

18 Entering and leaving practice and practice management

Most Australian doctors undertake their own full-time or part-time private clinical practice, and are thus effectively running a small business. To successfully manage such an enterprise requires knowledge, some skill, and investment of time and energy. For larger medical groups, a practice manager may be employed to undertake some of this work, or the task may be allocated to a medical member of the group who has the necessary skills and interest. This chapter gives a broad overview of the tasks involved in career planning and establishing and managing a practice, and directs the reader to more detailed sources of information and professional help. It does not address the management issues specific to services such as radiology, pathology and day procedure centres.

18.1 Choosing your career

Some medical students are able to determine their career direction at an early stage, but many wait at least until they have experienced their first postgraduate ('intern') year before seriously considering this. The intern year has assumed increased importance as a time for decision making because the second year after graduation is when hospital doctors are 'streamed' into general practice, medicine, surgery or other fields, in preparation for joining formal training programs the following year. Despite such streaming, second-year positions providing further broad experience are available. More importantly, many successful careers have followed even when doctors in training have changed direction partway through or on completion of a training program in general practice or a specialty. In choosing a career in medicine, a young doctor should at the least:

- gain some experience in the field being considered, and while doing so, look as objectively as possible at what work in that field of practice will entail
- talk to many people, informally and formally about career choices, opportunities, and the work each person does; attend career expos where available; and seek advice from identified hospital senior medical staff who are available to counsel young doctors on career choice

- observe that most patient care takes place outside major public hospitals, and that hospital training will have given most young doctors a narrow view of health care; thus, many specialty areas such as general practice, occupational medicine, public health, Indigenous health, sexual health, travel medicine, forensic medicine and sports medicine will not be encountered during hospital training
- note that in addition to clinical practice, medical graduates' skills are also used in non-clinical settings including administration, research, industry and even the media
- note that many doctors are now more flexible in their approach to their careers and that some fields of practice provide greater flexibility than others.

Women doctors constitute 50% or more of new graduates and are gradually increasing their presence in all fields of medical practice, despite issues around part-time training, job-sharing and on-site child care. No career path should be regarded as impossible for women graduates, and their best source of career advice and encouragement is likely to be from other women already established in their chosen career paths.

When contemplating career choices, all young doctors should examine their strengths and weaknesses as part of the process of making major decisions. Self-knowledge thus gained can also assist in personal and professional development (see also chapters 4 and 13). These issues and career choices are discussed more fully in a book by one of us [1].

18.2 Importance of good practice management

Good practice management may appear superficially to be based on self-interest, aimed to maximise income and improve quality of life. While this is of some relevance, good practice management is a prerequisite to good patient care and is in the best interests of patients, as in such a practice, appointment systems work, patient records are not misplaced, investigation results are not overlooked, bulk-billing errors to Medicare do not occur and patients are guided efficiently to the help and resources they need. As mentioned in Chapter 5, better patient outcomes are achieved where there is good communication and a good doctor–patient relationship is established. This relationship begins from the moment a patient first telephones the practice for an appointment or first enters the waiting room. Patients may not be able to assess a doctor's medical knowledge or clinical acumen, but they can assess waiting times, the friendliness and competence of staff, the appearance of the waiting room