



available to the majority of poor people living away from cities where the health clinics and hospitals are based. Furthermore, the current method of testing is expensive. Our results are very encouraging, for they point the way towards making cheap CD4+ count testing easily available to people receiving antiretroviral therapy in rural areas. Such methods could be used in a similar way towards HIV viral-load measurements, another test required to assess the success of HIV treatment.'

FNS

PRACTICE MANAGEMENT

MARKETING YOUR MEDICAL PRACTICE Part I

Introduction

No business can survive without customers. Customers and their purchases are the lifeblood of any organisation, for they provide the money which the business uses to survive and prosper. Without customers the organisation will very quickly lose its income, and it is just a matter of time before it closes its doors forever.

Your company (practice) may be the best designed, with brilliantly designed services and products. It may employ the best staff, have the most modern equipment and be in the most impressive building and suite of offices. But if you have no patients, you have no practice.

This is the reason that many companies spend a fortune to attract customers to their business. They do market research, develop new products, identify customers, advertise and promote their offers, hire sales representatives, print expensive brochures, cut their prices, open many branches, and so on.

The real key to marketing success is not only to retain the current customers, but also to grow the business by attracting new customers, and turning them all into partners. This is in no way less applicable to medical practice than it is to other commercial enterprises.

This is Part I of a series extracted and adapted from a module on marketing your medical practice, offered by SAMA's Foundation for Professional Development. It will provide some insights into strategies for marketing a medical practice. This is only an extract, and the full distance learning course contains much more information and activities to test yourself and to assist you in building up a marketing strategy for your practice. Contact details of the Foundation will be given at the end of each part.

WHY MARKETING?

Forces of change

There are irresistible pressures within all economies causing practices to reconsider their position. These pressures apply as much to medicine as to other disciplines. The driving forces in the health care environment can be grouped under six headings:

- increased patient knowledge, and questioning and combative attitudes
- competition, both intra- and extra-professional
- governmental and societal pressures
- changing technology
- deregulation and liberalisation of practice rules
- costs.

Unless medical practices develop strategies to meet emerging conditions, medicine as a discipline will be the victim rather than the beneficiary of change, and patients will be disadvantaged.

Because health practitioners tend not to regard their practices as businesses they see themselves as different from those in the world of business. Nevertheless, it has been said that 'general practitioners are independent contractors who run small businesses' (Dr M Marinker).

The more prevalent view of marketing within the health care environment was perhaps best summed up by an editorial in *The Doctor*: 'General practitioners are dismayed at the way they have been bullied into marketing their wares. They have not quite been reduced to the level of door-to-door brush salesmen, but it is an uncomfortable experience nevertheless.'

What is the reality of marketing? To the cynical and the anti-marketers it is simply a way of separating the punters from their petty cash. Others consider it a highly sophisticated system for identifying, anticipating and satisfying client requirements. *A profession*, it is said, *is a way of life while a business is a means of earning a living*. The two are not incompatible and the adoption of marketing techniques, as will be shown, is to the benefit of practitioners, staff, patients and the community alike.

CONTRACT WITH SOCIETY

The professions, including medicine, made a bargain with society. They placed competence, integrity and the interest of the client/patient above self-interest. In return society gave trust, freedom from lay supervision and interference, protection against unqualified competition, substantial rewards and higher status. But justifiably or not, society is now reviewing the contract.



Trust

Survey after survey has shown that trust is now at a premium in all professions, particularly law and banking. Highly publicised professional negligence claims against practitioners have also done nothing to engender trust in the health system.

Freedom from supervision and interference

This belongs to the past. Governments have looked closely at restrictive practices in the professions and many have introduced legislation to prevent fee fixing and any prohibitions on marketing. Moreover the media, always looking for a good horror story, keeps a close eye on the health profession, seeking instances of incompetence and harm.

Protection against unqualified competition

There are products, equipment and techniques that are changing the locus of some medical skills and treatment. Deskillling is evident in some areas, which enables those with fewer qualifications or no qualifications to carry out activities previously only undertaken by doctors. Examples are the now ubiquitous DIY blood and pregnancy testing tests. The Bard dipstick test is already available to the public, as are sensors for diabetic blood glucose monitoring, both of which replace invasive techniques. There is also the erosion of the monopoly which doctors held over the issuing of prescriptions. More and more drugs are being switched from 'prescription only' to 'over-the-counter' (OTC) availability. With this change has come greater patient consultation with pharmacists on health issues. The emergence of nurse practitioners is yet another example of the changing situation.

Substantial rewards

This is perhaps one of the attributes of professionalism many within the profession would challenge. There are those who are the happy recipients of handsome fees and benefits. However for many, if not most, especially the non-medically qualified personnel within a practice, rewards are hard won and at best hardly commensurate with training, skill, experience and time input.

Higher status

The respect with which the professions were regarded has been eroded almost to non-existence. Recent international studies of the public's regard for their professional advisors indicated a large element not only of negative attitudes, but positive dislike and sometimes contempt. Having once been held in the highest public regard, doctors have dropped to the middle range, and veterinary practitioners are now the most highly regarded of the significant professions.

Deregulation

Worldwide and across all the professions, deregulation is gathering pace, and the professions need to present themselves and their work to the general public in an open and transparent way. However, this does not imply that high standards of professional behaviour and ethical considerations should in any way be compromised. There is no conflict between what might be perceived as commercialism and professionalism.

Conflict only arises between **bad** commercialism and professionalism.

Part II will appear in next month's *SAMJ*.

Excerpted with permission from the Business Planning Section of the Distance Learning Practice Management Programme of the Foundation for Professional Development of SAMA. For information on the FPD courses contact Annaline Maasdorp, tel (012) 481-2034; e-mail: annalinem@samedical.org



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