Applying for a practice—the experience of six trainees

S. L. BARLEY, M.B., B.S.
Vocational trainee, Ipswich, Suffolk

THE first cohort of trainees from the Ipswich vocational training scheme for general practice completed their course at the end of July, 1972. One hopes to enter an academic department and the other six have found practices in which they will become assistants with a view to partnership. Their choices and the road they followed may be of some interest to general practitioners in training and to the organisers of training schemes. General practitioners about to appoint a partner—in the position of the seller, as it were—may feel that the consumers' feelings and expectations merit some attention.

Preliminary applications

(*a*) *Executive councils*

All the trainees began with some basic criteria in mind; these criteria changed sometimes, as the cold light of reality shone upon them—our political idealist, for instance, found that working-class industrial practices are distinctly uncommon in East Anglia.

Nevertheless, geographical considerations were more important than any others, apart from practice size. Once the area, e.g., south of the Thames, and the topography, e.g., large town (precise location not critical) were settled, three trainees wrote to some executive councils. Clerks of councils proved variably helpful, usually depending on how easy it was for them to fill their vacancies. Some replied saying they would put the applicant on a mailing list or otherwise bear him in mind and the applicants hopefully awaited a flood of letters. Two trainees heard nothing at all and the third had helpful replies from three councils. A telephone call to a friendly deputy clerk quickly established that doctors are not obliged to tell the executive councils in advance about a prospective vacancy and it appears that they often hear about it after everyone else.

Our experience of executive councils is, therefore, not very good; one clerk wrote to say that there were no vacancies at a time when, as one of us later found out, a practice in his area had actually applied to him to appoint an extra partner. We should not omit to mention, however, the helpfulness of one clerk whom two of us visited. With the aid of a large map he took us in great and almost slanderous detail through the ages, personal characteristics and imminence of retirement of every doctor in his area.

(*b*) *Medical schools*

Only one of us applied to his medical school and did not get any particular help; it, too, was slow in acquiring information.

(*c*) *B.M.A. Personal Services Bureau*

We had met the director, who had come to give a most valuable talk to one of our day-release seminars. Four of us applied to the bureau and, while being given details of some excellent practices, none of us found our eventual job through it. The best feature of it is undoubtedly the questionnaire filled in by the practice and the applicants; this results in both parties having a sensible amount of information upon which to base decisions.

(d) Grapevine

This nebulous entity proved the most valuable source of information. It had the supreme advantage of being ahead of the advertisements, and, manned by trainers, relatives, the secretary of a local medical committee and people we had met at meetings, it eventually provided five of us with our future practices. It also served the inestimable function of giving a realistic appraisal of any practice which advertised and about which we wanted to know more. Through personal contact we also found that as our availability became known, we were approached by several practices.

Advertisements

All of us looked regularly at the 'partnerships offered' columns of the *British Medical Journal* and three of us at those of *The Lancet*. Fewer used the tabloids; three looked at *Pulse*, three at *Rikerservice* and three at *General Practitioner*. No other journals were mentioned as a source of information.

Not surprisingly, the smaller the geographical area in which we hoped to settle the fewer advertisements we answered. One vigorous trainee, with a wife who could use a typewriter, answered 40 advertisements for practices in large towns in southern England. Three of the more moderate of us answered from one to six advertisements and two of us were catered for entirely by the grapevine.

In looking at the advertisements, we could see that many practices obviously put a lot of thought into the wording, and the occasional really original one must surely be a sign of an unusually interesting doctor.

However, as a group we were influenced most by the general advice that what is important in a practice are the factors which cannot be altered, such as geography and the local schools; much less important to us were those attributes so often mentioned in advertisements, presumably in the hope of catching the applicant's attention—the number of ancillary staff, the use of an ECG machine and other diagnostic aids, access to hospital beds or a maternity unit, the time to parity, use of a rota system or opportunities for research.

The unalterable factors make or unmake one's decision to answer an advertisement but the others clinch the decision whether or not actually to join the practice. A minor point was a common irritation at the use of box numbers; it is difficult to see why practices feel the need to be quite so coy about their identity. Certainly the result was that some of us were put off and did not even apply, simply because the anonymity prevented us from finding out more about the practice.

Applications

After answering the advertisements, we made definite applications. Advertisers are presumably aware that not every reply to their notice is necessarily a firm request to be interviewed, so that they must be prepared to receive replies in perhaps flattering numbers. After finding out more about the practices, most of us turned down some as obviously unsuitable (see Table).

Only one of us put an advertisement in the 'practices wanted' column (in *Pulse* only) and had 16 replies, none of which he felt able to take up.

The interview

We were divided on the ethics of interview technique. Some maintained that it was perfectly legitimate to show every outward sign of interest right through an interview, even though the preliminary indications were that the practice was unlikely to be suitable; experience in being interviewed was essential, they said. Others felt this method to be a reprehensible waste of everyone's time; it could surely be obviated to a great extent by full and accurate information being sent to all applicants in the first place.

