

2006 Survey of GP Clinic Practice Costs in Singapore

Wong C Y, Tan K, Foo G, Chua A, Lee Y V, Wong T H, Chong Y W

Chiang Yin Wong, MBBS, MMED (Public Health), MBA (Finance)⁽¹⁾⁽²⁾

Tan Krysanja, BA⁽³⁾

Foo Geraldine,⁽⁴⁾

Chua Adeline, BBM⁽⁵⁾

Yik Voon Lee, MBBS^(6,7)

Tien Hua Wong MBBS, MRCP, MCFP^(8,9)

Yeh Woei Chong MBBS, MRCP^(10,11)

1. President, 48th Council, Singapore Medical Association, 2 College Road, Singapore 169850
2. Chief Operating Officer, Changi General Hospital, 2 Simei Street 3, Singapore 529889
3. Deputy Chief Administrator, Singapore Medical Association, 2 College Road, Singapore 169850
4. Research Assistant, Singapore Medical Association, 2 College Road, Singapore 169850
5. Project Executive, Singapore Medical Association, 2 College Road, Singapore 169850
6. Honorary Treasurer, 48th Council, Singapore Medical Association, 2 College Road, Singapore 169850
7. General Practitioner, Lee & Tan Family Clinic & Surgery, Block 72 Circuit Road #01-03, Singapore 370072
8. Honorary Assistant Secretary, 48th Council, Singapore Medical Association, 2 College Road, Singapore 169850
9. General Practitioner, Mutual Healthcare Medical Centre, Block 319B Anchorvale Drive #01-92, Singapore 542319
10. First Vice President, 48th Council, Singapore Medical Association, 2 College Road, Singapore 169850
11. General Practitioner, Radlink Medical Centre, 290 Orchard Road #08-06 Paragon, Singapore 238859

Corresponding Author

Chiang Yin Wong, MBBS, MMED (Public Health) Singapore Medical Association, 2 College Road, Singapore 169850
Tel: (65) 6223 1264
Fax: (65) 6224 7827
Email: wcy@sma.org.sg

ABSTRACT

Introduction: The importance of having a robust primary care cannot be over-emphasised. A good primary care is associated with lower overall healthcare costs and longer life expectancies, even in developed countries. In Singapore, the private general practitioners (GPs) deliver the bulk of primary care. The Singapore Medical Association conducted its first survey on GP fees in 1996. After a period of 10 years, it is timely to revisit and examine the issue of GP fees and practice costs in the private sector.

Methods: Self-administered questionnaire forms were sent to a list of GP clinics supplied by the Ministry of Health by volunteers over a one week period in June 2006. These questionnaires were retrieved by the volunteers during the week. Respondents could also mail the completed questionnaire back to SMA in the self-addressed envelope provided. The design questionnaire contained questions on profile of clinic and doctor, revenue, costs, workload and estimated average fee charged.

Results: A total of 300 responses were obtained from 1,268 questionnaires sent out (23.7%). Mean number of hours worked was 52.5 per week while the median was 48. The mean number of patients seen was 1,094 per month while the median was 1,000. Mean total practice costs was \$27,476 per month while the median was \$21,400. Total practice costs per patient was \$25.12 (mean) and \$21.40 (median). The mean doctor's remuneration per patient was \$9.62 and the median was \$13.76. GP's income per month was \$10,524 (mean) and \$13,758 (median).

Compared to the 1996 Survey, the average GP worked longer hours in 2006, and saw fewer patients. Income has largely stagnated in the 10-year period: in 1996, the average income of a GP was \$10,271 per month, while the figure in 2006 was \$10,524.

Conclusion: GP clinic practice costs and fees have risen from 1996 to 2006. The private GP's workload has dropped while incomes have largely stagnated.

Keywords: General practitioner (GP), practice costs, GP fees, GP remuneration, primary care

INTRODUCTION

A survey was conducted by the Singapore Medical Association on the primary care practice costs in Singapore from 19 to 23 June 2006. The purpose of this survey was to have more up-to-date information on the costs of private practice and the private GP fees. The last survey of this sort was done 10 years ago, in 1996¹.

