

Management
in Practice

Practice Manager Salary Survey 2023/24

Gauging the state of the profession



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1 Introduction

It's a complex and pressurised time to be in working in general practice.

Which is why *Management in Practice* thought it timely to launch this – our very first – report examining in detail how practice managers are feeling about the job they do and the demands they face.

We also wanted to uncover details on practice manager pay and benefits in an effort to strip away some of the secrecy around earnings and make it easier for surgeries to compare and benchmark.

The results from our survey of 975 respondents have given us some fascinating insights into the scope of the practice manager role. For example, they reveal how broad and varied the job responsibilities are and how much of a focus is placed on financial expertise to drive up practice revenues.

What about morale? Overwhelmingly, the survey results, together with comments from respondents, present evidence of a committed profession that derives great satisfaction from the work it does and takes pride in doing it well. Nevertheless, many are being pushed to their limit, with a significant proportion wanting to leave.

This is very worrying. The crisis among the GP workforce

is well documented. But a demotivated practice manager workforce is a masked issue. If it continues to be overlooked, primary care will lose the very people keeping it running smoothly and efficiently, which could threaten its future just as much as any shortage of clinicians.

Just one more thing to say, we know reports on pay are always of interest, not least because people want to see how their earnings measure up against others'.

However, we wanted this report to be of practical use too. Our findings are accompanied by expert-written guides offering tips and advice on topics including, how to ask for a pay rise and how to retain your practice manager. We hope they prove to be a useful resource.



Rima Evans

Editor, *Management in Practice* and report author

Foreword from our sponsor

As *Management in Practice* presents this comprehensive salary survey focused on practice managers in the UK, it is essential to acknowledge the pivotal role this group plays. Practice managers often stand out as the unsung heroes of primary care.

They operate where healthcare meets administration and, as the survey findings show, wear many other hats (sometimes even acting as plumbers)!

They are also behind the scenes orchestrating efficient operations, managing resources, and implementing strategies that allow clinicians to focus on their core mission – delivering exceptional patient care.

It could be argued that the success of any practice relies just as much on the competence of the practice manager as it does on the clinical staff, so attracting and retaining them is essential.

This survey delves into practice manager salaries, bonuses and total packages of practice managers. And while it's positive to note that over three quarters of respondents were awarded a salary increase in the past year, pay is only one element of their employment package. It's a difficult time to work in general practice with clinical staff shortages, funding pressures, soaring demand and so forth. Therefore, it's

important that the benefits offer as a whole can compete with what is offered to other comparable roles if practices are to retain top talent.

Employee benefits for practice managers less commonly include many of the perks widely expected within the private sector, such as cycle to work schemes or gym membership. Practices will need to look at evaluating their Employee Value Proposition to ensure a career move into practice management is seen as an attractive option.

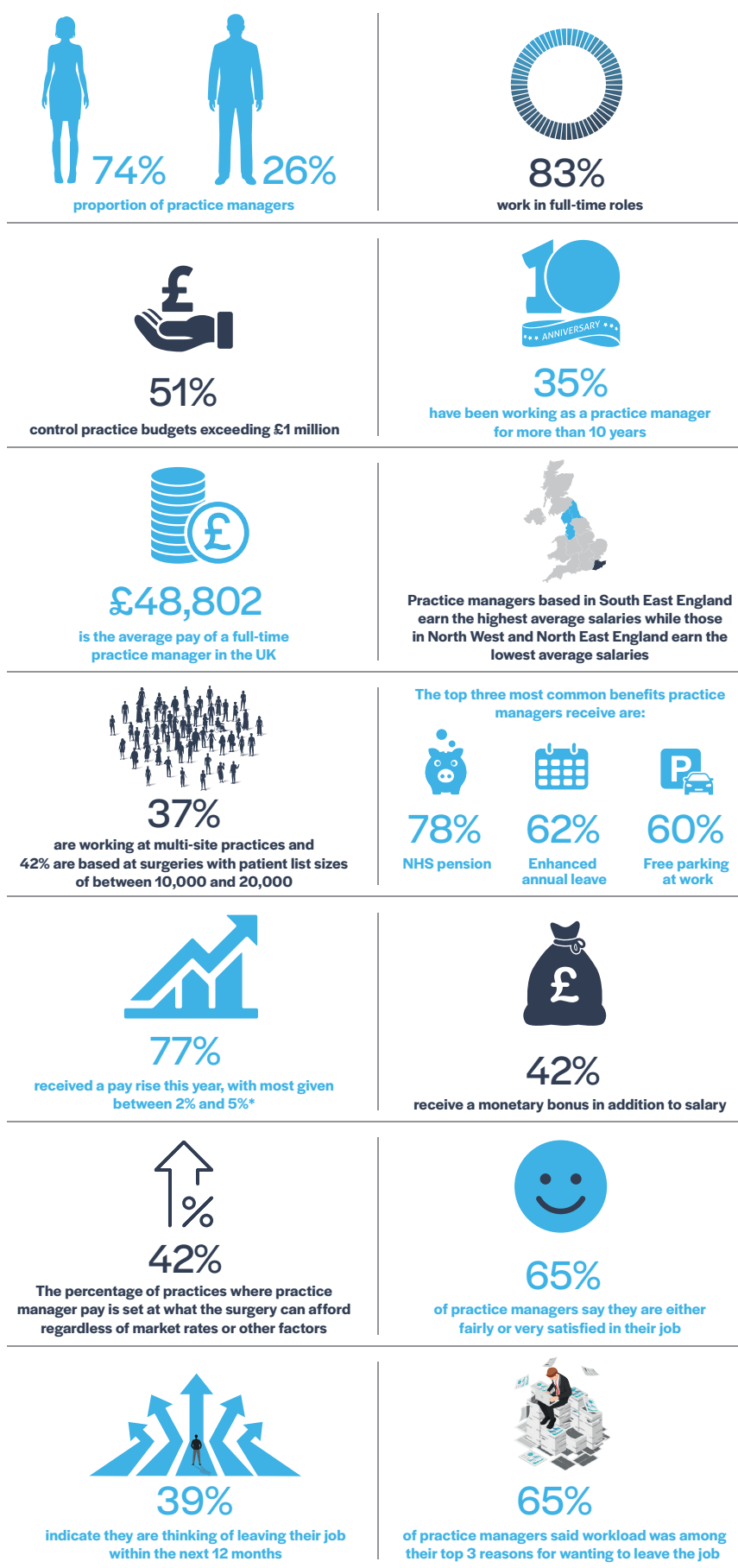
This salary survey can serve as a practical guide for both surgeries and practice managers, not least because it increases our understanding around pay levels but also the methods used to determine them. It's an eye-opening read and packed with tips on best practice. I hope it is as much use to you as it is to myself and my team.



Ash Higgs

Managing Director, MCG Healthcare

2 Overview of findings



*this pre-dated Government announcements made on pay for 2023/24

The total number of UK practice manager respondents to our online survey carried out between June and July 2023 was 975.