There were large personal differences in how much we felt we needed to know before going to an interview and three of us felt that we could not always get a fairly full description of the practice beforehand.

The actual interview was nearly always a pleasant affair, although some doctors clearly had little experience of the technique and seemed to be at a loss to know how to find out what sort of people we were. Since we were equally inexperienced, some interviews were distinctly unproductive and only one of the four who went to more than one interview could say that it was always easy to find out all he wanted to know.

We found that practices were seldom interested in interviewing our wives. Those which did tended to be country practices.

An offer of hospitality was more the rule than the exception, although the latter was often glaring. It made a decidedly unattractive impression on one applicant to drive 45 miles on a dark Sunday night to be interviewed for an hour in the surgery by two partners who not only failed to offer so much as a cup of tea but also did not even take off their overcoats. On the other hand were those interviews where we, our wives and children were fed and entertained most generously for half a day or more.

An offer to pay our travelling expenses was made less often and again the differences in generosity were great.

Final choice

All of us had found a practice within nine months of beginning to look and three months before finishing the training course. Asked if their practice was similar to their original ideal, three said that it was very similar and only one not very similar; four felt that they had had to compromise to a certain extent. While three settled in East Anglia only one has remained within the area of the Ipswich vocational training scheme.

More details about our experience are set out in the Table.

TABLE

EXPERIENCE OF SIX TRAINEES

Candidate	*Number of practices contacted*	*Number of firm applications*	*Number of practices rejected*		*Number of interviews*	*Practices offered*	*Months looking*
			before interview	*after interview*			
A	5	5	1	3	4	4	9
B	1	1	–	–	1	1	1
C	40*	15	34	4	5	5	3
D	20	1	19	–	1	1	4
E	10	7	6	3	4	4	9
F	8	5	6	1	2	2	2

*One practice (with a box number only) failed to answer a letter of application.

Graham (1972) has admirably described the views of the appointing doctor. Now that we are experienced applicants we can tell him that an approach as businesslike, efficient and fair as his is unusual. As newly appointed assistants, we outline what we feel should be the basic essential stages in selecting a partner. They are suggested as the opposite side of a coin which we found true for ourselves.

1. Start six or nine months before the partnership falls vacant. Tell as many colleagues, near and far, about it as possible.
2. If personal contact fails to produce the right person, advertise openly, without a box number, giving the name of the practice and the exact place, the number of partners

and of patients. Do not fail to use the *British Medical Journal*, even though it means paying.

3. Prepare a description of the practice which can be sent to all applicants whom you do not actually wish to discourage. It is no good being cagey about income and your partners' ages (nor when they are going to retire), as this lack of openness easily makes an impression of unfriendliness. Make the terms clear right from the start.
4. Ask your applicants for a very full *curriculum vitae* and expect them to tell you as much about themselves and their aspirations as you have about your practice in your description.
5. Interview a sensibly small short-list of candidates and be generous with hospitality; make an offer to pay at least some of the expenses of the candidates. Have your accounts and partnership agreement to hand and encourage an inspection of your records (clinical and financial audit).
6. Tell the candidates precisely how long they must wait to know whether they have been appointed.

Summary

The experience of six trainees in being appointed to a practice is described. Some suggestions are made about ways of providing applicants and practices with the information necessary to make the best decision.

Acknowledgements

This article has made extensive use of 'we' and 'us' and I am grateful to my fellow trainees Drs C. G. Barber, B. S. Cole, A. M. Coope, P. P. Davies and C. F. Tredgold not only for allowing me to include their views but also for tolerantly accepting my expression of them. I must also thank the partners in my training practice for their helpful comments.

REFERENCE

Graham, B. (1972). *Journal of the Royal College of General Practitioners*, **22**, 73–8.

ADDENDUM

Dr S. L. Barley has completed his vocational training course and is now practising in Sheffield.

THE FUTURE FOR PHYSICIANS

. . . The general physician; their future is bleak. We may reasonably postulate that at the moment most general physicians know more about general medicine than most primary physicians. I think it is relevant to analyse why this should be so. Firstly, they may be more competent; secondly, they may have learnt more; and thirdly, they may have forgotten less.

The first is immeasurable, the second and third are indisputable. The general physician is forgetting less and continuing to learn more than the general practitioner because his experience of exposure to medical problems still exceeds ours; this situation is fast coming to an end.

The general physician is faced with the prospect of being progressively deprived in the future of the experience necessary for continuing competence; this will be due to the increasing use we make of the specialist physician, In time, the exposure to medical experience of the general practitioner will equal or exceed that of the general physician, while at the same time the increase in diagnostic, hospital, and educational facilities will ensure the maintenance of competence.

PORTER, A. (1972). *British Medical Journal*, **3**, 110.