

Guide to Starting Specialist Private Practice



OK, despite your purest intentions and best efforts, you now know that resistance is futile. And that is even after reading my previous column on why you should not quit and go private (*SMA News* 2007 August Issue). You realise that you really have to go into private practice when one or more of the following happens:

- a) Your classmate in private practice who has more repeat papers than you have passes in medical school now drives a Porsche and you are still driving your Camry. Your current hospital CEO actually thinks it is your way of showing support for his initiative to promote the Toyota Production System in the hospital. You actually wanted a Lexus of course. “*&^%\$#@! SawadiCar.”
- b) You cannot afford to have a ski holiday in Whistler which your old medical classmates in private practice or politics regularly do. In fact, until recently, the only Whistler you know vaguely is a night club in the Havelock Road area.
- c) Your wife asks you how you are going to celebrate your 10th wedding anniversary and you actually find yourself thinking of trying to save money by bringing her along to your sponsored overseas conference.
- d) All your kids go to school armed with drug pens. Meanwhile, the financial impact of a Table 6B operation on your pay has dropped to the monetary value of what you pay for your son’s Chinese tutor for a two-hour session.
- e) The hospital management just blew \$10 million bucks on a management consultant to advise the hospital management on how to create \$10 million more surplus. And this is not counting the \$6 million bucks they spent last year on how to save \$5 million bucks.

You wake up in the middle of the night in cold sweat, turn to your wife and whisper: “I am going private.” She looks at you mischievously and says: “Sssh, the children may be listening. Anyway, not tonight. I’m having a headache.” She laughs and goes back to sleep. Nobody takes you seriously.

But this time, you will prove everyone wrong. You are going to leave. First question to ask is where to? Is it going to be Mount Expensive Hospital or the equally upmarket Glen-exclusive Hospital? But rentals at these hospitals are frightfully expensive. At \$20 per square feet, you can afford to rent enough space such that you examine all your patients standing up. And I mean your patient standing up, not you. And buying is certainly out of the question. If you could afford 5,000 bucks a square feet, you would have stayed in public service.

But in the end, like everyone else, you fork out your liver and spleen, sell your kidneys and adrenal glands and gorge out your bone marrow so that you can afford a cubicle in Mount Expensive. Because everyone tells you that the human traffic there is worth every gram of haemoglobin you are shedding for the rent.

And also because like everything you did in the pursuit of the practice of medicine, you are singularly focused. And now that includes being singularly focused on achieving GST registration as soon as possible for your current pursuit of the practice of medicine.

The next thing you now have to decide is what to call your clinic. This is not a time to be adventurous. You are a serious, highly regarded specialist and you want to appear high class and professional. You think about calling your clinic Caduceus or Aescapulus after Greek and Roman mythology, signifying healing and cure. Unfortunately, you are worried that rich Indonesian ladies may come into your clinic thinking you run an anti-aging spa. You, like the rest of the people in Glen-exclusive and Mount Expensive, play it safe and name the clinic as “XXX-ology Associates” or “Name-of-doctor-Name-of-organ-Clinic.” So much for creativity. More importantly, the name of the clinic must fit into the fixed width of the name plates at the main lobby of Mount Expensive.

The next thing you now have to do is figure out how to design a letterhead or a logo for your clinic. Unfortunately, you spend an afternoon in Sim Lim fruitlessly because all the pirated software vendors have closed shop and you cannot find a pirated copy of a logo design software. Finally a helpful soul points you to this online service that designs logos for a modest fee. Whew. And to think the public sector folks paid zillions to branding consultants to come up with logos which remind you either of tapeworms or smeared pus. One-up to entrepreneurship.

Next, the name cards. You toy with the idea of calling yourself “Ultimate Emeritus Consultant Supremus”. But then you are afraid you may run afoul of the SMC Ethical Code. You call yourself simply “Senior Consultant”. But not before you squeeze in all your degrees, diplomas, fellowships of all kinds into one corner of your name card. The font is so small and so unreadable it looks like stuff fit for a sequel to *Da Vinci Code*. But what the heck, it does look so impressive to the rich Indonesian ladies.

Speaking of rich Indonesian ladies, ever since you have started to plan for private practice, you realise that the phrase “rich Indonesian ladies” start appearing in your thoughts so often. Interesting.

Finally you are ready. You hand in your resignation letter. By now, your boss is not in the least surprised because everyone but the janitor and the hospital CEO knows you are leaving. You decide to tell the nice janitor the next time you meet him in the loo.

And then you get straight to work.

You tell all your private patients you are leaving and that in their interests, the hospital will assign another specialist to them. Then in the same breath you tell them: “I can’t tell you where I am going. Anyway here’s my handphone

number. Call me anytime if you need my help. That would include bringing your dog to the vet or peeling bean sprouts for your kids. Also, you can find where I am practising in the MOH or SMC website.” You do so for the next few months to *every* private patient after serving notice to the hospital.

Next, you reach out to your old classmates, especially the GPs. You surreptitiously offer to organise your class’s 17th anniversary reunion. You then realise you are 7th in the queue and another six classmates are also fighting to organise the reunion. Hmmm, and they are all specialists going into private practice. What a pleasant coincidence.

You now call up all the drug and equipment representatives who you think you will be doing business with in private practice. When you meet them, you suddenly find yourself a changed man. All the things that were important to you previously as a doctor practising academic medicine now seem truly academic – the latest evidence, clinical guidelines, sweet voice and short skirt. You now want the biggest *DISCOUNT* the representative can give you short of her pawning off her grandmother and gonads. OK, you tell her she can keep her gonads as a sign of humaneness on your part.

You are equally demanding with the contractor renovating your cubicle. But of course, the guy does not get to keep his gonads and you also want gold taps. And you withhold full payment until he shows you his photos of his starving family.

Then you head off to get a few nice ties and crisp shirts. You realise the Three Rifles shirts and Goldlion ties you have been wearing all these years just will not do. You head off to Orchard Road and buy a couple of 100% Cotton Shirts from Marks Expensive, the upmarket British retailer. You even buy their combed cotton briefs and socks. No more stuff from brands bearing names of reptiles.

And finally you are ready. About a month before you start practice, you head off to this little building on College Road. You walk up the stairs, turn right and walk through the door and enter this beat-up office of the SMA. You try putting an advertisement in the *SMA News* announcing your commencement of private practice. And then you realise the *&^%\$#@! difference between a member rate and a non-member rate for placing the advertisement.

To get the preferential member rate, you join the SMA under silent protest and end up reading this ridiculous article. And your transformation into the private sector specialist is complete. There is no turning back now. ■