3 Practice manager level of experience

Our survey findings show that 83% of practice managers work full-time and 17% part-time.

And the vast majority are women.

A substantial number have been in the profession for a many number of years and are experienced, with 35% having

clocked up more than 10 years in the job and 14% more than 20 years.

Almost a quarter are fairly new to the role having worked as a practice manager for three years or less.

Figure 1: Do you work part-time or full-time?

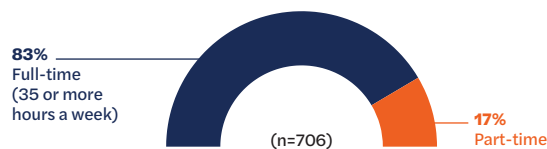


Figure 2: Practice managers by sex

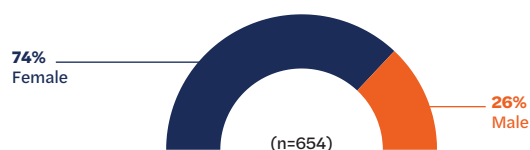
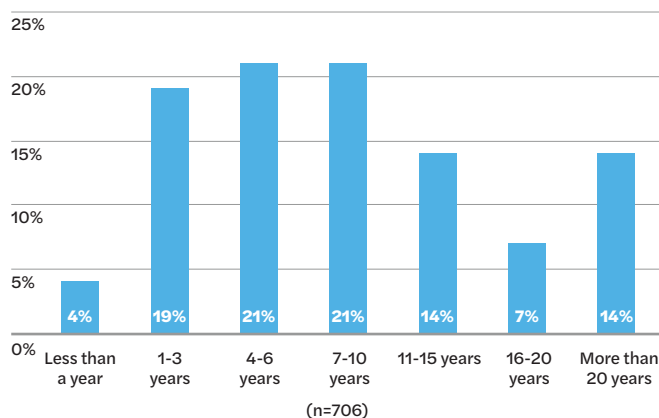


Figure 3: How long have you worked as a practice manager?



4 Practice manager role and responsibilities

The majority of practice managers are responsible for medium to large-sized teams. Only 5% manage teams of 10 or less, while a third manage 21-30 people and 23% manage more than 40 people.

We also know their line management duties don't cover only non-clinical staff but also extend to extend members of the clinical team, including GP partners (see also Figure 7).

Meanwhile, the biggest group (42%) of respondents are based at surgeries with sizeable patient list sizes of between 10,000 and 20,000.

More than half of all our respondents manage practices with patient list numbers that are larger than the current average, which is 9,977 according to BMA figures from November 2023.

More than a third of respondents (37%) are practice managers at multi-site practices, which is perhaps indicative of the push towards GPs working at greater scale. Of those, the majority manage between two and four sites. It's noteworthy that 18% are managers of surgeries comprising between 11 to 20 sites, in other words, super partnerships or super-size surgeries (See Figure 6).

The range of roles and duties practice managers undertake is wide and complex. The list of responsibilities reported by respondents runs to more than 20 areas, broadly summarised as:

- Management of staff (often clinical and always non-clinical)
- Maximising finances and funding streams
- Business planning
- HR and payroll
- CQC and governance
- Premises management
- IT and data security
- Appointments systems management

Figure 4: What is the size of the team you manage/have responsibility for at your practice?

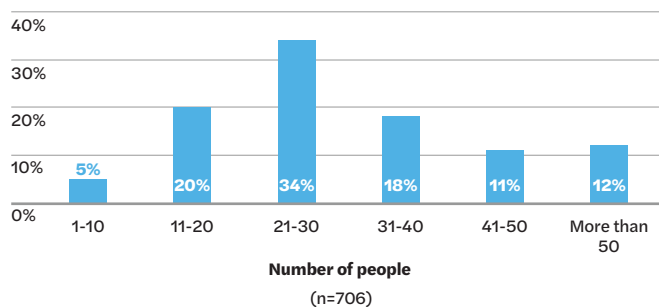
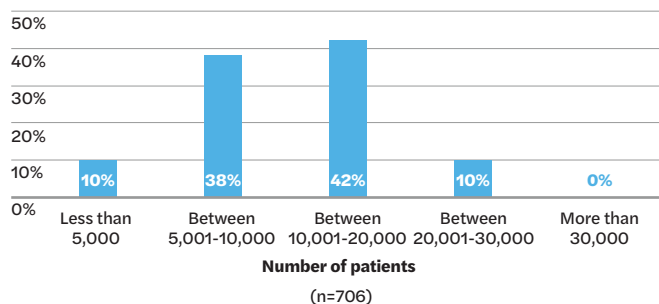


Figure 5: How big is your practice's patient list size?



- PCN management
- Purchasing and procurement
- Compliance and quality assurance
- Patient liaison and communication

Some respondents also commented that they handle complaints, take responsibility for staff welfare, and run the

practice website. Quite a few mentioned unblocking toilets!

In larger organisations, this range of functions would be split among a number of different people or teams, yet in primary care these specialised roles are often tasked to just the practice manager.

It’s easy to understand why practice managers report having overdemanding workloads. However, it also demonstrates the pressures on general practice and how critical a role the practice manager is to the effective functioning of a surgery, and in turn, to patient care.

As one respondent said: *‘The current pressure on general practice only emphasises the need for professional managers who are appropriately trained and valued if their practices are to survive.’*

The financial management aspect of the job, in particular, can’t be overplayed. This is demonstrated, for example, by the level of budgetary control practice managers have. More than half (51%) said they are responsible for practice budgets exceeding £1m, while 18% are in charge of budgets of more than £2m. Just under a tenth (8%) look after budgets bigger than £2.5m.

Financial acumen and skills seem to carry a premium among GP practices. For example, financial rather than non-financial targets are most commonly linked to monetary bonuses awarded to practice managers. And at more than a quarter of practices, practice manager pay grades are driven by the level of specialist financial skills they can bring to the table (see Figure 14 in Section 5: Pay and bonuses).

Figure 6: For those based at a multi-site practice, how many surgeries do you manage?

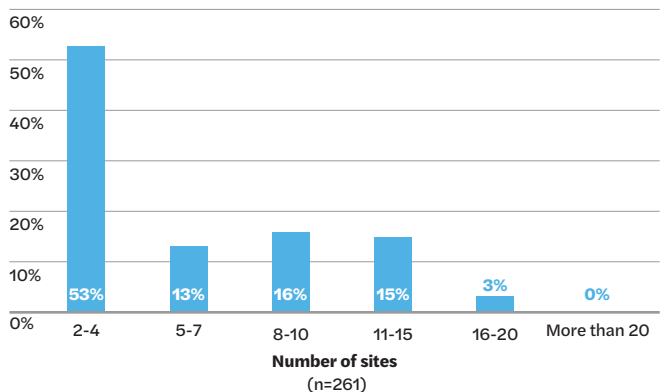


Figure 7: What are your main job responsibilities?

