

Devon Local Medical Committee



Newsletter Issue No 43

June 2004

Chief Officer's Corner



THE QUEEN'S BIRTHDAY HONOURS LIST AND CONFERENCE SEASON

I was supposed to be on leave getting all fired up for the LMC Conference, in London and then the BMA Annual representative Meeting in Llandudno, when I played with my second son in a 20-over evening league cricket match in which he tells me I saved three runs with my diving stop to the right but lost us the match. I was on my way to the "Emergency Department" at the RD&E when our 9th wicket fell with an over to spare and only 6 runs needed! A moonlighting GP (thank you Barry) ruined his view of me as a serious GP representative by having a go (partially successfully) to manipulate my locked right knee under "Entonox" – a strange and giggly experience I must say! I did not fulfil the criteria for the RD&E "rapid access knee clinic" so I was referred by my GP to the fracture clinic at Torbay DGH and seen two days later with an MRI scan six days after that!!! (*Is that some sort of record? Ed.*) I may have an exploratory arthroscopy this or next week – evidence perhaps that non-Foundation Hospitals try harder? Anyway there I was sitting with my leg up on Saturday seeing if I could spot any GPs from Devon in the MBE bit of the Honours list to have my eye catch a "for services to the NHS" in the DBE bit. So for those who missed it congratulations to Dame Dr Gillian Morgan, currently CEO of the NHS Confederation and formerly CEO of the old North and East Devon Health Authority! I nearly burst out into a chorus of

"There is nothing like a Dame!" but remembered how I had last sung it whilst dressed as "Bunghilde – the last of the red hot Valkyries" at a Christmas Panto at Guys Hospital and with some difficulty restrained myself! I must warn Gill that two of our Knighted GPs tell me that this always makes garage bills higher than they should be so be careful....!



There will be much more about the new Contract in coming weeks following the LMC Conference which I expect to be rather more contentious than usual. I am sorry to report that the levels of stress amongst GPs has got worse rather than better as we had all expected and that the implementation process has continued to be disappointing in so many ways. Some PCTs are reacting badly to their financial difficulties and we therefore continue to discuss enhanced services funding in some parts and express serious concern about the current plans to "go it alone" in the provision of

out of hours primary care services in North Devon from 1st April 2005. I recognise that a prospective debt of some £11 million at the end of this financial year and the loss of one CEO already must concentrate the mind but doubt that destroying a system that works in North Devon (putting at some risk the rest of the County) and replacing it with an untried, untested and as yet undefined set up is likely to make the money stretch any further. With a headlong rush to change, powered by a desire to save money, I fear that the opposite result to that hoped for will be the result and that there could well be further unpleasant headlines as a General Election approaches....

Annual General Meeting of Devon LMC

Please note that the AGM of Devon LMC will take place on Wednesday July 14 at the Exeter Court Hotel, Kennford, Exeter. A buffet meal is available from 1 pm and the meeting will begin at 2 pm. This meeting is open to all Devon GPs.

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Devon LMC News



Secretariat Manager – John Baker

Annual Quality and Outcomes Framework (QOF) Review and Process & Quality Management and Analysis System (QMAS)

At a recent meeting various members of the Department of Health (DH) presented the QOF review process. Under the old contract, PPV (Post Payment Verification) was carried out on a rolling three-year cycle. Under the new “high trust”, “light touch” contract, this has now been revised and will be on an annual basis for most practices!

The review process is designed for three purposes - to review actual and projected achievement, confirm data collection/quality and finally to discuss future aspirations. The DH was adamant that the process was only for payment purposes and that it would not be used for the production of league tables!

Initially, PCTs will need to agree on a schedule of QOF visits for all their practices, a statement on how the review process will be conducted and where possible, who the assessment team will be, all by 31 July. It is expected that the review team will consist of a PCT management representative, a clinician and a lay person or patient representative, plus others where necessary. The question of whether Non-Executive Directors (NEDs) would be able to take part in the review process was hotly debated. The general feeling was that it would be unacceptable in the first year. However, a number of PCTs felt that using their NEDs in a neighbouring PCT on a reciprocal basis would be acceptable. The issue of GP PEC chairs being part of the review process was also felt to be unacceptable. It is important that if the process is to work, it must be seen to be totally impartial, with all members of the team having no possible vested interest.

