



# Family Medicine – Taking over a practice from a retiring physician

Interview with Dr. Philip Alves

## Where did you complete your residency training?

I completed my residency training through the Regional Family Medicine Program at Western. My core training site was located at Mount Brydges, about 30 minutes west of London. In this program, I had the opportunity to enhance my exposure beyond office-based family medicine to include hospitalist medicine, emergency medicine, and low-risk obstetrics. I felt the program prepared me very well for a wide scope of practice.

## What first sparked your interest in family medicine?

I was interested in being a generalist, knowing about many different systems. My own family doctor played a significant role in influencing my decision to become a family physician. The flexibility to practice independently and to operate a small business as I envision it has always been very attractive.

## What was involved in taking over another physician's practice?

It was a lengthy process that required a lot of planning. I initiated the process in January 2015, and opened my new clinic in November 2015.

## Timelines

Late January/early February:

- I responded to an opportunity listed in an HFO MRA job report provided by my Regional Advisor for a FHO position where a physician was seeking someone to take over her practice.
- I met with the physician and co-ordinated to discuss her transition out of practice timelines. We reviewed the contractual commitments and came to an agreement (i.e. what I would be purchasing).
- Following this meeting, we had less frequent contact. I spent the remainder of early spring studying for exams and completing residency.

March/early April:

- I began looking for office space as the current office location's lease was expiring.
- Next I had to meet with the FHO physicians to confirm I would be accepted by the group and to receive approval from the FHO to change the practice location. My new office would need to be located within the FHO's catchment area.



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During the summer months:

- I worked as a locum at retirement facilities as well as performed third-party insurance file reviews to earn some extra income.
- In my remaining time, I worked on the new clinic design, selecting an EMR system and purchasing medical equipment.

Through the fall months:

- I started locuming at the retiring physician's office one day a week at her location to get to know the patients. The office staff was engaged in informing patients that I would be assuming the practice.
- On October 1, I officially became a FHO physician. We planned a graduated approach in assuming the practice where the retiring physician scaled back her hours and we both continued to practice at her previous location. By November, 2015, my patients had several months of lead time to inquire and learn about my new location, where I began working full time.

Probably the biggest challenge was co-ordinating the timelines for the patient de-rostering/re-rostering process. The batch roster transfer to recruit her patients needed to occur within a six-month time frame. Setting up another office while completing my residency training was a lot of work and took almost a year to come to fruition i.e. co-ordinating EMR, hiring staff, office design, etc... However it has been highly rewarding to see my vision of the perfect practice come to life.

### **Did you receive any job search assistance or support when you were actively looking for a position in Ontario?**

I worked with an HFO MRA Regional Advisor who provided job-search assistance and transition to practice information. We discussed what options were available and would best match my needs. I also searched on the HFOJobs website, reviewed the CMAJ job sections, and contacted MDSearch to be exhaustive.

### **What gives you the greatest satisfaction in your work?**

Providing good patient care gives me with the greatest satisfaction. Developing my practice and building rapport in the community I live in is also incredibly satisfying. I enjoy being a small business owner. The entrepreneurial aspect is a new and exciting challenge in my career.

### **What difficulties do you see associated with taking over a position?**

I think the greatest challenge facing residents and new grads taking over a retiring physician's practice lies in the co-ordination aspect of starting a business. As a new physician, you are working autonomously, co-ordinating a business venture in an area where you don't receive a lot of training (practice management). I found taking over for an elderly female physician a significant challenge. Assuming her practice as a young man would have been daunting if I didn't enter the situation with the right attitude. These replacement positions provide a tremendous opportunity for new grads to hit the ground running and start practising medicine right away.

### **In your opinion, what characteristics does a physician need to take over a practice from a retiring physician?**

There are three key elements:

- Self confidence – particularly for younger physicians.
- Business savvy/business acumen.
- Strong self-advocacy -- understand your value.

### **What advice do you have for residents who are thinking about taking over an established practice?**

1. Do some soul searching to determine if it's what you really want. Understand you are making a large financial and time commitment, and that you must accommodate the specific scope of practice of the previous physician.
2. Don't be fearful of the unknown. It can be an overwhelming process. However, if you do your homework, speak with the knowledgeable Regional Advisors at HFO MRA, break down the steps into smaller manageable segments with realistic time lines, this is something that every physician is smart enough to do on his/her own!

### **What are some of the common misconceptions that new graduates have regarding taking over a physician's practice?**

Some common misconceptions include:

1. New grads don't have the ability/confidence to run their own practice.
2. New grads don't have enough clinical experience to manage a practice independently.

In terms of truisms:

1. While acknowledging this isn't the right choice for everyone, you can learn the skills if you're willing.
2. I felt that I was very well trained by my program and was confident in my abilities to manage cases independently. As new physicians, we really need to recognize the value our training provides in achieving medical competencies. You can do this!



