HealthForceOntario

Practice Ontario Newsletter

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Building a multi-disciplinary primary care practice after residency

Interview with Dr. Chris Gilchrist

Dr. Chris Gilchrist is a 2014 graduate of family medicine at the University of Toronto and shares how he was able to create the job he envisioned for himself while in training. Today, he divides his time between family practice, teaching medical students, and providing palliative care in the community of Mississauga.

How did you create an academic family practice?

I knew I wanted to teach as well as practise, but the lack of academic positions was a challenge. The best chance I had of finding an academic placement after graduating was at the site where I trained. Near the end of PGY1, I approached one of my mentors at my training site and communicated my desire to practise academic family medicine.

From that point, it was a process. I submitted three proposals for how my practice would look and what I would bring to the team. I had to get approvals from the doctors and the ministry before I could join the family health team (FHT). It took about a year and half. After I graduated, I worked as locum at the FHT for six months before the ministry allowed me to join the FHT.

The academic aspect of the practice required a lot of paperwork, which was time consuming.

How did you develop the palliative side of your practice?

When I discovered my passion for palliative care early on in residency, I used my electives to develop the necessary clinical skills for my desired scope of practice. I modeled my electives on a fellowship program. I completed rotations in palliative care, pain management, and medical oncology to develop the skills and confidence to provide effective palliative care coverage on my own.

I also connected with a regional hospice in the area and joined its on-call group. During the time I was locuming part-time at the FHT, I mostly did palliative care.

Briefly describe your typical day.

On Mondays and Wednesdays, I work in a palliative care practice in Mississauga, which is community based. Mostly, I do home visits. On a typical day, I'll see seven or eight patients in the community. As well, I provide on-call coverage one night a week to patients with urgent issues who are receiving palliative care services at the regional hospice.

On Tuesdays, Thursdays, and every other Friday, I run my own family medicine clinic out of a family health team in Mississauga. In addition to the clinic work, I oversee family medicine residents training at the clinic as well as medical students from the local medical school.

I also take part in on-call surgical assisting, two to three nights a month. I help the surgeons with all emergency cases done after hours.

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Having gone through the experience of setting up a practice, what advice would you offer other residents?

I'd advise residents that jobs can be created and that you don't always need a fellowship to build a practice. There are two reasons new graduates should consider a fellowship: one is if they feel they need to further develop their clinical skill set, and two is if they require the credentials for a specific position at a university or hospital.

How is your position different from what you imagined it would be when you finished residency?

I don't feel there is much of a difference, other than it is busier and there are greater administrative responsibilities now that I am the academic curriculum co-ordinator for the resident academic half-days. As I created my position, I was fortunate to be able to design the practice that I envisioned for myself when I was training.

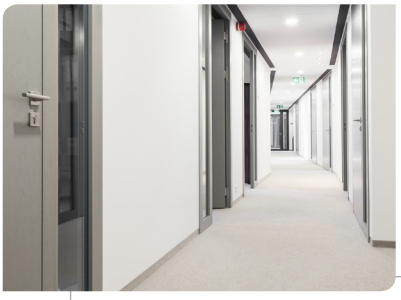
What is the next step in your career?

I'd like to improve my clinical skills and solidify my knowledge and abilities in each of my practice areas. When you divide your practice, it's more difficult to become an expert in each role. During my first year in full-time practice, my goal was to hold my own.

My next step is to expand. For example, right now I rarely take learners into my palliative practice. Also, I'm just starting to develop the curriculum for resident academic half-days for this site, which will be an ongoing process for the next two years.

Any final advice for residents entering the job market?

As long as you can identify a need and show how you can fill it, there is a potential to create a job. During your training, demonstrate to your mentors and peers that there is a need in your specific area of interest and how you can fill the need.



5 essential need-to-knows for medical professionals when selecting office space

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For doctors and other healthcare professionals opening their first practice, the process of starting your own business can seem daunting. Hiring employees, purchasing supplies, selecting the right office building, and many other tasks all must be taken into consideration before you see your first patient.

Finding the best office space shouldn't be taken lightly. This isn't just where you'll be spending the next few years of your career but also where patients will be visiting on a daily basis. Selecting the right office location should result in happier patients, staff and yourself.

The first step to finding the ideal location is to make a list of "must haves" according to what you think is important for your business to succeed. These could include options such as the ability to purchase the unit or proximity to a subway line or large hospital. Whatever your priorities may be, it's important to know them before you start your search.

