

1996 Survey Of Housing Estate Practice Costs And GP Fees In Singapore

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1. INTRODUCTION

A decision to commission a study on practice costs of the general practitioner (GP) was made by the Singapore Medical Association Guideline of Fees Committee in its meeting on 20 September 1995. The purpose was to have more up-to-date and detailed information on the components of costs in a general practice. Although this was not the first time that the operating costs of a general practice was studied, the GP's expected remuneration has not been systematically studied in Singapore before.

In February 1996, the draft SMA Guideline of consultation fees for GPs, which was circulated to members in the profession to comment, was published by the press⁽¹⁾. Reactions to the new guidelines which recommended \$6 more than the previous guidelines of \$12 to \$20 published in 1992 drew mixed reactions in the local press. There was support from doctors but consternation, on the part of the general public and other interested groups⁽²⁾.

This paper presents the findings of information volunteered by GP practices in housing estates in a survey conducted in April 1996.

2. METHODOLOGY

2.1 Study Design

A list of 1,177 private family practitioners registered with the Singapore Medical Council (June, 1995) was obtained from the Singapore Medical Council and serialised according to their practice addresses. As a result, a total of 854 family practices encompassing these 1,177 doctors were identified and subsequently stratified according to their district codes. A one-stage randomised 60% sample of these family practices was selected to yield a sample of 501 practices.

A self-administered questionnaire was designed. The survey questionnaire was specifically designed to be simple, so as to facilitate its quick and easy completion (Appendix). This, together with a letter explaining the objective of the study was mailed to the selected sample of family practices on 7 April 1996. In addition, a group of 11 second-year medical students were recruited to retrieve the

unreturned questionnaires between 11 and 16 April and to assist the doctors with any queries or problems with its completion.

The returned questionnaires were reviewed by the survey coordinator (K Singh) in conjunction with the research assistants to clarify any ambiguities in the responses to the questions. This reviewed data, was then entered by the research assistants into a data-entry programme using the dBASE IV version 1.1 software. An application programme in dBASE IV version 1.1 was written by one of the authors (GLG) and used to analyse and report on the data collected.

2.2 Scope of analysis

Data on both city and housing practices were collected. The data on city practices will be dealt with in another paper because of the difference in the nature of work and working hours. Housing estates practices can be divided into solo practices and group practices. Practice costs and doctor's remuneration were calculated separately for solo and group practices. The fee for one visit is also computed.

2.3 Median or mean

Both the median and mean figures of frequency distributions can be used as measures of central tendency in a paper of this nature. Each measure has its merits and demerits. The median has the advantage over the mean in that the median is not influenced by extreme values. It is commonly used to describe data such as income levels, housing costs and other measurements of money that tend to contain extreme values⁽³⁾. The median however, has many disadvantages. It does not lend itself to further statistical techniques. It does not make use of the actual values in the data, but only of the number that exist. It is not easily understood.

On the other hand, the mean is an attractive measure because it is easily understood and is familiar to most people. The mean is thus a more suitable measure for presentation to the public.

Where the mode, mean and median are the same or very close numerically, the distributions is symmetrical. If the mean is larger than the median, the distribution is skewed to the right. A right skewed distribution has extreme values to the right, pulling the tail of the distribution

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towards the right. Similarly, the distribution can be skewed to the left if the mean is smaller than the median.

2.4 Computations

2.4.1 Depreciation

The clinic set-up costs in this study included the costs of furniture and fixtures, renovations, office and medical equipment. To factor this cost into the operating costs of the practice, the clinic set-up cost is depreciated over a period of 8 years. This translates to a 12.5% depreciation per annum and is consistent with the current practices adopted by government hospitals and polyclinics. This figure divided by 12 gives the monthly depreciation.

2.4.2 Total staff cost

The total monthly staff cost was based on the sum of the monthly salaries of both clinical assistants and staff nurses employed by the practice. As no allowance had been made for employer CPF contributions or annual bonuses, the salary costs were adjusted by a factor of 1.44 to allow for a 2.5-month bonus and 20% employer CPF contribution.

2.4.3 Number of days worked per month

The available number of work days in a year is 276 which can be computed by deducting 11 public holidays, 52 Sundays and 26 Saturdays which are equivalent half days. Dividing by 12 yields 23 working days. A working day is 8 hours which gives the standard of 8X5.5 that is, 44 hours per week

Total number of days worked per month in the clinic is obtained by the formula of $23 + (\text{number of reported hours worked per week} - 44) / 8 \times 276 / (5.5 \times 12)$.

