Bedfordshire & Hertfordshire Local Medical Committee Ltd

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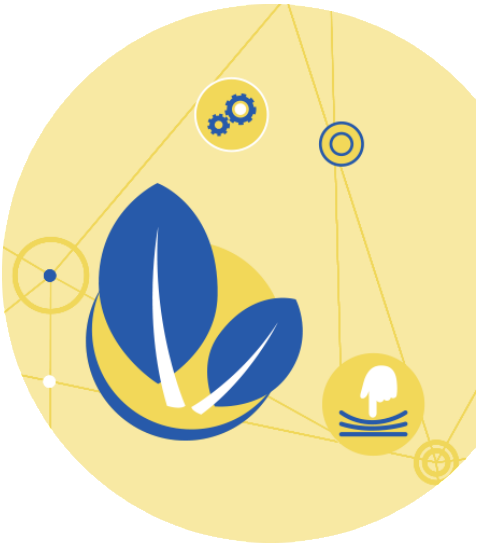
The Obligations of a GP Partner



By Michael Harrison

Exec Director

As the pressure on general practice continues to grow, we regularly hear that young GPs do not want to become partners, preferring the security and flexibility of salaried or locum GP roles. Often these GPs, shaped by their experiences in training and their early careers, only see risks, both financially and to their personal well-being, when considering partnership. However, beyond these risks, there is also a lack of clarity around what it means to be a GP partner.

This confusion is not limited to GPs who are considering partnership, but also exists for GPs who are already partners, some of whom may have held a partnership role for many years. Many of the disputes that the LMC is asked to be involved with result not from a GP breaching the terms of their partnership agreements, but from one or more partners displaying behaviours or attitudes that are not supported by the partnership as a whole.

This lack of clarity has led us to start asking partners questions about their partnership role. What does it mean to be a GP partner at your practice? What are the obligations of a partner here? What values do you hold as a partnership?

The answers to these questions led us to two observations. Firstly, that within partnerships, the view as to what it means to be a partner varied considerably. Secondly, few practices had taken the time to openly discuss their views and commit anything to writing.

Most partnerships rely on what is written in their partnership agreements to answer these questions. However, the reality is that a partnership agreement is a legal document, designed to protect both the partnership and the partners. Common areas covered by partnership agreements include partnership capital, partnership earnings and receipts, annual accounts, restrictions on partners, suspensions, retirement, premises ownership and partners liability. All of which are vitally important to the running of a partnership, but none of which address the expectations of a partner.

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Some partnership agreements include a section titled Duties of Partners, but again, the items usually included under these clauses are very limited and focused on protecting the partnership from liability, such as "partners must remain under the protection of a medical defence union" or "partners must remain registered with GMC". Often there is a line that refers to a partner's conduct, but this is usually vague and provides no clear guidance on what acceptable conduct is, for example, "a partner must conduct him/herself both personally and professionally in a manner becoming of a medical practitioner".

This lack of clarity as to the expectation of GP partners can lead to both dispute and dysfunction within partnerships, as each partner judges the effort of

others based on their personal view of the obligations and expectations of a partner, rather than a shared vision. This is especially true when partners take on "other roles" within their partnership time. This might be in a management capacity, taking a leading role in a clinical area, or working for an external organisation (e.g. CCG). Often partners have a different view on the "value" these roles add to the practice when compared to delivering a clinical session.

As the recruitment of GPs has become tougher, we often see practices advertising for a salaried GP or partner within the same job advert. This only works to cloud the boundary between the expectation of a salaried GP and a partner as the difference between the two roles is never specified.

In trying to find clarity on what it means to be a partner I decided to look outside of the world of general practice and take inspiration from other professions that utilise a partnership model, such as accountants and lawyers. In my research I came across an article written by Thomas S. Clay[1] on the obligations of partners in law firms and have based much of both the content and structure of what follows on his article.

