

Appointing a partner

B. GRAHAM, M.B., Ch.B., M.R.C.G.P.

Bovey Tracey, Devon

“**L**IFE is like a game of chess in which there are an infinite number of complex moves possible. The choice is open but the move contains within itself all future moves. One is free to choose, but what follows is the result of one's own choice. From the consequences of one's actions there is never any escape.”

This moral of life applies to both applicant and principal.

My partner gave three months notice of retirement on 30 June, 1971 and for the first time I needed a replacement partner. I was 38. The following is an account and opinion of the events, during the four week period that led to the appointment of a successor.

Method

I entered the following advertisement in the *British Medical Journal* for two successive weeks on July 10 and 17.

“South Devon mixed urban and semi-rural practice, requires replacement partner. Graduate of British University, (under 35) for partner retiring 1 October 1971. Health centre appointment system, receptionists, attached nurse, midwife, health visitor, social worker, E.C.G., G.P. cottage hospital, G.P. maternity hospital. Two postgraduate centres within easy reach. Open access to x-ray and pathology. Equal night and week-end rota with neighbouring practice. Short assistantship with view to partnership and early parity according to experience. Box No. . . .”

I advertised in no other journals or newspapers.

The practice was a two man partnership and the vacancy arose due to the retirement of one member. No other full or part-time medical assistants were employed.

Nowadays a short assistantship usually means no more than six months, and ‘early parity’ in partnership means two or three years. It is becoming quite common to give a new man immediate salaried partnership status owing to the financial advantage to the practice income compared with the employment of an assistant. A salaried partner does not have full partnership privileges but executive councils pay the full basic practice allowances. In our particular case, eligibility for continuation of the group practice allowance, would continue since this practice is a two man semi-rural group. Consequently, a higher income can be offered to a salaried partner than an assistant. There is also a financial gain for the principal. The only disadvantage occurs when incompatibility develops, for three months notice must be given. Although a short assistantship was advertised the successful applicant was well-qualified and experienced. He was offered a salaried partnership for six months at £4,000 per year, followed by a 40 per cent share for two years, and then parity.

The work involved in preparing a short list of six candidates, re-arranging practice routine, interviewing and arranging hospitality was considerable. The first group of applications was received on 13 July. All short-listed candidates had been interviewed by 24 July. All reasonable expenses of the candidates were met and meals provided, when necessary. Each candidate with his wife spent from three to six hours viewing the practice. My wife was very much involved. On each of two days when two candidates were seen we were mentally and physically exhausted. Full coverage of practice details was given with viewing of health centre, general practitioner cottage hospital and local

facilities. The previous practice history and expected future prospects were outlined. Full discussion of financial details both as an assistant, or salaried partner, and full partner took place. All the applicants were notified of the final appointment.

My decision in appointing a partner, male preferred, was based on the following:

- (1) Would he make a compatible partner?
- (2) Keeness shown by (a) timing of application—all my short-listed applicants replied by return post after the appearance of the advertisement; (b) his approach to training for general practice; (c) the impression at interview.
- (3) Proper application. The ideal was a typewritten *curriculum vitae* with separate accompanying letter.
- (4) Similarity of attitudes to life and future aims in general practice.
- (5) Would the candidate and his wife fit into the local community life?
- (6) Probable compatibility of respective wives.
- (7) The previous hospital experience, owing to the existence of a general practitioner hospital.

There were only two applicants of exceptional quality, one of whom was appointed and accepted the position verbally on 24 July and in writing on 27 July.

A contract was completed with my new partner two months after he joined the practice. Following legal advice this took the form of an agreed letter, drafted by a solicitor and formally exchanged and signed. The solicitor's fees for such a contract were about one-fifth of the cost of the usual formal documents.

It is not generally known that the exchange of letters which usually occurs between principal and assistant or salaried partner on appointment often, dependent on the exact wording, constitutes an agreement 'at will' between both parties. This is only rescinded when succeeded by formal partnership agreement.