# Starting Your Practice: Advice from Dr. Darren Larsen

*Dr. Larsen teaches the Practice Management Curriculum on behalf of CMA NewCO, is a family physician at Women's College Hospital Family Practice Health Centre, and is a clinical teacher with the University of Toronto Department of Family and Community Medicine.*

There are so many things to consider when leaving residency and contemplating setting up a practice that it is hard to know exactly where to start. Each of us leaves our training program with many cognitive biases: we are influenced by our preceptor's style of practice, by the location of our residency program, and by the structure of the academic space in which we were trained. It seems that everyone has an opinion about what is right, and this makes the process of deciding where and when to settle even more daunting!

And there are pressures. Most young physicians leave residency with large student loans that require the start of repayment quite soon after beginning regular work. Banks are quick to step in and offer attractive terms for financing in hopes of keeping you as a client. They offer even more extended lines of credit for future purchases with the hidden pressure of influencing further buying. "You have worked hard all these years in school." "You deserve that sports car in the showroom." "Now is the time to upgrade your furniture, buy that condo, and step into expensive new shoes!" Pay now, or pay later... but consideration of overall debt has never been more important. Add to this the pressures of the job market and it is easy to become confused about how to proceed.

For many, locum opportunities are the answer to getting started. This is an attractive line of work for those who want to experience many different practice settings and styles of work. You can travel, set your own schedule, and look carefully at locations and clinical environments you were never exposed to in residency. When locuming, peer into the details of the practices you are in, and learn from what they are doing right as well as what they are doing wrong.

The process for evaluating practice opportunities, whether temporary or permanent, are well outlined in modules that make up part of the Practice Management Curriculum offered by the Canadian Medical Association. There are 15 modules and they can be accessed at <https://www.cma.ca/En/Pages/pmc-modules.aspx>.

They are an excellent resource. There are a series of questions to ask yourself when evaluating a practice, and it is a good habit to use a practice evaluation checklist when examining opportunities to ensure you cover all the areas you need to focus on to make a wise choice.

## For instance:

- Does the group support you joining?
- Will the group keep a flow of patients on your list or is there competition for patients in that location?
- How is overhead shared and is there a transparent formula for calculating how fixed vs. variable expenses are allotted?
- Which EMR is the practice using?
- Are the records organized and easy to access?
- Is the practice involved in quality improvement? (This is something that will be part of every physician's future, and an organized office that considers patient experience, efficiency and effectiveness will more likely be well-run and profitable).
- Is there a policy about third-party billings?
- Does the practice have a website?
- Is the practice using modern methods of communication with patients, such as secure email, online booking or even personal video conferencing?
- If you bring a list of great ideas to the practice to make it better, are the existing members likely to be enthused or threatened by such excitement?
- Consider if you fit into the culture of the practice where you will be working.

When joining a practice, regardless of the practice model, one of the best ways to learn about the business is to volunteer to take on some management roles. Not everyone has the luxury of a large group practice with full-time administrators, and even if you do, physician involvement in the style of care and flow of the business is paramount to making the clinic a high-quality workplace. Offer your time and energy. Learn from the staff employed in the front office. Doing so will go a long way toward gaining their help when you are in that inevitable bind of having to make schedule changes or suddenly move patients' appointments in the calendar. Look at the financial books. Discuss purchasing contracts. Building knowledge in this area will help the practice get the best service and price in all of their procurements. Take ownership of your business. Not only will this enhance the revenue you will all take home at the end of the day, but adopting an entrepreneurial spirit can be fun!

In Ontario, it is important, to keep your eye on messaging from the Ontario College of Family Practice and the Section of General and Family Practice or your specialty section at the Ontario Medical Association (OMA). This will help you make good choices for future practice options. In hospitals, funding is moving away from global budgets to quality based procedures and bundled

payments that follow the patient. This affects the bottom line of both the facility and the physicians practising within it. In primary care, transformation is happening across the province in how we deal with issues of access, equity, integration and population health. These will affect how you think about your roster of patients, not only as individuals, but also as a group. It is important that we know our important role in functioning as part of a larger health-care system, and that we take responsibility for caring for it as much as we do for our patients. Getting involved and being informed may seem daunting at first, but it is essential to be ready for any reforms of care delivery models so you are not caught off guard when change arrives in your area.

There are many more considerations when leaving residency than can be covered in a short newsletter article. Talk to your peers. Talk to your preceptors. Read the medical newspapers and blogs online to stay informed. The future looks bright for those who take control of it, and is full of opportunity in the expanded world of the enlightened patient, the use of evidence at point of care, and the improvement of quality across all practice types. Go be a great doctor!