Due to the complexity and sheer volume of practice data, it would be impossible to check all of the 146 evidence-based indicators. It may be that a pragmatic solution of checking a relatively smaller number of factors would verify a number of the key indicators. The LMC will be negotiating what we hope will be a supportive, educative and not too onerous a process with the PCTs.

Two months prior to the visit, the practice will be contacted outlining the requirements of the visit. One month before the visit the practice will be required to submit various pre-visit data for scrutiny. Data will come mainly from the QMAS system and will also be supported by additional documents for the non-clinical domains. The estimate is that the visit will take approximately 3 hours!



On top of the QOF Pre-Payment Verification check, a random 5% of all practices will be subject to a more stringent, in-depth, random, counter-fraud check.

This short item cannot cover the complexity of details involved in the process; we will publish more information as it becomes available. Full details on the process can be found on the DH website. I have posted links to the various documents on the normal LMC web site

– www.devonlmc.org/Whats-hot.htm

Quality Management and Analysis System (QMAS)

QMAS is the mechanism being developed to provide practices with objective evidence of the quality of care they have delivered to their patients, and to financially reward them for providing that care. This new single national system will ensure consistency in the calculation of quality achievement and prevalence and will be linked to the Payment System. It will provide PCTs and practices with access to the same information. QMAS has been promised to all practices by August.

Due to the complexity and importance of QMAS a copy of the comprehensive “GMS IT – QMAS Bulletin” is included with this newsletter (***Ed. please note this has just been updated and a lot more information is included.***)

The bottom line is that a computer is a very simple tool. Always remember that for a computer, garbage in will always equal garbage out; if it has not been recorded or is wrongly coded, it has not been done!

It's all in the Coding (submitted by - Sharon Crouch, Primary Care Information Lead - Torbay PCT - 01803 210927)

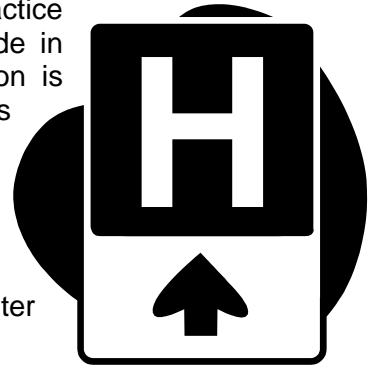
System suppliers have produced a suite of templates for each clinical system to help standardise data collection within the QOF. In some cases these templates are not being used, in which case caution should be made when selecting read codes from the picking list.

It is advisable to refer to the 'dataset and business rules' for each indicator specification as these are to be used within QMAS. These documents have been produced by Pete Horsfield, PRIMIS and can be found using the following link:

http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/Commissioning/CommissioningArticle/fs/en?CONTENT_ID=4078648&chk=nP7W%2Bs

GMS IT – Practice Identification Code

QMAS will require that every practice has a six-digit alpha numeric national practice ID e.g. C81023. QMAS will be using this unique number to store the data associated with practice achievement and to inform the Exeter system of the payments to be made in relation to Quality and Outcomes Framework achievement. Full information is contained in the “GMS IT – Practice Identification Code Bulletin” which has been included with this newsletter.



GPs in COMMUNITY HOSPITALS

- Charlie Daniels, Chairman Devon LMC

On Thursday evening 10th June, GPs from across Devon met at the Exeter Court Hotel to discuss GPs working in Community Hospitals.

It was well attended with over 30 GPs participating, representing all the community hospitals across Devon.

Attending was Richard Griffiths, IRO (Industrial Relations Officer) – BMA Exeter Office, Mr Chris Wright, Chief Executive of Devon Doctors on Call (DDOC) and LMC officers.

