



Bedfordshire & Hertfordshire
Local Medical Committee Ltd

GOLDILOCKS & THE THREE PARTNERSHIPS



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Introduction

In General Practice, partner recruitment and retention has been an issue highlighted both nationally and locally over the past decade. Locally, in Bedfordshire and Hertfordshire, from 2014 to 2022 there has been a 23% reduction in the total number of partners and a 23.1% reduction in the number of fulltime equivalent partners [1]. With increasing population sizes and changes in the workforce, there has been a 42% increase in the number of patients per every full-time equivalent partner from 2014 to 2022 [2]. The Fuller Stocktake Report highlights the loss of GP Partners [3]. There have been a number of suggestions as to why partner recruitment and retention has been affected, however this is often via word of mouth. There is not one GP partnership which is exactly the same, and this is influenced by an endless number of factors. The decision to join or leave a partnership is also likely to be affected by various personal and professional reasons.

The *Goldilocks and the Three Partnerships* project was created to identify characteristics of partnerships which appear to work well and to gain an understanding of why partnerships struggle. No partnership is perfect but discovering aspects which could be 'just right', in line with the Goldilocks analogy, was the focus of this project.

The evidence in this document was guided by the data collected from the Bedfordshire and Hertfordshire Local Medical Committee's *Partnership Change Project*, which collated experiences from General Practitioners (GPs) who have joined, changed or left a partnership in the past three years. Consequently, themes which have had a positive and negative impact on partners have been highlighted. This piece of work endeavours to provide useful insight for GPs looking for a desirable partnership, and an opportunity for partnerships to identify potential areas of development.

This project cannot promise that the Goldilocks 'checklist' is any guarantee for a fool-proof partnership. Furthermore, every GP is an individual, with different priorities which inevitably will change over time due to personal and professional circumstances. However, the evidence in this project will highlight common themes reported by partners and patterns which appear to work well in a partnership. It will raise useful characteristics which could be considered by existing partnerships and prospective partners.

Methodology

Data from the *Partnership Change Project* was used in the analysis of the *Goldilocks and the Three Partnerships* project. The *Change Project* consisted of two questionnaires: one for GPs who joined a partnership in the previous three years, and a second questionnaire for GPs who left a partnership or changed their partnership commitments in the previous three years. The questionnaires consisted of multiple-choice answers and free text responses, and were submitted between July to September 2022.

Each questionnaire collected information on the demographics of the GP and their general practice. For those joining a partnership, questions regarding their rationale for becoming a partner, their current experiences, and their recommendations were collected. For those who had changed their role in partnership, questions focused on the nature of the change, factors leading to the new role and any additional support provided. Questions relating to partnership recruitment and retention were

part of both surveys. Data was collected on factors attracting GPs to partnership and also ways to support GPs into partnership.

The quantitative data was analysed in the form of percentages, and themes from the qualitative data were drawn. A further subgroup of quantitative analysis was completed using the data from the questionnaire for those who have joined a partnership. The data was analysed according to whether the GP partner felt they made the right decision in joining the partnership or not.

Results

GPs who joined a partnership: did they make the right decision?

There were eighteen GPs who completed the 'joined a partnership' questionnaire. Two thirds of these partners felt they had made the right decision in joining the partnership (66%). The remaining were unsure or felt they had not made the correct decision joining the partnership. Interestingly, most partners, whether they felt they made the right choice or wrong choice, worked the same number of sessions (5-6 sessions) and the same number of hours (16-39 hours) per week. Similarly, the same proportion of partners had worked in the practice beforehand or as a trainee.

For partners who felt they made the correct decision to join a partnership, 92% were working in a training practice. A marginally lower proportion of 83% who felt they had not made the right decision joining a partnership were in a training practice. For those who felt they had made the right decision in joining a partnership, 75% had been a partner for two years or more. In contrast, for partners who felt they had not made the right decision in joining their partnership, 66% had been working in their role for less than two years.

From those who felt they made the correct decision, 58% had additional roles outside their partner role. From those who felt they made the incorrect decision, 32% had additional roles outside their partner role. 92% of new partners who felt they made the right decision had four or more partners in their practice including themselves. In contrast, for new partners who felt they had not made the right decision, 50% had fewer than four partners in their practice. With those who felt they had made the right decision, 59% worked in a practice with a list size of more than 15,000 patients. For those who joined a partnership and felt they had made the wrong decision, 33% worked in a practice with a list size of more than 15,000 patients. GPs aged 30-39 years were the highest proportion of partners who felt they made the correct decision joining a partnership. For those who did not make the right decision, 66% were aged 40-49 years old.