Findings

This was an illuminating and rewarding experience. There were 42 applicants, two were female. This was an excellent response by present standards, as it is not unusual for principals to receive no replies to an advertisement. Even so, considering the facilities available and the location of the practice, I was disappointed in the number of young, suitably qualified applicants. This contrasts with an experience of mine in 1958, when aged 25, following 18 months hospital and six months general practice experience, I applied for a semi-rural practice vacancy with similar facilities but in the north-west. There were 112 applicants and I was not successful.

The overall manner of application was poor. Fourteen candidates submitted typewritten details. One candidate used a scrap of note paper. Only half the candidates submitted what could reasonably be considered a proper application, even making allowance for a provisional reply to a box number only. Two applications were deciphered with much labour and three doctors who only gave a signature were answered with difficulty. Three doctors gave no age but in two cases a fairly accurate guess could be made. Five candidates did not give the medical school where they trained. The spelling and grammar in three of the applications was remarkable for doctors who had spent five to six years at a university. The best entry was " Each practise has included domicillary midwifry ". One candidate tried hard and replied to both advertisements with applications dated on successive dates despite identical wording and box number. Most candidates who submitted referees did not include a general practitioner. I thought that if obtainable, a general practitioner's reference was best.

One candidate indicated that he and his wife went through the general practice vacancies at first crossing out those that did not appeal; this applied to most advertisers so they found it easier to mark those that appeared worthwhile to approach. This

doctor was only interested in those principals who formulated an advertisement giving adequate details regardless of geographical location and facilities, as he considered that this was an indication of the quality of the practice. Most candidates, however, are interested primarily in geographical location and quality of practice comes second.

I had an uneasy feeling with one candidate that it was I who was applying for the vacancy.

Three candidates who were taking part in a vocational training scheme asked whether a retirement clause would be included in the full partnership agreement. One candidate made it clear he was not interested in the vacancy unless such a clause was agreed. It would appear that this subject had been brought up forcibly in their training.

Some applicants were not really serious in their intentions. One who was earning over £7,000 a year in an industrial, designated, full list area, was surprised when informed that the net income would be only a little over £5,000 per year on parity, excluding seniority payments. What did he expect from this type of practice in the south-west?

One candidate appeared to be applying for interview experience, to see various types of practices, and was not really interested in practice entry at the time.

Three candidates asked not to be considered for the practice after interview. The main reasons given were the below average schooling facilities, the small rota, and I suspect, only average earnings on parity. There may have been other reasons and perhaps the candidates were being diplomatic.

The applicants were arranged as follows:

GROUP A

This contained eight candidates aged 26 to 28 having a primary aim for general practice and training themselves accordingly. Three were completing vocational training programmes. Two were already assistants in general practice. Three were at the time completing hospital posts, one of whom had some general practice experience; but they all clearly were preparing for general practice.

GROUP B

This contained 11 applications from doctors aged 28 to 37 years. These (a) had experience abroad of from one to four years with varying hospital posts and had already returned or were about to return to this country; (b) were completing spells of duty in the Forces of from five to twelve years. Six of these doctors had general practice experience of from six months to three years. I had doubts, with the exception of one, whether these candidates would settle permanently in this practice.

GROUP C

This contained nine candidates aged 28 to 32 years from doctors who had principally hospital experience. Three were members of the Royal College of Physicians and one was a member of the Royal College of Obstetricians and Gynaecologists. For all these candidates, general practice appeared to be a reluctant choice of career.

GROUP D

This contained three candidates aged 33 to 41 years. These doctors had spent a considerable number of years in both general practice and hospital posts and seemed disenchanted with both.

GROUP E

This contained nine doctors aged 30 to 49 years from established practitioners in general practice, who were unsettled with their present situation with regard to geographical location, work load or standard of general practice. They had from one to sixteen years general practice experience. Three admitted incompatibility of partners.