GPs are the backbone behind community hospitals and many have given many years of service to them including attending them at weekends despite being covered by DDOC.

For many years they have been a cheap resource and have been taken for granted by PCTs. This has led to some withdrawing from Bed Fund Payments and/or opting out of servicing the casualty departments. However many GPs wish to continue supporting community hospitals and are alarmed by the plans now being circulated by the PCTs.

The waters have been muddied by the acceptance of the GP contract. This has been interpreted, albeit erroneously by some PCTs, that GPs have opted out of their community hospital contract.

This was firmly rejected by the LMC and Mr Richard Griffiths who spent some time explaining the contractual arrangements. Many GPs are employees and are therefore entitled to redundancy payments should a PCT wish to terminate the contract. The slides from Mr Richard Griffiths' talk are available on the LMC website (www.devonlmc.org).

A large part of the discussion following the talk centred on DDOC providing the out of hours cover for the community hospital. There was concern that as of October the PCTs will be taking over OOH, then again GPs will be seen to have broken their contract. However by “practice and custom” it has been accepted that GPs have subcontracted their OOH cover of community hospitals to other colleagues through DDOC.

One example given was Brixham Community Hospital run by Brixham GPs. When they joined Baydoc in 1998 a price was negotiated and paid directly by Brixham GPs to Baydoc. The price was around 10% of the total payments. This payment is now being paid by the PCT to DDOC. The figure of 10% is fairly robust and has been subsequently shown to be about right for OOH cover. The employer at that time was South Devon Healthcare Trust who agreed and accepted that the OOH work would be subcontracted when Brixham GPs joined Baydoc. The contract has now been taken over by Torbay PCT.

What happens now?

- GPs are encouraged to find their original contract. If you cannot, ask a neighbouring practice or ask the original "Trust" that ran the community hospital.
- Find out if you are employed or self employed. If in doubt send a copy to **RGriffiths@bma.org.uk** Tel: 0845 844 0106 - Fax: 01392 446246, for his advice.
- Send a letter to your PCT as drafted by Richard Griffiths. There is a copy on the LMC website. **<http://www.devonlmc.org/News/Community%20Hospitals%20Letter-11June04.doc>**
- The LMC will be collating information from practices, DDOC, PCTs about contracts, remuneration and future plans, which we will feedback via the website and newsletters.

COMMUNITY HOSPITALS SEMINAR

Please note that Dr Peter Holden, GPC Negotiator with a special interest in Community Hospital issues, will be addressing a meeting of Cornwall and Isles of Scilly GPs at

**6.30 pm on Wednesday 23rd June 2004
in the Hydrock Suite, Lanhydrock Golf Club, near Bodmin**

The meeting will not be catered, so there is no response slip to complete. All GPs (including GP Registrars and Non Principals) and Practice Managers are welcome to attend.

Mr Richard Griffiths, from the BMA Exeter Office, will also be there to answer questions and advise practices on contractual issues.

Further information can be obtained from Rosalind Winter, Cornwall and IoS LMC Secretary – **ros@kernow-lmc.demon.co.uk**

Executive Officer – Nicola Heywood

Cytology

The Peninsula Cancer Network are currently modelling the impact of the interval change but also the impact of the introduction of liquid based cytology. This is proven to reduce the number of repeat smears due to inadequacy. Overall, across the peninsula, the impact is likely to be a reduction in the number of smears but this may not hold for the RD&E as the current cycle is 5 years. There will not be an immediate increase in the number of smears as the interval changes will take some time to work through the constraints on the call-recall of the Exeter system.

The opportunity to negotiate an increase in the contract pricing is therefore likely to be zilch!!