A decision was made by the 47th Singapore Medical Association to conduct another such survey with the aim of getting an understanding of current primary care practice costs in the private sector. Another purpose of the study is to also examine how practice costs have changed in the 10-year period of 1996 to 2006.

METHODOLOGY

Study Design

A list of 1,308 primary care clinics was obtained from the Ministry of Health and serialised according to their postal code. As a result, 1,268 private clinics were identified and divided according to district while all the government polyclinics, factory clinics and corporate in-house clinics were excluded from the survey.

A self-administered questionnaire was designed based on the 1996 survey but modified within a committee consisting of several general practitioners. The questionnaire was designed to be simple and straightforward, as general practitioners were only required to give a round-up figure on the practice costs. 90 junior college student volunteers were recruited to deliver the questionnaire to the doctors and assist the

doctors in the completion of the questionnaire within the week of 19 to 23 June 2006. A briefing was conducted for student volunteers in the preceding week to instruct them on the conduct of the interview. An instruction sheet was also distributed. Student volunteers were required to retrieve the questionnaire later in the week or doctors could choose to mail it back to SMA.

The returned questionnaires were reviewed by the survey committee to clarify any ambiguities in the responses to the questions. The reviewed data was then tabulated by research assistants to facilitate the analysis and the writing of report on the survey conducted. A sample questionnaire is given in Annex 1.

Scope of Analysis

The data collected was from private primary care practices that included clinics at the central business district (CBD), housing development board (HDB) clinics, shop house clinics, clinics at private estates and shopping centres. Factory clinics, located on private compounds, were excluded from the survey, as these clinics were not accessible to our surveyors.

Computations

As doctors were asked to round up the figure of amount in the survey form, the data calculated in this report are based on rounded-up figures. The figures were rounded up to the nearest multiple given in brackets in the questionnaire.

Depreciation

The clinic set-up cost included fittings and furniture, computers and others. To factor this cost into the operating costs of a clinic, the set-up cost was depreciated over a period of 8 years. This translates to a 12.5% depreciation per annum. This figure divided by 12 gives the monthly depreciation.

Total staff cost

The total monthly staff cost was based on the sum of the monthly salaries of all the employers in the practice, which included clinical assistants, staff nurses and other full-time workers. We assume that the amount given by doctors had already included CPF contributions.

Median and Mean

Similar to the 1996 survey, the two measures of central tendency: median and mean were utilised in the analysis. The median or 50th percentile has the advantage of being not affected by extreme values. The median is commonly used in income data, housing costs etc, where extreme values are

not uncommon. The main disadvantage of the median is that it does not lend itself easily to further analysis. It does not make use of all the values in a data-set but only the single point value that represents the 50th percentile.

On the other hand, the mean is easily understood and lends itself to further analysis. However, the main disadvantage of the mean is that it is affected by extreme values and skewed distributions.

RESULTS

Response rate

Out of 1,268 questionnaires that were given out by the student volunteers, 300 questionnaires were collected. This gives a response rate of 23.7% which was lower than 50% achieved in 1996.

Of these 300 surveys, 244 (81%) were HDB clinics, 27 (9%) were CBD clinics, 12 (4%) were shop house clinics, 10 (3%) were located in shopping centres, 3 (1%) were office clinics and the other 2% were central residence clinic (1), hospital clinic (1) and two non-respondents (did not respond to the question). (Table I)

Profile of Clinics (Table II)

Hours of workload

41.2% of clinics were open for 41 to 50 hours per week. The mean number of hours per week calculated was 52.5 while the median was 48 hours. 6 responses were excluded for this question as the doctors might have misinterpreted the question.

Patient workload per month

The mean number of patients seen in a clinic per month, arising from primary care practice was 1,094 while the median was 1,000. 62 out of 300 clinics or 20.7% received 1,000 to 1,500 patients in a month.

