# Why not abolish partnerships?

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PARTNERSHIPS were relatively uncommon before 1948, when 80 per cent of general practitioners were single-handed. However, after the advent of the National Health Service, they quickly grew in number. There were logical reasons for this: financially it was often necessary for a senior doctor to protect his investment in the practice premises, and for a young man starting his career, it was difficult to find capital to buy suitable property; unequal shares of the partnership income, followed by the long climb to parity for the junior partner, provided the older doctor with both the equivalent of capital payment and recognition for his experience. There was the additional benefit of relief from 24-hour responsibility and from the need to find holiday locums. Continuity was provided by the introduction of new partners as older doctors retired or died.

Despite the disadvantage for younger doctors in terms of workload and income, the outstanding virtue of the partnership was the opportunity it provided for them to practise as an apprentice or pupil for two or three years. The senior doctor was providing in essence the equivalent at that time of vocational training.

Much of this is changing: the gradual increase in health centre practices will reduce the need for capital investment in premises; experience is now rewarded by seniority payments; vocational training is becoming highly organized and is now mandatory; and a number of alternatives are available for out-of-hours cover, and holiday help can be readily arranged within small groups of single-handed doctors. Moreover, the pattern of general practice has altered: the new unit in primary care is likely to become the multi-disciplinary team instead of a partnership of a number of doctors. Individual doctors also vary in their interests. Enthusiasts should not be restricted in developing special interests by overall partnership policy, which may not always be founded on flexibility and innovation.

We think that a new and careful look should be taken at the advantages of doctors working together who are not in partnership. Each doctor would have his or her own personal list of patients and would care for them totally, except for out-of-hours periods and holidays, the cover for which would be shared with the remainder of the group. Special arrangements for sharing practice expenses would probably be more relevant than many existing partnership agreements.

Not only would there be advantages to patients and to general practitioner principals, but a more equitable way of appointing new principals to vacancies within groups would become possible. When a fully trained young general practitioner, often with postgraduate qualifications, including membership of the College, applies for a post, he or she is entitled to the same consideration that their colleagues in the specialties receive when they apply for consultant posts. Thus the Family Practitioner Committee and the Local Medical Committee should be represented in association with the existing members of the group whenever a new principal is appointed. The candidate would then be appearing before a properly constituted appointments committee.

What we are advocating is a move away from the more restrictive notion of partnership to the idea of free-standing doctors sharing practice premises and facilities but working only in loose association. This concept is not dissimilar from current single-handed health centre practice, but we believe it should be universally adopted and replace partnerships. We consider that this move away from partnerships would be equally feasible in the present independent contractor system or in any future salaried service organized on a sessional basis; in either case general practitioners would be in a position to regulate their workload and income, and devote time to other interests, including research, teaching and preventive work.

We raise the topic at this moment because we believe the time is ripe to review the whole question of the organization of general practice, not just at the level of improving appointment systems and employing ancillary staff, but at the more fundamental levels considered above. Should not the Royal College of General Practitioners form a Working Party on partnerships?

**Address for reprints**

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