PPI Forum Members Rights of Access to GP Premises

We were recently asked to find out about the access rights of the PPI to surgeries, these are contained in The Patients' Forums (Functions) Regulations 2003 (SI 2124), which came into force 1 September 2003. The details are on the LMC website. In brief they state:



- ◆ PPI Forum Members may at any reasonable time enter and inspect health service premises – including GP and Dental practices.
- ◆ PPI Forum Members do not have the right to enter and inspect premises where, in the opinion of the body or individual whose premises are to be inspected, patients' safety, privacy and dignity and the ability of the health service to continue to function properly would be compromised (3.1)
- ◆ All PPI Forum Members must have a written evidence of their authority before they enter any health services premises in their role as a PPI Forum Member and produce this if requested. (3.2)
- ◆ The PPI Forum members, in exercising their rights to entry and inspection, shall have regard to the need to safeguard patients' safety, privacy and dignity, the need not to compromise the effective provision of health services, and to any advice given to it by the Commission. (3.5)

Openness and co-operation with patients and PPI Forum members is fully encouraged to further understanding of patient needs, our operational needs and constraints! We trust that PPI Forums will seek to exercise this power in a spirit of co-operation and restraint. Notwithstanding that if you feel this right of access is being abused in any way please let the LMC know. Please note:



1. You are entitled to turn anyone away who does not have appropriate identification and should do so. After all they might be testing your security arrangements!
2. As you are an operational area it would be reasonable to expect some notice or an explanation as to why notice could not be given. It would also be reasonable for you to try and accommodate an unexpected visit where possible.
3. As you or a member of staff would expect to accompany any visitors to ensure H&S, confidentiality of patients' and let's not forget staff's confidentiality – lack of resources may be an appropriate reason for refusal of access, at least to non public areas.

Complaints Procedures

We are updating this to cover recent changes in NHS procedures and will distribute new documentation with July newsletter. In the meantime watch the website for details if you need them sooner – an entry is due by 2nd July 2004!

Feedback from Contract Survival Training Week

We will have a write up of the answers (where possible) to the issues raised with the July newsletter.

Comings & Goings May 2004

Goodbye to:

Dr Leslie Campbell, Ivybridge Health Centre
 Dr Timothy Goulding, Chapel Platt Surgery, Topsham
 Dr Nigel Rhys-Davies, College Surgery, Cullompton
 Dr Oliver Hassall, East Street Surgery, South Molton

Doctors' Support Network – News Update

Further information and a copy of the Spring/Summer newsletter can be accessed via www.dsn.org.uk

Doctors' Supportline – An independent, friendly and supportive helpline for doctors. All calls are answered in confidence by volunteer doctors – 0870 765 001.

For Wales and South West contact: DSN, c/o 5 Borage Close, Pontprennau, Cardiff CF23 8SJ. Tel: 0870 3210642. 029 2073 1025 Admin). Email: janet@dsn.org.uk

VACANCIES

Elm Surgery, Plymouth
123 Leypark Walk
Estover
Plymouth
PL6 8UF
Tel: 01752 776772

PRACTICE MANAGER WANTED

Our paperless PMS practice is hoping to replace our retiring Practice Manager with a complete paragon, who can be in several places at once, bang the partners' heads together, manage vast day to day demand and still stand back and be our strategist, all in 20 hours a week.

We are a training practice in suburban Plymouth (registrars and undergraduates) with 4,700 patients, 2.25 WTE partners and a half-time assistant.

You will join us at a time of change, with a new head receptionist and a senior partner due to retire in Summer 2005, with all the opportunities for shaping us that these changes will bring.

We would like to employ you for 20 hours per week starting on Whitley Council Scale grade 8. We want you to be our strategist and link with the PCT, delegating as much as possible. NHS experience may be useful, (but not essential, provided you are quickly able to grasp how the NHS and General Practice work). You may be someone wanting part-time work, or you may already be a Practice Manager in the area, who would be able to share your time between your existing practice and us.

Please apply with a CV and a letter to Anna Rodgers. We would welcome informal contact with our present manager, Anna Rodgers. Please arrange to visit us by telephoning Anna on 01752 776772.

Ridgeway Practice
Mudgeway
Plympton
PL7 1AD
Tel: 01752 346634

PRACTICE MANAGER - Full-time, 37 Hours

We are looking for an enthusiastic individual with high calibre management experience capable of managing a team of 30+ staff.