2.4.4 Patient workload per month or patient encounter load (PEL)

The mean patient workload per month is obtained by the mean number of patients seen per day X the number of days worked per month. The corresponding figure of median workload per month is obtained by the median number of patients seen per day X the number of days worked per month.

2.4.4 The GP fee

Based on the data collected on monthly practice costs, the doctor's current/expected remuneration per month and monthly drug costs,

the component costs per patient can be worked out by dividing the monthly costs with the patient encounter load to arrive at the average GP fee across the board for all conditions seen. The GP consultation fee may be derived by adding the per patient practice cost plus the per patient doctor's remuneration. The total fee will be the GP consultation fee plus the per patient drug costs.

3. RESULTS

3.1 Response rate

Of the 501 questionnaires posted out, 8 questionnaires were returned unopened - 7 of the addressees were away and 1 practice had relocated. Six private practitioners had retired, 1 addressee was now a small private hospital and 3 group practices inadvertently received 2 questionnaires each. After excluding these 18 ineligible surveyed practices, we had a total of 483 practices surveyed, comprising 57% of the total number of 854 private family practices in Singapore.

Of these 483 practices, a total of 241 returns were recorded, giving a final response rate of 50%. A total of 216 or 90% of respondents were from housing estate GP practices. One hundred and forty nine or 62% of the respondents were from solo-GP practices in these housing estates and 67 or 28% were group practices (Table 3.1).

3.2 Profile of housing estate GP clinics surveyed

Table 3.2 shows the profile of the 216 housing estate GP clinics surveyed.

3.2.1 Hours of work and workload

The overall median number of hours worked by solo-GPs in the housing estates was 48 hours per week and the mean was 48.11 hours per week. For computation purposes, the number of hours worked per week is taken as 48 for both mean and median. The national standard is 44 hours per week based on an 8-hour workday.

Thus, on average, the GP clinic works 4 hours per week more than the standard 44 hours per week. We can derive the exact number of days worked per month by the following mathematical adjustment:

$$\text{Total no. of days worked per month} = \frac{(\text{Additional hours worked}) \times (276 \text{ days}) \div (8 \text{ hours}) + 23 \text{ days}}{5.5 \times 12}$$

Table 3.1 - Distribution of respondents and non-respondents

Practice Location	RESPONDENTS					NON-RESPONDENTS				TOTAL
	SOLO		GROUP		TOTAL	SOLO		GROUP		
	No	Median Age (yr)	No	Median Age (yr)		No	Median Age (yr)	No	Median Age (yr)	
Housing Estates	149	45	67	40	216	169	45	48	39	217
CBD Areas	19	51	6	50	25	9	57	16	46	25
Total	168	46	73	40	241	178	46	64	40	242

Table 3.2 - Profile of housing estate GP practices from 1996 survey

Description	Solo GPs Median Mean Range	Group GPs Median Mean Range	All housing estate GPs Median Mean Range
No. of respondents	149	67	216
No. of hours worked per week	48 48.11 14-76	49 50 25-77	48 48.7 14-77
No. of patients seen per day	45 44.5 9-100	60 66.9 10-150	50 51.3 9-150
Patient Encounter Load (PEL) for each practice*	1,125 1,113 225-2,500	1,500 1,672 250-3,750	1,250 1,283 225-3,750
No. of doctors in the practice	1 1 1	2 2.8 2-7	1 1.4 1-7
No. of years in general practice	15 15.11 2-42	7 11.6 1-36	13 14.0 1-42
No. of clinic assistants	3 3.3 1-8	5 4.5 1-12	3 3.7 1-12
No. of staff nurses	0 0.2 0-3	0 0.2 0-4	0 0.2 0-4

Note * = calculated as the number of patients seen per day X 25 workdays per month

Using the above adjustment, the number of days worked per month by a group practice doctor is 25 days. This formula does not factor vacation and sick leave loading as it is common practice for general practitioners to engage locums to assume the operation of their practice during their absence.

3.2.2 Patient workload per month

The *median* number of patients seen by the solo-GP practitioner in the housing estates was 45 per day. Multiplied by the median number of days worked per month of 25 gives a monthly *median* patient workload or PEL of 1,125 patients for the solo-GPs in the housing estates. The mean number of hours worked a week is 44.5. Multiplying by 25 mean working days, the mean PEL is 1,113 patients per month. The distribution is a positive skew with a range from 225 to 2,500 patients seen per month.