Thematic analysis

Across the two questionnaires, positive aspects of a partnership were identified by partners who had joined, left or changed their partnership role. From the qualitative data, nine themes were drawn: **Trial Period, Support and Education, Workload and Career, The Practice and Staff, Finances, Wider Landscape, Flexibility, Sustainability, and Partnership Values**, discussed further below.

The questionnaires have suggested that a probationary or *Trial Period* when entering into partnership would be more appealing to prospective partners searching for work. It has also been highlighted that working within the practice beforehand as a salaried or locum GP would be important in helping to make a decision on joining the partnership. A recurring theme throughout the responses related to the *Support and Education* of partners. Mentoring within the practice, or more formal support for new partners, has been highlighted as a good aspect to a partnership. Furthermore, support with appraisals and an opportunity for education in business and human resources has been proposed.

The *Workload and Career* of a partner has been frequently referred to throughout the questionnaires. The opportunity to have protected admin time and a moderated workload has been discussed, as well as independence and allocated partner time in the role. Certain specific features of a working week, such as 15-minute consultations and getting a balance of six clinical sessions per week, have been highlighted as desirable job features. In addition to this, opportunities to develop other interests or skills in the role of a partner have been discussed in the questionnaires.

Partners who responded often referred to *The Practice and Staff*. A good practice manager, user friendly systems and technology, and a good premises and staffing level have been identified as invaluable aspects to a well-run partnership. Some negative comments related to issues with practices becoming too large and being multi-site. The importance of not having too much remote working has also been highlighted.

The *Finances* of a partnership received a number of comments. For new partners, discussion on financial incentives and compensation on joining the partnership have been raised as important factors. Ensuring good financial differentiation in income between partners and other doctors in the practice has been discussed. A partnership with a good business model and financial stability have been highlighted as desirable features, in addition to having financial clarity before joining. For those in established partner roles, protection of seniority pay has been raised as a positive aspect to a partnership.

The *Wider Landscape* surrounding a partnership has been briefly raised in the questionnaires. The importance of a well-connected Primary Care Network (PCN) and good local connections have been discussed. *Flexible* partnerships which are open-minded and able to adapt to new change are desirable. The opportunity for long-term flexibility with changing workload in relation to personal circumstances has been raised. The *Sustainability* of a partnership has also received a number of comments throughout the questionnaires. The ability for a partnership to be forward-thinking, with a clear understanding of their future direction, has been valued by partners. Furthermore, partnerships who engage in innovative processes have been praised.

Establishing a good understanding of the *Partnership Values* has been raised as vital before joining a partnership. A hardworking group of partners who are team-spirited and positive have been proposed as important aspects to a partnership. A well-established and cohesive partnership who have a like-minded vision has also been prioritised. Ensuring that your own values are in keeping with the partnership ethos has been repeated throughout the questionnaires.

Discussion

The data from the *Partnership Change Project* has been useful in shedding light on desirable aspects of a partnership. Interestingly, the data suggests that it may be better to work in a practice where there are more partners. It is possible that with a small partnership there may be more workload per partner and less flexibility to employ other staff to support the business. More of the new partners who felt they had made the right decision to join a partnership were working in a practice with 15,000 patients or more. Therefore, it may be more desirable to work in a practice with a larger patient population, however, there is no evidence to suggest an upper limit. It is possible that the additional funding for more patients allows for more opportunity to be innovative and employ more staff.

The workload of the partners has been highlighted in the results from the questionnaires. Interestingly, the workload is discussed in the free text responses, but the majority of new partners work 16–39 hours per week, across 5–6 sessions. This was reflected in the two groups of new partners who did or did not feel they made the right decision in joining the partnership. This evidence suggests that the number of hours or sessions does not necessarily make a partner feel satisfied in their role.

New partners who felt they made the right decision tended to be younger, aged between 30–39 years old. Whereas most of those new partners who did not feel the decision was right, were older, aged 40–49 years old. It is possible that by the time GPs reach their forties there are additional personal pressures, and it is therefore better to become established in a partnership role earlier in your career. A small proportion of the sample were previously GP trainees immediately before joining a partnership, but they all felt they made the right decision to join the partnership.

Interestingly, while the qualitative data suggested that it was important to work within the practice before becoming a partner, there was no difference in the proportion of new partners who felt they had or had not made the right decision in joining the partnership. It is possible that working within the practice may give exposure to the patient population and working colleagues, but not necessarily the requirements of a partner. It may be useful for GPs to be offered a probationary period as a partner before they are required to make a more formal commitment. This trial period could allow GPs to make a more informed decision, without the concerns of a long-term contractual agreement.

The data suggests that training practices are better at recruiting new partners. However, there was only a small difference in the proportion of new partners in training practices who felt they had or had not made the right decision with joining the partnership. It may suggest that training practices have more opportunity to connect with prospective partners, but they may not have any better partnership role to offer.