Number of primary care doctors in the clinic

The mean calculated for the number of full-time doctors working in a clinic was 1.2 and the median was 1, showing that most clinics were solo practices. Only 27% of clinics had part-time doctors with the mean of 2 part-time doctors per clinic but the median was calculated to be 1.

Aesthetic Medicine

Out of 300 clinics recorded, only 8 clinics (2.7%) had more than 50% of their total revenue contributed by aesthetic medicine. There were 6 who did not respond to this question.

Operating Costs of Clinics Surveyed (Table III)

Depreciation based on the clinic set-up costs

The set-up cost was depreciated over a period of 8 years. The mean depreciation per month calculated was \$883 while the median was \$625.

Monthly rental

Doctors who rented their clinics were asked to give the monthly rental, excluding conservancy charges while those who owned the clinic were asked to estimate the rental obtainable for the property if it was rented out as a clinic. Doctors were asked to state the amount rounded up to \$100. The mean monthly rental was calculated to be \$5,140 while the median was \$4,800. The commonest range for monthly rental was from \$2,000 to \$6,000, consisting of 61.6%.

Total monthly staff cost

The staff needed for a clinic includes clinic assistants, staff nurses and other full-time staff. The average number of clinic assistants needed in a clinic was calculated to be 4 while the median was 2 per clinic. Due to the various staff needed in a clinic, the different staff salaries were added up to calculate the total monthly staff cost. The mean total staff cost was \$4,600 (nearest \$100) per month while the median was \$4,000.

Monthly locum costs

Out of the 300 clinics that had participated in the survey, only 43.7% had locums. The mean for locum costs was calculated to be \$1,300 (nearest \$100) per month while the median was \$200.

Monthly costs of drugs and vaccines

The monthly costs of drugs ranged from \$300 to \$73,200, with a mean of \$11,800 (nearest \$100) and a median of \$8,000. This gave a mean of \$10.78 for the costs of drugs and vaccines per patient.

Other monthly costs

Other monthly costs included were laboratory and X-ray services, insurance, utilities and sundry. The mean for total other monthly costs was \$2,630 (nearest \$10) and the median was \$1,800.

Revenue of Clinics Surveyed

The estimated total fee per patient is given in Table IV.

Average clinic takings a month

Doctors were asked to give an estimate amount for their clinic takings in a month nearest to \$1,000. The mean of clinic takings was \$38,000 (nearest \$1,000) per month and median was \$30,000.

Estimated total fee per patient

The total fee per patient included consultation fee and drug fee. Doctors were asked to give a breakdown of total fee or the total fee. The mean for estimated average total fee per patient was \$31.20

while the median was \$28. More than half of the clinics surveyed (56.3%) charged their patients for fees between \$20.10 and \$30.00.

Computation of doctor's remuneration based on clinic takings and operating costs

Based on the monthly operating costs and the monthly clinic takings, the doctor's monthly remuneration can be worked out by subtracting the practice costs from the clinic takings. Since a high percentage of the clinics surveyed are of solo practice, the calculated amount can be taken to be one doctor's remuneration.

Based on the calculation, the average amount for a doctor's remuneration was \$13,422.42 per month while a doctor's remuneration per patient was \$12.27. (Table IV)

DISCUSSION**Limitations of Study**

The response rate of this survey is low although the actual number of respondents is slightly larger than the 1996 survey (2006: 300 respondents, 1996: 241 respondents). In addition, clinics that were not accessible to the public, such as clinics located in factories etc, were also not surveyed. This could have contributed to some selection bias in this study. Nonetheless, despite the relatively low response rate, it was felt that the significant number of respondents in the study merits data analysis and discussion.

This survey was carried out as a questionnaire. Although significant effort has gone into the questionnaire design to ensure that questions were simple and straightforward, there may be some variation between respondents in the interpretation of the survey questions.

Despite the possible sources of biases in the survey, there are significant findings that are noteworthy, especially in comparison to the survey done 10 years ago. However, some care has to be exercised when comparing the two surveys carried 10 years apart due to the difference in methodology in especially two areas: workload and doctor's income. In the 1996 survey, respondents were asked to report on the average number of patients seen a day and the monthly workload was then estimated by multiplying the average number of patients seen a day by 25.

