



The JOYS and CHALLENGES of SOLO PRACTICE

Dr. Al Drummond

I moved to the small town of Perth in rural Ontario in 1983 following several years of military service and a further year of postgraduate training in obstetrics and anesthesia. An established family physician had died under tragic circumstances and a skill set matching mine was needed.

I had never seen myself as a small-town doctor, but the opportunity seemed ideal from the perspective of being able to use my recently acquired skills and the proximity to family in Montréal. Besides, I needed to eat.

One of my army buddies, who had established a practice in the town the previous year, felt it was a great place to practise and wasn't, in his words "too rural," being within an hour's drive of both Ottawa and Kingston. The only problem was that I would have to establish a solo practice because the only clinic in town, which had 90% of the town's physicians, had no room.

Furthermore, the only other solo family physician/general practitioner (FP/GP) in town thought it was a good idea to have another solo practitioner to give people a viable alternative to "the clinic."

I confess that until the recent National Physician Survey was released suggesting the decline (and fall?) of the solo practitioner, I had not given the subject a moment's thought. The rigours of establishing and maintaining a large practice with 1800 patients, raising a family of triplets and pursuing my other passions didn't allow me the luxury of spending time considering the choices I had made.

Still, in this brief time of reflection, I have come to understand perhaps 3 fundamental concepts that have allowed me to survive and enjoy my career as a solo general practitioner in a rural community.

Control

Being on my own, I feel I have ultimate control of my practice, my life and my destiny. My practice is what I make it, and I don't need the approval of others to enact change.

Not for me the interminable staff meetings associated with group practice, the haggling over shared costs and responsibilities and feeling the need to take holidays when it meets the approval of others.

I also believe strongly that there truly is an art to the practice of medicine and that being a solo practitioner allows me the best opportunity to express that art. My practice is a reflection of me, and I take ownership of what is reflected.

My patients, my practice and my practice style are my own. My patients are well trained, well cared for and we share a vision of health and health care. My office is a happy place. The office staff are hard working, energetic and patient-centred. My patients are a pleasure to see and to help and they are as respectful and thankful for my services as I am of their faith in me. In a sense, they reflect the energy and passion that I bring to my profession.

Of course, the difficulties are obvious. Being an independent practitioner, I have had to learn, on the job, the business of running a practice, which is not always easy or straightforward. I am also solely responsible when patients feel that the office has not met their individual needs. The buck, of necessity, stops on my desk. Extended vacations to far-off lands are also dreams for another day.

Comprehensive care

I think there may well be a feeling in the minds of health policy experts and government planners that the solo practitioner is a clinical dinosaur, unable to meet the increasingly complex needs of the population and destined to become extinct. How else to explain the increasing emphasis on group practice models in terms of physician compensation?

In fact, despite being a solo practitioner, I have been able to provide a superior level of service to my patients, my hospital and my community.

My primary mode of practice is family practice, looking after patients of all ages. When I first came to Perth, I also provided

anesthetic services, assisted in the operating room, did shifts in the emergency department, provided inpatient care, attended patients in local nursing homes, delivered 25 babies a year and functioned as an aviation medical examiner. The arrival of the triplets meant the need for more predictability in my life and, thus, obstetrics and assisting in the operating room had to be (willingly) sacrificed. Advancing age (I am now 53) has also imposed a need to scale back somewhat.

Even now, however, I continue to look after my full family practice, to staff and direct our local emergency department, to

provide anesthetic services weekly, to provide inpatient care, to function as the local coroner and still find some hours to pursue my passion for medicolegal cases and health care advocacy.

It is a diverse practice, a satisfying professional life, and I am contributing to the well-being of my community. I figure Canadian society is getting a reasonable bang for their buck in having sent me to medical school.

Collaboration

Although in solo practice, I have always understood the need to be collegial and collaborative. None of my limited accomplishments would have been possible were it not for the fact that I work in a

small town with wonderfully supportive colleagues.

The other family physicians provided mentorship in my early years in practice and continue to lend a willing and understanding ear to any current concerns with respect to patient care, practice administration and personal issues.

We all understand that we need to support one another if we are to survive our clinical lives, be it cross-coverage for vacations and study leave or assistance with a complex and challenging case. "There, but for the grace of God, go I" is a shared understanding.

Indeed, I recently decided to formalize the coverage issue by joining the family health organization in our community. Our practices remain independent and individual, but concern over off-hours and vacation coverage has lessened considerably.

I should also acknowledge the professionalism and commitment of my nursing colleagues. Our hospital and community is blessed by a nursing staff who understand the meaning of "community" and who strive to be the very best that they can be for

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the individual patient because, ultimately, they are our neighbours and friends. Many of the nurses have developed special expertise in diabetes, oncology and palliative care. They are strong patient advocates and provide ongoing support and education in our common goal of an enhanced level of patient care.

Similarly, the allied health professionals — the physiotherapists, occupational therapists, dietitians, optometrists and dentists — have all worked hard to develop a relationship with family physicians so that our patients receive optimal care in a resource-poor community. I have learned much from my professional colleagues and they have been profoundly helpful in giving my patients the best of care.

In many ways, it is a shame that the solo practitioner has been

seemingly relegated to an inferior position in the health care spectrum. Solo physicians have ownership of their practices and are quite capable of providing comprehensive care and engaging in collaborative relationships with other physicians and health care providers.

I often wonder, with some regret, if the reluctance of new graduates to establish community solo practices is because of a lack of role models within the training and educational community. Some may be missing the wonderful opportunity to have a tremendous impact on their communities and a thoroughly satisfying professional life.

Dr. Al Drummond is a family physician in Perth, Ontario.

2007 National Physician Survey

The National Physician Survey (NPS) is an important study in large part because of the breadth of its mandate. The survey reaches out to all physicians in Canada — specialists and family doctors — second-year medical residents, and medical students in Canada — approximately 70 000 individuals.

Prior to 2004, the College of Family Physicians of Canada (CFPC), the Canadian Medical Association (CMA) and the Royal College of Physicians and Surgeons of Canada (RCPSC) carried out our physician resource surveys separately. As part of a collaborative initiative, combined with the financial support of the Canadian Institute for Health Information and Health Canada, our three organizations now consolidate our resources in an effort to efficiently address the issues concerning Canadian physicians today and in the future.

The 2007 National Physician Survey builds on the success of the 2004 survey to reveal important trends, confirm many findings and open up new areas of enquiry with additional questions.