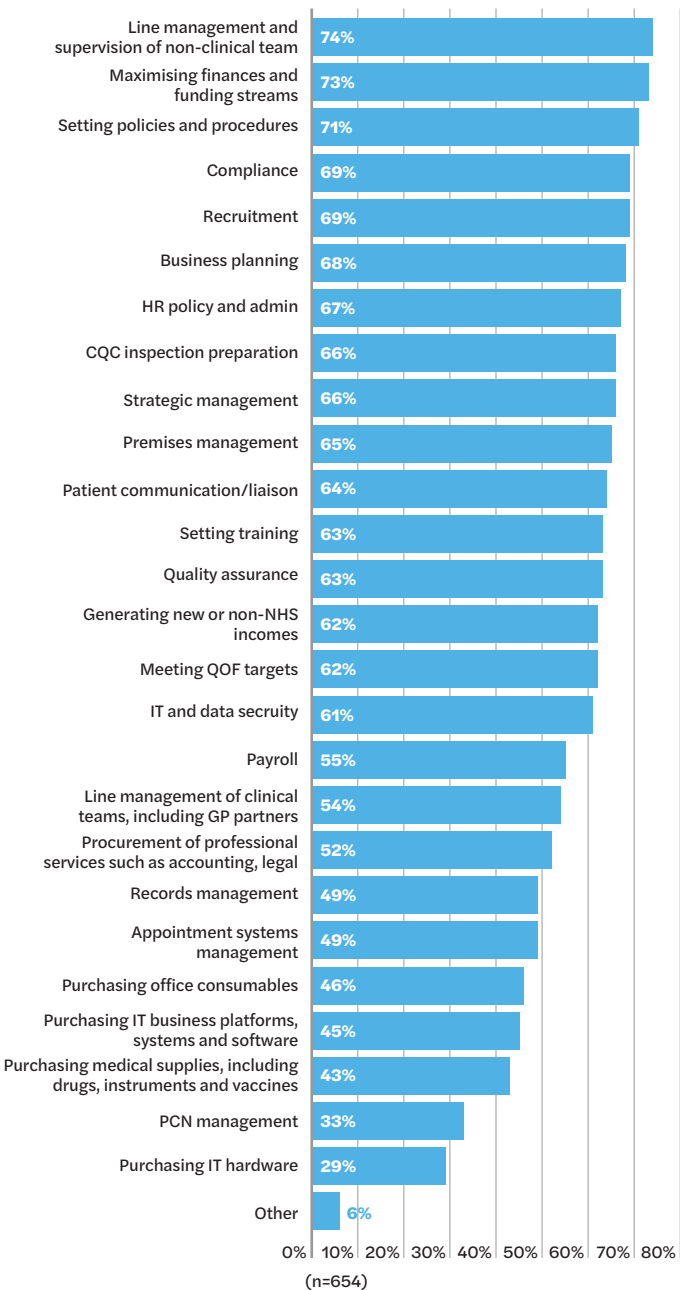
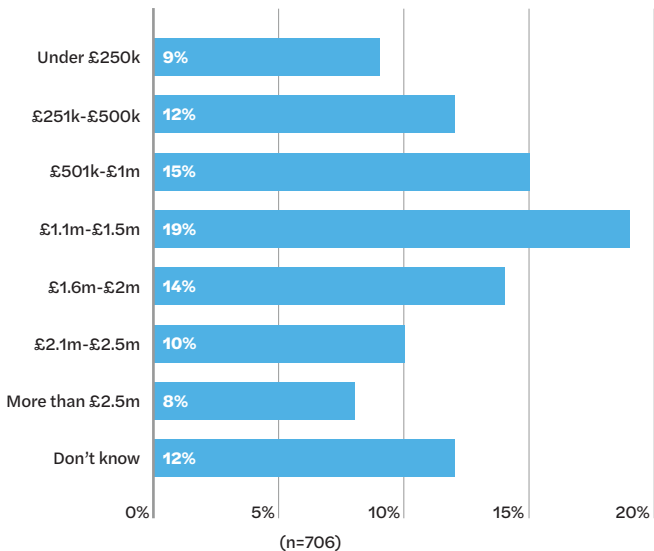


Figure 8: What is the size of the practice budget that you are responsible for?



5 Pay and bonuses

Basic pay

Our survey results indicate that practice managers are on a very broad pay scale. According to NHS Health Careers, the average salary for a practice manager is £30,000 for a starter and £60,000 for someone experienced (which equates to between Bands 5 and 8B on Agenda for Change). However, our survey results reveal a much wider gap in salaries.

Among our survey respondents, the biggest group (34%) reported earning between £41,000 and £50,000 a year.

Rather surprisingly, there are some respondents who report a salary of less than £20,000 per annum (which is not minimum wage compliant for a full time equivalent).

However, the average salary for a practice manager working full-time is £48,802. That figure becomes £43,717 when taking into account both full-time and part-time workers.

Average salaries broken down by region range from £47,261 to £54,542.

Practice managers based in South East England earn the highest average salaries (£54,542) while those in North East and North West England (£45,667 and £45,481 respectively) earn the lowest average salaries.

Analysis shows that practice managers earning at the high end of the pay scale – more than £80,000 are:

- More likely to manage large teams of 41 people or more (64% earning more than £80,000 manage large teams versus 33% across all other pay bands)
- More likely to have been a practice manager for more than 11 years (45% earning more than £80,000 have 11-plus years' experience versus 35% across all other pay bands)
- More likely to have a patient list size of more than 20,000 (18% earning more than £80,000 manage list sizes bigger than 20,000 versus 10% across all other pay bands)
- Less likely to be managing multiple sites (27% earning more than £80,000 work across multiple sites versus 37% across all pay bands)
- More likely to receive an annual financial bonus (82% earning more than £80,000 receive a financial bonus versus 42% across all pay bands)
- Less likely to be planning to leave their job in the next 12 months (27% earning more than £80,000 said they are thinking of leaving their jobs versus 39% across all other pay bands).

Bonuses

A significant 42% of respondents receive a monetary bonus in addition to salary, suggesting they are becoming a more common component of practice manager reward.

Those who are paid a bonus often have it linked to financially driven targets, such as practice profit levels, QOF achievement or contract performance, for example, on local enhanced services.

Just under a third are rewarded for non-financial performance indicators, such as for recruitment, new projects and efficiencies.

Meanwhile, some respondents mentioned bonuses being related to length of service, to 'overall performance,' or that they were awarded annually at Christmas time. A less structured /more ad hoc reason for awarding a bonus commonly mentioned was simply that it was given out when partners saw fit, at their discretion.

Half our respondents receiving a bonus (52%) said its value paid was linked to salary.

Figure 9: What is your annual salary?

