

Ancillary staff in general practice

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Summary

The results of a questionnaire answered by 70 secretary-receptionists in general practice are analysed. Variations in their rates of pay are described. Lack of inservice training appears to result more from paucity of opportunity than lack of enthusiasm of the secretaries themselves.

Introduction

Few general practitioners would deny the importance, even the indispensability, of their ancillary staff. Usually the primary contact of the patient with the general-practitioner team, she has a profound influence on both the doctor, the patient and the doctor-patient relationship. How far she acts as a bridge, or filter, between the doctor and the patient, and how far she acts as a barrier, has been, and is, the subject of increasing comment in the lay press. Bearing these facts in mind it is salutary to examine our attitude to such members of our team as it is expressed in our selection, training, and payment.

A symposium for medical secretaries and receptionists held in Pinderfield Hospital, Wakefield, in April 1973 provided an opportunity of examining, by means of a questionnaire, some aspects of this most vital member of the general-practice team. Those who attended were employed in general practice in Wakefield and surrounding parts of the West Riding. Medical secretaries from the Wakefield group of Hospitals also attended but, since their number was small, the questionnaires they completed were not analysed.

Results

Seventy questionnaires were completed by the general practitioners' secretaries-receptionists. Fifty-six (60 per cent) were employed in privately owned premises, the rest in health centres. All were female and 63 (90 per cent) were married.

Figure 1 shows 56 (60 per cent) were 35 years of age or older, 30 (43 per cent) worked full time (30 hours or more); the rest were part-time. There was little specialisation within the office. Six only (seven per cent) were solely secretaries and three (4.5 per cent) solely receptionists. Sixty (88.5 per cent) combined both these duties and in addition helped with filing. No one described filing as their main duty. Sixty-three (90 per cent) had been in their present post for more than one year, 58 per cent for more than five years and 19 per cent longer than ten years.

Experience and qualifications

Thirty-eight (54.5 per cent) had some secretarial qualifications, i.e. typing, shorthand or office practice. Other qualifications included 'O' levels, eight (11.5 per cent), 'A' levels, five (7.1 per cent), C.S.E., two (2.8 per cent), five (7.8 per cent) had some nursing qualifications, either State Registered Nurse or State Enrolled Nurse, ten (14 per cent) had first aid certificates.

Seventeen (24 per cent) had had experience in similar posts before their present position. Details of the post held before their present position are given in figure 2.

So far as formal inservice training is concerned, seven (ten per cent) had previously attended a day conference, two (2.8 per cent) had previously attended a weekend conference, no one had attended an extended course, though four had been to first-aid classes. Of those attending only 14 (20 per cent) said that their employers had suggested further education or refresher courses.

Pay

Most (57 per cent) were paid weekly, the rest monthly. Variations in the hourly rate of pay are shown in figure 3. Generally speaking, the rate of pay bore little relation to age, experience, type of position, length of time in service, or qualifications. For example of the five paid less than

