# Training staff in general practice

TWO of the biggest changes in general practice since the war have been the construction of the primary health care team and the rapid introduction of vocational training for general practice. Until recently these two developments have proceeded quite separately. Although vocational trainees have been expected to learn about the roles and management of ancillary staff, relatively little attention has been paid to helping to train the staff themselves. If, however, professional training is urgently required for the doctor members of the primary health care team, and if these teams are taking on steadily growing responsibilities, then sooner or later training is going to be necessary for the other members of the team. It is remarkable that the training of medical staff for general practice, whilst integrated in the general training for medical secretaries receives so little special attention in its own right.

Traditionally most secretaries and receptionists have been trained in post and their training has been characterized by being both basic and brief. Much of the skill of the existing staff has been acquired painfully by trial and error or passed on by word of mouth. Today Williams and Dajda (p.145) report that only 20 per cent of staff had training outside their practices.

There have, of course, been important and energetic attempts to provide a framework of training for ancillary members of the team. The Scottish Education Department laid down a syllabus for general practice secretarial training, within the context of general medical secretarial training, as far back as the late 1960s. The Association of Medical Secretaries has done the same and its diploma takes recognition of it. Anderson (1976) described in this *Journal* an extended course for medical receptionists arranged in conjunction with a technical college in north Yorkshire, and the Association of Medical Secretaries has long sought to provide professional standards of training for medical secretaries, its qualification (MAMS) standing alone of its kind. Indeed, the Council of the Royal College of General Practitioners and the Association of Medical Secretaries now have a joint working party to bring up to date the training of medical staff in the light of all the organizational and educational developments in general practice. The addresses of local officials in both organizations will be circulated soon.



## *Financial support*

Nevertheless, one of the main stumbling blocks to the extension of this idea has been the problem of financing the courses. Whilst there has been evidence from courses already held that doctors and their receptionists would be prepared to pay both their own travelling expenses and moderate fees, such arrangements have not covered the overhead expenses increasingly required of any professionally organized educational programme. It has gradually become clear over the years that some more formal pump priming would have to be provided within the framework of the National Health Service.

The first step came with the progressive interpretation of the regulations for the reimbursement of expenses when it became possible to reimburse doctors' secretaries for costs incurred in travelling to courses which they attended with their doctors.

Now, however, even more important administrative reform has become possible through a recent family practitioner committee regulation, SAFA 38 (NHS, 1978), which for the first time makes it possible for fees for courses run specifically for secretaries and receptionists to be reimbursed through family practitioner committees. This, in fact, is the Section 63 equivalent for course fees and travelling expenses for doctors attending approved courses. Just as Section 63 has a great value in providing for the continuing educational needs of older established general practitioner principals, so has SAFA 38 an equal value in providing for the continuing educational needs of older established secretaries and receptionists.

Family practitioner committees have been instructed that fees and travelling and subsistence expenses should be reimbursed for courses "organized by, or associated with, local education authorities, local faculties of the Royal College of General Practitioners, or health authorities".

A particularly attractive feature of the new circular is that it also makes provision for payment to locums of staff attending courses.

## *Role for College faculties*

The Royal College of General Practitioners has always supported the idea of improved training for all members of the team. Now, however, the ball lies at the feet of the faculties.

Although courses for training secretaries and receptionists can be pioneered by the central committees of the College, as indeed was done at the Annual General Meeting of the College in November 1978, nevertheless the essence of extended courses is that they are local. Their provision now emerges as an obvious new responsibility for local faculties—faculties, moreover, which are currently searching for new roles. No other organization is as well placed to bring together the necessary people to get courses off the ground quickly.

One faculty has already started the ball rolling: a circular sent to colleagues in one county has already attracted replies from 70 practices representing about 100 general practitioner principals (Bolden and Buxton, 1978), and Williams and Dajda (p.145) found 61 per cent of general practitioners wanted their receptionists to have formal training.

### References

Anderson, W. V. (1976). Course for medical receptionists, *Journal of the Royal College of General Practitioners,* **26**, 379-381.

Bolden, K. J. & Buxton, A. V. (1978). Convenors, South-West England Faculty, RCGP. Personal communication.

National Health Service (1978). Family Practitioner Committee SAFA 38. para. 52.9 (b).

# Why not?

So many aspects of modern life are fixed and rigid that after a while they become accepted as immutable. If something has been done in a particular way for a long period of time, it develops a momentum of its own and becomes increasingly difficult to change.

Two of the surest signs of maturity are frankness of communication and constant questioning. This is the attitude found in many families where children have been brought up to question and is a tradition in many famous educational institutions.

The trick of asking questions comes easily to children, but is unfortunately often stamped out of them by short-sighted parents who find lengthy explanations annoying or tiring. Yet sustaining critical minds and encouraging the young to test and challenge the world around them is a valuable index of whether education rather than training is taking place.

The critical question is often, "Why not?" rather than merely "Why?" The latter may merely be seeking factual information, whereas "Why not?" suggests that the questioner has already begun to examine alternative hypotheses and is at least wondering if they are not better than the *status quo.*

In an attempt to develop further in the *Journal* the spirit of critical enquiry which alone can promote reform, this *Journal* today begins a new feature entitled, "Why not?" It will consist of a series of opinion pieces, not more than one page in length, in which a variety of authors, usually general practitioners, can from the safety of their surgeries ask "Why not?" They will challenge established habit and custom within the profession and particularly within general practice, and be allowed 700 words with which to argue their case.

Topics during the next few months will range from clinical and organizational to historical and educational; all are designed to provide for readers of this *Journal* both a platform for the few and intellectual stimulation for the many.

# BASICS

It is remarkable that an organization should be able to flourish and continue its rapid development in spite of a lack of the official financing which it should so obviously have. Yet this is exactly what the British Association of Immediate Care Schemes (BASICS) does, and general practitioners who are not yet concerned with a scheme may be interested to know the background which led to its formation.

The Medical Commission on Accident Prevention is a charitable organization sponsored by, amongst others, the Royal Colleges, and following consultations with doctors involved with the immediate treatment of accident victims, the Commission formed a subcommittee which for some years co-ordinated the various schemes in existence and took a particular interest in development and training. In June 1977, only 10 years since the