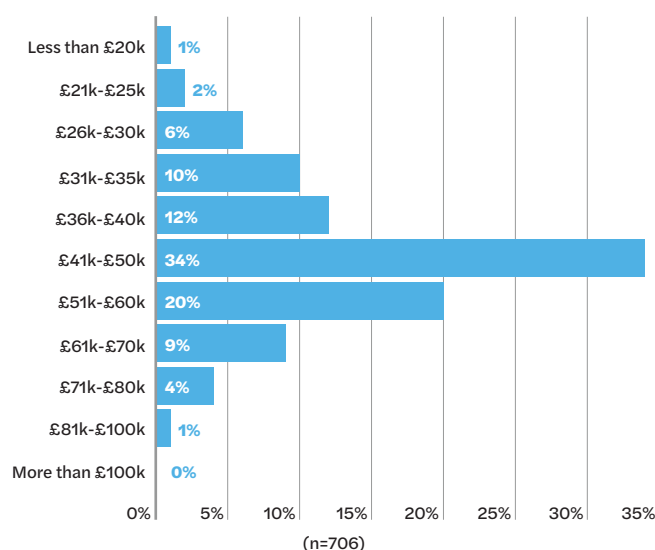


Figure 10: Average salary of full-time practice managers in the UK by region/county

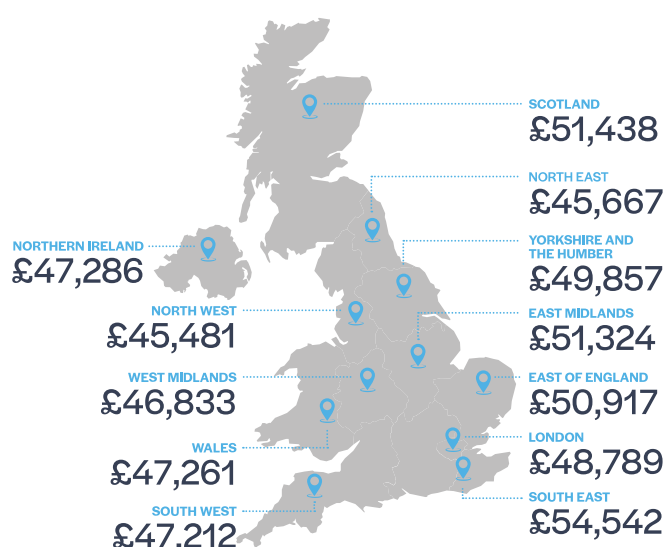


Figure 11: Is your bonus linked to any of the following targets/performance factors?

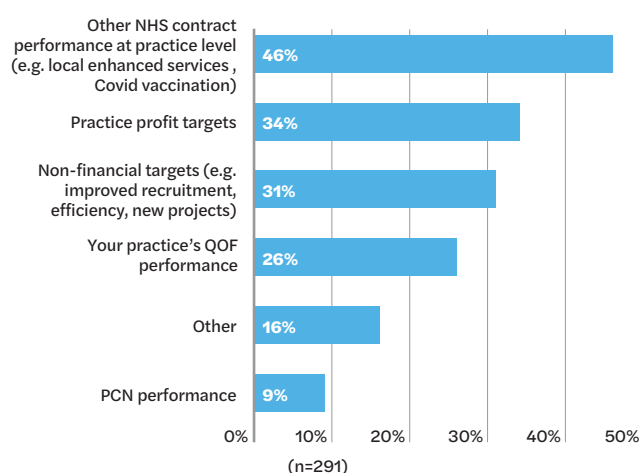


Figure 12: What percentage of your salary is your bonus set at?

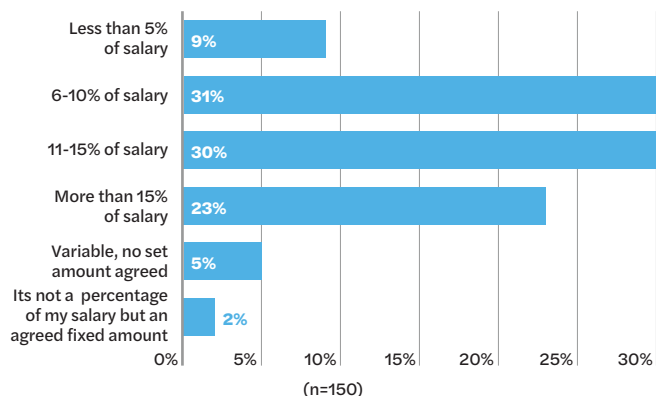


Figure 13: What pay rise did you receive this year?

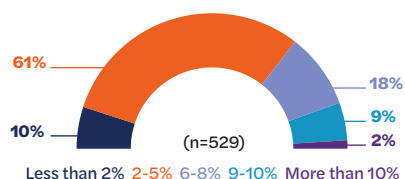
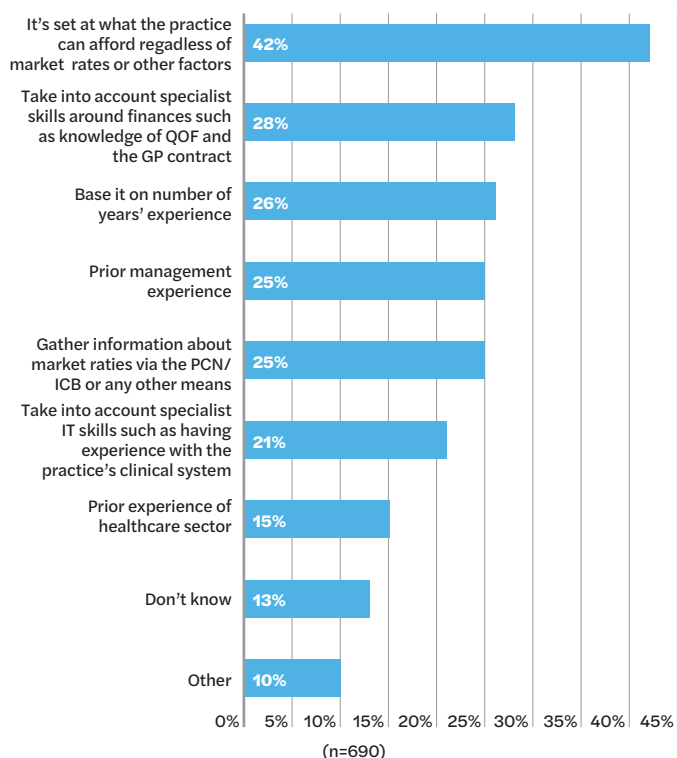


Figure 14: What methods does your practice use to decide on practice manager pay level



The amount of bonus received varied, with 9% receiving up to 5% of salary; 31% receiving between 6-10% of salary; 30% receiving 11-15% of salary; and 23% receiving more than 15% of salary. Others received variable, non-fixed bonuses.

Practice manager pay rises

A total of 77% of respondents received a pay rise this year (it is worth noting the timing of the survey pre-dated Government announcements made about the 6% pay uplift for 2023/24).

Still, given the cost-of-living crisis, the fact that almost a quarter (23%) weren't awarded a pay rise at all is significant. It may be a painful side effect of the growing pressure on practice finances.

