Tasmania’s Dr Columbine Mullins tried her hand at a number of different areas of healthcare before arriving at general practice.

After finishing her medical studies at the University of Tasmania in Hobart, she decided on a change of scenery and undertook an internship at Gosford Hospital on the central coast of NSW.

‘I wanted to get out of Tassie and chase warmer weather, all that sort of stuff,’ she told Good Practice. ‘It was great being in Gosford because it was a not too big a hospital, and it had a great emergency department and a lovely feel about it. And I was living out at Terrigal where there’s beautiful beaches, so it was a really fun intern year.’

The move to Gosford was only the start of Dr Mullins’ medical journey.

‘I then took a bit of time off and did some locum work for my first year. I went up to Kempsey [NSW mid-north coast], then I went over to New Zealand and did a colorectal surgery resident job,’ she said.

‘I came back and did some more locum work around NSW, then I went to RPA [Royal Prince Alfred Hospital in Sydney] for a resident year.

‘It was very varied. I spent a fair bit of time in different emergency departments, which was quite an easy way of doing locum work and it was fun going around different places in NSW – Lismore, Dubbo, Taree, Kempsey. It really was good.’

All of these disparate moves, however, ultimately led Dr Mullins home.

‘I had gotten married and had good friends in Tassie, and it seemed like a nice idea to come home,’ she said.

‘I ended up in a small hospital in the north of the state and did some locum work before I decided I actually wanted to do general practice, so went and started general practice in Devonport [north-west Tasmania]. I was in Devonport for about a year … and I moved back down to Hobart.’

**Going her own way**

Having had such a varied start to her medical career, Dr Mullins was comfortable in the knowledge that her decision to move into general practice was an informed one.

‘You get caught up in the hospital system and the excitement of that and emergency was quite appealing, but … you don’t get to know people so well,’ she said.

‘I remember as soon as I started general practice, I thought, “I actually love this”.

‘I think you get a sense of autonomy about how you run your day. It’s very broad, very practical. You can find little areas that you have an interest in and become quite good at those.

‘But it’s really the interaction with people which is lovely. You play a pretty major part in people’s lives.

‘I suppose that’s really what it comes down to, but it took me a long time to get to that point. When I figured it out, I thought, “This is brilliant”. I really just loved it and I like the idea of being a useful doctor.’

Following time at an Aboriginal health service and four years in a large practice in Bridgewater on the outskirts of Hobart, Dr Mullins was inspired to take up ownership her own general practice.

‘I’d been to a presentation and they were talking about how the healthcare system was changing, but people really want to have their own personal physician. That resonated with me because I really appreciate and value that doctor–patient relationship,’ she said. ‘So I wanted to pursue having my own patients and being able to serve them.’

Dr Columbine Mullins has embraced the opportunities that come with owning your own practice.

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By design

PAUL HAYES

Images RACGP; Columbine Mullins

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When the opportunity arose to step in for a retiring colleague who had owned her own practice, Dr Mullins decided to take the plunge. She officially took the reins of Rosny Park Family Practice, located about 5 km from the centre of Hobart, on 1 July this year.

‘It was probably a bit crazy, but I had always loved the idea of having my own practice and this was small enough that I could actually do it,’ she said.

After a steep learning curve of almost immediately working towards (and receiving) Australian General Practice Accreditation Limited (AGPAL) accreditation, Dr Mullins has learned a lot in her short time at the helm of her own practice.

‘It's been challenging, but it's been interesting,’ she said. ‘I have really enjoyed that [organisational] side of things, and also being able to make the practice how I want it to be and involve the people who I want involved.’

Shaping her own practice also means Dr Mullins has been able to treat patients, including many who have followed from her practice in Bridgewater, in the more personal manner that general practice affords.

‘It is a really nice thing when patients turn up or say, “We’re definitely following you”, or other people that you might not know that well come in and say, “We’ve tracked you down”. That’s really sweet,’ she said.

‘Having your own practice is highly motivating, it’s absolutely rewarding and it’s not completely overwhelming or impossible. I don’t regret it at all – I’ve loved it.’

Now that the practice is accredited for registrars, Dr Mullins hopes to pass her experience onto others.

‘I like being involved in, hopefully, making good doctors,’ she said. ‘People who obviously care about their patients, are interested in their patients, have reasonable expectations about their patients and the difficulties that people face in life, and have a bit of empathy towards that.

‘Registrars are all different. They’ve all got different interests and different areas of expertise and I enjoy teaching, but they also keep me on my toes. You have to constantly be learning yourself and try and keep up to date.’

**Linking with doctors**

In addition to her efforts towards making good doctors, Dr Mullins also runs a monthly Balint group for practising GPs to help improve doctor self-care and the doctor–patient relationship.

A Balint group involves a number of doctors coming together to anonymously discuss specific cases in order to examine the relationship between doctor and patient in the context of everyday consultations.1

Facilitated in part by RACGP Tasmania, Dr Mullins has found the Balint group, which she co-runs with fellow GP and President of the Balint Society of Australia and New Zealand, Dr Frank Meumann, to be extremely beneficial for all involved.

‘The point is that it helps to improve the doctor–patient relationship, so improving empathy for your patients and acknowledgement of your own difficulties that you might face in the consulting room,’ she said. ‘But it’s also a really nice self-care for GPs or psychologists or anyone working in this environment.

‘It’s all supportive. It’s not about expressing judgement about how you managed the case, but more looking at the feelings and emotions behind it.

‘With your colleagues in the group, you can relate to how they’ve felt in situations and think, “Someone else feels that way, too”, or know that you’re not alone in your frustrations or exhaustion or challenges.

‘I think it is important to create those links, whether it be a group like a Balint group, or having students or registrars involved in teaching, linking up with the RACGP, all those sorts of activities.’

**Reference**