



# **SQUARE PEGS AND ROUND HOLES**

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**RESEARCH AND ADVICE ON GP RECRUITMENT**



# Acknowledgements

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## **Cover Image:**

Courtesy of StockVault.com



# Introduction

Although it is well documented that there is a recruitment crisis in general practice<sup>1</sup>, some practices have been able to recruit partners and salaried GPs, and many young doctors are still choosing general practice as a career option.

In early 2017 the LMC decided to try and gain a better understanding of the expectations of trainee GPs, and the reasons some practices seem able to recruit while others struggle. The first section of this research was in the form of a questionnaire, designed by a local GP. The questionnaire explored a range of areas including trainees' views on GP partnership, salary, and work-life balance as well as how they saw their career progressing over the next 30 years. Thirty two local ST3 trainees completed the questionnaire and engaged in an open discussion about their views.

The second phase of the research focused on GPs that had joined practices within the last 12 months either as partners or salaried GPs. GPs were interviewed by two local GPs on behalf of the LMC, following a structured interview format. The aim of the interviews were to understand the process that the GPs had gone through when looking for a job, what influenced their decision-making when selecting a practice to join, and what their experiences – both good and bad – had taught them.

This report is divided into three sections. The first summarises the key findings of the trainee survey. The next section looks at the factors that new recruits took into account when deciding which position to take. Some of these factors will be outside of the practice's control (e.g. the distance between the practice and the GP's home) but some are within the practice's power to change even if they may go against the grain of years of tradition or "the way it was when I started". Finally, the third section looks at the process of recruitment itself, from the decision to go to recruitment in the first place, via advertising and interviewing, to the first few weeks of a new partner or salaried GP starting.

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<sup>1</sup> BMA warns that fall in GP numbers shows crisis deepening in general practice. March 2017. BMA Website



# Part One: What the trainees said

## Partnership

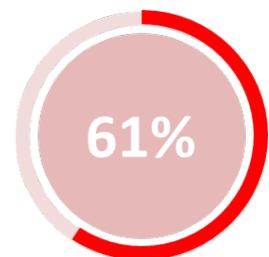
The first section of the questionnaire explored the trainees' views on GP partnership and the status that different GP roles held in the profession. When asked about their willingness to become a partner, 61% of responders said they would either definitely accept a partnership if offered, or would like to be a partner in the future but not for a couple of years. Over two-thirds of respondents also said they felt that GP partners held the highest status within general practice.

## Work-life balance

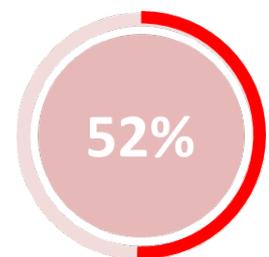
Asked about their preferred working patterns after qualification, a third of respondents indicated they would be happy to work evening and weekend shifts, a third said they would only be willing to work in hours Monday to Friday, and the remaining third said they only want to work part time. When questioned about how family life would impact on their decision to take a job, 52% of respondents said that they would need to be able to set their hours around their childcare.

## Finance

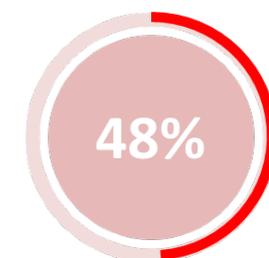
The questionnaire asked a number of questions about how much the trainees expected to earn once they were qualified. Nearly half (48%) expected to earn between £3,000 and £5,000 each month, after tax, while 21% hoped to earn over £8,000. However, money was not seen as a high priority for most respondents.



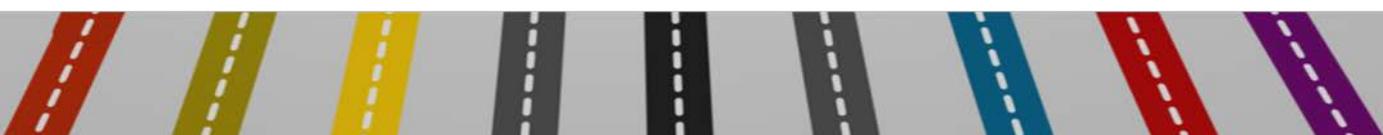
Want to become a partner



Will need to set their hours around childcare



Expect to earn £3,000 to £5,000 after tax, per month

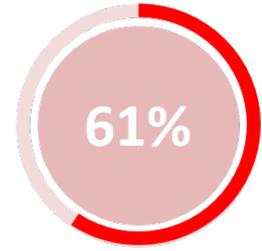


## Career plans

When asked how long the trainees envisaged working at a practice, 31% said they would like to join a practice and stay there for the majority of their career (30 years or more), while 46% felt they would likely stay for at least five years before moving on.

