

The experiences  
of establishing  
and running  
a multi-practitioner  
private clinic.

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## **The experiences of establishing and running a multi-practitioner private clinic**

*“It will be 100% more effort for only 25% more earnings” - Local Health Care Professional*

### **Introduction**

The podiatry and chiropody centre was established to provide a private centre of foot care excellence, in both a friendly and caring environment. It was deemed from the start that a team of skilled podiatrists with specialist caseload experience would be required to meet this vision. Therefore from the onset a multi-practitioner, team approach practice was built, rather than a slow expansion in the amount of podiatrists as the clinic became busier. This short text attempts to share experiences and thoughts on the establishment and running of a multi-practitioner practice.

### **The Premises**



Multi-practitioner clinics, from their definition, require more room than sole-practitioner clinics. We would have liked more room, but a minimum of three rooms and separate waiting / reception area was seen as adequate. The current Podiatry and Chiropody centre was initially built in the 1930's as a

hairdressers and we transformed this into a practice with two large treatment rooms, waiting area, reception, toilet, small appliance laboratory and parking. Buying a commercial property proved to be not too dissimilar to residential. Prior to sale completion, the owners agreed for the purchasers to apply for and obtain official change of use from a hairdressers to a podiatrists / chiropodists. Survey prices showed a great difference from our surveyor and the sellers, which was due to the seller using a residential surveyor rather than a commercial surveyor. When this had been rectified, a price was agreed and a business loan obtained.

The project was partly self-funded and also funded by a business loan, obtained by Paul on his sole-trader books from the previous 6 years of private practice. The business advisors were excellent (NatWest), not only speaking in plain language and being helpful but also in quickly returning calls and having mobile number access.

### **Making it into a podiatrists / chiropodists**

*“Work it out carefully, get the final figure and then don’t start unless you can afford to double it.” Local businessman and Sports Store owner, Bryon Newbury*

The above, more or less, ended up being correct and an extremely valuable piece of advice!

Establishing a multi-practitioner practice is different from a sole-practitioner clinic due to the increased, and sometimes doubling, of equipment required. Practices will also often be larger requiring more initial modifications and transformations.

A great deal of work was required for the practice. Walls needed to be put up (and pulled down), stairs removed and the upstairs flat separated entirely from access and gas and electricity. The property had no central heating and electrics that had not been modified since the 1960’s. The local council again approved all changes. Work was conducted by builders, family and friends (to whom I am still extremely grateful).



Podiatry equipment was purchased from large companies that could supply total packages to meet our needs. Although it may have been possible to obtain lower prices by looking around for deals, large purchase bulk allowed for discussion upon discount and if problems arose only one supplier would need to be contacted. All general podiatry equipment and furniture was obtained from one supplier, and all laboratory equipment and materials from another.



Due to the ‘one stop’ approach to foot care a great deal of equipment is required, and possibly more room than if specialist areas were not covered. Room one is the biomechanics room containing a treadmill, Tekscan F-Scan in-shoe equipment and video analysis equipment. This is the largest of the rooms allowing assessment of both over-ground and treadmill gait. Room two is designed as a routine care room that can also be used for non-

complex biomechanics patients, diabetes care and nail surgery. Room three is a small laboratory used in the manufacture of simple orthoses (EVA’s, modified flat insoles etc) and modifications of CAD/CAM appliances from a commercial lab. This has been essential with the progressive use of the F-Scan, where temporary orthoses are modified to the patient in-house before permanent orthoses are ordered.

### **Where do the patients come from?**

Part of the budget for the clinic included advertising. The team already had private caseloads and referral routes established between local physiotherapists, GPs and consultants. This, however, was mostly from specialised areas such as biomechanics and sports injuries and so areas such as routine podiatry / chiropody needed to be advertised. Large yellow pages and Thomson direct adverts were placed and patient caseload tended to build up from word of mouth and people passing the practice. The routine care caseload has therefore started from scratch but we have already obtained towards two full days a week within the first year of opening. This means that by covering all non-podiatric surgery specialities we have clinicians working at the practice 6 days a week.

Multi-practitioner working allows for a greater scope of specialities to be treated and therefore also greater cross-referral within clinicians. Patients with musculoskeletal pain often require routine chiropody, and patients with painful corns often have a biomechanical origin to their symptom.

### **Is it working? The plus points we have experienced from a multi-practitioner approach.**

The advantage of the availability of more than one practitioner to a patient is not only a diverse choice of times etc, but also a diversity in podiatric specialities available. The Podiatry and Chiropody centre has a four podiatrists, within this team covering Biomechanics, Paediatrics, Rheumatology, Sports Injuries, Appliance manufacture, Diabetes Care, routine Care, Home visits and nail surgery. There is more than one practitioner with experience in each specialist field meaning cover for annual or sick leave is not a problem, and there is normally somebody on site to deal with any urgent cases or queries of any podiatric nature. We have also found this approach to give a friendly and enjoyable working atmosphere.

### **Is it working? The negative points we have experienced from a multi-practitioner approach**

Due to spreading of patient referrals to appropriate clinicians a large patient caseload is required to maintain work for all podiatrists / chiropodists. Our current patient caseload would keep 2 podiatrists extremely busy, but 4 only moderately so. This means that other income, such as part-time NHS posts, can be required. Combined with the higher initial outgoings this may mean the team approach practice is not suitable for all clinicians wishing to start private practice. Business loans mean an element of risk that would not suit all.

Another problem is space and equipment. With increasing specialist caseload the biomechanics room with treadmill, video and F-scan is becoming increasingly more in demand. We are now investigation the possibility of extending the premises to provide a duplicate biomechanics room, and possibly larger orthoses laboratory.

Another negative point is the amount of organisation required. We have therefore found administration and reception to be incredibly important and so have both a practice manager, and a receptionist. A good book

keeper and accountant partnership has also been essential. Although this again is another outgoing, a smoothly run clinic has been good for both staff and patients. Since this has been working well all clinicians, even the Director, have had little to do except clinical caseload.

## **Conclusion**

*“That which does not kill you makes you stronger” – Arnold Schwarzenegger*

The multi-practitioner team approach allows for a practice to cover all scopes of podiatric speciality, gives patients a choice of clinician and gives a supportive and friendly environment. However, it does require a sharing of patient caseload, greater initial expenditure and increased administration support. At present the outcome appears encouraging, having met our five year business plan in one year and already looking to expand or extend. Thankfully the advice I received from a local health professional, quoted at the start of this text, has not yet been proven to be correct. If you are lucky enough to know two or three friends you would like to work with, and respect professionally, a multi-practitioner clinic setting can be an enjoyable and highly rewarding way to work.

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## **Podiatry Team**

Director and Podiatrist -Paul Harradine MSc BSc (Hons) MChS Cert Ed (FE)

Podiatrist - Simon Collins BSc (Hons) MChS

Podiatrist - Chris Webb BSc (Hons) MChS

Podiatrist - Greer Pemberton BSc (Hons) MChS