Pay rises often take two forms. One is a cost-of-living increase that is given to try and keep an individual's salary in line with general inflation. The other is an increase in salary due to an increase in responsibilities or someone's competence to undertake their role. Examples might include a pay rise for a practice manager following a practice acquisition that resulted in an increase in the size and complexity of the business.

What pay increases were practice managers awarded in the last year? The majority were received 2-5%.

(See also our guide, *How to ask for a pay rise – tips for practice managers*, page 11).

How practice manager pay is determined

It is surprising that nearly 13% of respondents said that they didn't know how their pay was determined. Of those that did know, the top three methods cited were:

- It's set at what the practice can afford regardless of market rates or other factors (42%).
- It's based on specialist skills around finances such as knowledge of QOF and the GP contract (28%).
- It's based on accrued practice management experience (26%).

The survey didn't specifically ask whether practices used Agenda for Change (AfC) contracts but a handful of respondents voluntarily mentioned that they follow AfC pay rates. Some practices may be considering coming off AfC given rising costs, high inflation and a lack of additional investment from the Government in the latest contract.

Other ways, mentioned by respondents, in which surgeries set practice manager pay include linking it to practice performance or basing it on previous managers' pay.

(See also our guide, *Steps for determining your practice manager's pay*, page 12).

Gender pay gap

Only 1% of female practice managers working full-time are among the highest paid (earning more than £80,000) compared with 3% of their male colleagues. Similarly, somewhat more female than male practice managers are among the lower earners.

This raises questions about pay and career progression.

EXPERT VIEW

The concept of bonuses can often be uncomfortable or even alien within primary care and the NHS in general. Performance-related pay was phased out of the NHS a long time ago and replaced with competency-based pay and progression.

However, as we can see from this survey's results, bonuses

are becoming a more common component of practice manager reward.

Bonuses have their place. They can be a great way of giving an individual a non-consolidated pay rise to help control pay drift or reward performance in a year where financial performance is unusually high.

Bonuses are also often used to

recognise unusual circumstances or one-off targets, for example, working during Covid; moving buildings; taking on a new practice; or completion of a specific project.

If you are using bonuses to reward general performance, it is important to ensure that expectations are managed, and the decisions made about

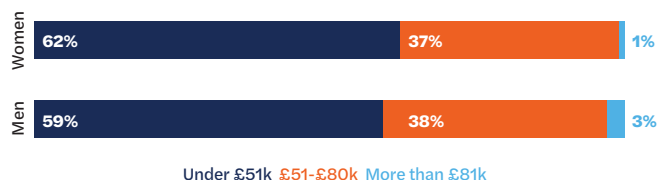
bonuses are objective and consistent.

Liz Willett Chartered MCIPD,
head of business partnership
at Kraft HR Consulting Ltd

Research tells us that seeing a clear path to advancement and believing that the process is fair is a motivator. Given this and the fact that the majority of our respondents are women may offer some explanation on the survey finding that two fifths of practice managers are thinking of leaving their role in the next 12 months, with pay a major factor in that (see section 7: Job satisfaction, page 10).

Gender pay gaps are a key topic at the moment. Employers that have taken a clear positive stand on pay equity can be shown to have a clear advantage when it comes to recruitment and retention.

Figure 15: Practice manager full-time pay banded by sex



6 Employee benefits

The top benefit practice managers are offered is membership of the NHS pension scheme, which 78% of our respondents say they have.

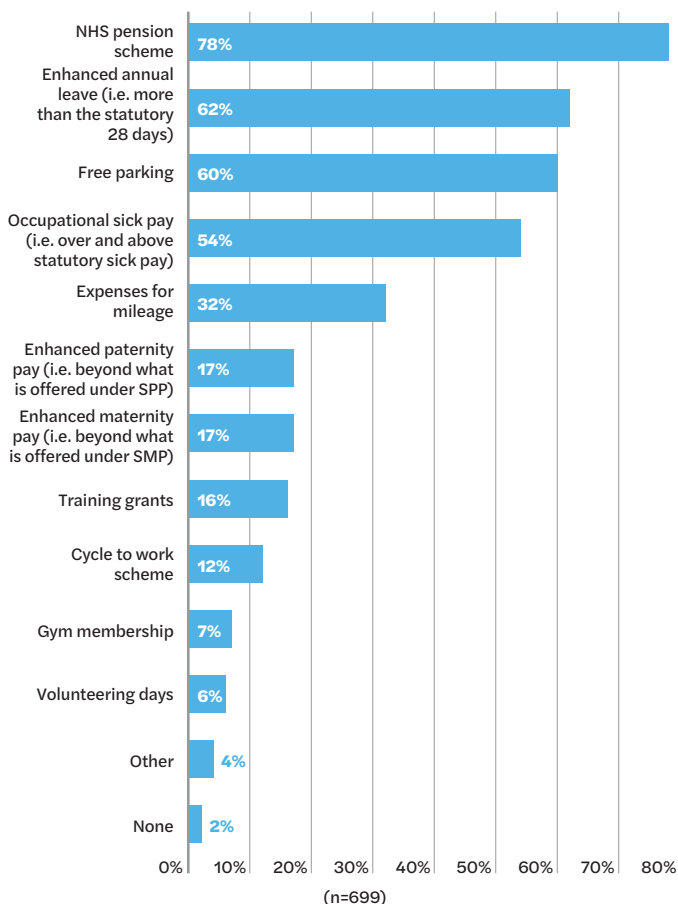
The second most common benefit is enhanced annual leave (i.e. more than the statutory 28 days) and third is free parking.

The 4% of respondents who said they received 'other' benefits mentioned having access to an employee assistance programme (EAP), private health insurance, flexible working or extra days off for special occasions, such as for birthdays or even Christmas shopping.

While pay has been historically self-determined by individual practices, more commonly practice benefits packages were compared with NHS terms and conditions. Formerly, these would have paid reference to Whitley Council terms and conditions. These included holiday of six weeks plus bank holidays and two additional NHS days; sick pay of up to six months' full pay and six months' half pay; enhanced maternity and paternity leave; protected learning time; overtime premiums (for specific grades); and very high redundancy payments.

Once this system was superseded by Agenda for Change, some of these terms and conditions, most notably holiday and redundancy payments and protected learning time, have been eroded. That said, there tends to be a higher level of reference to the more generous terms and conditions among practice managers and nursing staff.

Figure 16: What benefits are provided by your employer?



EXPERT VIEW

When it comes to benefits, more GP practices are starting to try and offer a greater variety of benefits but as their profit margins diminish, their ability to fund the Agenda for Change or 'premium' terms and conditions, is also curtailed.

There are some surprising findings in the survey. For example, 22% of practice managers said that they don't have the benefit of the NHS Pension scheme. I'm also taken aback by the proportion that said they receive only statutory sick pay. Enhanced sick pay is much more common among practice managers I work with.

In terms of benefits, we are

finding more and more practices buying into employer assistance schemes (EAP) schemes. These are designed to support wellbeing and would typically comprise access to confidential services, such as counselling or advice, which assist employees with both personal or work-related concerns. In my experience, they have proved popular and may be worth adding to the suite of benefits offered to practice managers to make packages more competitive and improve recruitment or retention.

