



THE BUSINESS SIDE OF GENERAL PRACTICE: Making sense of partnerships

*Norman Ellis and Tony Stanton (eds)
Radcliffe Medical Press, Oxford (1994)
116 pages. Price £13.50*

For better or for worse general practice now has a large business component to it and long gone are the days when the senior partner could do the books and rule the roost. In any business there needs to be a fairly well defined contract between those partners responsible for the business. It is no secret that in many instances partnership agreements, whether written ones or so called 'partnerships at will', have been ill-defined and even in some cases verging on the ridiculous. With this publication there should be no need for ill-defined partnership agreements or for an excuse of ignorance as to what was in the agreement.

The book is neatly set out in small, easily read and easily understood chapters. There are two main topics covered in the book. The first is that of the partnership and goes into the setting up of the partnership agreement and the reasons for having a written agreement. How partnership agreements can be made to work and how to avoid misunderstandings are covered.

The other main topic is the important area of finance and covers taxation and accounts. This has always been a thorny problem for many practitioners and reading the lucid details of practice accounting and taxation will help avoid many misunderstandings between general practitioners, their accountants and the inland revenue. The text is punctuated by summaries of the main points in each chapter and also by what are rather irritatingly called figures but are really other examples of case studies from disputes. The accountancy section exhibits balance sheets.

The content of the book is well presented and relevant. There is an excellent chapter on the risks of exploitation in partnerships and also some good ideas on making sharing of workload and measuring of workload more relevant to the share of profits at the end of the day. The section on measuring workload is helpful. Inevitably, with several authors writing individual chapters, there is some repetition in the text, but this does not detract from the overall production. There is, however, a little confusion in some chapters between a partnership deed and a partnership agreement, but these are taken to mean the same thing.

The sections dealing with accountancy and taxation review past legislation and go in depth into the proposed changes for self employed persons in the tax year 1996-97. It is perhaps unfortunate that this book may not have reached the shelves in time for general practitioners to take the well given advice on embarking on any proposed major expenditure prior to 30 June 1994 or to hold off until after 30 June 1996, but this is one of the problems with producing a text which has relevance to changing regulations.

The last chapter looks into the future, looking briefly at

arguments for and against changes to those who may actually be involved in a partnership agreement. Some people have wondered whether their practice manager or practice nurse should be a member of the partnership but the book delivers a strong caveat about this.

This little book should be in every practice library in the country. It should also be given to trainee practitioners as part of their training literature and one would like to see more of the nuts and bolts of partnerships included in vocational training schemes.

Medical partnership has been likened to marriage on occasions. Doctors, it has been stated, are notoriously bad at choosing stable mates in both marriage and professional situations. Having read this book, at least medical partnerships may improve and may even lead to better marital partnerships in that much of the stress of the business of medical partnership may be relieved and not rebound on the home. In addition, why not give a copy of this book to your practice solicitor and accountant?

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PRINCIPLES AND PRACTICE OF PRIMARY CARE AND FAMILY MEDICINE

Asia-Pacific perspectives
*John Fry and Nat Yuen (eds)
Radcliffe, Oxford (1994)
333 pages. Price £25.00*

The specialty of primary care and family medicine is expanding as more countries come to recognize its cost effectiveness. Its principles are similar worldwide, but national, cultural and historical factors determine how it is practised in different societies. Many people working in the National Health Service in the United Kingdom believe that little can be learnt from other countries about primary care which is thought to be a British invention. This book shows how wrong they are.

The contributors come from 11 countries of the Asia-Pacific region. The contents are wide-ranging and detailed, covering critical examination of health needs, health systems and economic restraints; roles, opportunities and responsibilities of primary care; quality and ethics; and issues related to education and training.

There is an interesting chapter on culture and health seeking behaviour that is very relevant to general practitioners in the UK looking after patients from cultures where medical pluralism is a cultural tradition. There are excellent accounts of education and training from countries that have managed to overcome many of the current problems facing vocational training in the UK. In 1990, Australia changed its vocational training in family

medicine to one year of hospital posts, and two years in a training practice, with an optional elective year which may be in hospitals, general practice, special skills training or a mix of these.