Submission of income data is usually a sensitive issue and obtaining such information from GPs are no different. In 1996, GPs were asked to state what was their "current/expected monthly salary". In the 2006 survey, respondents were asked directly to give the average total number of patients seen per month in their practices. They were also asked to state their average clinic takings a month. The

◀ Page 12 – 2006 Survey of GP Clinic Practice Costs in Singapore

average monthly income of respondents was then calculated by subtracting various costs from the monthly taking. We believe that derivation of income may be a more robust approach than asking a doctor to state his expected salary.

As an additional verification step, respondents of the 2006 survey were asked to state their average fee charged per patient. It was reassuring to know that the average calculated charge and the average charge as given by the respondents did not vary by more than 10%, showing that the cost and revenue data provided by respondents were in-line with expectations as they supported the fee data that was collected.

Comparison of 2006 survey and 1996 survey (Table V)

Methodology

The 1996 survey results were only derived from housing estate practices. In the 2006 survey, the scope was broadened to include all primary care private practices in Singapore. However, this factor should not contribute very much to the differences between the two survey results as housing estate practices still made up a large percentage (81%) of the responses in the 2006 survey.

Response rate

There were altogether 854 private family practices in Singapore in 1996. However, only 501 questionnaires were sent out and 483 practices were successfully surveyed. The 1996 report was based only on housing estate GP practices that comprised a total of 216 out of the 241 returns (50% response rate) that were recorded.

After 10 years in 2006, the number of family practices has increased to 1,308. 300 questionnaires were returned, out of the 1,268 sent out, and recorded. The response rate was 23.7%, slightly less than half of the 1996 study. As aforesaid, this response rate is a possible cause for significant selection bias but the number of respondents (300) is comparable to that of the 1996 study.

Workload and working hours

The mean number of hours worked per week has increased from 48.7 in 1996 to 52.5 in 2006, giving a 7.8% increase rate. However, the median has remained at 48 hours. Despite the longer work hours, the number of patients seen per month saw a 14.7% decrease from a mean of 1283 in 1996 to 1094 in 2006. The mean and median number of patients seen in HDB GP practices per month has dropped by 9.4% and 20% respectively. This is in line with the impression of the medical profession that due to the competition from more GP clinics

and polyclinics, GPs have been seeing fewer patients over the years.

Costs

The operating cost for a clinic increased significantly for this 10-year period. Current cost increases (2007) could well be even higher than the cost increases documented in this survey, as the data was collected in 2006 and did not take into effect recent factors such as the Goods and Services Tax increase from 5% to 7% and the rise in rental due to a buoyant property market.

Rental has expectedly increased over the last 10 years. The monthly rental cost gave a mean of \$5,140 in 2006, which was a 31.4% increase from a mean of \$3,913 in 1996. The median rental for HDB practices has gone up from \$3,500 to \$4,800 a month, although clinic set-up costs have gone down. The cost of drugs and vaccines has also increased from \$8,329 to \$11,800, which was a 41.7% increase. The other monthly costs (laboratory and X-ray Services, insurances, utilities and sundry) were also much higher, increasing from \$1,649 to \$2,630.

Other costs such as utilities, laboratory and diagnostic radiology services also increased. Drug costs increased significantly. In summary, the total costs per patient (excluding doctor's salary) increased from \$16.35 to \$21.30 and \$13.01 to \$20.70 (by 30.3% and 58.8%) for mean and median respectively for HDB practices. The quantum is slightly larger if we compare all respondents in 2006 to 1996.

To factor the clinic set-up costs into the operating costs of the practice, the set-up cost is depreciated over a period of 8 years, similar to the 1996 survey.

The total staff cost in the 1996 survey was adjusted by a factor of 1.44 to allow for a 2.5-month bonus and 20% employer CPF contribution. This was not done in this survey as we have already assumed that CPF was already included in the staff salaries quoted by the doctors.

