

An extended course for medical receptionists

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In 1974 an extended evening course for medical receptionists in general practice was arranged at Scarborough Technical College under the auspices of the Department of Business Studies, as part of the programme of part-time adult education.

The course was planned by a small *ad hoc* sub-committee consisting of an experienced medical secretary and practice administrator and a lecturer in business studies with a general practitioner. The combination of three different interests contributed considerably to the success of the course and the venue enabled us to take advantage of the services of the Technical College.

The students

Some information was obtained about the students who attended the course by asking them to complete a short questionnaire. Twenty-one out of the 25 who attended completed this, with the other four having a conscientious objection to completing questionnaires!

Sixteen of the 21 were already working as medical receptionists with general practitioners and, of the remaining five, one was a dental nurse, two were housewives who were hoping to obtain posts as medical receptionists, and two were already working as medical receptionists in hospital.

The youngest student was 17 and the oldest 50, but most (12) were within the age group 30–40; 14 had at least one child and of these all but one were at school (aged five or over). There were 11 married women, six single women, two widowed, and two divorced.

The previous experience of the students was as follows: housewife eight, medical receptionist two, nurse (S.R.N.) two, medical secretary two, full-time education two, non-medical secretary two, non-medical receptionist one, dispenser one, “abroad” one, making a total of 21.

Ten of the students were working in group practices of three or more, three were working within a partnership of two, and three were working for single-handed doctors. Twelve of the 16 were working more than 31 hours per week, three were working between 21 and 30 hours per week and one worked only 18 hours weekly.

The rates of pay varied from 36p to £1 per hour, but it must be remembered that this covers a considerable variation in the range of duties and responsibilities.

Ten of the 16 students did not have a proper contract of employment, which emphasises the casual and personal nature of the employment of many medical receptionists.

The duties of the students already working as receptionists were: reception 16, filing 16, dispensing 12, secretarial 11, accounts 8, wages 5, nursing 3.

Other duties mentioned included duplicating, coffee-making, shopping, washing up, dealing with mail, pathology delivery service, repeat prescriptions, dealing with accidents and emergencies. This wide range of duties emphasises the “maid-of-all-work” nature of many doctor’s receptionist posts. The high proportion who included dispensing reflects the needs of a rural area.

Fourteen of the students shared their office and only five thought it was large enough, which illustrates the need for increased capital investment in general practice.

Thirteen of the students had three weeks’ annual holiday and three had four weeks, as well as bank holidays. Thirteen of their general-practitioner employers had suggested further training and nine of the students had read a book about their job before they attended the course.

Finance

The costs of the course were borne by the Technical College (North Yorkshire Local Authority) and lecturers were paid small fees to cover their expenses. A fee of £5 was charged each student by the College, but many of their employers contributed towards this.

Syllabus

During the planning stage we were disappointed at the dearth of literature on the subject of training receptionists, and those papers we could find rarely discussed the practical details of the content of the course or its usefulness to the students. We have received so many enquiries about our course that we felt that such details might be of interest to a wider audience.

In a course of this nature it was quite impossible to hope to cover every aspect of the receptionist's work in general practice, and therefore one session was devoted to each of the following topics:

- (1) National Health Service organisation,
- (2) Medical records,
- (3) Registration and completing forms for patients,
- (4) Medical terminology,
- (5) Organising your office,
- (6) Assisting the general practitioner,
- (7) Measuring your practice,
- (8) Reception and the use of the telephone,
- (9) Dispensing and the country doctor,
- (10) First aid,
- (11) The practice team,
- (12) The hospital view of general practice.

On one occasion a visit to the nearby hospital pathology department was arranged, and many of the students paid informal visits to each other's offices during the course.

Evaluation

At the end of the course a second simple questionnaire was given to the students in order to attempt to evaluate the success of each session.

The students felt that medical records, medical terminology, assisting the general practitioner, and first aid were "essential to the course", with registration and form completion, reception, dispensing and the country doctor, the practice team, and the hospital view of general practice considered to be of considerable value. The talks on National Health Service re-organisation, measuring your practice, and organising your office, were considered to be of much less value.

Virtually all the students commented on how much they had enjoyed meeting other receptionists informally so that they could discuss their work with each other and several suggested that the course should be repeated annually. Thus, not only the general practitioner may feel isolated from colleagues, but also his staff.

Criticisms of the course

Some students felt that more practical work could usefully have been included and several suggested that an even more prolonged course would be of value. Those who were not already working as medical receptionists felt left out of a number of the discussions and perhaps future courses should be separated into two groups i.e., one course for experienced receptionists and one course for beginners.

The main criticism of the course by the lecturers was that it was held in the evening when they were tired after their day's work, and this especially applied to the course tutor who attended all the 12 evening meetings. Consideration should be given in future to arranging half-day release courses.

Problems

The students were asked whether they had any special problem about their present job which they would like to have covered during the course and we felt that the replies were revealing! They included the terms of contracts for ancillary staff, the compiling of age-sex registers, and the special problems of health-centre practice. How to deal with emergencies on the telephone, and emergency first-aid in the surgery when the doctor was absent were also mentioned.

A cry from the heart from one young inexperienced receptionist was “ the other receptionists could be more helpful! ”

Perhaps one student’s comment that her main problem was “ keeping doctors’ wives out of the surgery ” reflects the difficulties which may be faced by doctors’ wives in their changing role in modern practice.

The difficulty of defining the amount of responsibility which should be rightfully assumed by receptionists without referring to the doctor was also frequently mentioned.

Discussion

This course arose from an attempt to provide a “ within the practice ” weekly tuition session for a group of new medical receptionists but local enquiry demonstrated that there was a wider need. On the whole everyone felt that it was a success, and it is hoped to repeat the course annually.

Courses such as this could be supported financially by the Department of Health and Social Security in the same way as courses for general practitioners.

It is suggested that although there is a need to train inexperienced receptionists, perhaps by intensive full-time courses, it is important not to forget that many of those who are already working as medical receptionists have received little or no training except “ on the job ” and this results in considerable lack of confidence, which may explain some of the difficulties which can arise between receptionists and patients, resulting in them being labelled “ dragons ” instead of “ angels ”.

Acknowledgements

I would like to acknowledge the hard work devoted to the planning and implementation of this course by Mrs P. Lewis and Miss D. Abbott which contributed so considerably to the success of this project.

Addendum

Copies of a more detailed syllabus and a reading list used on the course can be obtained from Dr W. V. Anderson, 2 Beech Drive, Scalby, Scarborough.

A MALE MIDWIFE!

A recent news item in the *Daily Mail* suggested that a Mr Imms was the first professional midwife. Apparently this is not so, for according to the *Kentish Gazette* of 18 December 1779, men attended births in that capacity. An advertisement read as follows:—

“ John Hall, Surgeon and Man-Midwife. Having opened a shop in the Market Place, Dover, proposes practising in the different Branches of his Profession and hopes for the favours of the Public, which he will endeavour to merit by the utmost Attention to his Business. He intends delivering poor Women Gratis, residing in the Town of Dover, for the Space of three months from the Date hereof.”

Sheerness, 20 December, 1779.