3.3 Operating costs of housing estate GP Clinics

The operating costs of the 149 solo-GP clinics and 67 group practices in the housing estates are shown in Table 3.3. It consists of the depreciation cost, rental costs, staff salary and other costs.

3.3.1 Depreciation based on the clinic set-up cost

The clinic set-up costs in this study included the costs of furniture and fixtures, renovations, office and medical equipment. To factor this cost into

the operating costs of the practice, the clinic set-up cost is depreciated over a period of 8 years. This translates to a 12.5% depreciation per annum and is consistent with the current practices adopted by government hospitals and polyclinics. This figure divided by 12 gives the monthly depreciation. For the solo GPs, it ranged from \$10 to \$8,115 per month. For the group GPs, it ranged from \$4,000 to \$900,000.

3.3.2 Monthly rental/imputed rent

General practitioners who rented their clinics were asked to provide the rental costs while those who owned their own clinics were asked to furnish their monthly mortgage. This cost was treated as imputed-rental and included in the computation of the median monthly rental. The median monthly rental/imputed rent was found to be \$3,300 for solo-GPs. The mean was \$3,521 and the range was from \$100 to \$12,100. For group-GPs, the median monthly rental was \$4,000, the mean was \$4,848 and the range was from \$1,012 to \$14,174.

3.3.3 Total monthly staff cost

The median total monthly staff cost was \$4,320 for the solo-GP clinics and the mean was \$5,043. The median total monthly staff cost for the group GP practices in the housing estates was \$7,200 while the mean was \$8,588. The range was from \$1,152 to \$20,843 for solo practices and \$1,555 to \$29,772 for group practices.

Table 3.3 - Operating costs of solo-GP clinics and group GP clinics from 1996 survey

Description	Notes	Solo GPs	Group GPs	All housing estate GPs
		Median Mean Range	Median Mean Range	Median Mean Range
No. of respondents		149	67	216
No. of doctors in the practice		1 1 1	2 2.4 2-7	1 1.4 1-7
No. of patients seen in a month	based on patients per day X 25 working days	1,125 1,113 225-2,500	1,500 1,672 250-3,750	1,250 1,283 3,750
Clinic set-up cost		\$50,000 \$85,330 \$1,000-\$779,000	\$80,000 \$112,000 \$4,000-\$900,000	\$55,000 \$92,657 \$1,000-\$900,000
Depreciation per month (a)	based on SET-UP COST X 0.125 divided by 12	\$521 \$889 \$10-\$8,115	\$833 \$1,167 \$42-\$9,375	\$573 \$965 \$10-\$9,375
Monthly rental/imputed rent (b)		\$3,300 \$3,521 \$100-\$12,100	\$4,000 \$4,846 \$1,012-\$14,174	\$3,500 \$3,913 \$100-\$14,174
Total monthly salary of clinic assistants and staff nurses including bonuses and CPF (c)	All salaries of clinic assistants and staff nurses x 1.44	\$4,320 \$5,043 \$1,152-\$20,843	\$7,200 \$8,588 \$1,555-\$29,772	\$5,040 \$6,118 \$1,152-\$29,772
Other monthly costs eg utilities, insurance, sundry, MDU, cleaners, periodicals etc (d)		\$920 \$1,471 \$200-\$8,250	\$1,210 \$2,468 \$220-\$17,052	\$900 \$1,649 \$200-\$17,052
Total practice costs per month (e)	(a) + (b) + (c) + (d)	\$9,061 \$10,924	\$13,243 \$15,902	\$10,013 \$12,645
Total practice costs per patient	(e)/No. of patients per month	\$8.05 \$9.81	\$8.83 \$9.51	\$8.01 \$9.86

3.3.4 Other monthly costs

The figure of other monthly costs included utilities, sundry, insurance and periodicals. The median monthly cost for solo GPs was \$920 and the mean was \$1,471. For the group practices, the other monthly costs had a median costs of \$1,210 and a mean of \$2,468.

3.4 Expected monthly professional remuneration

All doctors surveyed were asked to list their *current* or *expected* monthly remuneration. This is shown in Table 3.4. This was \$10,000 per month for both the solo-GPs and group GPs. The range was from \$3,000 to \$40,000 for solo-GPs. For the group GPs the range was from \$4,000 to \$22,500.

3.5. Costs of drugs

The monthly drug cost varies from \$900 to \$67,467. Per patient, the median was \$4.71 and the mean was \$6.63 for solo practices. These figures correspond to a range of 225 to 2,500 patients seen in a month. For group practices, the median drug cost per patient was \$6.67 and the mean drug cost was \$6.80 (Table 3.5).

