APPOINTING A PARTNER

Significance of appointment

THE entry of a new partner is always a landmark in the life of a practice. The impact any new doctor makes on a practice depends on many variables; notably the size of the practice and his own personality, skill, and motivation. The bigger the practice the less the effect any single individual has upon it; in a single-handed practice a new partner may transform the practice.

In the past, most general practitioners spent the first few years in general practice learning the job. Today, for the first time in history, young doctors are entering general practice having completed a three year training programme specifically designed to prepare them for their future work. It is likely the appointment of such doctors will make a greater impact on the practices than would the appointment of others less well prepared.

All this makes it more important and more interesting to understand the process by which general practitioners are appointed. We publish today a paper by Dr B. Graham in which he describes the process of appointing a partner in his small country practice in 1971. There are no references to this paper. Dr Graham informs us he has searched and found none; nor have we.

At a time when almost every other aspect of the organisation of general practice has been reported in detail both in this *Journal* and elsewhere, it is remarkable that such a major organisational change should previously have escaped comment. Why is this? The answer may lie in the nature of general practice, in the independent contractor status, and in the relationship both legal and practical that partnership between principals entails.

Comparison with hospital appointments

General practice is still a very personal and private affair, particularly when compared with appointment, for example, as a consultant in the hospital service. Practices differ greatly; consultant appointment committees are very similar. Partnership agreements vary widely; consultant salary scales are uniform. Principals frequently share the care of each other's patients; consultants do so less often. General practice intrudes into the home and involves wives; the wives should themselves be compatible. Consultants are salaried employees and the process of their appointment is similar to that in many hierarchical organisations.

General practitioners, however, as independent contractors are comparable with other professional groups in the community, such as lawyers or accountants. General practitioner principals are more intimately dependent on each other than are consultants in the hospital service. The decision to appoint a colleague, therefore, is of greater significance than is the case in other branches of medicine. Furthermore, once appointed, the legal relationship between two doctors in partnership is very complex. They are, quite unlike hospital or public health staff, personally responsible for each other's tax payments, they may not form themselves into a limited liability company,

and the process of dissolving a partnership is comparable to the dissolution of a marriage and may involve the High Court.

The legal situation is rarely understood even by many principals long established in practice. It is not always known, for example, as Dr Graham notes, that the acceptance of an offer of a partnership constitutes a form of agreement in itself, and may bind both parties until another agreement subsequently replaces it. Similarly, in sharp contrast to the hospital service the duration of appointment varies; there is no fixed retiring age unless this is incorporated in the practice agreement. Consultant appointments in the National Health Service have a fixed retiring age of 65 with few exceptions.

New principals may be appointed to practices in two ways. Either the post may be advertised by the local executive council, usually with smaller practices, or, the existing partners may appoint directly with appropriate approval. These methods differ considerably; there is, for example, an appeal against an executive council decision but none against a practice decision. Where the executive council appoints, the process is similar to a hospital appointing committee and the members of this committee normally have no personal relationships with the practice concerned. When, however, the practice itself is responsible, the existing partners who remain have a strong personal interest in the appointment. How do they set about it? What criteria exist? Is the process haphazard or scientific? How quickly does it happen? Do candidates eliminate themselves unknowingly, and if so in what way may a candidate improve his chances of being appointed? These and other questions spring to mind and some are answered for the first time today. Dr Graham describes the method he used, the criteria that he adopted, the time it took, and in addition, he has analysed the applicants.

Need for more information

We welcome this paper. We believe that at a time when entry to general practice is becoming professionalized, perhaps for the first time this century, there is a real need for further information on this subject. Young doctors, particularly those who have prepared themselves through training programmes, have a right to understand the appointing process. Similarly, we believe that other established principals, in practices very different from rural Devon, may find other criteria more appropriate.

This *Journal* is particularly interested in the process of appointment. We hope to carry more advertisements in the future for practice vacancies, vocational training schemes and trainee posts, as well as for doctors seeking openings.

We welcome further papers and letters describing the process by which general practitioners appoint a partner.

FIRST ENGLISH CHAIR

THE University of Manchester has announced that the Director of the Department of General Practice has been appointed to the first Chair of General Practice in the university. Professor P. S. Byrne therefore becomes the fifth Professor of general practice in the British Isles and the first in England.

It has long been claimed in Scotland that medical education north of the border is superior to that further south. The achievement of Scottish universities in appointing all the first three Chairs of general practice and, as we report in the news section today, the first Chair of nursing studies in the United Kingdom, certainly provides powerful