

## *I. Choosing a practice*

A. B. GILMOUR, M.B., B.S., M.R.C.G.P.

Medical Director, British Medical Association Career Service, London

Dear Doctor,

Thank you for your letter. I am interested to have your comments on your experience in a new vocational training scheme, and to learn that you are thinking about finding a practice vacancy at the end of your course.

Firstly, many good vacancies occur and are filled, without being publicised. If during the rest of your traineeship you let it be known through social or postgraduate meetings that you are looking for a partnership locally, you may find that practitioners in the area are interested in you as a candidate for a forthcoming vacancy; this can be either to replace an existing partner or because they have been thinking of expanding the practice, and knowledge of your availability has stimulated their taking action.

### *Visiting practices*

If you have not already done so, I hope you will take advantage of the latter end of your traineeship to visit other types of practice, from rural single-handed dispensing to large urban health centres; even practices of the same size and in the same district can vary so very much in character and organisation that it is important to get an idea of the range and scope of practice opportunities in order to help your choice.

So many people I meet are looking for “a small group practice in an attractive market town not too far from the sea”—and there aren't enough of these to go round! Choice of area can be influenced by many personal considerations, and opportunities are bound to be fewer in the less densely populated ‘popular’ areas. The ‘Slagthorpes’ may not sound attractive, but they often merit a closer look. An industrial town may be ugly, but it can still offer excellent opportunities to practise good medicine among lively and warm-hearted people; relations with hospital staff and local authorities can be excellent, schooling can be good, and delightful countryside may be easily accessible.

Another reason for visiting a number of practices at this stage (i.e. regardless of their having vacancies) is that choosing one is in some ways rather like house-hunting. It is not until you have seen a few that you begin to learn what to look for, and what questions to ask. What are the partners like, and what are their premises? How is the practice organised—staffing, appointment systems, equipment, number of patients, other appointments and activities, special clinics and interests of the partners, postgraduate study arrangements? What sort of relations are there with the local hospital, statutory and voluntary social services, and so forth? Who owns the premises, and what financial obligations will one face in acquiring a share in any lease, equipment and fittings?

Another valid comparison is with marriage. You will expect to be working in close relationship with your partners for many years, with times of stress and occasional crisis. However attractive a practice may seem, you will have to get on together with the *people* who comprise it. As with marriage there can be love at first sight, or initial reactions may change for better or worse on longer acquaintance, or you may need to explore a series of relationships before finding the right one for you. It is, therefore, important to avoid the “shotgun partnership” situation (and the pressures can be great) and ensure at least a few months of preliminary assistantship or some such probationary arrangement so that all parties can get to know each other, before deciding—as they usually do—to make a permanent agreement.

It is true that partnerships (like marriages!) can more easily be dissolved nowadays. It is still an involved procedure, even where there is good will on both sides; where there is not, the experience can be traumatic, and this is obviously best avoided.

The trauma can be worse when, as still happens, there is no formal partnership agreement. A proper deed is *essential*, and ideally it should be so well drawn up that there is no need to refer to it till you retire! Some practices rely on updating long established agreements, but there has been so much change in practice arrangements that a new draft may be advisable. It is reasonable to expect to be able to consider a draft and seek your own advice, and the Manager of the Medical Practices Advisory Bureau has long experience in this. He can often be very helpful to both parties in pointing out errors or omissions, and in ensuring that what you have agreed is in fact embodied in the final legal wording of the document. He can also advise you on the financial terms of entry, which can be difficult to evaluate without experience.

### *Single-handed practices*

While I have concentrated on partnership practice we should not forget that there are still over 4,000 single-handed practices; while the number is declining it is still a form of practice that is attractive to many people who like to be completely independent, and more self-sufficient in the services they provide. If you think this might interest you you will need to plan a long enough visit to such a practice to be able to get the feel of it—perhaps as a locum.

Whereas the partners themselves appoint a new partner, single-handed vacancies are filled through the agency of the responsible executive council, in consultation with the Local Medical Committee. Posts are advertised in the medical press, and appointments committees look for candidates with sufficient experience of general practice to be more able to manage without having colleagues available for consultation. It has been usual to stipulate two years experience of general practice (which can include traineeships) but a full course of vocational training may lead to a modification of this 'rule'.

It is important to remember the Medical Practices Committee (or its Scottish namesake). They have a statutory duty to oversee the distribution of general practitioners relative to the population, and they can refuse appointments—in partnership as well as single-handed practices. Make sure therefore that you know what the position is before getting too involved. Too many practices make such perfunctory application that they risk having approval refused, when if they had given proper details the Committee would have accepted the need for a new appointment.

### *Sources of advice*

Well, I could go on about a number of other factors affecting choosing and finding a practice, but I hope that what I have written will help you to be alert to some of the points which I think important; of course there will be others, some relating to your personal criteria, others to local conditions, apart from more general considerations such as "group practice or health centre" which you have probably discussed in some depth. You face a very important decision, and while only you can make it, don't hesitate to canvass ideas and advice: your trainer, the Regional Adviser in General Practice, the local college tutor and faculty officers, the officers of the local medical committee and the executive council can all help with ideas of information, and the Medical Practices Advisory Bureau not only runs an advisory service but also a partnership introduction agency.

I do hope that all goes well, and I look forward to hearing of your progress; if I can be of any further help never hesitate about letting me know.

Yours sincerely,

ALAN GILMOUR

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