Partnership in general practice: what chance a future?

Hardly anyone wants to become a GP partner any more. If you think this statement is extreme you cannot have advertised for one in the past couple of years. And let us not start on the chances of recruiting someone full time.

This situation has arisen at a time when both our profession and health service planners are engaged in a vital and potentially paradigm-shifting debate about the future role and primacy of GPs in a brave new NHS. Central to this debate is the issue of how those fitted to this future role are selected and trained. It was partly with this question in mind that the BJGP recently presented a themed issue and two engaging editorials focusing on GP Careers.1,2

Patterson et al ask if UK GP training is now fit for purpose, but in doing so do not address what is, for me, a key question: is it right to place a value on partnership in the process of selection and training?2 Partnership, after all, remains the most prevalent employment model in primary care; so how is it that our newly trained GPs are so unwilling to commit to the role? Does this trend in itself argue training is not fit for purpose?

The alternative may well be that it is partnership that is not fit for purpose. Certainly, Clare Gerada, in her recent valedictory remarks, would seem to be suggesting as much.3 And when our own leaders cast doubt on the future of the ‘small business’ model who can blame nascent GPs for showing reluctance to embark on a contractual tie to property, working capital, and staff, and to bind themselves to ever-shifting organisational, remunerative, and governance complexities? Particularly when salaries and locum incomes can now sometimes exceed dwindling earnings in partnership.

And yet a quick skim through the qualities listed by Patterson et al as suited to a newly developed role for general practice looks less like a radical overhaul and more like the job description of an experienced partner. The hope is that these qualities can be taught in the training programme. But can they? It is profoundly difficult to teach skills like resilience, leadership, business acumen, and the confidence to act in the face of clinical challenge and complexity. Skills like these have their origins in personal qualities and values, and are honed through slow and sometimes painful professional experience and work on the job. We certainly should be trying to recruit the right candidates and I don’t doubt that training can be better structured and supported. But doesn’t partnership already offer a way of nurturing advanced skills?

Partnership at its finest allows newly-qualified GPs to experiment and to find what it is they do best, do best, supported all the while by more experienced colleagues. The close-knit structure of partnership mirrors and responds to the community it serves. Partners run a business together, and soon learn how to handle limited resources with care and to maximise efficiency. Partnership is inherently team-based, yet fosters independent and creative thinking; an old model it may be, but it remains a crucible for innovation. Partners are self-motivated and innately retain that key component of professionalism: the desire to serve well out of personal satisfaction alone. Perhaps this sounds misty-eyed and idealistic, but I believe it, and I feel the profession must start to value it again, too.

The argument has been put that if general practice is not promoted in medical schools it will not attract the best doctors. I say that if partnership is not promoted in the vocational training programme we will lose something precious at the heart of general practice.4

REFERENCES