Flexible working is prevalent amongst the practice managers I work with. Many work condensed hours over four days while quite

a few also work from home as part of their routine. Being able to work part-time is also an attractive option particularly for parents having to work around school hours.

A key benefit that practice managers want and don't seem to be able to get is protected time for learning and thinking. While remote training has made this more possible, all too often, practice managers are still interrupted during training or having to check emails/answer phones. It demonstrates that they feel unable to take time out of the practice to work on their own development, a problem perhaps less common

among clinical staff, such as GPs or nurses.

Practice managers need greater support to be sufficiently trained in their role. There's much to gain from them being encouraged to complete accredited management programmes and following that being given a week a year for their continuing professional development, to ensure they have the space to learn and think.

Liz Willett Chartered MCIPD,
head of business partnership
at Kraft HR Consulting Ltd

7 Job satisfaction

It's reassuring that the findings show a clear majority of practice managers (61%) are not considering leaving their role in the short term, within the next 12 months.

A majority (65%) also say they are either very or fairly satisfied in their job. Only 14% said they are either very or fairly unsatisfied.

A handful of comments from respondents reflected this, including:

'I love my job. Our GP partners are young, enthusiastic and devoted to their role. Together we have built up an excellent admin and nursing team and it's a pleasure to come to work.'

'Primary care is still very rewarding. [It is also] demanding but I still enjoy it.'

Nevertheless, the finding that 39% indicate they are thinking of leaving their job within the next 12 months is cause for concern.

Pay is a major driving factor in that. More than three quarters (77%) of those responding to the question, What are the main reasons for you wanting to leave your role as practice manager? ranked 'pay at my practice doesn't reflect responsibilities and workload' as being in their top five reasons.

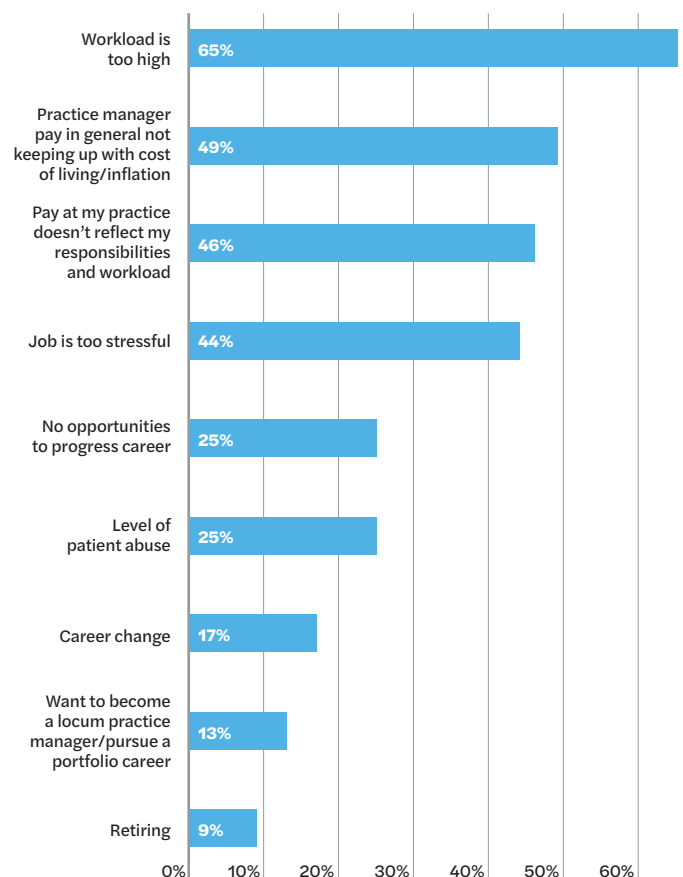
More worrying is that pay seems to be regarded as a macro-level problem, going beyond issues at practice level. For example, 74% said that 'practice manager pay in general is not keeping in line with the cost of living or inflation' as among the top five reasons for wanting to leave the job.

A dissatisfaction with practice manager pay scales as a whole will have serious repercussions on GPs' ability to recruit top talent and is an area they will have to monitor and address if they want the practice manager profession to keep developing and be regarded as an attractive career choice.

Workload is a top concern too. More than three quarters (77%) said that workload being too high was in their top five reasons for leaving. And 65% placed it in their top three reasons for wanting to leave (see figure 17).

Feeling overworked can lead to high stress levels, which is

Figure 17: Percentage of respondents ranking the following reasons in their top three for wanting to leave their role as practice manager



also cited as one of the main reasons by practice managers for wanting to quit.

This was evident in some of the respondents' comments, such as:

'I love my job and my team but the job is becoming more demanding and stressful, the whole team is suffering the effects of the pressure on primary care and I fear it is not sustainable.'

'The job of PM has become so stressful over the years. We are expected to know everything, emails cascade into our inbox at an alarming rate and everybody wants a piece of you.'

'There is no appreciation in this job. Patients also make the job difficult for PMs, in relation to the amount of abuse received by staff and [I] feel like [I am] firefighting all the time.'

'I have been a PM at the same practice for 34 years. This is the most disillusioned and pointless I have ever felt. The resources are so stretched that there is no job satisfaction left.'

'Pay does not reflect the amount of work carried out, responsibilities and on call telephone calls during [the] weekend and when on annual leave.'

'For the 13 years I have been a PM, my overall pay has

increased below inflation and I now feel that I work harder than I ever have done for the money I am being paid.'

'There are concerns with the ability to recruit GPs, but there should be concerns with the ability to recruit PMs. So many colleagues are leaving the profession, and not to find better roles in alternative practices but in search of complete career changes.'

On a more positive note, a handful of respondents highlighted the upside of working in practice management. And for some these outweighed concerns around pay or workload.

In particular, the degree of flexibility, variety of the role, and being able to work autonomously were highlighted as adding to work satisfaction and reasons that kept them in their job.

(See also our guide, *Retaining your practice manager: Valuing your secret weapon*, page 13).

8 Guides and resources

How to ask for a pay rise – tips for practice managers

HR specialist George Lepine advises effective ways to strike a better pay deal for yourself

We often feel uncomfortable blowing our own trumpet and asking for a pay rise.

And here's something else to consider, research tells us that men are much more likely to negotiate for what they want. Yet nearly three quarters of respondents to *Management in Practice's* 2023/24 Salary Survey are women. So, it's even more important for practice managers to learn how to utilise their bargaining power to negotiate themselves a better pay deal.

Here are a few tips:

Preparation is everything, so do some benchmarking

Before you ask for that pay rise do some research. Data from this survey is a good starting point. It suggests that just over a third (34%) of practice managers earn between £41,000 and £50,000 and that just over two fifths (42%) also receive a monetary bonus.

For just under two thirds of those receiving a set percentage of salary as a bonus, this ranged between 6% and 15% of their salary.

