

# MJA Careers

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## Getting educated



GPs often talk of wanting to know more about business. But what are the best options available?

**D**espite nearly a decade's tertiary education, the vast majority of general practitioners emerge from their training with little or no knowledge of the intricacies of running a business.

For many, this is not a concern — working in hospitals or as an employee doesn't require advanced business skills. But for those who move into practice ownership, it can be a costly knowledge gap.

Most still begin business life with little more than instinct and some advice from colleagues to guide them. Everybody knows how to use surgical instruments, but what about the financial instruments that support a practice? You may have mastered human anatomy, but what are the secrets of human resources?

Ultimately, owning a practice will always be much harder

without business education, says Dr Neville Steer, a member of the Royal Australian College of General Practitioners (RACGP) standing committee on GP advocacy and support and contributor to the College's practice management resources.

"You know an awful lot about medicine, but unless you make an effort, owning a practice entails navigating your way through a field that you don't know."

Dr Steer had already been a practice owner for five years when conversations with his corporate management-trained sister prompted the realisation that there was a lot more he could learn about running a practice and arranging his personal finances.

He went on to spend 10 hours a week over two and half years studying

for a Diploma of Management.

"It was a reasonable chunk of learning", he says, but well worth it. In addition to learning how to manage his business more effectively, he says the most valuable skills he picked up were the ability to understand investment principles, such as for superannuation, and to read financial reports.

"It's like anything. You don't know your own knowledge gaps", Dr Steer says. "Until you do a more formal structured learning program, you're not aware of the breadth of the field."

"My recommendation for anyone who is taking on the ownership of a practice — actually investing money — is that they need to have some management training. The more they can afford to invest in their own training, the better off they ultimately are."

### Where to go

But how can a GP get a good business education while operating in what is often a time-poor, high-stress environment? And what is available that is accessible and relevant to modern medical practice?

*"... practitioners are so skilled in their technical capability as medicos that the other skills that are needed to run a business are not there,"*

One option is to go back and complete a Master of Business Administration (MBA) after entering the workforce (see Box). However, time pressures make that commitment close to impossible for many, and Rick Chapman, head of open programs at the not-for-profit Australian Institute of Management (AIM), says getting an MBA for general practice is akin to "cracking a nut with a sledgehammer".

continued on page C2

He says lots of institutions offer short courses in various management skill areas, including finance and marketing.

“There’s a whole variety of options now open to people in terms of skill development through online courses at various institutions.”

Mr Chapman agrees with Dr Steer that for many practice owners the problem lies in not knowing what they don’t know.

“Part of the problem in a profession like medicine is that practitioners are so skilled in their technical capability as medicos that the other skills that are needed to run a business are not there.”

He points to a shorter course now being offered by AIM to cater for those with time pressures. These 2-hour sessions can be completed face-to-face or online.

For more specialised business management tips, the state offices of both the Australian Medical Association and the RACGP offer occasional business and practice management courses, which are tailored for doctors. There is also a range of booklets outlining various aspects of the business of running medical practices which can be purchased and downloaded from the RACGP website.

Some of those GP Divisions that are continuing as member networks are also looking to provide services in this area. In one example, Victoria’s Peninsula GP



Network has begun a GP business program and 60 local doctors and allied health professionals attended its first course last month. The day-long course offered business advice on an individual basis — covering investments and superannuation — and for practices, and the Network is hoping to be able to hold the course every second year with more regular events for registrars and newly qualified GPs.

To address the knowledge gap at an even earlier stage, there are intermittent calls for the inclusion of business management education in undergraduate medicine. But the undergraduate medical curriculum is

already so tightly packed that even many of those in favour of more business-related education say its inclusion would be too much to contemplate.

As an alternative, combined business/medicine degrees offer the two streams over a longer period of study. This option began to be offered widely in the United States in the 1990s — the number of MD–MBA joint degree programs grew from six to 33 over just 10 years. However, it is not yet an option in Australia.

### Practice benefits

Beyond peace of mind, the benefits of partners with better business knowledge are great for both practices and patient care. Dr Steer makes an effort to talk with registrars and young doctors about his own experience and his view that to provide good patient care you need to have good practice management. There is increasing evidence from research that this is true, in particular when it comes to chronic disease care.

“And while you don’t need to do everything yourself, you need to have a good understanding of what needs to be done”, Dr Steer says.

“Owner–practitioners need to direct the business strategy and so — despite the skill and vision of the best practice managers — still need to understand what is being done.”

In the end, says Dr Steer, it makes the practice manager’s job much easier if the owners understand the management scope and tools.

“With running a business, you are going to be much better off in the long term taking a proactive approach to the way the business develops and works. The more knowledge you have about business operations the better it will be for everyone.”

**Annabel McGilvray**

## Master of Business

Gold Coast GP Dr Jack Ashwin says he decided to do an MBA in the mid 1980s when he began to anticipate the changes ahead for small general practices similar to one he had just bought into.

“Even back then we could see the writing on the wall for little two-man practices. And if you wanted to get any bigger than that you wanted to get a business skill set to be able to do it.”

It was prior to the start of his family and the practice was smaller, so Dr Ashwin had some spare time to consider further study and had a good idea of what an MBA entailed as he came from a business-oriented family.

He began studying at the University of Queensland, but switched to Bond University to cut back on travel time in order to complete his study commitments.

It was hard but he has no regrets.

