

# ST. JAMES GP GROUP PRACTICE - A SUCCESS STORY

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## INTRODUCTION

The following is a history of the conception and development of a successful GP group practice working in the south of Malta. Fundamental concepts and practical aspects of its function and dynamics are discussed hereunder. We believe that these may be of interest to many Maltese GPs for whom this may be a new concept of general practice.

## HISTORY

St James GP Group Practice was founded in 1997 at St James Hospital, Zabbar, Malta. Dr John Buhagiar had been established as a single-handed GP since 1995. He had built up his clientele from scratch, since he had left Government service soon after ending his housemanship with the Department of Health.

In 1997, he joined forces with Dr Vincent Zammit, who came over from England for that purpose. Dr Zammit had worked for 20 years in a seven-partner fund-holding group practice at Studholme Medical Centre in Ashford, Middlesex. He had been one of the senior partners of that practice, and was also a certified GP trainer. He therefore brought along a vast amount of experience in the field of group practice work. In fact, we are very grateful and honored to have his ongoing guidance.

The two-partner practice thus began to function, but not without its teething problems. It was vital that partners have **absolute cooperation and trust** in each other, allowing them to **share all income**, expenses and workload. A contract between the partners was drawn up.

A most important issue from the outset was the need for **professional autonomy** from third parties. The practice was based in St James Hospital, although both partners held branch clinics in other areas. The GPs provide resident medical officer cover for in-patients within the private hospital, with a fee-for-service arrangement. However, they **remain general practitioners** in all other respects, and they provide clinic and domiciliary visit services. The GPs rent out two rooms within the hospital and have separate telephone lines. Working within St James Hospital holds several advantages such as receptionist and nurse backup. The environment also acts as a catalyst to generate GP work and provides a golden opportunity to learn continuously from consultants in all specialties.

Workload increased progressively so the practice decided to recruit a third partner. Dr Daniel Sammut joined in August 1999, after having worked for almost two years with the Department of Primary Health Care. In fact, he started off working part-time with the practice on a salary basis. For him, to work within the setting of a group practice was liberating. It was refreshing to work with doctors he could trust, in a relaxed and pleasant environment, to help patients with whom he could have a friendly relationship.

Dr V. Zammit retired from the group practice in January 2000, so a new partner was sought. This is when Dr David Sammut joined the team, bringing the number of partners back to three. He had also worked for a few months with the Department of Primary Health, and he adapted to our system very rapidly. Again, he was on a salary for the first year, but then started to earn a share of total income.

At this point in time, the practice realized that it had to improve its method of patient record-keeping. Up to then, this had been based on a card system, which was bulky, time-consuming, and inadequate. Therefore, we turned to the Malta College of Family Doctors for assistance, and we were provided with the **TRANSHIS database program** for patient records. A good database with networking of workstations is essential to a group practice, because patients visit more than one doctor on different occasions. In addition, this database is part of an international ongoing transition project for research in general practice. We are greatly indebted to Dr Jean-Karl Soler, who patiently taught us how to use the program and infected us with his enthusiasm. On several times he has come to our rescue when our database wouldn't function.

It then became important to find a **legal identity** for the practice. Since, to our knowledge, ours was the first true group practice on the island, we did not have guidelines to follow. After having consulted an auditor and an expert in company and cooperatives legislation, we concluded that we could only be a partnership with unlimited liability. We applied for a common receipt book, and took a medical malpractice insurance policy each.

With three partners the practice had stability and a certain degree of flexibility but when one doctor was away, the other two found it hard to cope with the workload. We noticed that whenever a new partner was introduced, work always **increased proportionally** to reach a new saturation point.



Hence, Dr Jason Bonnici was introduced as a fourth partner in December 2001. Incidentally, Dr Bonnici had been attached to the group practice as a medical student back in 1998, and had found the setup appealing. This goes to show how useful exposure to general practice can be for a medical student.

## PRACTICAL ASPECTS

Currently, St James Group Practice is made up of four doctors, who all give their contribution towards providing a **twenty-four hour high quality GP service**. During the week, one or more doctors is/are available within the clinic twelve hours a day. Weekends and public holidays are worked on a roster basis, with clinics held until noon. There is a doctor on-call every night for home visits of urgent cases for regular patients only. Of great importance is the fact that patients always phone at the hospital, and we **never give them our personal numbers**. Then, hospital staff passes on information using pager or mobile phone.

Each year every partner is entitled to 25 weekdays of vacation leave, 5 weekdays of study leave, and 40 weekdays of sick leave. I am sure that single-handed GPs will envy our **paid leave**.

We share about four thousand patients between us. Most patients visit the same doctor when he is available, but do not hesitate to consult another doctor in his absence. Some patients swap doctors without problems. A few patients are loyal to only one doctor and will wait for his availability at all costs.

All doctors use special sheets to declare **all their income**, from whatever source, every day and pass on that income to the cashier. The latter meets ex-

penses, and then distributes the net income to the partners each according to his share. In this way, every partner's income is remarkably stable over months. Naturally, all transactions are diligently recorded, and periodic reports are presented.

## ADVANTAGES OF TEAM WORK

There are many advantages of working in a team. A group practice allows GPs to be flexible without working 24 hours a-day. On average, we work 50 hours in a week. Teamwork ensures a continuous GP cover for clients, and the latter know that the doctors will communicate about their case either personally or through their database. Since every doctor has special skills and personal weak spots, a group practice permits **inter-GP consultation and referral**. We find this very stimulating. We also carry out CME tutorials between us. A team is more in a position to acquire large contracts such as company employee work and insurance medicals.

Most GPs in Malta prefer to work alone because they cherish their independence, but to provide a comprehensive service they must perforce be workaholics. We believe that the way ahead for a high standard primary health care service lies in the form of **state-funded GP practices**. Maltese GPs have to realize that "*sharing sovereignty*" gives them enormous advantage and better **quality of life** for themselves and for their patients.