But don't stop there. Websites like Glassdoor, Payscale, Check-a-Salary and Indeed will help you to compare your salary not just within the practice management profession but also with comparable roles in other sectors. For example, you might look at office manager or client services manager roles as well.

As the person who may be responsible for reward in your practice you might also consider setting up a salary club in your area. This may be a casual or more formal arrangement, but since it can be a sensitive subject, clear rules are needed around participation (who takes part and how wide you cast the net) as well as confidentiality (who will see what data and how it will be published). The benefits of a salary club in terms

of a more targeted and evidence-based approach to pay can be substantial.

But a word of caution is needed here. There's no such thing as a definitive market rate. Because of all the variables involved you will not find a single 'correct' answer – the best you can hope for is a broad indication. That said, basing your business case on information that has been systematically collected and analysed is better than nothing.

Build your business case

Why do you deserve a pay rise? Think about your own role and whether any significant changes have taken place. For example:

- Has your role grown in scope through taking on additional responsibilities?
- Have you been successfully delivering above and beyond expectations and objectives and if so, can you quantify that?
- Have the demands of your role grown because, for example, of increasing patient numbers or additional services?
- Have you successfully completed any additional qualifications or gained experience that is adding value to the practice?
- Have you brought a project to a successful conclusion saving the practice time and money or improving patient satisfaction?

This is also an opportunity to look to the future. How might your role or your team develop in order to deliver better outcomes for the practice? What might a continuous improvement plan look like and what quantifiable difference would it make? How might that be linked to your salary progression? A demanding, 'Give us the money' scenario might have worked for Bob Geldof, but you will do better with a persuasive business case!

Negotiate effectively

Making your case is an exercise in negotiation. When we think about negotiation we often do so in win/lose terms. Typically, we start out with our position and the other person starts out with their position and we proceed by slowly giving up a bit of

our position and chipping away at the other person's position.

This is seldom a great way to negotiate because typically each party develops an attachment to their own negotiating position and the further from it they have to move, the more it feels like they are the loser. It's also the case that this kind of negotiation often prompts one party to start with an extreme position (that everyone probably recognises as being unrealistic) and all the decisions about how far to move and all the chipping away takes time. This approach can also often end up damaging relationships because it can turn the negotiation into a battle of wills.

Getting to Yes by Roger Fisher and William Ury is a book on negotiating I recommend you read. Here are four points, based on what the book says, to guide your negotiation strategy:

- The ability to stand in the other person's shoes and really understand and feel what their world is like is a great starting point. You are both people, so remember to keep the substance of what you want separate from the personal element.
- What are your interests and what are the interests of the person who you are asking a pay rise from, in terms of the practice and the future of the business? Make a list – you will have some shared and some conflicting interests. Shared goals or priorities may provide the foundation for an agreement. For example, both you and your employer may have a shared interest in stability and continuity. Think about how to make your goals come alive and about how you can acknowledge and address theirs – people who feel understood are more likely to listen to what you have to say. And talk about interests before making your pitch. If you do this the other way round your interests may not be heard.
- What are your options? Avoid going into a negotiation with a single answer. Have a few options. For example,

would you settle for a mixture of consolidated and non-consolidated money or is there a benefit that would mean a lot to you, but not be costly for your employer? What about the design of your job, does it have to be done the way it has always been done? Suggest brainstorming some ideas between you, but make sure that you keep brainstorming and decision-making separate from each other.

- Have objective criteria on which to base a decision. That's where salary data may be very helpful recognising, of course, that the person you are negotiating with may have something they also regard as an objective standard. You both need to remain open-minded because the key point is reaching an outcome that is fair for everyone.

An additional point is to avoid threatening to resign if you don't get what you want. I don't believe this tactic has any place in a negotiation. But you might want to think about your best alternative to a 'no deal option'.

Make the conditions for the discussion favourable

Prepare yourself well and rehearse your script beforehand. Choose the right time for you and your employer to have the discussion (the right time is when there aren't other challenges and pressures that will get in the way of a productive discussion) and be upfront about what you want to talk about. Be confident and don't expect an answer immediately.

George Lepine is an associate at healthcare advisory and training company, Qualitas, which works with primary care teams

Steps for determining your practice manager's pay

Liz Willett explains best practice HR processes for setting remuneration levels

Determining pay is rarely an exact science in any small to medium organisation, such as GP practices, but the price of getting it wrong is high – your good staff will leave and the partnership will suffer as a consequence. Your HR provider or a reward specialist will be able to advise you specifically on your practice needs but in the meantime, here are some tips to consider on pay.

Be transparent

There should be transparency around how you determine your practice manager's pay and remuneration package and that of all of your employees. You will first need first to take a view on what transparency means – disclosing pay scales; disclosing how the pay budget is distributed; and disclosing the process used to make pay decisions. There is research to support the idea that workers are more productive when salary is transparent and that keeping salaries secret is associated with decreased performance.

You may wish to record your method of determining pay in a pay policy (which your HR provider should be able to help you with).

Look at the individual's talent and attributes, not just length of service

It is good practice to give your key staff the very best salary package that you can reasonably afford.

Determining pay via local comparators can be an effective way of understanding the market. Using online sites such as Glassdoor, Payscale and Indeed or using the pay data within this salary survey can be useful starting points.

However, it's just as vital to carry out an appraisal of competency and scope of your practice manager's role. Other factors include the size of the practice and the resources to be



managed. If you want someone to lead on strategic business management with a strong focus on finance, it is not helpful to compare their pay with a job that is strongly operational with few finance responsibilities.

I would advise against using time served in a post to determine anything other than a cost of living pay rise – to do so could have a discriminatory impact. Who is to say that someone with 15 years' service is any better at their job than someone with five or 10 years' service? What the individual brings to the role in terms of their aptitudes, abilities, qualifications, experience and ability to perform is what is important.

Review salary regularly to demonstrate you value your practice manager

In many cases, offering a substantial pay rise only because a practice manager has resigned leaves a bittersweet taste for both the practice manager and the partnership. If you value your practice manager, it is far better to regularly review their pay to ensure competitive market rates. Pay is not the only factor for staff retention that is important, and conversations with your practice manager about how they are feeling, where they see their pay comparators and what can be done to help manage their workload are all beneficial conversations to have as part of a salary review.

Be flexible and fully balance the risks

It's important to be flexible on pay. Calculate the total cost (in terms of money, time, skills and disruption to the practice) of losing your practice manager if you think there is a risk of them leaving – and before deciding a pay rise is not possible.

An all-too-common scenario is a surgery losing the practice manager because they are unhappy with their remuneration and getting a better paid job elsewhere, but the partners deciding they cannot or will not match the increase in pay. Usually, the partners then struggle to recruit based on the pay package they paid their former practice manager, which can lead to two outcomes. The first, is that they end up appointing a candidate with less experience and who needs more support and supervision to match the skill level of the previous practice manager, which is less than ideal. The second, is that the partners end up offering a new candidate the same pay package they previously deemed as being unaffordable – so being a more costly, disruptive and time consuming result than if they had sweetened the deal in the first place.