“It gave me more managerial skills, which was the biggest thing we needed. And I also got a flavour of how to attack problems and understand financial instruments.”

Above all, it provided him with the nous to fund a \$5 million practice construction project on the basis of an overdraft of just \$25 000. This was because he was able to understand how the financiers were thinking.

“It’s pretty hard to play the game unless you understand the rules and with the MBA I had the qualifications to understand the rules.”

The Mermaid Beach Medical Centre now has 85 000 patient contacts a year and Dr Ashwin still maintains contact with some of his lecturers and fellow MBA students.

“It was such a stimulating diverse group.”

### Correction

Incorrect affiliation: In “*Palliative care pioneer*” in *MJA Careers*, 4 March 2013 (*Med J Aust* 2013; 198 (4): C1–C5), there was an error under the heading “Winding down” (page C5). The current affiliation for Professor Ian Maddocks should have been “Ashford Hospital, in Adelaide”.

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## Medical mentor

# X-ray vision for next gen

## Dr Murray Bartlett reflects on his career as a paediatric radiologist

Melbourne-based paediatric radiologist Dr Murray Bartlett trained as a paediatric physician before making a career switch to radiology. He brings a wealth of knowledge and experience to the discipline and to those he mentors, and enjoys the variety in his rewarding career

**What is your current role?** I'm employed as a radiologist in both the public (Royal Children's Hospital [RCH], Melbourne) and private (I-Med Victoria) sectors. I report plain films, perform ultrasounds and report computed tomography and magnetic resonance imaging (MRI) scans, as well as perform simple radiological interventions, such as joint injections and epidural injections. At the RCH I participate in a number of clinical meetings each week and am actively involved in teaching radiology registrars and fellows. I also encourage the fellows to be involved with research and over the years we have published papers and submitted work to many Australian and overseas meetings.

### How did your career in radiology begin?

Radiology for me began in Perth after I moved there from Melbourne to do paediatric medicine. I had completed 5 years of physician training as well as sitting the physician specialist exams. I enjoyed the medicine and interacting with the families. I also performed newborn retrievals in West Australian country locations with the Royal Flying Doctor Service.

I was always interested in radiology and toward the end of my paediatric training I felt I needed a change of direction. At the time you worry about the perceived extra time needed to commit to a career change but that thought has faded quickly. I trained in the West Australian radiology scheme, which was a great experience and I gained many friends as I trained. The consultants who trained me left a lasting impression with their commitment to quality in reporting and keeping up to date in knowledge and professional standards.

I moved from Perth to Sydney so I could complete a paediatric radiology fellowship at Westmead Children's Hospital for one year, then moved to Melbourne to complete an MRI fellowship. From there I was appointed as a senior staff specialist at the RCH and also practised 2 days a week providing paediatric radiology services in private.

### What inspired you to specialise in paediatric radiology?

My background in paediatric medicine was ideally suited to a subspecialisation in pediatric radiology and has helped me immensely with interactions with clinicians.

### What are the challenges of your role?

Work-life balance. I've been married for 18 years and we have twin four and a half-year-old boys who keep us very busy. Professionally the challenge is to get through the routine daily work but at the same time teach our registrars and fellows to a high standard.

### What do you enjoy most?

The fascinating case mix. For example, one minute I will be analysing a skeletal dysplasia or bone tumour, the next I'll be participating in a tertiary orthopaedic meeting reviewing all the interesting surgical cases, then injecting patients' joints for paediatric arthritis — all in a day.

### Who is your mentor and why?

As radiologists we do not have a mentor as such, but throughout my career I've found that you try and take on board characteristics in others that you like and try and avoid the characteristics that you may find counterproductive. For example, I have found humility a fantastic asset in a number of senior doctors whom I have worked with.

### What are you most proud of in your career to date?

I'm proud to have completed 5 years of clinical paediatric medicine before I started radiology. This has helped greatly in maturing me for a career in radiology and the experience I gained on the wards and in clinics is used in my radiology life every day.

### What do you most enjoy about mentoring others?

Imparting the knowledge you have accumulated over the years challenges you to think and to stay up to date when the doctor you are mentoring challenges you. After spending lots of time together you become friends and even after they have finished you keep in touch whether they are based locally, interstate, or overseas.

## Registrar Q&A



Dr Gregory Compton recently completed his term as a

radiology registrar at the Austin Hospital in Melbourne, having undertaken an advanced training position in neuroradiology. He has also worked at the Royal Children's Hospital in Melbourne as a part-time radiology fellow. His mentor is Dr Murray Bartlett.

### What inspired you to train in radiology?

I was lucky to have excellent role models as an undergraduate, one of whom was a family friend, who inspired me to enter radiology. Radiology is such an essential part of both acute and outpatient care. It is rare for diagnoses to be made without the input of radiologists. It is this level of involvement in diagnostics and the general knowledge required of radiologists which makes it such an interesting and invaluable speciality.

### What's the biggest challenge in your role?

Besides the obvious answer — the fellowship exams — the biggest challenge is the development of the "internal library" of cases, looking at enough scans and reading enough material to feel secure in knowing normal from abnormal and typical from atypical appearances of pathology. This is probably a lifelong process.

### Is there something Dr Bartlett has taught you that will stick in your mind?

To be confident in my knowledge and to trust the images to tell the story. The combination of these two things will generally lead you in the right direction.

### What is next for you?

I will be working as a fellow at the Hospital for Sick Children in Toronto, Canada.

Interview by **Karen Burge**

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