

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