GROUP F

Containing two applicants, one gave no age and the minimum of information and

at best was a bizarre application. The second was from an established principal in general practice who did not conform to any of the above groups.

Discussion

Less than one third of unestablished candidates had prepared themselves for general practice, or appeared to be certain that their careers lay in this vocation. Five candidates were short listed from group A and one from group B. Although there were no doubt many first class doctors in the other groups I felt for various reasons that they were unsuitable for this practice.

Twenty-one candidates had a London medical school training; sixteen were from provincial medical schools; five candidates did not state their medical school.

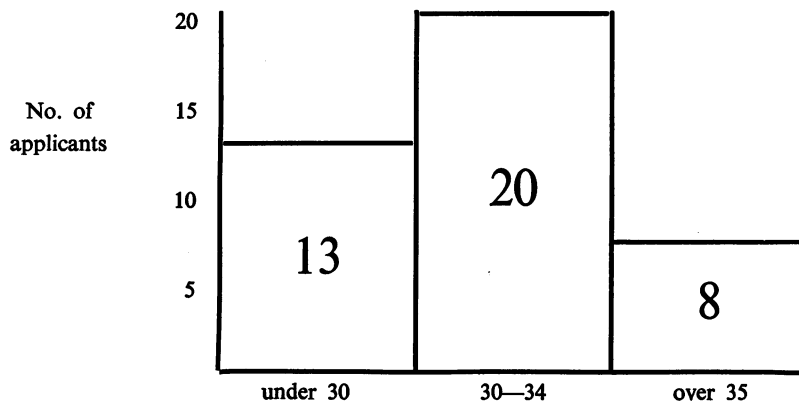


FIG. 1. AGE OF APPLICANTS

Three candidates did not give their age but two were obviously over 35 from details given. One candidate was unplaced. Eight doctors over the age of 34 had the courage to apply despite the wording of the advertisement. More applicants might have applied if no age restriction had been given.

The timing of the date of application of the candidates is of interest.

TABLE I
TIMING OF APPLICATIONS

| | Groups | | | | | |
|-------------------------------------|--------|----|---|---|---|---|
| | A | B | C | D | E | F |
| Total number of applications | 8 | 11 | 9 | 3 | 9 | 2 |
| Early reply to first advertisement | 6 | 7 | 4 | — | 7 | 1 |
| Late reply to first advertisement | — | 1 | 1 | 1 | — | — |
| Early reply to second advertisement | — | 3 | 1 | — | 2 | 1 |
| Late reply to second advertisement | 2 | — | 3 | 2 | — | — |

Column B contains one duplicated application and one application unplaced as it was from abroad. Applicants were placed in the early group if the reply was dated from Friday to Monday of the weekend containing the advertisement and in the late group if the reply was dated after the Monday.

All applicants in Group B (returning from abroad and the forces) and Group E (unsettled with present general practice situation) were watching the journal vacancies closely. Five home based candidates submitted applications from 12-21 days after the second advertisement.

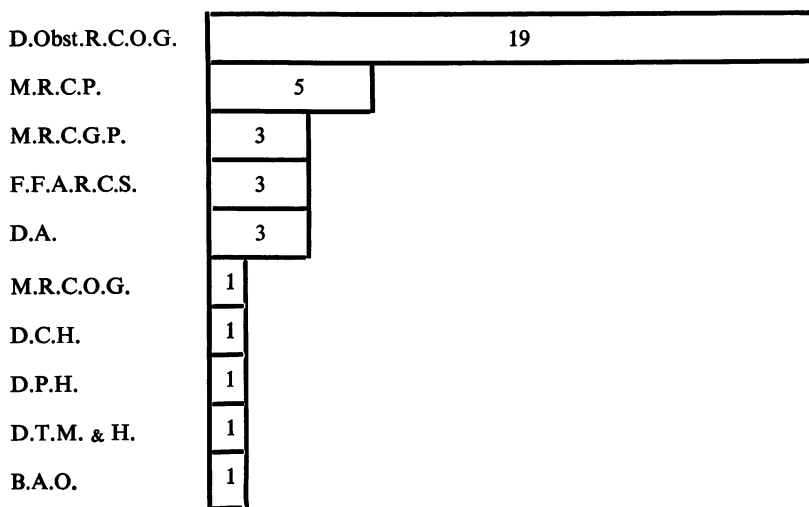
I interviewed five of the six early applicants in Group A. Two doctors in this group replied after a decision had already been taken.