In the 2006 survey, doctors were asked to provide locum costs, if they were hired, which was not asked in the 1996 survey. Therefore, the total practice costs in 2006 included locum costs. For the first time, we have been able to quantify locum costs. Locum costs are a significant expenditure in the running of a clinic (mean: 8.1%, median 5.3%).

Doctor's remuneration

Mean doctor's remuneration has remained mainly unchanged, from \$10,271 per month in 1996 to \$10,524 in 2006, notwithstanding the differences in methodology in the derivation of this result in the two surveys. The mean remuneration per

◀ Page 13 – 2006 Survey of GP Clinic Practice Costs in Singapore

patient has decreased from \$11.38 to \$10.33 while the median increased from \$8 to \$12.97 for HDB practices. The 2006 remuneration per patient figures decreased by \$1.76 for mean and increased by \$5.76 for median when we included non-HDB respondents. The mean doctor's remuneration could well be lower in reality since some clinics do pay bonus to non-medical clinic staff.

Patients' Fees

The 1996 derived mean fee charged was \$27.69 per patient. This figure has increased to \$31.84 (+15.0%) and \$34.73 (+25.4%) for HDB and all practices respectively over 10 years.

The mean fee as given by the respondents has increased from \$25.67 per patient to \$29.49 for HDB practices and \$31.20 for all practices. These represent increases of 14.9% and 21.5% respectively, which as aforesaid, are quite close to the derived figures.

Role and Long-term Viability of Primary Care

General practice and the rest of the primary care team, rather than specialist or hospital care, deliver the lion's share of healthcare. At the population level, the importance of GPs cannot be overstated. It has been noted that there is statistical correlation between GP density (number of GPs per unit population) and life expectancy.^{2,3} Having a strong primary care is also associated with lower overall healthcare costs in developed countries.⁴ Primary care also plays an important role for early and better management of chronic diseases that characterise modern industrial societies. It is important to note that reimbursement of GP services is one of the most emotionally charged aspects of a healthcare system.⁵

The study quantifies the perception among medical professionals that GPs are operating under more trying conditions now than compared to a decade ago. They work at least as long hours, bear higher costs while seeing fewer patients than 10 years ago. Income has (excluding effects of inflation) largely stagnated (mean monthly income 2006: \$10,524, 2007: \$10,271). While a \$10,000 income may not seem little, it needs to be borne in mind that in many instances, the self-employed GP has to pay his own employee and employer CPF contributions and does not have bonuses. This finding of decreasing workload is in line with another local study performed in 2001⁶. The increases in costs have outstripped the increase in revenue, leading to stagnant or lower incomes and squeezed margins.

These are trends that should be a cause for concern not just for the medical profession but

for the healthcare sector at large as well. While it is important to keep healthcare costs down, it is necessary to also allow for a healthy and sustainable GP sector that can deliver good quality primary care so that such care is not inadvertently shunted to more costly healthcare settings. This can only be achieved if GP practices continue to be viable business entities. A GP reimbursement model primarily based on fee-for-service has led to some over-servicing in some countries. Another model is that of capitation, which is the basis for reimbursement in countries such as UK and the Netherlands. Capitation's inherent weakness is the propensity for under-servicing to occur.² In Singapore, GP reimbursement is a hybrid one – primarily based on a fee-for-service model with capitation gaining more prominence as managed care becomes more common. There is a possibility that Singapore can achieve the best of both worlds – avoidance of over-servicing with capitation, and responsive quality care in fee-for-service patients. But the danger also exists that a hybrid model may actually have the worst of both worlds: under-servicing of patients on capitation, and with decreasing margins and lesser patients – over-servicing for fee-for-service work. Alternatively, GPs may seek out non-traditional areas of GP work to maintain their incomes.

The challenge to keep family medicine viable exists in other countries as well. In the United States, family physicians feel that current remuneration arrangements undervalue family medicine and primary care in general such that they are unable to provide the care they think their patients need⁷. Another research concluded that unless significant changes are made to how family medicine is financed, family medicine in the United States will probably become untenable in 10 to 20 years⁸.

