does not diminish the central role a GP can play in community healthcare.

MARKET SATURATION OF GENERAL PRACTICES

Table 1 shows the number of licenced general practice clinics in recent years. It will be evident that the market is probably fairly saturated at this point in time as there has not been significant growth in the numbers in the last five years. This does not mean very few clinics were set up. It is probable that the number of new clinics approximates that of the number of clinics that have closed down, hence the stable trend shown.

Year	2000 (As at 31Dec)	2001 (As at 31Dec)	2002 (As at 31Dec)	2003 (As at 31Dec)	2004 (As at 31Dec)
Number of licensed GP clinics (excluding dental clinics)	1283	1285	1294	1293	1294

Table 1. Number of General Practice Clinics, Year 2000-2004 (Source: Ministry of Health).

SCOPE OF GENERAL PRACTICE

Some GPs share the view that the scope of general practice has narrowed over the years. Many examples relating to "external environment changes" have been quoted and these are probably familiar to many practitioners. Paediatric vaccinations are commonly administered by polyclinic doctors and Paediatricians nowadays. Antenatal care is not commonly practised by many GPs, partly due to patient preferences and perhaps also due to medico-legal reasons. Easy access to Specialist care has made both the GP and patient equally guilty of early referral to Specialists. For example, a patient may desire to see a Specialist early because of lack of faith in the GP's skills and knowledge. In this country, the waiting time to see a Specialist is relatively short compared to many developed countries. Hence, the patient may want an early second opinion, particularly if subsidised Specialist care is available. In another scenario, the GP may refer early because a managed care scheme does not compensate him adequately for expertise and extra time spent in minor surgery, complex medical problems, patient counseling, and so on. These examples reflect a development in the healthcare scene that has evolved due to multiple factors, and are probably beyond the control of the average GP.

GPs are much more than acute care physicians. The nature of Family Medicine training equips a GP with broad-based medical skills and knowledge so he can deliver comprehensive, continuous care to a community of all ages. In an age of sub-specialisation of medical disciplines where the patient's problems are compartmentalised, a GP is a member of a profession that can still deliver holistic and continuing care where other specialties cannot. Ultimately, a patient is a human being who has other needs to be managed in addition to treating the illness of a body system or body part.

Perhaps some GPs are self-limiting their scope of practice for their own reasons. For example, a GP may prefer acute care during office hours rather than visiting bed-ridden or dying patients at home, leaving such roles to hospice or home nursing staff. Some GPs may not feel confident in managing certain more complex conditions due to lack of training. Others may desire a simpler work scope and better lifestyle. Now, these examples reinforce the "cough and cold" acute care image of GPs if not attended to. As the edges of general practice appear to be gradually worn away, GPs must be careful that they themselves are not self-limiting the scope of general practice.

One of the strategies that some GPs have adopted is to narrow their scope of practice to be highly competent in a particular area. For example, GPs have trained in and practised aesthetic medicine. In my opinion, it is good for GPs to have "special interest or niche skills". However, the value of a GP lies in the generalist scope of medical practice. Special interest or niche skills may be developed to supplement the broad-based training of the GP so that he can value-add to the care that he provides in the community. These skills should not replace the core broad-based skills that are so valuable in general practice.

GENERAL PRACTITIONER GROUPINGS

Much has been discussed about the consolidation of GP clinics – in forums, articles and verbal conversations. Many reasons have been cited as to why solo or small GP clinics will find the road very tough in future. I believe GPs do need to group themselves together. There are different models and arrangements to go about this. The fundamental consideration should be from the perspective of how patient care in the community can be better delivered with GPs grouping together. If GPs can organise themselves such that they provide cost-effective and quality care in the community, they will always remain relevant and viable.

With this consideration in mind, it appears that we should

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move towards multi-practitioner arrangements in the same location. These could be multiple GPs under one roof or multiple GPs closely located in a district forming an alliance. There are obvious administrative, operational and logistical difficulties to GPs forming alliances in a district but this option should not be ruled out. The other option of having multiple GPs in one clinic is easier to implement. The advantages are obvious. The clinic can continue to provide care without interruption because of coverage for doctors on leave or special shift arrangements. Different doctors can develop complementary skills in special interest areas so that the patient community can be managed without the need for hospital referral most of the time. Continuing care and disease management progammes can be developed with internal peer review and audit. Cost-sharing and economies of scale may be achieved for example, in medical equipment procurement, where multiple doctors can access an expensive equipment to justify its purchase.

THE FUTURE

The traditional model of small general practices appears to be under threat and will need to evolve to remain relevant and viable. GPs will need to accept the importance of vocational training and continuing professional development for their generalist and broad-based roles in the community. They will also need to look into how they can group and organise themselves so that they can develop continuing care strategies, disease management programmes, conduct general practice research, and implement peer review and clinical audit protocols.

Although there are a lot of challenges to general practice in the horizon, the fundamental importance of well-trained GPs and well-organised GP groups in the community cannot be ignored. In fact, the GP profession should be regarded as key to a successful healthcare delivery system.

So is general practice going sunset? I pray not because too much is at stake for everybody, not just GPs themselves.

The other stakeholders – government, healthcare institutions, healthcare insurance entities, managed care organisations, employers and patients in the community must realise that it is in everyody's interests to have a cost-effective and accessible primary care system, and GPs play a central role.

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