Additional Qualifications

Twenty-eight candidates shared the following additional qualifications. Fourteen candidates had no further qualifications.

It is surprising that nine candidates had the necessary qualifications to pursue a hospital career and reach consultant status. One thought that much of hospital work was becoming too specialised and that patient contact was being lost. Another had a fear of becoming a consultant at a peripheral hospital with inadequate junior staff. There would appear to be unrest in the hospital service as well as in general practice.

FIG. 2. ADDITIONAL QUALIFICATIONS



Of the eight candidates in Group A one held his F.F.A.R.C.S. and was about to sit his M.R.C.G.P. examination shortly. One was a M.R.C.P.; one was a M.R.C.P. and held the D.R.C.O.G.; two held the D.Obst.R.C.O.G. only; one held the D.Obst.R.C.O.G. and was taking the D.C.H. shortly; two had no additional qualifications.

In Group E no-one was a M.R.C.G.P. I feel this is significant, as they had been qualified for six to nineteen years, and in general practice from one to sixteen years. They appeared to be in situations where practice was not satisfying and yet unable to do much about it. Five of these candidates were from industrial areas. They appeared to be watching the advertisement columns closely. I felt some sympathy towards this group because I spent the years 1959 to 1967 in an urban and industrial practice before obtaining my present practice. It is difficult to obtain a new partnership at this stage in one's career and often the only way of moving is by means of an ever diminishing number of executive council vacancies. This shows the importance of being certain before committing oneself in any situation. It is unfortunate that there is no system of entry into general practice for this group.

Discussion

Only a small number of doctors appear to be primarily interested in and preparing themselves adequately for general practice. This may well change in a few years time. Some of the doctors so training appear to be looking for a utopian practice; well organised, high income, in a market town setting, access to cottage hospital, postgraduate facilities and large week-end rotas. One remedy might be to improve the image of general practice in the universities through more teaching from generalists. I feel part of the problem lies in the small general practitioner involvement in many clinical training programmes, although the position is changing. Undergraduates are not being trained for the careers that are to follow. This leads to frustration in some doctors after qualifica-

tion and hence emigration or unsettlement. There are a considerable number of doctors who do not appear to know where they are going.

In my undergraduate days 1951-1956, I never received any advice on the career possibilities open to a young doctor. The spectrum of career possibilities should be fully explained to all undergraduates with recommended programmes of postgraduate training to equip themselves appropriately for the career of their choice. It follows that proper training programmes in each discipline should be available. They are not available now and this accounts for much of the frustration in some young doctors. Such training programmes would help to reduce the number of medical nomads to the benefit of all.

ROYAL COLLEGE OF GENERAL PRACTITIONERS

STANNING OVERSEAS FELLOWSHIP

These Fellowships are available annually to young members or associates who have been principals in National Health Service general practice for three years and who are under 38 years of age. They are intended to allow the applicant to study or investigate a general practice or clinical method of some aspect of the delivery of medical care overseas.

Grants will be available for up to three weeks, although shorter periods will be considered. The countries involved are those where bodies similar to the Royal College of General Practitioners exist, through whom the study tour can be arranged. (U.S.A. excluded.) The applicant will be required to report his results.

Application forms and conditions of the grant are available from the Administrative Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. The closing date for applications is 1 April 1972. These awards will be made not later than 1 May 1972 to be available to 1 May 1973.