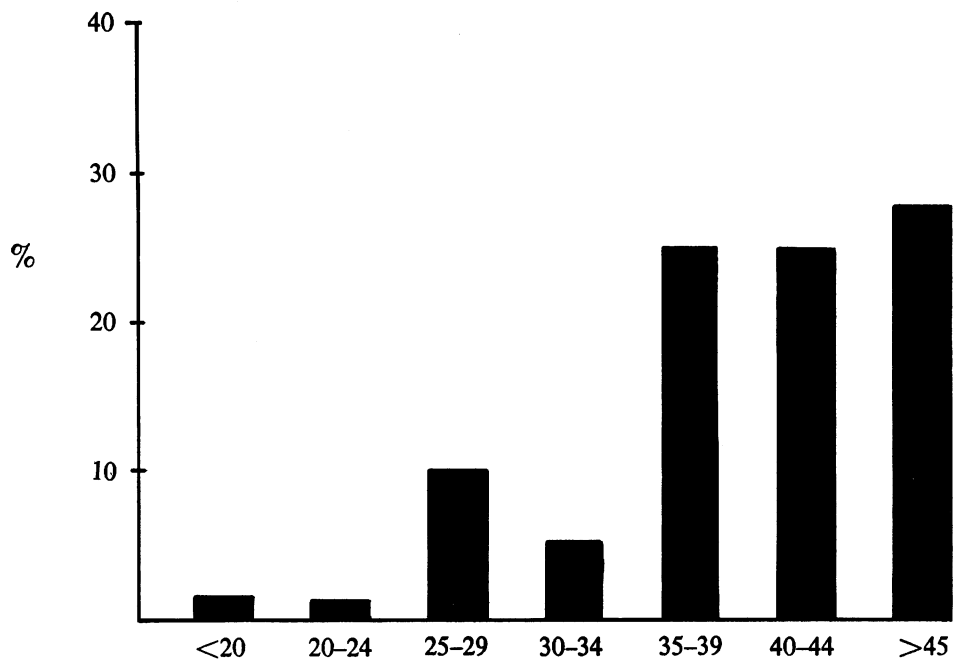


Figure 1
Age distribution of ancillary staff.

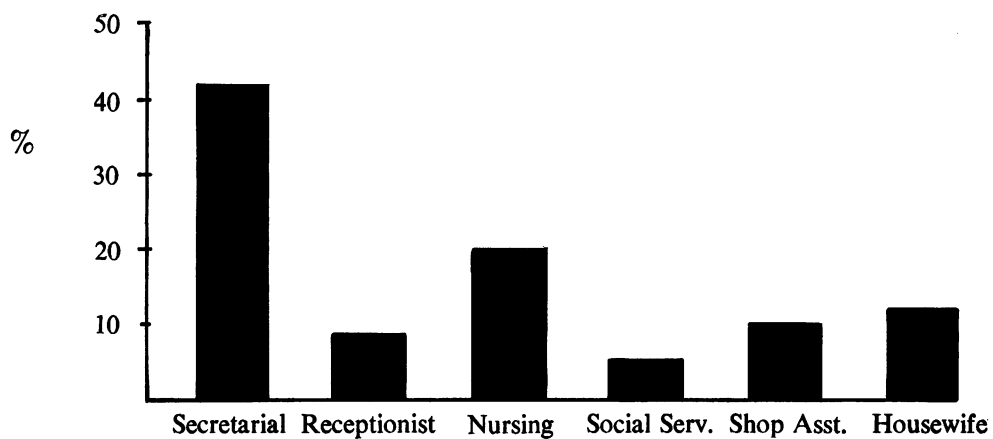


Figure 2
Previous occupation of ancillary staff.

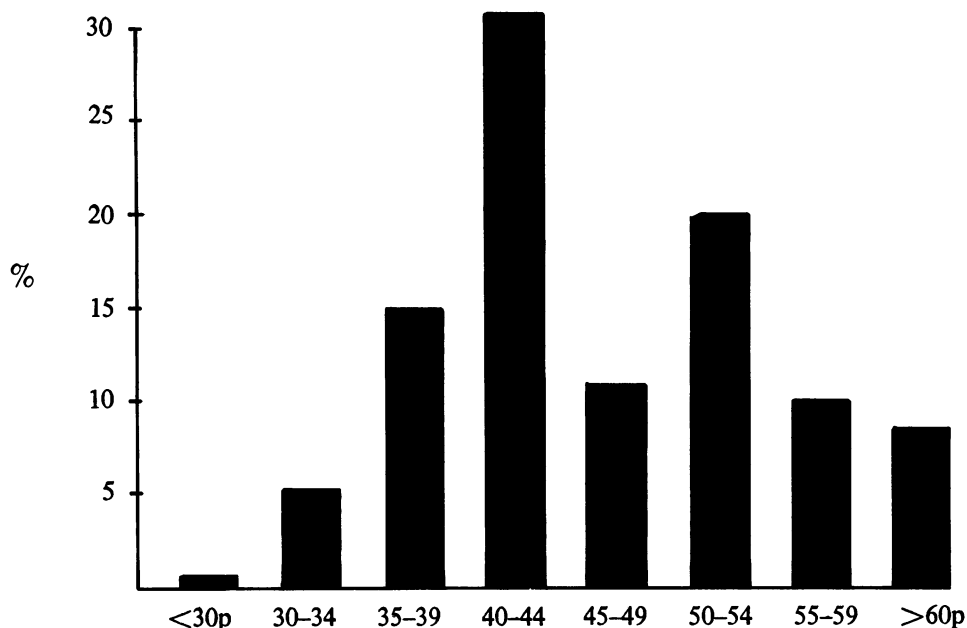


Figure 3
Pay, in new pence per hour, of ancillary staff.