3.6. Computation of the GP fee based on operating costs, doctor's monthly remuneration and patient encounter load

Based on the data collected on monthly practice costs, the doctor's current/expected remuneration per month and monthly drug costs, the component costs per patient can be worked out by dividing the monthly costs with the patient encounter load to arrive at the average GP fee per patient for all conditions seen.

Based on these calculations, the mean consultation fee without medicines derived this way was \$19.04. The corresponding figure for group practices was \$24.95. Add to this the fee for medicines, the mean total for solo practices will be \$25.67 and the corresponding figure for group practices will be \$31.75. Table 3.6 gives the details.

3.7 Comparison of the set-up & operating costs of a solo-GP practice based on the number of years in practice

A comparison of the clinic set-up and operating costs of the solo-GPs in private practice for less than 5 years with their older and more established

Table 3.4 - Monthly expected remuneration of solo-GPs and group GPs in housing estates

Description	Notes	Solo GPs	Group GPs	All Housing Estate GPs
		Median Mean Range	Median Mean Range	Median Mean Range
No. of doctors in the practice		1 1 1	2 2.4 2-7	1 1.4 1-7
Current/expected remuneration of all doctors in the clinic (f)	Monthly remuneration X No. of doctors in clinic	\$9,000 \$10,271 \$3,000-\$40,000	\$20,000 \$25,812 \$9,600-\$54,000	\$10,000 \$14,596 \$4,200-\$56,000
Doctor remuneration per patient seen		\$8.00 \$9.23 \$2.69-\$35.94	\$13.33 \$15.44 \$5.74-\$32.30	\$8.00 \$11.38 \$3.27-\$43.65

Table 3.5 - Monthly drug costs

Description	Notes	Solo GPs	Group GPs	All Housing Estate GPs
		Median Mean Range	Median Mean Range	Median Mean Range
No. of patients seen in a month	based on patients per day X 25 working days	1,125 1,113 225-2,500	1,500 1,672 250-3,750	1,250 1,283 225-3,750
Drug costs per month		\$5,300 \$7,378 \$900-\$67,467	\$10,000 \$11,376 \$2,500-\$45,273	\$6,250 \$8,329 \$900-\$67,467
Drug cost per patient		\$4.71 \$6.63	\$6.67 \$6.80	\$5.00 \$6.49

counterparts is made. From Table 3.7, it can be shown that the clinic set-up cost and monthly rentals have increased over the years.

3.8 Deriving an equitable GP fee based on a time-based GP consultation fee

An attempt is made to calculate the consultation fee for a short and long consultation in the light of the practice costs in this study. The SMA has defined the duration of a "short" and "long" consultation in terms of a quantum of time i.e. between 6 to 15 minutes for a "short" consultation and 15 to 30 minutes for a "long" consultation.

From section 3.2.1, we know that solo-GPs in the housing estate work an equivalent of 25 days a month based on an average 8-hour working day or a total of 200 hours per month. Some of these hours are spent on general clinic administration e.g. housekeeping, ordering drugs, reviewing test results, preparing medical reports, over-the-telephone advice and even waiting for patients on a lull day. Therefore, it is not unreasonable to factor an *efficiency rate* for these "non-productive activities". For the purpose of this study we have proposed an 85% efficiency rate or 170 hours per month *actually* spent on seeing patients.

Based on the mean cost of \$21,195 for a housing estate solo-GP clinic the cost of practice is \$124.68 per hour or \$2.08 per minute.

Using a time period of 6 to 15 minutes as a "short" consultation, this can be translated to a mean GP consultation fee of \$21.82 with a range from \$12.47 to \$31.17. Similarly for a "long" consult, the mean GP consultation fee can be computed to be \$46.78 with a range from \$31.17 to \$62.40.

4. DISCUSSION

4.1 Limitation of the study

This study has a 50% response rate. It is difficult to predict the direction the data will go if there were a total response. It is equally plausible that those GPs who did not respond may either be charging very much above or below the usual rates. It is probably difficult in a study of this nature to have a higher response than that we have obtained. In this study we asked for the current or expected monthly remuneration. A point may be raised that "expected" is not real and may be higher than the actual remuneration. This cannot be excluded. However, given the very competitive nature of general practice in Singapore, it is likely that the "expected" salary will be quite realistic and close to the real remuneration.