Following qualification, 61% of trainees said they would like to remain in the Beds and Herts region, 35% said they would stay in the UK, but not in Beds and Herts, and the remaining 4% said they planned to leave the UK.

When asked about the impact their training practice had had on them, 60% said that the practice had inspired them to be a GP.



**Want to remain in  
Beds & Herts after  
qualification**



# Part Two: What makes one practice more attractive than another?

## A safe and supportive environment

This came up repeatedly as perhaps the most important consideration particularly for newly qualified GPs. As one said “my first priority was being somewhere safe to clinically learn”, and another said “I’m looking for a safe environment to learn the job”.

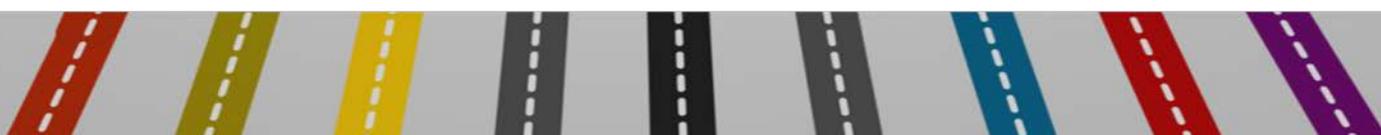
There was a perception that a training practice would be more accustomed to providing a supportive atmosphere and that the trainers “would be more receptive to helping newly qualified GPs”. One GP said “I would always have gone for a training practice”.

However there were other factors that contributed to the GPs feeling safe and supported in their new role which are not the sole preserve of training practices.

Reference was made to “well trained patients”, by which the GPs meant that the practice has good demand management processes in place. This may refer to good and clear policies and processes for home visits, triage, appointment bookings, and in particular the complaints system. More than one new partner referred to the practice’s complaints process as a factor they would consider. A clear complaints process was seen as protecting and supporting the GP as well as demonstrating a culture of openness and fairness. Regular clinical meetings and significant event meetings were also seen as contributing to a supportive environment.

**“My first priority was being somewhere safe to clinically learn”**

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The balance of workload and fairness was also seen as important in creating a supportive environment for a new GP. New GPs starting at a practice whether as partners or as salaried expect to be treated fairly. One new partner commented “I feel very supported. There’s an ethos of ‘we’re all available’. It does feel equal; it doesn’t feel like a hierarchy”. Another said that it was important that they didn’t feel “like fresh meat”.

Linked to this was being able to “settle in” to the role. One practice offered the new GP a settling in period that included reduced on calls and 15 minute appointments. Another said they were slowly brought into the role rather than having a lot of workload pushed on to them.

### **A willingness to be flexible**

Practices that were willing to be flexible rather than rigid in terms of working patterns seem to be more attractive to new partners and salaried GPs who place a great emphasis on work/life balance.

Flexibility on the number of sessions was important. One GP said “I told them I can only work three days as I know I will burn out after that – they wanted 8 sessions but they happily agreed”.

Support for specialist interest was another big factor. The doctors interviewed stated this as a factor that increases their resilience in the current work climate and therefore for them it was a big positive when the practice said they would support it. This did not necessarily always relate to clinical specialisms. In one example, the new partner had a particular interest and skill in IT that the practice recognised would benefit the business and the partners therefore offered to pay him for this work. The practice recognised that this was a skill that was lacking amongst the partnership and should be valued.

### **Prior knowledge of, or experience of working in the practice**

Many of the interviewees stressed the importance of having worked in the practice before. Almost all new partners had joined practices they knew, either from training there or doing locum work. As one new partner said “Not a chance I’d have applied for a partnership without trying it first.”

