

Editorial

Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.



I started my first business in 1974. If I had known as little about medicine as I knew about business I should have been struck off in the first week! Fortunately, I had six years of medical school and four years postgrad under my belt, but I cannot recall at any time during those 10 years being taught about the business of medicine. One just didn't talk about profit or cash flow in association with the exalted pursuit of medical practice, but it was our business!

I learned a little from my accountant, mostly about paying tax, and I was given some advice by some colleagues, mostly bad. Over the years I learned more and more about the business side of general practice. It was 'fly by the seat of your pants stuff'. In the mid 1980s I recall a very respected leader of our discipline saying that the only way to make money as a GP was to develop an interest in something outside medical practice, such as grape-growing, forestry, commercial property or stocks. Many of my colleagues did that and others battled on from April the 1st to March the 31st. Some of us were stung by flashy Investment Advisors driving new Porsches signing us up to schemes that took huge management fees off the top and left us with gaping holes in our pockets. Man, we were naïve. In the late 1980s and early 1990s we became more business orientated and included sessions on investment and saving for retirement in our CME programmes. I remem-

ber attending one of these and learning that I would have to invest \$1000 a month to ensure a reasonable retirement fund. What a joke. That was more than my mortgage repayments and vastly exceeded my disposable income (a cute phrase, I thought). In an aside to a colleague sitting beside me at one of these sessions I suggested that I might be better off to work and play hard until retirement and then succumb to a fatal acute MI. Well, I'm getting closer to that 'retirement' age now and things aren't too bad and I haven't even developed angina – yet!

Apart from cash flow and tax, there are many other basics of business management that I would have liked to know more about; practice management systems, hiring and firing staff, dealing with debtors, marrying the fundamental principles of good general practice, including after hours cover and continuity of care, with the systems required for running a successful business. I would like to know more about how to incorporate accountability, workplace health and safety issues, audit procedures and ongoing up-skilling and professional development into my practice, without losing income by doing this.

'Medical Practice Management'¹ is a very good resource for doctors in private practice. It is written by New Zealanders for NZ medical practitioners. It fits well on the bookshelf between McWhinney and Murtagh.

When reading the drafts on the business of general practice for this issue of the journal I found them all interesting and thought-provoking. Some are challenging, some are informative, but they are all different. The business contributions are all written by leaders in the various organisations that assist those of us who have chosen to work in private practice; the NZMA, MAS, IPAC and PHOs. The perspective on after hours care is provided by an experienced rural general practitioner. I believe that there has been a change to the way in which we view the business of general practice and hope that, in the future, GPs will no longer have to rely on activities outside medicine to afford themselves a reasonable standard of living.

Also included in this issue is a paper on workplace bullying (might this be applicable to your practice?) and a challenge to ACC from Robin McKenzie, internationally recognised for his pioneering work in managing people who have back and neck pain. Ian St George contributes the final paper in his series on 'assessing performance'. It is my view that this series of papers will have an ongoing impact on the way in which we practice medicine in New Zealand. Finally, we have some interesting research papers and our CME has a focus on hirsutism, PCOS and the management of childhood gastroenteritis. We are already using these guidelines in our practice.

References

1. Alston A, Currie H, Godlovitch G, Johnson S, Powell A, Strang P. Medical Practice Management. Wellington: Brookers; 2002.