A third limitation is the lack of details asked about the group practices. Empirically, it is known that group practices have staff that may not work full-time. Also, some members of the group may spend more of their time doing the administrative work. This will affect the derived rates per patient.

Table 3.6 - The derived average GP fee for all conditions seen

Description	Notes	Solo GPs	Group GPs	All Housing Estate GPs
		Median Mean Range	Median Mean Range	Median Mean Range
Total practice costs per patient (h)		\$8.05 \$9.81	\$8.83 \$9.51	\$8.01 \$9.86
Doctor remuneration per patient seen (j)		\$8.00 \$9.23	\$13.33 \$15.44	\$8.00 \$11.38
Drug cost per patient (k)		\$4.71 \$6.63	\$6.67 \$6.80	\$5.00 \$6.49
Consultation fee without medicine	(h) + (j)	\$16.05 \$19.04	\$22.16 \$24.95	\$16.01 \$21.23
Consultation fee and medicines	(h) + (k) + (j)	\$20.76 \$25.67	\$28.83 \$31.75	\$21.01 \$27.69

4.2 Comparison of the figures derived in this study and the SMA Guideline

This study helps to verify the empirical figures that have been used in setting the guideline fees for GPs.

In February 1996, the Singapore Medical Association released a revised set of guidelines for doctors' consultation fees⁽⁴⁾. Under its recommendations, general practitioners will increase their fees by \$6 for short consultations and \$5 for long consultations.

This is the third time in 10 years that the Singapore Medical Association has recommended a fee increase. The previous times were in 1987 and 1992. The 1992 Guideline on Fees recommended a fee of \$12 to \$20 for short consultations and \$20 to \$40 for long consultations. These consultation fees *do not include* the cost of medications, laboratory investigations or special procedures.

Under the proposed 1996 fee revisions, general practitioners would charge a fee of \$18 to \$26 for short consultations and \$25 to \$55 for long consultations. A "short consultation" refers to relatively simple medical cases such as influenza or gastroenteritis and "long consultation" refers to cases that are more complex and time consuming such as diabetes or hypertension which require a detailed history, examination and management.

Based on the mean cost of \$21,195 for a housing estate solo-GP clinic, the cost of practice is \$124.68 per hour or \$2.08 per minute.

Using a time period of 6 to 15 minutes as a "short" consultation, this can be translated to a mean GP consultation fee of \$21.82 with a range from \$12.47 to \$31.17. Similarly for a "long" consult, the mean GP consultation fee can be computed to be \$46.78 with a range from \$31.17 to \$62.40.

These figures show that the derived mean consultation fee obtained by deriving per minute costs corresponds to the low end of the

recommended short consultation fee in the SMA Consultation Fee Guideline. The recommended SMA Consultation Fee for longer consultation is smaller compared to that computed by the minute.

4.3 Practice costs

On the issue of rentals, we can infer that based on the 28.6% and 11% rise in the commercial property rental index for office space in 1995⁽⁵⁾, and the first quarter of 1996⁽⁶⁾ respectively (which does not include HDB properties), the solo GPs' concerns about rising rents are not totally unfounded. The set-up cost has indeed risen step-wise in the last 15 years (Table 3.7).

4.4 The doctor's remuneration

There is also a general assumption that the price of healthcare is rising due to the doctors' high salary expectations. Hence, it is necessary to briefly examine the mean monthly expected remuneration of \$10,271 for the solo-GPs in its proper perspective. Firstly, it must be borne in mind that as a self-employed person, this monthly remuneration does not include CPF, annual bonuses or vacation or sick leave benefits which would ordinarily be factored into the total salary package of any employed person.

The mean monthly salary of \$10,271 is equivalent to an overall annual salary package of about \$120,000. If we consider this annual remuneration to incorporate the above standard allowances, the doctor's median monthly remuneration would in effect translate to approximately \$7,132 per month (assuming a 2 1/2 months bonus and remembering that a self-employed doctor has to forego the benefit of paid vacation-leave).