While competition is necessary to bring about greater efficiency and lower prices, market forces are such that if left alone, they will reward commodity production and use of technology, while punishing sustaining relationships, listening to people, and sorting out and responding to troubles that may or may not be amenable to technological medical care⁹ – the traditional and valuable work of the GP. In a recent media interview, the Singapore Minister for Health also alluded to the difficulty of paying GPs adequately for certain components of chronic disease management, such as patient counselling and health education¹⁰.

More studies could be perhaps conducted to look at what are the desirable levels of primary medical care that GP clinics should provide. More studies are also needed to look into what is the appropriate fee, cost structures, delivery systems and reimbursement models that GP clinics in

Singapore should adopt in the future so that they can continue to offer the desired level of primary care.

ACKNOWLEDGEMENT

The authors wish to acknowledge the Singapore Medical Association's sponsorship of \$5,000 towards the 2006 Survey of Private Sector Primary Care Practice Costs in Singapore. The authors also wish to thank Dr Lee Suan Yew, Dr Lim Lean Huat and A/Prof Goh Lee Gan for their comments and advice during the preparation of the manuscript. ■

References

- 1 K Singh, LG Goh, PY Cheong. 1996 Survey of Housing Estate Practice Costs and GP Fees in Singapore. *Singapore Med J* 1997; Vol 38(5): 192-199
- 2 Gulliford MC. Availability of primary care doctors and population health in England: Is there an association? *J Public Health*, 2002 Dec; 24(4): 252-54
- 3 Shi L, Starfield B, Kennedy B, Kawachi I, Income inequality, primary care and health indicators. *J Fam Pract* 1999 Apr; 48(4): 275-84
- 4 Starfield B, Shi L. Policy relevant determinants of health: an international perspective. *Health Policy*. 2002 Jun; 60(3):201-18
- 5 Van Weel C, Del Mar CB. How should GPs be paid?. *MJA* 2004; 181(2): 98-99
- 6 SC Emmanuel, HP Phua, PY Cheong. 2001 Survey on primary medical care in Singapore. *Singapore Med J* 2004 Vol 45(5): 199-213
- 7 DeVoe J, Fryer GE, Hargraves L, et al. Does career dissatisfaction affect the ability of family physicians to deliver high-quality care? *J Fam Pract* 2002; 51(3): 223-228
- 8 Future of Family Medicine Project Leadership Committee. Martin JC, Chairman. *The Future of Family Medicine: a collaborative project of family medicine community*. *Ann Med* 2004; 2 Suppl: S3-S32
- 9 Green LA. How family physicians are funded in the United States. *MJA* 2004; 181(2): 113-114
- 10 Khaw BW, Minister for Health, Singapore, media interview, 2 Aug 2007

Table I: Type of clinics of respondents

Location	Number	%
CBD	27	9.00%
Central Residence	1	0.30%
HDB	244	81.40%
Hospital Clinic	1	0.30%
Office	3	1.00%
Shop house	12	4.00%
Shopping Centre	10	3.30%
Non-respondent	2	0.7%
Total	300	100.00%

Table II: Profile of clinics surveyed

Description	All private practices Mean Median Range
Number of hours worked per week	52.5 48 17-168
Number of patients per month	1,094 1,000 25-5,000
Number of doctors in the practice (full-time doctors)	1.2 1 1-4
Number of years in general practice	14.4 13 0-46
Number of clinic assistants	4 3 0-13

Table III: Operating costs of private clinics surveyed

Description	Notes	All private practices Mean Median Range
Number of patients per month [a]		1,094 1,000 25-5,000
Clinic set-up cost		\$85,000 \$60,000 \$1,000-\$1,300,000
Depreciation per month [b]	based on set-up cost x 0.08 divided by 12	\$883 \$625 \$10-\$13,542
Monthly rental [c]		\$5,140 \$4,800 \$1,000-\$20,000