The fascinating description of assessment and training shows that several countries have devised interesting solutions to the problems of formative and summative assessment that we in the UK are currently struggling to resolve. There is much to learn from their descriptions and solutions.

John Fry always stressed the value of learning from the practice of family medicine in other countries. This book illustrates the truth of this conviction and will be of great value to all involved in teaching, training, and identifying the most cost-effective ways to provide good quality primary care.

BEN ESSEX

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FUNDHOLDERS' HANDBOOK: A REFERENCE FOR EFFECTIVE ADMINISTRATIVE PRACTICE

Mary Jordan

Butterworth Heinemann, Oxford (1994)

248 pages. Price £25.00

Mary Jordan knew that there was a desperate need for a handbook for fundholders about preparing for and managing a fund so she set about writing it. Undoubtedly, she has succeeded in writing a reference for effective administrative practice. For those of us mystified by National Health Service speak, bombarded by changing regulations and unsure what is permitted, here is a guide through the maze, written in clear English.

The book is divided into three parts. The first part covers comprehensively the preparations for fundholding. I do not know a better text. The second part covers administration of the fund and provides excellent advice for fund managers, explaining simply how the accounting works and the day to day administration of the fund. Aspects of fund management which concern general practitioners are less well covered. The drug budget, every fundholder's piggy bank, is covered in only two pages. The third part is a thorough account of strategic management of the fund. One small criticism is the lack of information about running in-house clinics.

The book is clearly written from both personal experience and that of many other fundholding practices which makes it the best in the field. I have particular sympathy for the author's comments on how to build a good team, cope with change, and manage the practice well. Overall, this book will be of most use to practices preparing for fundholding and fund managers. Experienced fundholders will find it useful to read but less instructive.

JAMES A DUNBAR

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MANAGEMENT AND COMPETITION IN THE NEW NHS

Chris Ham

Radcliffe, Oxford (1994)

86 pages. Price £12.50

This one of the most sensible and readable books that I have read about the National Health Service reforms. It is also commendably short. Professor Chris Ham is director of the

Health Services Management Centre at Birmingham and has 'lived and breathed the NHS reforms for the past six years'. His book is divided into four sections covering the background, implementation, impact and the future of the NHS reforms. The text has a slightly racy style, reminiscent more of political biography than academic text, and the book is most valuable for its personal insights into the reforms rather than a recantation of recent health service history. Many general practitioners who have borne the brunt of recent health policies will empathize with comments that *Working for patients* has 'all the hallmarks of a strategy only half thought through' or that 'Ministers have pursued a large number of initiatives [which] overload the health policy agenda and create the impression of a lack of vision at the highest level.' In the section on primary care, Chris Ham is no less trenchant in his comments, and it is reassuring to find that a senior commentator on the NHS reforms is able to understand the problems, as well as the opportunities, facing general practitioners.

The NHS reforms are not a subject of great interest to many general practitioners although they affect us all. We should be grateful that the author has been able to distil his experiences so lucidly: a must for the practice library.

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RCGP

Education
Network



**THE ROYAL COLLEGE OF
GENERAL PRACTITIONERS
RECERTIFICATION FELLOWSHIP**

The Royal College of General Practitioners has a major commitment to the development of recertification for its members. In order to develop the College's objectives in this area, the College intends to

appoint a part time fellow. The main aims of the fellowship will be to investigate and develop the options for recertification for College members. The Fellow will be responsible for developing methodology and devising mechanisms for its implementation within a defined time scale.

The College is seeking to appoint a senior general practitioner who has considerable experience and standing in the profession. Applicants should be members of the College with a strong commitment to the College's values and a demonstrable interest in recertification. They will have a proven track record in the delivery of general practice education and possess high level inter-personal skills.

It is expected that the appointment will be for a two year period on a part time basis up to four sessions per week (negotiable). The remuneration will be pro-rata equivalent to the NHS consultant scale. It is expected that the fellow will be based in, or will have links with, an appropriate academic institution.

For further application details, please contact Dr Aly Rashid, Chairman, Education Network, RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU.

Closing date for applications: 9 December 1994.