The opportunity to develop additional skills and roles as a partner was discussed throughout the qualitative data. New partners who felt they had made the right decision were more likely to have additional roles within their working week. This has highlighted the importance for partnerships to allow time and opportunities for partners to develop interests and skills. The option of having more independence and control over the working week has been revealed through the thematic analysis and indicates a more attractive partnership.

The data also suggests that it may take time for a GP to feel they made the right decision with joining the partnership. A higher proportion of those not satisfied with their new role had worked less than two years. The majority of new partners who felt they made the right decision in joining the partnership had been in the role for more than two years. It is possible that it takes time to develop skills and experience within the partner role. This may leave some new partners unsure in their role for the short term, but that improves with time. Furthermore, from the thematic analysis, concerns relating to the financial commitments to partnership have been raised. The need for compensation or incentives to support new partners in their new financial commitment has been suggested. This aspect of the partnership model may also explain the uncertainty for some new partners in the first couple of years in the role.

References:

[1] [2] NHS Digital General Practice Workforce Dataset <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>

[3] Fuller Stocktake Report, pg.19 <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

How to make the porridge ‘just right’

We have formulated an 8-point checklist to guide Partners to build, sustain and nourish their partnerships and their practice.

Whether looking to recruit, retain or strengthen the team, this evidence-based guide will explain 8 essential priorities for a resilient, robust, and supportive partnership.

These are the questions to ask, the questions to answer and considerations to discuss.

Title	Considerations	Questions to ask
1. The Practice	It is important that you consider what sort of practice you want to be a partner at, and what your priorities are, and then see if the practice meets with these priorities. This can include thinking about the size of the practice (list size), the size of the partnership, the number of sites and what the practice offers (e.g. is it a training practice?).	<ul style="list-style-type: none"> • How many patients does the practice look after and over how many sites? • Are you happy working across multiple sites? • Is it a small partnership where you will be involved in all decision making, or a large partnership where you may be on the periphery? • Is the practice well-maintained and do the partners take pride in their sites? • Is it a training practice? • Is the practice an active member of their PCN?
2. Belonging	GPs tend to stay at partnerships where there is a strong sense of belonging within the team. This is a very subjective element but can often be gauged by looking at the sense of belonging of the existing members of staff.	<ul style="list-style-type: none"> • Is there a strong Managerial and Leadership presence? • Is team working encouraged? • Are staffing levels good? • How do you feel when you walk through the door?
3. Partners	Your enjoyment of partnership will be largely impacted by how well you get on with your partners, therefore getting to know those you would be working with before you join is vital.	<ul style="list-style-type: none"> • Do the partners all get along and meet during the day? • Are the partners supportive of one another? • How long have the other partners been working together? • Is there someone who would act as a mentor for you within the partnership?
4. Values	Ensuring the practice values align with your own will avoid conflict within the partnership when decisions are being made.	<ul style="list-style-type: none"> • From your time spent with partners and staff, what do you think the values of the partnership are? Do they match your own? • Would they support you by having protected time for your personal development? • Is there alignment of views on work/life balance?



Title	Considerations	Questions to ask
5. Partner Role	It is important that you have a clear understanding of what it means to be a partner at the practice (this varies massively from practice to practice).	<ul style="list-style-type: none">• Are there specific and defined partner roles and do the partners have other additional roles?• Are there opportunities to develop your skills?• What are the expectations of a new partner?• How is the role of a partner different from the role of a salaried GP in the practice?
6. Vision and future of the practice	The practice you see today is unlikely to be the same in five years' time. Therefore, it is important to understand if the partnership has a collective vision for the future, with active succession planning.	<ul style="list-style-type: none">• What does the partnership currently look like?• Is the current model sustainable?• Is there a clear sense of future growth for the partnership?• Is the partnership considering any major changes in the near future (e.g. a merger, opening or closing a branch etc.)?
7. Longevity	Joining a partnership is a long-term commitment and will likely mean you staying in the same place for longer than you have ever done before. You need to feel comfortable that you can see yourself there in at least three years' time.	<ul style="list-style-type: none">• Are you committed to this role?• Will you be allowed the time it takes to feel confident as a partner?• Is there a single change that could take place within the partnership that would alter your decision to join (e.g. partner X leaving)? If so, how likely is it?
8. Finances	Before entering a partnership, it is important to gauge the levels of financial stability, transparency and planning within the practice.	<ul style="list-style-type: none">• Have you seen the accounts and got a specialist opinion?• Do you understand the financial impact on you, both when you first join and in the future?• Does the partnership have a good understanding of their income and expenditure?• What are the biggest financial risks to the practice?