Rheumatology Private Practice & Rheumatology Therapeutics Clinical Trials in New Zealand

16.03.2019

Dr Daniel Ching, MB FRCP FRACP
Consultant Rheumatologist,
Timaru

No Conflict of Interest to Declare

- Principles, pros and cons discussed
- Need a mentor when starting these areas of practice

My Career

- MBChB, University of Liverpool 1982
- General Medicine and Rheumatology Training in Liverpool Teaching Hospitals until 1986
- 1986-1988 Rheumatology and General Medicine Training in Aberdeen Teaching Hospitals
- 1988-1989 General Medicine Registrar but started two Rheumatology clinics a week in Southland Hospital under the 'supervision' of Dunedin Rheumatologist (overwhelmed within 6 months)

- 1989-1990 Rheumatology Registrar in Queen Elizabeth Hospital, Rotorua (three Consultant Rheumatologists at that time)
- 1990-1991 Medical Tutor Specialist, Waikato Hospital, Hamilton
- 16.12.1991 General Physician/Rheumatologist, Timaru Hospital
- June 1992 Started private practice in Timaru as insufficient work in Timaru Hospital despite 1 in 3 to 1 in 4 on-call

---

- 1995 Visiting Rheumatology clinics in Ashburton
- 1996 First Rheumatology Clinical Trial in Timaru (Meloxicam)
- 1999 Visiting Rheumatology clinics in Dunedin
- 2000 First Biologics Clinical Trial (Infliximab) and now established Rheumatology Therapeutic Clinical Trials centre with 35-50 patients participating in trials at any one time, approximately 50 trials to date

---

- October 2001 Last weekend on call as a General Physician
- 2006 Visiting clinics in Clyde/Queenstown every two months and twice a year in Dunedin/Gore
- Current private practice covers patients from Christchurch to Stewart Island and includes Paediatric Rheumatology

Traditional Pathway

DHB Job, then start private practice

Alternative Pathway

Private practice, then DHB tenths – possible in Auckland or provincial centres with no established private practice

Benefits of Private Practice

1. Opportunity to develop a new Rheumatology service in areas of need, e.g. in my case - Ashburton, Clyde, Queenstown, Gore
   - looking for a part-time private Rheumatologist to help out in Central Otago (private practice builds up gradually, unlike public practice).

2. Higher Remuneration
   - Significantly higher than in Australia
   - Southern Cross has now accepted the value of Physicians – about three-quarters of my patients have insurance

3. Free from DHB managerial control
   - Public service tends to breed mediocrity because of little reward for high quality service
   - Can perform poorly in public service but difficult to remove Physician or improve practice, e.g. in Timaru

4. A clinician's dream job
   - More time with patients
   - Care for them personally in a traditional doctor/patient relationship rather than a 'system'. Patients complain of seeing different Consultants/Registrars in public Rheumatology clinics who have different ways of practice
   - No misuse of my mobile, e-mail address or home number since starting private practice in 1992

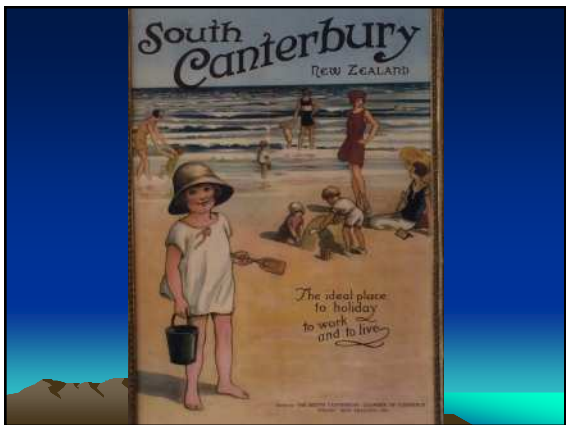
5. No restrictions in quality improvement
   - Audit 4 software programme (SCDHB is currently the only DHB which has incorporated this in their server and Taranaki might be getting this soon)
   - Rewarded for quality service (reverse is also true!)

6. Opportunities to build/purchase a holiday home with two rooms for private practice (holiday homes being partly tax deductible), e.g. Auckland specialists setting up in Wanaka and Queenstown
   - Set-up costs for Rheumatology private practice are minimal except for an ultrasound scanning machine

7. Opportunity to participate in exciting conferences in beautiful locations, e.g.
   - ACR Winter Rheumatology Symposium in Snowmass, every January
   - Rheumatology Winter Clinical Symposium in Maui, Hawaii, in February
   - Florida in May

Disadvantages

1. Can't use infusion drugs (Rituximab and Tocilizumab) directly from private practice as have to be prescribed by a DHB Rheumatologist except in South Canterbury and Mid Canterbury
2. Absolute burden for non-clinical Rheumatologists
3. Burdensome if trying to do full-time DHB practice and private practice one afternoon or evening per week



Industry Sponsored Therapeutic Clinical Trials in Rheumatology

- Advantages
  1. Achieve a higher standard of practice (a review by Fellow in RWCS 2019 in RCT in Rheumatology over the past 20 years. 84% are industry sponsored and the highest quality trials are all industry sponsored as they have to meet strict standards of regulators such as FDA and EMA)
     – DHB clinical letters are rarely of the standard required for clinical trials work

2. Experience and in-depth knowledge of new therapies
   - Pharmac's funding of new therapeutics can be very frustrating
   - Opportunity to meet experts in the new medication or KOL Rheumatologists (some of my best peer review meetings were in Investigator Research meetings)
   - Importance of attending ACR and/or EULAR meetings to get clinical trials to NZ, e.g. Golimumab trials

3. Experience of ethical trial designs and practice
   - ICH – GCP
     (International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use - Good Clinical Practice)

4. Constant Audit by CRA (Clinical Research Associates), easily meets RACP CPD requirements for audit

5. Good remuneration, similar to private practice but no big profits as in early 2000s

6. Opportunity to be involved in trials design and publication of trial results, but these opportunities come later after having an established clinical trials unit with good performance

- Disadvantages/Pitfalls
  1. If doing industry sponsored trials purely for academic interest and no other rewards, unlikely to continue. The principal investigator either needs to be paid or have influence or control in any profits from clinical trials work.
     - I don't recommend doing clinical trials purely for profit rather than as part of your practice.

2. Trials can close prematurely due to lack of efficacy, adverse effects, or lack of significant advantage over currently available standard treatments

3. Demanding and lots of time required during ethics submission, trials set-up, recruitment and randomisation phases of the trials

- Requirements
  - Excellent research nurses
  - Obsessive/compulsive traits – very organised
  - Clinical trials office/infusion centre (room rent in Timaru Hospital arrangement)