*“A Bedford VTS graduate did locum work around several practices before settling on one in particular. After a few months the partners approached him to see if he’d like to join them. By then he could see how they worked and was happy with their systems and staff. They gave him a copy of the accounts to take home, which he perused with a family friend who was an*

**“The practice offered a settling-in period, which included reduced on calls, 15min appointments and catch ups was really helpful”**

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**“Not a chance I’d have applied for a partnership without trying it first”**

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*accountant. He took the partnership, but not full-time, preferring to keep three sessions free to spend with his wife and young baby.”*

*“A new partner in East & North Herts had trained at a practice as an ST2. The next year she kept in touch with one of the trainers there doing sessions with them at Herts Urgent Care. They offered her a partnership when she qualified and, already knowing the practice and the partners, gladly accepted.”*

## **A financially stable practice**

A financially stable practice was a significant factor and for potential new partners, being given the opportunity to go through the practice accounts before the interview was important. For many new GPs, however, practice accounts are unfamiliar and they weren't sure how to read them. Some practices provided time with the practice accountant free of charge to help them understand the accounts and this was welcomed both to help the new partner understand what he or she was potentially coming in to, and as a demonstration of the openness and culture of the practice.

The old tradition of new partners not being given parity with existing partners was a deterrent for newer GPs. New partners expect early, if not immediate parity. This was less about income and more about fairness, with new GPs not wanting to be seen as lesser partners in the practice.

Surprisingly, income was one of the lowest priorities mentioned by the GPs interviewed and was only mentioned once as a significant factor in deciding on one practice over another. One GP said this was “the last thing to look at”. Another GP was offered a partnership at a high earning practice but accepted a job at a lower earning practice because he felt he got on better with the doctors and practice manager.

Having to buy in to the premises was seen as an opportunity for some GPs, and as a deterrent for others. New partners considered that it should be optional.

## **A forward thinking practice**

For younger GPs, a practice workforce that includes young partners was seen as important as a reflection of a forward thinking practice with the ability to succession plan and expand. Some newly qualified GPs said they were put off by a practice having a lot of partners near retirement age. As one said “Is the practice desperate for partners because they're all retiring?” Some GPs wanted to join a practice that was “going places” and which played an active role in the locality: “I'm looking for professional

**“Is the practice desperate for partners because they're all retiring?”**

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development on an individual level and the practice being forward thinking.”

*“A locum GP of a few years’ experience was approached by a retiring partner, who had run a two-handed practice for years. Both partners were retiring in the next year. They asked the locum if he’d like to take over the practice and run it himself. After looking through the practice finances with an accountant and talking to other partners that he knew, he realised it would be a huge undertaking. He thought trying to run the practice potentially by himself would just be too big a responsibility and, coupled with the fact that his earnings would likely be less than he was earning now, he turned down the offer. To date, no one else has taken on the practice and the partners haven’t yet retired.”*

**“I’m looking for professional development on an individual level”**

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The opportunity to specialise and to be supported by the other GPs in the practice was also seen as evidence of a forward thinking practice.

### **A stable workforce and good staff morale**

The GPs interviewed mentioned the importance of a low staff turnover and a friendly team where GPs are valued and supported. Good staff morale, with regular staff meetings, morning tea breaks and socials were also essential.

It was important for new GPs that their opinion would count. One new partner related this to the size of the practice (i.e that it was not too big), but this is more to do with the culture within the practice and how decisions are made.

### **Premises in a convenient location.**

The location of the premises in relation to the new GP’s home was an important factor for some new GPs. Clearly this is not something the practice can change, but the practice could consider how flexible it can be with regards to taking into account travel times.

The size and state of the premises was not brought up as an issue in the interviews



# Part Three: The recruitment process

The new partners and salaried GPs were asked about their experiences of being recruited by practices. The following points were made.

## Finding out about vacancies

Many of the new partners and salaried GPs interviewed considered that a personal approach or word of mouth was the most important and useful way of recruiting new GPs. This may be a personal approach from a practice to a GP who has worked in the practice as a locum or as a trainee. Another GP also commented that word of mouth is the only way: “how else are you going to poach more experienced partners?”

Advertising in traditional places such as the BMJ seems to be less effective than via GP groups on Facebook.

## Being invited for an interview

Receiving an invitation to an interview in written form was seen as positive as an indication of an organised and efficient practice.

Personal contact was considered of paramount importance. If the potential recruit had been contacted by a partner, then it was helpful if that partner then took responsibility to be the main contact. In other cases, the Practice Manager was the first point of contact. It was very important that the point of contact was available during the recruitment process and responded to questions. Delays in correspondence was seen as a very bad sign. In one case, delays by the practice meant that a GP did not take up the job offer even though it had been their preferred practice.