We are a GMS practice with over 15,000 patients, 9 GPs and covering 3 sites. The Practice Manager must be able to deliver operational performance within a strategic framework whilst undertaking effective people management.

Experience in a healthcare setting is not essential, but demonstrable managerial experience, and the capability to run a small business, accompanied by a relevant managerial qualification are a must. Salary scale £26-£30K according to skills and experience.

Please send CVs (marked "job application") to Kate Wain, Chaddlewood Surgery, 128, Bellingham Crescent, Plympton, Devon or contact Kate on 01752 345317 or sjharriswain@hotmail.com for a copy of the job description.

Closing Date for CVs is 21st June 2004.

Fremington Medical Centre
11/13 Beards Road
Fremington
Barnstaple
EX31 2PG
Tel: 01271 376655
E Mail: info@Fremington.org

LOCUM

Required for July and August, 8 sessions per week,
Mon, Tues, Wed and Thurs.

We are a small friendly practice (list size 5996) in the village of Fremington near Barnstaple. We are an energetic partnership working well together to agreed policies and protocols with the aim of high quality patient care. We are a PMS practice and using the Torex Premiere Synergy clinical system.

Accommodation negotiable.

For further information please contact:-
Jenny Gifford, Practice Manager

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|---|--|
| <p>Channel View Medical Practice 3 Courtenay Place Teignmouth TQ14 8AY Tel: 01626 771206</p> | <p align="center">FLEXIBLE CAREER SCHEME/RETAINER (2 GPs)</p> <p>Seafrost PMS practice in South Devon is looking for two GPs to cover 8 sessions per week.</p> <ul style="list-style-type: none"> ▪ 5 Partner practice ▪ 5 member Nursing Team ▪ EMIS paper light ▪ Committed to making the most of the new Contract ▪ Closing date 24 June 2004 <p>Please telephone Susan Hedley, Practice Manager</p> |
| <p>For an application pack please contact Margaret Bettridge/Terrie Geirsson on (01752) 401172 (office hours only) or e-mail: recruitment@stlukes-hospice.org.uk</p> <p>Reg Charity No: 280681 www.stlukes-hospice.org.uk</p> | <p align="center">STAFF GRADE DOCTOR - Locum Sessions Staff Grade Salary – negotiable, depending on qualifications & experience</p> <p>St Lukes Hospice is an independent hospice renowned for the provision of quality specialist palliative care.</p> <p>We are looking for experienced clinicians to provide locum support to the existing medical team. The main area of work will be within the hospice as part of a multi-disciplinary team providing inpatient, day patient and outpatient services.</p> <p>Good communication skills, the ability to work as part of a team and an interest in palliative care will be needed for this post.</p> <p>The post is for sessional, locum work. The job is highly negotiable and very flexible and would be suitable for colleagues with a background in general practice or hospital medicine.</p> <p>For an informal discussion, please contact Dr Mary Nugent, Medical Director, on 01752 401172 (office hours only).</p> <p>Note: A Criminal Records Bureau Enhanced Disclosure will be required for this post.</p> |
| <p>Axminster Medical Practice St Thomas Court Church Street Axminster EX13 5AG Tel: 01297 32126</p> | <p align="center"><u>MEDICAL SECRETARY</u></p> <p>Required for The Axminster Practice to join existing busy secretarial team. You will need a good knowledge of Microsoft Word and a minimum typing speed of 45 wpm.</p> <p>Previous experience preferred but not essential. Ability to work under pressure. Varied and rewarding job with an attractive rate of pay and pension scheme.</p> <p>28 hours per week over 4 days. Please apply in writing with CV to Mrs Shelah Martin, Practice Manager, Closing date: Friday 25 June 2004</p> |

POSITIONS WANTED

Dr Shakeen Akhtar - Tel: 07767 350849

I will be looking for locum work in Plymouth/Devon/Cornwall area whilst seeking a full-time/three-quarter position in the area from August 2004. I will consider work before then if there is anything suitable. Registered on South & West Peninsula Health Authority Non-Principal list but currently doing locum work in Yorkshire.