Table III: Operating costs of private clinics surveyed

Description	Notes	All private practices Mean Median Range
Total staff salary per month [d] (clinic assistants, staff nurses, etc.)	CPF and annual bonuses assumed to be included	\$4,600 \$4,000 \$500-\$25,000
Monthly locum cost [e]		\$2,423 \$1,100 \$0-\$19,000
Total other monthly costs [f] (lab and X-ray services, utilities etc.)		\$2,630 \$1,800 \$220-\$26,850
Monthly cost of drugs & vaccines [g]		\$11,800 \$8,000 \$300-\$73,200
Total practice cost per month [h]	[b]+[c]+[d]+[e]+[f]+[g]	\$27,476 \$21,400
Total practice cost per patient [i]	[h]/[a]	\$25.12 \$21.40

Table IV: Computation of doctor's remuneration and calculated GP fee

Description	Notes	All private practices Mean Median Range
Number of patients per month [a]		1,094 1,000 25-5,000
Total practice cost per month [b]		\$27,476 \$21,400
Total practice cost per patient [c]	[b]/[a]	\$25.12 \$21.40
Average clinic takings per month [d]		\$38,000 \$30,000 \$3,000-\$200,000
Number of doctors in the practice		1.2 1 1-4
Average doctor's remuneration per month [e]	[d]-[b]	\$10,524 \$13,758
Average doctor's remuneration per patient [f]	[e]/[a]	\$9.62 \$13.76
Calculated total fee per patient	[c]+[f] or [d]/[a]	\$34.73 \$30.00
Average fee charged per patient quoted by GP		\$31.20 \$28.00 \$14-\$120

Table V: Comparison between 2006 and 1996 surveys

Description	2006 Survey (All Clinics)	2006 Survey (HDB Clinics Only)	1996 Survey (HDB Clinics Only)
	Mean Median Range	Mean Median Range	Mean Median Range
Number of hours worked per week	52.5 48 17-168	53.8 49 24-168	48.7 48 14-77
Number of years in general practice	14.4 13 0-46	13.9 13 0-39	14.0 13 1-42
Number of patients per month	1,094 1,000 25-5,000	1,162 1,000 25-5,000	1,283 1,250 225-3,750
Clinic set-up cost	\$85,000 \$60,000 \$1,000-\$1,300,000	\$84,000 \$60,000 \$1,000-\$1,300,000	\$92,657 \$55,000 \$1,000-\$900,000
Depreciation per month	\$883 \$625 \$10-\$13,542	\$872 \$625 \$10-\$13,542	\$965 \$573 \$10-\$9,375
Monthly rental	\$5,140 \$4,800 \$1,000-\$20,000	\$4,970 \$4,800 \$1,000-\$20,000	\$3,913 \$3,500 \$100-\$14,174
Total staff salary per month (clinic assistants, staff nurses, etc.)	\$4,600 \$4,000 \$500-\$25,000	\$4,569 \$4,000 \$500-\$25,000	\$6,118 \$5,040 \$1,152-\$29,772
Total other monthly costs (lab and X-ray services, utilities, etc.)	\$2,630 \$1,800 \$220-\$26,850	\$2,370 \$1,700 \$220-\$21,600	\$1,649 \$900 \$200-\$17,052
Monthly cost of drugs & vaccines	\$11,800 \$8,000 \$300-\$73,200	\$11,100 \$8,000 \$300-\$60,000	\$8,329 \$6,250 \$900-\$67,467
Monthly locum cost	\$2,423 \$1,100 \$0-\$19,000	\$2,778 \$1,500 \$0-\$19,000	- - -
Total practice cost per month	\$27,476 \$21,400	\$26,412 \$20,781	\$20,971 \$16,263
Total practice cost per patient	\$25.12 \$21.40	\$22.73 \$20.78	\$16.35 \$13.01
Average clinic takings per month	\$38,000 \$30,000 \$3,000-\$200,000	\$37,000 \$30,000 \$3,000-\$160,000	\$28,570
Number of doctors in the practice	1.2 1 1-4	1.2 1 1-4	1.4 1 1-7
Average doctor's remuneration per patient	\$9.62 \$13.76	\$10.33 \$12.97	\$11.38 \$8.00
Calculated total fee per patient	\$34.73 \$30.00	\$31.84 \$30.00	\$27.69 \$21.01
Average fee charged per patient quoted by GP	\$31.20 \$28.00 \$14-\$120	\$29.49 \$27.50 \$16-\$120	\$25.67* - -

* Figure is for solo GPs in housing estates only.