To help you along with the process of finding the ideal medical office space, consider the following factors when constructing your list of must haves:

Location

Like any business, location is paramount. When searching for office space, turn your gaze outside of the building to what else is near by. Plot out how close you are to complementary medical services, such as hospitals, labs and other medical offices. The second factor in location is to be in an area that is experiencing infrastructure improvements as a result of population growth. Situating your office in an area with current and future potential as the area grows makes good business sense.

Financing options

While its rare to own office space in larger Canadian cities such as Toronto, you'll still want to consider the debate between buying vs. leasing.

In the United States it's popular to own space because the office can be an excellent income-producing asset when run well. Not many Canadian doctors own their office space and many are unaware of the lucrative options that banks are offering. Shop around and you'll find that some of those banks will offer more favourable borrowing terms for doctors than the general marketplace, such as covering 100% of a medical office's unit cost at the prime lending rate. This is essentially free money that will allow a doctor to own his or her office space, paying the same amount of money into owning that they would be paying into a lease. Buildings that offer the option of owning should be on your short list if long-term commitment to an area is important for you. The other benefit is that if you end up outgrowing the space or want to scale back, you can rent it or lease a section. Ultimately, buying your space will give you more control over your costs.

Transportation

An obvious factor, but one that is not always available for many office spaces. Ample parking and subway, streetcar, bus and LRT access is priceless. Also, don't be afraid of thinking long term. Are there plans to build mass transit options in that location in five years? Now might be the right time to grab the space before the area starts booming. Consider how people get around in your city. If they are more likely to take mass transit, make it a point to be close to a transit hub. If they are more likely to drive, have parking available with overflow options. Also, don't forget about your employees – the easier their commute, the easier it is for you to retain talent.

Go with new

Don't waste time and money renovating an old space. Unless the location is absolutely perfect, you can find yourself sinking an incredible amount of money into an older office to bring it up to current standards. Newer buildings offer lower maintenance costs and typically have greener facilities, which also generally keeps costs down. Do some research into your city's green standards to see what you should be expecting in your new space. For doctors in the Greater Toronto Area, for example, anything produced to the new Toronto Green Standards, which is very similar to LEED, is sufficient.

Nearby add-ons

A medical office close to nearby "add-ons" is beneficial for you and your patients. How close are you to the nearest pharmacy? How far do patients have to travel to find the closest lab? While nearby medical add-ons are important, non-medical facilities such as law firms, convenience stores and other businesses have their benefits too. Also, don't forget that nearby businesses could contain potential patients. If your office is close to other businesses, your likelihood of capturing them as patients is higher.

Paolo Abate is the CEO of Real Wealth Group and currently leading the development of University Heights, a medical and professional centre opening at the new Finch West Station Transit Hub in Toronto and minutes from Canada's Largest Hospital set to open Fall 2015.

New! CPS app now available for CMA members

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Effective in 2014, the Canadian Pharmacists Association no longer distributes a free print edition of the *Compendium of Pharmaceuticals and Specialties* (CPS) — a.k.a. the "big blue book" — to Canadian physicians. To ensure members have access to this valuable and relevant clinical tool, the CMA is now providing our members with free access to the RxTx Mobile App, which includes the CPS (Rx) as well as a bonus subscription to Drug Choices (Tx), the electronic version of the drug tables drawn from CPhA's Therapeutic Choices content.

- Search across 2,000 product monographs and listings approved by Health Canada and updated regularly.
- Includes evidence-based recommended pharmacological treatments for more than 200 conditions including relative cost.
- Available in English and French on iOS and Android devices — online or off.

Download Today!

Five things I wish I'd known before starting independent practice

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Out on your own, you realize you've been shielded from certain things during training, and being the perfect doctor is harder than you had thought.

1. The first two years of practice would be a steeper learning curve than medical school or residency

I remember the final three months of residency: I was ready to take on the world. I didn't need my preceptors anymore—heck, after studying for my exams, I was more up-to-date on the guidelines than they were. And then suddenly I had graduated, my preceptors were gone and I realized the decisions truly stopped with me. While I wasn't paralyzed with indecision, I was significantly slowed by self-doubt.

Once I started on my own, there was no longer someone sitting in the office with whom I could double-check the dose of common drugs and/or who could remind me to check for x, y and z. I quickly lost my cockiness and started spending significant portions of my evenings reading UpToDate.

2. Paperwork is daunting

While I had done a portion of the paperwork for some of my preceptors, I was never left to experience the true brunt of it. The paperwork generated in working up even a minor problem can be truly overwhelming. Every test I order either comes back to me three times or I spend a lunch hour trying to find a result that never came. Insurance forms, letters from lawyers, flu watch, policy changes that need to be reviewed . . . it never stops!

