

New primary care contracts (nGMS, PMS and APMS) support nurses, practice managers and others to become partners in general practice. Multi-professional partnerships (nurses, practice managers and GPs) in general practice have the potential to breakdown traditional professional hierarchies and recognise the contribution made by different professionals in meeting a practice's professional and business goals. The purpose of this leaflet is to help nurses make a decision about partnership in GP practices.

## Potential benefits

The experiences of a small group of existing nurse partners in England show that nurses acting as partners can bring the following benefits:

- Bring a different professional perspective to partnership decisions on clinical, managerial and business issues.
- Provide an important leadership role for other nurses working in and with the practice.
- Release GP time and take the lead in delivering the quality and outcomes framework.
- Prompt debates about the contribution of different professionals in meeting the practice's professional and business goals.
- Enable nurses to have an equal say in both strategic and operational practice decisions.
- Provide a greater degree of job satisfaction and improved teamwork.

## Options

There are three different partnership options to consider:

**A full equal partner** - a nurse becomes self-employed and becomes part owner of the business on an equal basis with other GP partners. In this option you assume unlimited liabilities for all debts and liabilities of the practice alongside other partners and take an equal share of the profits. Nurses can (like GPs) secure 100 per cent indemnity insurance for clinical claims. Nurse partners should also ensure that they have appropriate medical negligence cover from a robust organisation. A number of organisations provide this type of cover, and practice managers may be able to advise on any already used by the practice.

**A fixed share partner** - a nurse become self-employed and is paid a fixed share every month regardless of the practice profits. This option carries less risk than being a full partner. However it will be important to reach an agreement with the other partners as to the level of liability you would incur by virtue of being a partner.

**A salaried partner** - if the idea of becoming a full partner does not seem suitable for you at this point in your life, you could consider becoming a salaried partner. As a salaried partner you would have access to strategic decisions within the practice, but would continue to be employed as a staff member. In essence, you would retain all of your employment rights, with none of the risks or responsibilities associated with unlimited liability partnership. Salaried nurse partners can, subject to agreement with the other partners, be remunerated in part according to the level of practice profits. If you did become a salaried partner you would need a separate agreement setting out agreed terms and conditions. A salaried partnership option may be worth considering for a fixed probationary period if you have not worked in the practice previously.

## Issues to consider

As a partner you will need to consider and seek advice on a range of issues:

**Knowledge about the practice** - some questions you (and the potential practice) may wish to consider:

- What is the philosophy of the practice?
- What contribution would you make to the decision-making process of the partnership as a nurse partner?
- Would specific areas of responsibility be clarified?
- Is the partnership stable?
- Can you trust your partners' clinical skills and competence?
- What are the financial risks and rewards?

*Terms and conditions of the partnership agreement* - all partnerships are covered by a partnership agreement and this will normally cover the following areas:

- Name, title and address of partnership
- Practice premises
- Partnership expenses
- Sharing of profits
- Partnership decisions
- Holiday, study, sick and maternity leave
- Defence body membership
- Arbitration/conciliation
- Date partnership commenced
- Partnership capital
- Partnership income
- Management of practice staff
- Partnership taxation
- Voluntary and compulsory retirements
- Accounts and banking arrangements

Prospective partners should not sign an agreement without taking independent legal and financial advice to assess the consequences of taking this action.

*Tax, national insurance and pensions* - as a full partner you will be self-employed and need to pay your own national insurance and tax. National insurance contributions can be paid monthly and tax annually. Nurses who become partners are treated for pension purposes as whole time officers. Pension contributions are deducted at the rate of 6% of pensionable income. Nurse partners are also eligible for injury benefits.

*Premises* - it is important to find out who owns the premises and whether you will be required to buy in to the premises to qualify for partnership. If so, the mortgagee or landlord (as applicable) will need to be contacted, to gain their consent and agreement about any additional requirements, before the partnership agreement is signed. Existing partners are likely to want proof of your financial standing before you are allowed to buy in to the partnership and the premises, as any threat of a potential bankruptcy could result in the landlord terminating the surgery lease.

*Practice and personal income* - unlike other businesses, the income from a GP practice is at the moment virtually guaranteed. As a partner you may be liable to make a financial payment into a capital account to fund practice equipment. The size of such payment will depend on the size and range of services provided by the partnership. Such payments are usually made over a 12 to 18 month period and will be refunded should you leave the partnership.

Additional income may also be generated through partners doing work outside of the practice. For example, one partner may hold a part-time post at the local PCT or another partner may be involved in some training activities at the local medical school. Nurse partners should consider any external interests they wish to pursue and agree whether income generated from such activities is paid directly to the individual or the partnership.

*Additional information can be accessed from the following websites*

[www.natpact.nhs.uk/primarycarecontracting](http://www.natpact.nhs.uk/primarycarecontracting)

[www.qni.org.uk](http://www.qni.org.uk)

[www.rcn.org.uk](http://www.rcn.org.uk)

[www.bma.org.uk](http://www.bma.org.uk)