Conferences, Courses and Information

Immuno CAP – Is it Allergy? Allergy in the Community

6.30 – 8.30pm Tuesday 21 September 2004 -Postgraduate Centre, Derriford Hospital

Speakers include: Dr Ed Kaminski, Consultant Immunologist
Dr Alan Cade – Consultant Paediatrician

Sponsored by Sweden Diagnostics (UK) Ltd formerly known as Pharmacia Diagnostics
Seating is Limited –To reserve a place please contact Karen Gibbs, Sweden Diagnostics (UK) Ltd.
Karen.gibbs@pharmacia.com or Tel: 01908 847474.



Plymouth GP Education Programme for 2004

These events include two new sessions on co-mentoring and time management in response to requests from local GPs.

The Plymouth PLP scheme has been running successfully for several years. This consists of a three-day workshop where GPs identify their preferred learning style, the learning environment that works best for them, and how to identify and meet their learning needs. There is a one day follow up session after three months, and then an annual PLP review. This has proved invaluable for GPs preparing for appraisal. Cost £300 for principals for the initial four days. The courses for June are shown below. Further dates will be given in the next newsletter.

For more information or to book a place on one of the above courses, please contact Irene Hart, Administrator on 01752 763015 or e-mail: irene.hart@phnt.swest.nhs.uk Whole day courses £70 for principals and £35 for freelance/sessional GPs. Shorter sessions, pro rata.

| Date | Time | Course | Venue | Details |
|---------|---------------|---|-------------------------|--|
| 29/6/04 | 6.30 – 9.00pm | Freelance/Sessional GPs – diabetes update | Plymouth Medical Centre | Part of a series of educational/social meetings |
| 30/6/04 | 1.00 – 5.00pm | PLP follow up session | Kitley House Hotel | Follow up afternoon for those who took the PLP course this March |



ETHICS and the LAW

The Second Biannual Conference of the Exeter Medico Legal Society
with the help of the Medical Protection Society on Friday 24 September 2004
The Peter Chalk Centre, University of Exeter, Stocker Road, Exeter, EX4 4PT

The Conference provides the opportunity to meet experts in the fields of Conjoined Twins, Immunisation (MMR), Consent and Gender Reassignment. Doctors and Lawyers will also have an excellent forum in which to discuss areas of mutual interest and concern, and thereby to better understand the principles underlying each other's practice. The doctors will have an opportunity to meet Dr Gerrard Panting, Communications and Policy Director.

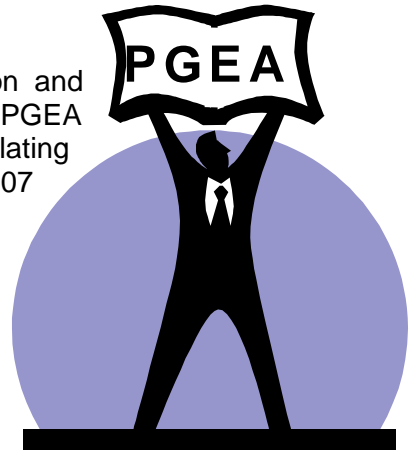
Exeter University provides excellent facilities for conferences and for overnight accommodation with the possibility of **extending the visit over the weekend of Saturday and Sunday** (25 and 26 September).
Tel: 01392 263515/661 000)

LOST AND FOUND

Man's light tan, faux suede short jacket left at the LMC Office on 27 April 2004.
Probably belongs to someone attending meetings on that date.
Please ring 01392 834020

CPDForum Website - www.cpdforum.org.uk

PGEA is over. The New Contract means that the money for education and training will be incorporated into the global sum for practices, and PGEA certificates will no longer need to be attained. If you have any questions relating to your current PGEA year points, please call Jayne Sutton on 01803 654707 Monday – Wednesday or email her at jayne.sutton@nhs.net



CPD Forum is a GP-developed website designed to replace PGEA and support your continued professional development by:

- Making a swift and easy link from appraisal to updating
- Showing you a list of educationally approved learning events in your own and neighbouring areas
- Allowing you to enter your own learning needs in free text and entirely anonymously
- Matching your learning needs to available events
- Allowing you to feedback on those learning events and to record your reflections on your personal page
- Enabling your GPE team to put on appropriate events for your unmatched learning needs.