I wish I had appreciated what my preceptors were doing over their lunch hours and between patients. I was never taught how to deal with paperwork, but my locuming lifestyle meant I never fell behind in it. Whatever it takes, do not become one of those people who jeopardize patient care by failing to do their paperwork in a timely manner.

3. Certain patients will be ridiculously demanding of your time

I was shielded from certain types of patients during my training. I remember having been a bit offended when a patient refused to see me, or my preceptor said, "Mr. X is a bit difficult, I'll see him." I didn't realize the truly demanding/actively psychotic patients rarely see the resident. And I didn't realize how many minutes could be sucked up just having them walk through the door!

4. I would do things I had sworn I'd never do

After years of watching preceptors cut the odd corner or occasionally give in to unrelenting pressure to prescribe an antibiotic for viral upper respiratory tract infections, I swore on my newly minted certification that I was going to be the best doctor. I was going to follow guidelines. I would swab every throat and wait for the lab results before giving antibiotics.

And I was wrong. I quickly came to realize that it is impossible to be the perfect doctor and that certain situations require that common sense and/or self-preservation trump guidelines. I also realized that some guidelines are largely pharma-ceutical industry-driven attempts to get us to treat more and more conditions that were once a part of everyday life rather than a disease. I imagine medicine to be a lot like parenting–eventually we all find ourselves doing things we swore we'd never do.

5. There will be days when I don't want to be a doctor anymore

Sometimes the responsibility of being a doctor is crushing. On a daily and sometimes even hourly basis we make decisions that can have a tremendous impact on our patients' lives.

It is not easy to constantly make those high-stakes decisions: Do I spend $10,000 of the tax payers' money to medevac this patient? Do I need to place this patient on a Form 1 or do I send him home with followup in the morning? But for every day when I no longer want to be a doctor, there are many where I realize I have the best job in the world.

I have the privilege of seeing people at both their best and worst. I help to shepherd people both into and out of the world. So, to the new graduates who just started independent practice—it's not all going to be flowers, pay cheques and accolades, but it will be deeply fulfilling. Welcome to the work force!

Sarah Giles is a locum family physician in Ontario and the Northwest Territories and an aid worker with Médecins Sans Frontières.

Eight tips for creating or expanding your family practice

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In 42 years I never thought I would write this article. A few years ago, you would just put up your shingle and patients would flock to you if you had an MD and a pulse. Now in many places in Canada (not just Toronto and Vancouver), there are family doctors vying for patients. I think this is a good thing for patients and doctors. Competition is good for everyone.

Whether you are a new family physician setting up a practice or have been a family physician for some time but want to take on more patients, here are some hints:

1. Print up a one-page, big font summary of your practice including phone number and map, take it to a copy centre and make 1,000 copies. (Check with your provincial or state college of physicians and surgeons to find out about rules for advertising.) Put a copy in every mail box in the doctor's lounge of your local hospital(s). If you have fluency in several languages or special interests, list them. Remember to put your phone number and email address on all ads. A lot of seniors and busy young folks would prefer to phone or email or text.

   Also, put a copy in the hospital mail boxes for services like the COPD clinics, psych, infectious diseases, CHF clinics, midwives etc. They all see orphan patients daily.

   Ask the chief of staff's secretary to send out an email to all docs in the hospital about you. Take a box of doughnuts to the nurses in the ER and introduce yourself. And ask emergency room staff if you can put business cards and flyers in their waiting room. Keep replenishing them as they get used up fast.

   Do this for all waiting rooms in the hospital (there are many). Don't forget X-ray, fracture clinic, cancer clinic, mental health and diabetes day care. Give a copy to switchboard. Every family physician and specialist gets requests for FP's daily, especially gynecologists.

2. Advertise with all the healthcare people in town, including dentists, pharmacists, chiropractors, physios, naturopaths, imaging, labs, etc. Google them to get their websites and addresses. Hire your kids or a teenager to do this.
3. Put flyers in new immigrant support locations and homeless shelters.
4. Check with your provincial or state ministry of health. Many have programs to hook doctors up with patients. Ask your medical association for tips too.
5. Put a big sign out in from of your office if it's OK with your college. Something like: "New family doctor taking patients." There is a clinic in Cambridge, Ont., that is advertising on a huge digital road sign at our main intersection. You know, the one with the dog sleeping in the middle of the road?
6. Call local retirement homes and seniors' apartments and ask if they have a house doctor. If they don't, volunteer.
7. Take shifts in a walk-in clinic and hand out your card to orphan patients if the clinic manager says it is alright.
8. If permitted by your college, advertise on Kijiji, Google and Bing Internet search engines.

Dr. John Crosby is a family physician in Cambridge, Ont.