Occasionally, a failure to appoint can also lead to partners temporarily covering for the management role and/or bringing in locum practice managers, which is again costly, time consuming and unsettling for the rest of the team. Sometimes the old practice manager will even return as a locum!

Apply the principles of sound financial management

All of the above is not to say that you should bankrupt your practice by offering pay and rewards that you can't afford. Good financial management (which is often led by your practice manager) will ensure that you are making appropriate decisions about affordability. If your practice manager requests a large pay rise, or you feel one is necessary, the next question is 'how can this be funded?'

Avoid using a pay review to discuss performance

If a partner or partners are unhappy with their practice manager's performance, a pay review is not the time to raise this. Performance issues should be discussed in a timely manner with the focus being on improvement and with any expectations/targets documented.

Any staff member on a performance plan cannot realistically

expect a pay review until their work reaches the required standards.

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Retaining your practice manager: valuing your secret weapon

Primary care consultant Daniel Vincent sets out steps for ensuring surgeries can hold on to their practice manager and keep them engaged in their job

This survey highlights mounting concerns around practice manager satisfaction and retention in UK general practice. With 39% of respondents, indicating they are considering leaving their roles in the next 12 months, it's clear substantive action is needed to hold onto these important team members.

While 77% ranked pay as among the top reasons for quitting, money likely isn't the sole issue. Feeling undervalued and overburdened seem the deeper problems. As illuminating quotes from the survey show, practice managers often feel the mounting pressures of primary care are becoming unsustainable:

'I love my job and my team but the job is becoming more demanding and stressful, the whole team is suffering the effects of the pressure on primary care and I fear it is not sustainable.'

'[The] job is becoming too big and stressful with reduced practice income from NHS England, demands and expectations of patients getting out of hand and demoralised primary care staff. Retention is very difficult.'

'I have been a PM at the same practice for 34 years. This is the most disillusioned and pointless I have ever felt. The resources are so stretched that there is no job satisfaction left.'

Like the proverbial frog in slowly heating water, rising expectations have brought many practice managers to a boiling point. I have been there and felt this heat. To retain invaluable practice managers, it's time to turn down the temperature through showing appreciation, optimising workflows, encouraging work life balance, and making practice managers feel genuinely cared for. After all, you can't credibly prescribe self-care without modelling it yourself.

So, what can GP partners do?

Show appreciation

Research shows money isn't the only motivator for people wanting to quit their jobs. In his book *Drive*, Daniel Pink found that purpose, autonomy and mastery also significantly affect motivation. Your practice manager likely has these intrinsic motivators in spades already. Yet, we all still need to feel our hard work is valued by colleagues and leaders.

When was the last time you expressed genuine, specific gratitude for your practice manager? Do they know how much their diligence and dedication means to you and the rest of the team? Have you told them directly that the practice simply could not run without them?

A little sincere appreciation goes a long way. And authentic validation reminds staff why all the hard work is ultimately worthwhile. Such recognition is truly the cheapest yet most powerful retention tool available. So, make sure your practice manager feels genuinely valued, not just in terms of compensation but in spirit.

Lighten the load

To help retain your practice manager the best place to start is by supporting them to identify where they may be able to lighten their load. What responsibilities could be shared out

or delegated among the wider team? Are there workflows and tasks that could be optimised or automated? What could others potentially stop doing, so that they could take on even the smallest of tasks? Small changes, distributing the burden, can make a big difference.

Offer different work experiences

Help reignite your practice manager's passion for their profession by suggesting and supporting portfolio working arrangements. GPs commonly take this approach to create variety and work life balance – so why not empower your practice manager to do the same? Even just one day a week spent on more meaningful or novel work can reignite the spark that initially drew them to primary care. Some examples might include helping a neighbouring practice with their QOF performance, filling a gap in the primary care network leadership team or anything else they identify that 'floats their boat'. After years in the trenches, it's easy to lose sight of why you started.

Don't see this as necessarily losing your practice manager's time and attention. The renewed energy, inspiration and insight they can bring back to the practice after exploring new avenues will likely make them even more effective at their existing role, not take away from it. Portfolio working also builds much needed resilience in the business, with others gaining valuable experience that allows them to share the load if required.

Focus on wellbeing

Practice managers are instrumental in managing the wellbeing of everyone else in the practice, but don't let them forget their own self-care! If your practice manager is constantly burnt out and exhausted, resentment will slowly but surely build.

Somewhat ironically, the 2023/24 QOF Quality Improvement (QI) workforce and wellbeing module offers an ideal opportunity to actively focus on your practice manager's own needs and welfare. Make sure they aren't so busy ticking boxes and facilitating the wellbeing of others that they completely forget to honestly assess and address their own mounting stress and exhaustion.

Look to embed systems and workflows that apply to your team's designated wellbeing leads and mental health champions too. After all, you can't reasonably expect a burnt out QI lead to effectively solve the rest of the practice's welfare problems.

Use the module's framework to regularly check in on your practice manager's workload, pressure points and work-related stress. Be ready to actively help alleviate sources of anxiety where feasible by adjusting responsibilities and increasing support structures. Simply demonstrating you want to understand their situation and are willing to find solutions together can make a big difference.

Most importantly, keep investing in your relationship with your practice manager outside of strictly professional matters.



Make sure they feel safe to open up honestly with you, take a genuine interest in their career goals and development, and work collaboratively to find constructive ways forward when challenges inevitably arise. Your fates are interconnected, so you truly sink or swim together.

While undoubtedly challenging at times, avoiding burnout ultimately comes down to one key premise – people don't tend to quit jobs, they quit managers. So, prioritising your practice manager's welfare and development proves to them they matter to you as a human being, not just as an employee. And that sort of caring relationship builds loyalty no pay rise alone could ever achieve.

They'll stay if you lead the way

The building pressures and expectations in primary care won't disappear overnight. But by valuing your practice manager as your secret weapon, you inject renewed meaning and purpose into their work. Demonstrating empathy, flexibility and sincere appreciation helps sustain passion and commitment that will have inevitably waned over time without such efforts.

While the survey results show 39% of practice managers may be thinking of leaving, most still want to stay if conditions improve. As a GP partner, you have immense power to positively influence that. Offer support, seek win-win solutions, and crucially, model the same self-care you preach.

Help your practice manager reconnect with why they chose this profession in the first place. When it feels like more than just a job, they are far more likely to stick around for the long haul. Your leadership sets the tone.

At the end of the day, you don't just want staff. You want to build relationships where people feel truly invested in the practice's core purpose and values. Learn from concerning signals in the data this survey shows, value your team, and you may never need to recruit again.

Daniel Vincent is CEO of Enhanced Primary Care, a former practice manager and independent primary care specialist

9 About the survey

Management in Practice ran an online survey of practice managers based in the UK between 13 June and July 16, 2003. Practice managers not in a permanent role or who are practice manager partners were excluded. The total number of respondents was 975.

We are very grateful to Teresa Kopp at Qualitas who provided additional analysis of our findings.

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