Finders, Minder, Binders and Grinders

Clay refers to there being four traditional functions of a partner; finders, minders, binders and grinders. In terms of general practices these could be defined as follows:

Finders: Those who find and develop new work or new ways of working;

Minders: Those who mind/manage the business and ensure that the organisation is operating effectively;

Binders: Those who manage the personal relationship, bring together the partners, staff and patients;

Grinders: Those who simply turn out work.

Historically, when the number of partners was significantly higher, and the complexity of general practice was significantly lower, partnerships could often carry partners who fulfilled the "grinder" role, not involving themselves in the running of the practice, but simply completing patient related tasks. However, as the number of partners has dwindled, and the role of salaried GPs has become commonplace, the option for GPs to hold a partnership position but not contribute to the running of the business has all but disappeared. In practices where a partner continues to be merely a "grinder", this can cause problems for the other partners and the partnership as a whole.

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The Five Obligations of a GP Partner

Given this need for all GP partners to contribute to the running of the partnership in one way or another, it is important to define what the basic obligations of all partners are, in order for partners to differentiate their roles from those of salaried GPs. Below I have outlined five roles that could be considered the core obligations of a GP partner.

1. To Ensure the Delivery of a Patient-Centred Service at an Agreed Level of Quality

Every partner is obligated to ensure that the practice delivers a quality patient centred service. This means that patients and prospective patients must receive a consistent level of attention, treatment, responsiveness, timeliness, communication, and concern that the partnership as a whole deems appropriate. While the partners will not deliver all of the patient care themselves, it is their responsibility to ensure that the standards of care delivered by everyone within the practice meet the levels the partnership has set for itself.

2. To Make a Personal Clinical Contribution

Every partner is obligated to make a personal clinical contribution to the partnership workload as a GP. This is the core work that is required to make the practice function, such a seeing patients, making referrals,

[1] http://www.altmanweil.com/dir_docs/resource/1ffb5c70-ca54-4d76-9042-151f40d08d5c_document.pdf

clinical paperwork, being duty doctor. Many of these roles are the same as what is expected of a salaried GP. However, our resilience work has shown us that the amount of time that GP partners put into delivering the core work of the practice has a significant impact on practice resilience.

3. To Add Value to the Partnership

Many law firms refer to partner "investment time," meaning the time spent on non-billable activities. In terms of GP partnerships, this could be seen as the time spent on non-core GP activities (those activities that would be expected of a salaried GP), undertaken to increase the value[2] of the partnership in various ways. If a partner is not pursuing such activities designed to increase the long-term value of the partnership, then he or she is not acting like an owner but as a well-paid employee. Business owners wake up thinking about the health and well-being of the partnership and what they can do that day to increase its value. Partners should be thinking this way and taking actions that reflect an ownership orientation.

Ways this can be done are as follows:

Practice Leadership: Highly effective practice leaders can add tremendous value to the partnership through their leadership and stewardship. A good leader has the opportunity to develop and implement a group strategy, acquire and integrate talented individuals, increase profits, lead the group's efforts to develop new business and services, and grow the partnership's presence and reputation at both local and national levels. Partners serving as practice leaders can add value through their own efforts as well as inspiring valuable contributions from the other partners and senior staff at their practice.

Organisational & People Management: One of the key roles that partners can undertake is overseeing the day to day management of the practice. This role often gets confused with the role of leadership. While some leaders also make good managers, this isn't always the case. Likewise, many partners see this as the role of the practice manager. However, the partnership must have a clear understanding of who is responsible for both supporting the practice manager and ensuring that governance processes are in place to protect the partnership. Often, when we visit a partnership that finds itself in serious trouble, the reason cited for their predicament is the practice manager (or commonly ex-practice manager) not doing their job properly. In reality many of these problems begin at a partnership level with a lack of oversight and involvement in the day-to-day management.

Service Efficiency and Innovation: Partners who take on the mission of improving practice efficiencies have the potential to add great value to their partnership. This work can be both clinical and non-clinical. By developing new, efficient approaches to the way the practice operates, they will be able to improve patients' clinical care, increase profitability, experiment with new staffing models, develop new knowledge management systems, improve patient and staff satisfaction, while at the same time finding opportunities for personal development.

