THE SOLO PRACTICE VIEW.

Personal Background

I am a GP and completed my degree in 1976, hence have had close on 40 years of experience including 32 as the practice owner of a solo general practice in suburban Newcastle NSW.

I hold a conjoint lecturer appointment with Newcastle University, regularly mentor medical students in my practice and have a special interest is organising GP-determined needs-based weekly educational meetings spanning 10 weeks of each school term, 4 terms per year. These meetings are usually themed. For example we are currently running a block aimed at avoiding hospitalisation and iatrogenesis in the primary care setting.

In addition I have been involved in the implementation of information technology in general practice from its early days, having started the Information Technology Department in the original Hunter Urban Division of General Practice in NSW, and being involved in in-practice tuition of doctors as they transitioned to using computers on their desktop.

I continue to write software and contribute to Open Source Medical Software in the Linux environment and moderate the HunterGP general practice email list-serv.

Solo General Practice – Actual Practice Numbers vs % of Total Doctors

Figures on the proportion of solo practitioners and numbers of general practices are hard to come by but the numbers are dropping.

A 2009 report by the University of Sydney and the Australian Institute of Health and Welfare stated that the proportion of doctors working in solo practice halved between 1999–00 and 2006–07.

Elizabeth Sturgiss et al in a 2013 AFP article 'To own or not to own' states that about 10.7% of doctors worked in solo practice – which at a casual glance does not sound much.

The PHCRIS[1] Fast Fact website gives actual figures from 2005-06 to 2010-11 in terms of practice numbers supplied by the Division of General Practices from around Australia which paints an interesting picture.

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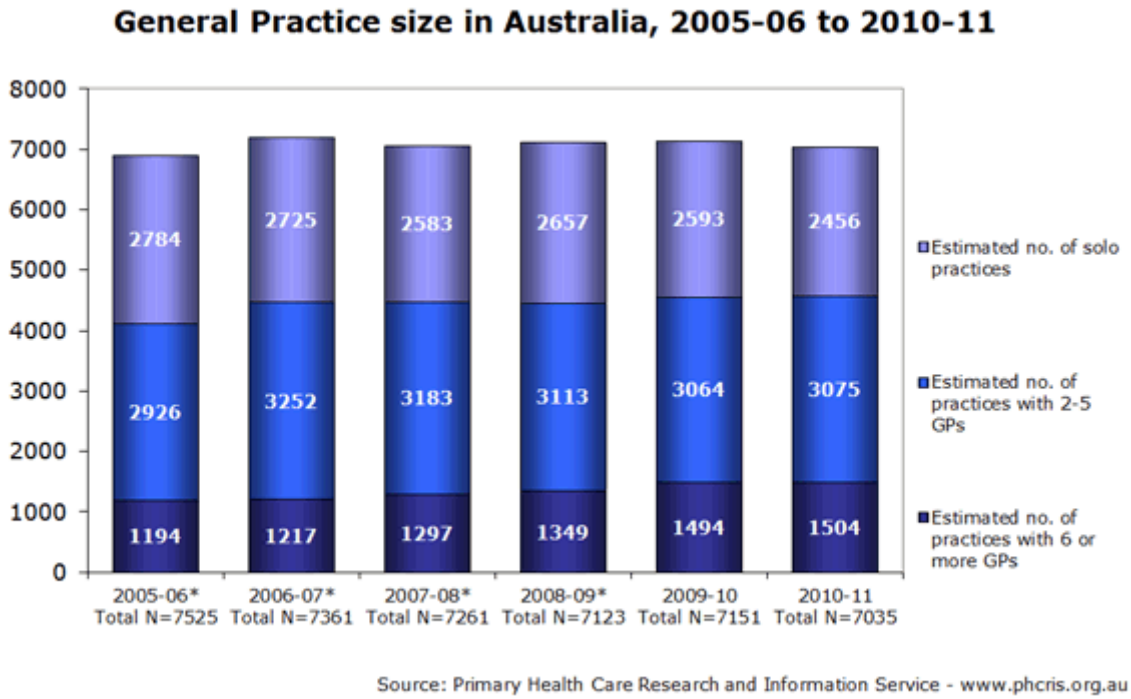
[1] The Primary Health Care Research & Information Service (**PHCRIS**) is a national primary health care organisation based in the Discipline of General Practice at Flinders University in South Australia



2010-11 2456/7035 = *35% total practices are solo.*

Though the data is now 3 years old, even if the numbers have dropped considerably to say 20-25% that is still a large percentage of the total number of practices in Australia.

Financial Vulnerability of Solo Practice

The low Medicare rebates, lack of proper indexation, the lack of appropriate reimbursement for the time spent doing longer consultations, the increasing burden of administrative costs and the costs of proportionally high staff ratios has led to an exodus from solo practice over the last 10 or so years. Hence this type of practice is already severely financially stressed.[2]

Running a 2-4 doctor practice costs little more than a 1 doctor practice. The price the solo GP pays for their independence is usually a considerably lower wage. Anecdotally many solo practices continue because the doctor owns the premises, which removes pressures of commercial rent.

Though impossible to obtain figures, it is probable that many solo practices are owned and run by older general practitioners close or above the retirement age.

Adoption of the co-payment and lack of indexation is likely to lead to closures of financially vulnerable solo general practices who predominately bulk bill and have

[2]Rural Doctors Association supplementary submission Sub 87a discusses these costs, and the authors personal and anecdotal experience during discussions with fellow solo GPs confrim this.

not yet turned away from bulk billing and converted to fee for service.

Summary

Despite the low and falling total percentage of the total workforce, solo general practitioners probably represent between 20-30% of actual physical general practices.

Mandatory co-payments should not be implemented. Co-payments already exist and are quite high for private patients (for example, up to $30-$40 for private patients who can afford it), and should continue to be determined between GPs and their patients.[3]

Given the probable aging demographic of the solo practice owners and/or the fact the many of these practices are probably in small country towns, a disturbingly high percentage of actual practices could succumb to financial pressures and close as they lose financial viability.

If, as is likely especially in country areas, those practices have already reduced or abandoned bulk billing, the co-payment as well as indexed CPI rises will undoubtedly be passed on to patients as those practices attempt to stay viable.

Whereas this move towards closure of solo practices has been the intention of government policy for a decade or more, it could leave many hundreds of thousands of already disadvantaged Australians struggling to find medical care.

As the move to co-ordinated team-care based general practice continues, which of course is a good thing, I believe that the slow decline of these practices will continue in the coming decade but would urge this process to be a managed one, rather than a catastrophic dislocating event caused by poor government policy.

Finally a comment from a doctor on a national GP mailing list this week:

"The senate need to know that if the current trend to freeze the Medicare rebates and remove item numbers continues, there will be a point reached where there will be mass exodus from bulk-billing patients. GPs are now close to this point. "[4]

This is not a point that we want to reach, and not a position we want to be forced into.

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3 See RACGP submission to the Select Committee on Health Oct 2014 Summary of recommendations point 2

4 The nat-div list as a closed email list-serv and is run by a group of dynamic and vocal General Practitioners.