**GPs preferred having direct contact with a partner at the practice, rather than all communication being via a practice manager.**

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## Attending the interview

The reception the new recruit receives on arriving for their interview is crucial: first impressions count (even if the GP has worked at the practice before, the practice has to make a good impression if the GP is considering working there permanently). So it was important that staff are aware that the GP is coming for an interview and they are welcomed and looked after.

A formal, structured interview was seen as positive, particularly if all (or a majority of) the partners were present. The new recruit is also interviewing the partners to make sure they want to work in the practice, and the way they are treated will determine the outcome. One GP said “I did not feel intimidated or inferior. They treated me as a colleague”.

### Two examples of how not to do it:

*“The GP was asked to sign in, and then was sat in the patient’s waiting room; they were called out by their first name and given rough directions to get to the interview room on their own.”*

*“A locum was approached by a practice for a partnership position. They asked her to come in for a talk at a particular date and time. When she arrived, it transpired the practice manager was away and so were two of the partners. The only partner around was duty doctor and didn’t have time to talk to her! She left feeling the practice was disorganised and wasn’t serious about valuing any new partner it took on. When the practice asked her if she’d like to come back for a second visit, she declined.”*

**First impressions are crucial. Consider how an interviewee will be treated when they arrive at your practice.**

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# LMC Top Tips

If you do decide to advertise a vacancy at your practice, these are some tips on how to make your advert stand out and attract interest.

(With acknowledgements and thanks to Mimi Salgado, Practice Manager)

**1**

## **Make the advert about what the applicant wants, and not about what the practice wants.**

The practices that have had a lot of success recruiting seem to centre their adverts more around the applicant than the practice, so instead of: “we are seeking a partner or salaried GP”, try: “are you a looking for an exciting new role as partner or salaried GP”. It sounds cheesy but seems to work! Also remember that adverts that seem desperate tend to put people off.

**2**

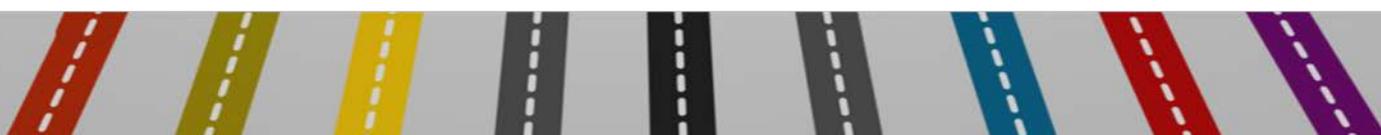
## **Be prepared to be as flexible as you can – you may end up with exactly what you want.**

A practice in Hertfordshire went to advert looking for either a salaried GP or a partner, 5-8 sessions per week. Beyond that they said “come and tell us what you want”. They had 19 applications, interviewed nine candidates and ended up recruiting both a partner and a salaried GP for the hours they had wanted.

**3**

## **Highlight what makes your practice different – rather than just the “vital statistics” of the practice.**

Everybody makes the same generic claims in an advert e.g. we’re friendly, forward thinking etc. Back these claims up with examples - do GPs/staff get together for coffee? If you’re innovative, what services do you offer that demonstrate this? If you have young partners highlight this.



**4**

### **Sell the local area.**

For GPs who are looking to relocate they may know very little about the area.

**5**

### **Design an advert that is easy on the eye**

Avoiding large blocks of text and adding a picture of the practice or logo makes an advert much more user friendly.

**6**

### **Plan how to respond to interest**

The attitude of whoever is managing the recruitment process is vital. A blunt practice manager who just tells an interested GP to “e-mail over a CV and we’ll let you know” quickly puts people off. Direct personal contact with a partner or practice manager who is willing to take the time to talk has the opposite effect.

**7**

### **Think about the impression of the practice you want to give prospective recruits**

Plan what will happen when candidates arrive for their interview. Make sure reception staff are aware that they are coming and know who to contact. Try and make the process feel as personal as possible. Remember, recruiting is a two way process, you need to sell the practice as much as the applicant needs to sell themselves.

**8**

### **Use social media**

Many GPs commented that the best way to reach trainees and young GPs is via social media. Providing a link to your advert on a Twitter feed, Facebook or LinkedIn is a quick and free way to reach the widest audience.