SMA SURVEY (2) – COST OF PRIMARY CARE* PRACTICE IN SINGAPORE

IMPORTANT

1. YOU CAN COMPLETE THIS QUESTIONNAIRE IN YOUR OWN TIME, AND SEAL IT IN THE SMA ENVELOPE PROVIDED.
2. TO ENSURE VALIDITY OF THE CONTENTS, WE ASK THAT YOU ALSO AFFIX YOUR CLINIC STAMP AGAINST THE ENVELOPE FLAP.
3. THE STUDENT VOLUNTEERS WILL RETURN LATER IN THE WEEK TO COLLECT THE COMPLETED QUESTIONNAIRE FROM YOU TO RETURN TO SMA, WHERE DESIGNATED SMA STAFF WILL OPEN THE ENVELOPES TO RETRIEVE THE CONTENTS BEFORE DESTROYING THE ENVELOPE IMMEDIATELY.
4. ALTERNATIVELY, YOU CAN MAIL THE QUESTIONNAIRE BACK TO SMA.
5. IF YOU REQUIRE ASSISTANCE, PLEASE CONTACT SMA AT 6223 1264.

SECTION A

(Please indicate in writing where appropriate.)

1. Type of practice: (E.g. HDB, CBD, factory) _____
2. Year practice started: _____
3. Year of graduation and place: _____
4. Postgraduate qualifications (if applicable): _____
5. Does aesthetic medicine constitute more than 50% of your total revenue? YES / NO

**Please exclude any specialists who may practise in your clinic.*

SECTION B

(Please indicate in writing where appropriate.)

Revenue

1. Average clinic takings a month (nearest \$1,000): _____

Costs

1. Clinic set-up cost (nearest \$1,000): _____

(Including fittings and furniture, computers and others; please do not include deposits.)

2. Monthly cost of drugs & vaccines (nearest \$100): _____
3. Monthly rental, excluding conservancy charges (nearest \$100): _____
(If clinic is owned, please estimate rental obtainable for the property if it was rented out as a clinic.)
4. Staff costs:
- a. Number of clinic assistants: _____
- b. Total staff salary per month, excluding doctors' salaries:
- i. Clinic Assistants (nearest \$100) _____
- ii. Staff Nurses (nearest \$100) _____
- iii. Other Full-Time Staff (non-temp) (nearest \$100) _____
5. Average monthly locum costs (nearest \$100): _____
6. Other monthly costs:
- a. Laboratory and X-ray Services (nearest \$100) _____
- b. Clinic/Property/Fire Insurance (nearest \$10) _____
- c. Utilities (nearest \$10) _____
- d. Sundry, including cleaning & accounting costs (nearest \$10) _____
- e. Others (please state nature) (nearest \$10) _____

Workload & Working Hours

7. Number of hours a week clinic is open: _____
8. Number of primary care doctors working in clinic (excluding locums):
- a. Number of full-time doctor(s) {at least 25 hours a week}: _____
- b. Number of part-time doctor(s) {<25 hours a week, regular slots}: _____
9. Average total number of patients seen in the clinic per month, arising from primary care practice: _____

SECTION C

(Please indicate in writing where appropriate.)

1. Estimated average fee per patient
- a. Consultation: _____
- b. Medications: _____
- c. Or total fee if you do not have a breakdown: _____

***Thank you very much for participating in the
SMA Survey on Cost of Primary Care Practice in Singapore.***