We look forward to welcoming you to the website.

Please get in touch if you would like a password or more information.

Accident and Emergency Ambulance Control Change of Address and Telephone Number

The Ambulance Control has moved from Tiverton to Trust Headquarters in Exeter. Please amend your records accordingly and notify all personnel affected by this change:

Westcountry Ambulance Services NHS Trust
Trust Headquarters
Unit 3, Abbey Court
Eagle Way
Exeter
EX2 7HY. Tel: 01392 261500
(Admin line only)



For Sale

**2 Lloyd George Note Carousels
Any Offers?**

Please contact Margaret Boyes at the
Ridgeway Practice, Plympton
Tel: 01752 346634

Luxury Apartment on Costa del Sol

This luxury apartment on the Golden Mile between Marbella and Puerto Banus is available for rent all year round. Situated only 10 minutes walk from the beach, and ideally situated near many superb golf courses, the apartment is in a gated, private 'urbanisation' with its own swimming pools (5) and tennis courts set in immaculate gardens.

With two bedrooms and two bathrooms the accommodation for four adults costs € 1,000 per week. (at current exchange rates approx. £660)

For further details, please visit our website at marbellasunshine.co.uk or contact Geraldine on 01884 252325



Fixed Share Partners

The latest guidance on partnership agreements issued by the GPC makes reference to “fixed share partners” and the need to take specialist advice over the taxation issues. I thought it would be useful to explain the tax treatment of such partners and why complications can arise.

A fixed share partner is something of a half-way stage between a salaried partner and an equity partner.

A salaried partner is treated as an employee for tax purposes, although he/she is held out to be a partner to the outside world. It is usual for a salaried partner to be given an indemnity by the equity partners against any third party litigation.

An equity partner is self-employed for tax purposes, and bears a share of all profits and losses.

A fixed share partner is a hybrid arrangement peculiar to medical practices where the partner is self-employed for tax purposes, but is only entitled to a fixed share of the profits. Because of the unusual nature, the Inland Revenue will look closely at any agreement with a view to try and reclassify the partner as an employee and so recover additional National Insurance. The GPC guidance suggests it may be appropriate for a fixed share partner to be given an indemnity against third party litigation, but in my view this would only strengthen any Inland Revenue argument that the partner should be treated as an employee.

Essentially, medical practices historically used fixed share partners because the basic practice (and other) allowances were only paid to self-employed partners, but the partners wanted a mutual assessment period before deciding whether equity partnership was appropriate. Under new GMS there is no longer any link between the practice income and the number of self-employed partners, so it is difficult to envisage a situation where a fixed share partnership arrangement might be necessary. Any potential partner could be offered a period as a salaried partner, and then invited to become an equity partner at a later stage if appropriate.



Maybe fixed share partner is a term destined to be forgotten just like “the Red Book”.

Luke Bennett is the partner responsible for medical practices at Winter Rule, Chartered Accountants, Truro and can be contacted at lbennett@winterrule.co.uk

Free Utility of the month...

Ever had the problem that you frequently use a file type with more than one application, while you can only associate one application with that file type?

OpenExpert enables you to specify any number of suitable applications for each file type. In this way, when you open a file, instead of being restricted to using a single pre-determined application, you can easily choose among a list of suitable applications.

Easily open your picture files in your favourite graphic programmes or view your HTML files in either Word, Star Office or Internet Explorer, just with a few mouse clicks. You can even add different versions of the same programme to the OpenExpert menu.

OpenExpert is free for home use and is available at <http://www.baxbex.com/openexpert.html>