35p per hour, four had secretarial qualifications (and one SEN), and four had been working more than one year in that post. One 28-year old receptionist with 'O' levels in English language and literature, and also qualified in shorthand and typing was paid less than 30p per hour. However, of the six paid over 60p per hour, five were well qualified secretarially and had been in their present post longer than four years.

Forty (57 per cent) admitted to a rise of salary annually, 13 (18 per cent) every two years, and two every four years. Fifteen (21 per cent) said they were given a rise of salary irregularly, and in this last group not a few added spontaneous acrimonious comments. Graduated pensions contributions (statutory contributions based on salary) were paid by 38 (54.5 per cent) and most (80 per cent) paid for an 'accident' stamp, 12 (17 per cent) paid a full stamp and three paid no national insurance at all. Only 28 (40 per cent) had a service contract with their employer.

Working conditions

Fifty-seven (81 per cent) shared their office and all except one had a toilet, although reservations about their convenience were expressed in 13 cases, e.g. outside toilet, sharing doctor's bathroom. Some of these comments ('too small') defied interpretation. So far as light was concerned most appeared satisfied though space was often rather cramped, and five enjoyed a separate rest room.

Discussion

Implicit in this summary of the completed questionnaires, and the symposium which stimulated it, is the question of quality. What is a good secretary-receptionist in general practice? She is fundamentally a member of a team providing primary and continuing care for a community and she brings to the team, or should do, special skills particularly so far as administration and communication are concerned. Judicious use of these skills should relieve the doctor of his day-to-day administrative tasks, make available information, ameliorate communication within, and to-and-from the practice.

Primarily, they should be aimed at helping the consultation, the very core of general practice. This last will involve steering a course between the needs and wishes of the patient and the availability and capabilities of the doctor. Could one wish for a more explicit example of Scylla and Charybdis.

To execute these onerous, skilled, tasks demanding great diplomacy, we, the general practitioners usually choose a mature married woman when selecting new secretary-receptionists. As a group they are more likely to cope with the difficulties presented by the anxiety and vagaries of patients and doctors. In addition, there is less possibility of pregnancy and children's illnesses interrupting their employment.

Continuity of service is also tacitly implied by their loyalty, about three quarters of them being in their present post for more than five years. Although secretarial qualifications such as typing, shorthand and previous secretarial experience influenced our selection, other academic qualifications seemed to play little part in our choice. In view of the salary we pay it may be that better qualified people may not be attracted to apply for the positions we advertise.

Having chosen our secretary-receptionist, how do we reward her financially? Many of those who completed the questionnaire added spontaneous comments about 'the low rate of pay per quota of work'. Sixty-one per cent were paid less than 50p per hour and 82 per cent were paid less than 55p per hour. This compares with the pay of a home help 49-65p per hour (from 3 September 1973), and an average of 44p per hour (rising to 55-23p) for a nursing auxiliary. By paying such comparatively low salaries (and we are refunded 70 per cent of this anyway) do we exclude the better qualified and attract the housewife who wants 'something to do'.

Apart from the fairly low rate of pay, the variations in the rates of pay were outstanding. Is it not possible to have a standard rate of pay with standard additions for experience and qualifications as is usual in other branches of the National Health Service? Will the administrative umbrella of 1974 ameliorate this situation?

Apart from the pay one of the least attractive features of the job of secretary and receptionist in general practice, is the lack of a true 'career structure'. The comparatively high proportion (43 per cent) working full time may indicate the need for such a career structure. The increasing recognition by general practitioners of the value of a practice manager introduces a broader concept of the job and may provide some stimulus to the career minded.

Although training in the basic skills of shorthand, typing and office practice is easily available, training for the post of secretary-receptionist is, in practical terms, non-existent. In fact, almost half (45 per cent) of the incumbents had no training even in these office skills. Great then is the need for the provision of inservice training and refresher courses for the present general-practitioner receptionists, and yet although this need is accepted and satisfied so far as all other members of the general-practitioner team are concerned (including doctors, health visitors, district nurses and midwives) it is surprising that not only had most of our ancillary staff never attended such a course, but most employers had never suggested it. The reason of course may be that such courses, conferences and symposia are not often available. Certainly, the one-day conference held in Wakefield was doubly booked within ten days of its being advertised, and for the most part the course fee was paid for by the employers. Such one-day symposia as this can, however, only scratch the surface of the various aspects of the work of ancillary staff. Standard refresher courses appear to be necessary, for example, eight full sessions, and there are plans for such a course in this area.