Secondly, the solo-GP's annual remuneration if viewed in relation to the remuneration of their salaried-colleagues in the government polyclinics, is only equivalent to that of a Registrar who in addition, is paid according to a 42-hour work week; compared to 48 hours worked per week for the solo-GP. Thirdly, the doctor in private

Table 3.7 - Mean practice costs and remuneration for GPs in housing estates (register of July 1995)

	<5 years	5-9 years	10-14 years	15-19 years	>20 years	Mean
No. of doctors	25	25	22	25	52	149
Patients per day	46	53	51	48	36	44.5
per month (x25) (a)	1,150	1,325	1,275	1,200	900	1,113
Hours worked per week	53.21	51.86	47.62	45.98	45.18	48
Set-up cost (SU)	\$111,457	\$83,261	\$98,450	\$93,127	\$64,554	\$85,330
Depreciation (b) (SU x 0.125)/12	\$1,161	\$871	\$1,026	\$970	\$672	\$889
Rent (c)	\$4,212	\$4,639	\$3,223	\$3,055	\$2,980	\$3,521
Salaries of S/N + CA (d)	\$4,667	\$5,200	\$6,156	\$4,909	\$4,732	\$5,043
No. of CA	3.04	3.6	3.64	3.46	3.04	3.29
No. of S/N	0.13	0.17	0.09	0.25	0.16	0.16
Utilities, etc (e)	\$1,131	\$1,389	\$1,529	\$1,647	\$1,313	\$1,471
Total practice cost/month (f) = (b) + (c) + (d) + (e)	\$11,171	\$12,099	\$11,934	\$10,581	\$9,697	\$10,924
Total practice cost per patient (g) = (f)/(a)	\$9.71	\$9.13	\$9.36	\$8.82	\$10.77	\$9.81
Total doctor's expected remuneration - per month (h)	\$8,789	\$10,607	\$13,600	\$10,918	\$9,033	\$10,271
per patient (i) = (h)/(a)	\$7.64	\$8.01	\$10.67	\$9.10	\$10.04	\$9.23
Practice cost & Dr's remuneration	\$17.35	\$17.14	\$20.03	\$17.92	\$20.81	\$19.04
Drug costs - per month (j)	\$6,403	\$11,362	\$6,701	\$6,274	\$5,964	\$7,378
per patient (k) = (j)/(a)	\$5.57	\$8.58	\$5.26	\$5.23	\$6.63	\$6.63
Calculated total fee (g) + (i) + (k)	\$22.92	\$25.72	\$25.29	\$23.15	\$27.44	\$25.67
Total fees charged quoted by GP	\$17.38	\$19.88	\$20.57	\$19.14	\$20.76	\$19.70

practice bears the same risks associated with any other business and also has the job of manager-cum-administrator.

4.5 Running a practice

Table 3.7 shows interesting money management in a practice for different age bands. For the younger doctors (<5 years in practice), to offset the higher rentals, the savings from staff salaries and other practice costs are visible. Also, the younger doctors take home a smaller salary compared to the older colleagues. The result is that despite the higher rental, the consultation fee is kept smaller than that of an older colleague. The number of patients seen per month for doctors 5-9 years in practice was higher than the younger doctors but this figure decreases stepwise with years in practice (> 15 years). All these phenomena make it necessary for a range of fees to be placed. The older doctors may well charge the higher end to cover for the drop in number of patients seen.

4.6 Fee benchmarks for the GP

This study has allowed several benchmarks to be made. From the study, the solo-practitioner works on average 48 hours a week and sees 45 patients a day. His practice costs is about \$11,000 and his current/expected remuneration per month is \$10,000. The average consultation fee without

medicines is \$19 and the medicine cost is \$6 to \$7. The total average fee is \$26.00.

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Appendix

1996 SURVEY OF THE COST OF FAMILY PRACTICE IN SINGAPORE

Section A

1. Address
 2. Type of family practice Group Individual Locum
 3. No. of practitioners in your clinic doctors
 4. No. of years in general practice years
 5. Year of graduation 19
 6. Postgraduate qualifications (if applicable)
-

Section B

1. Clinic set-up cost (please do not include deposits) \$
 2. Monthly rental or Monthly mortgage interest \$
own clinic: yes no
 3. Staff costs:
 - a. No. of:
Clinical assistants persons Staff nurses persons
 - b. Total staff salary per month
Clinical assistants \$ Staff nurses \$
 4. Other monthly costs:
Utilities \$
Insurance \$
Laboratory \$
Sundry \$
Others (please state nature) \$
 5. No. of work hours per week (including weekends) hours
 - 6.* Average no. of patients seen per day persons
 - 7.* Monthly cost of drugs & vaccines \$
-

Section C

- 1.* Current/Expected monthly salary \$
 2. Average fee per patient
 - a. consult \$
 - b. medications \$
 - or total fee if you don't have a breakdown \$
-

Footnote * You may wish to omit this question but your answer would be appreciated.

S No: _____