Industry Leadership. Partners who take on external roles within local organisations (e.g. LMC, CCGs, PCNs, RCGP, CQC or GP Federations) have a positive impact both to the internal functioning of the practice and to the external reputation of the organisation. Internally, these partners are able to leverage their experience, knowledge and influence to strengthen the activities of the partnership. Externally, these GPs raise the profile of the partnership, which has multiple benefits, including helping to attract new GPs.

Succession Planning. Partners who are approaching the end of their careers can add value to their partnerships by engaging in rational, systematic succession planning. It should be regarded just as much the role of partners who are planning retirement to ensure that processes are in place to secure the long-term future of the practice, as it is the problem for those who will be left at the practice after they are gone.

[2] Value in this context does not simply mean monetary value, but improving the service patients receive, the environment that staff work in and the long-term stability of the practice.

Skills and Knowledge Transfer (teaching and development). These roles can be formal roles, such as being a GP trainer, clinical lead or appraiser, or informal roles, such as mentoring new staff and partners. Regardless of the type of roles they are in, partners who undertake these activities help to ensure that both the clinical standards of the practice and business know-how are preserved over the passage of time.

Each of the six roles can bring enormous benefit to a practice, however many partnerships struggle to agree on how they value this "investment time". Does a morning spent teaching trainees represent the same value to the partnership as a clinical session or an afternoon spent on strategic planning? Before partners can assign a value to any of these activities, they first need to recognise that all these activities are vital to the functioning of the practice.

4. To Define and Live the Partnership's Values.

All partners should first understand what the values of the partnership are, and second live those values on a daily basis. Unfortunately, very few practices have a clear set of values and behaviours, that are written down and shared.

While sitting down as a group to define the organisation's values can be seen as classic top-down management bureaucratic time wasting, there is a reason nearly every highly successful organisation in the world goes through this process. There are hundreds of books, articles and training courses that detail why having a defined set of values is important. A few reasons that are especially relevant to GP partnerships are:

- They help partnership decision making. A clear set of values acts as a compass for the partners and staff, providing them with a framework to help them make decisions.
- They help improve morale and engagement. People who understand their organisation's values not only know what it is that you want them to do, but why you want them to do it. This in turn helps them understand the value that their work brings to the organisation.
- They help practices recruit the right people. If you don't know what your values are as a partnership, it makes it very difficult to recruit people that share your values.

5. Hold their fellow partners accountable

Finally, and perhaps most importantly, the willingness of partners to be held accountable and to hold others accountable for their required contributions to each other and the partnership is at the heart of success. Where partnerships do have a clear set of values (whether written down or not) too often they allow partners to bend, break, ignore or trample the core values, especially if the partner in violation is a major contributor to the practice workload. Unfortunately, partners are loath to truly hold their peers accountable, often through a fear of losing a partner or adding stress to an already overstretched team. It is often said that 'you get what you measure', however, Thomas Clay argues that far more often you get what you tolerate. Adopting a culture of accountability doesn't mean creating more bureaucracy. Partners are always resistant to being told what to do or feeling micromanaged. What we are talking about here is simply a commitment by partners to do what they have said they will do, a willingness for their peers to check in with them on a regular basis, and agreed-upon consequences for those who fail to perform to expectations.

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Over the previous three years we have visited a wide range of practices, from those that are on their knees to those that are thriving, despite all practices facing the same sorts of challenges. While there are many different factors that dictate how resilient a partnership is, one of the common factors we have found amongst the most stable practices was the partners' shared vision of why they were there and where they wanted to go, and a willingness to openly discuss many of the points listed above.

I hope that this paper will prompt all GPs to consider and discuss what the role of a partner means within their practice, whether they themselves are a partner, a salaried GP, a locum or a trainee. It is important to remember that there are no right or wrong answers, but that a practice that has a shared understanding of the obligations of a partner is in a far stronger position to weather the stormy seas of general practice.