

Why not take practice organization seriously?

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MANY general practitioners are unprepared for, or are unaware of, the trends and needs of modern general practice. I refer mainly to:

1. Leadership (of the general practice team).
2. Management and organization in general practice.
3. Skill in handling financial affairs in practice.

The Royal College of General Practitioners, having elevated clinical standards to an all-time high, should realize that it is no longer enough for a general practitioner to be merely a good clinician. Where a doctor is working in an ill organized practice, it must detract from the general standards of performance. If the many senior principals in the profession are hesitant and diffident in their approach to these standards, it is probably because the analogy between general practice and a business is distasteful.

My views have recently been confirmed by hearing discussions between, on the one hand, ex-trainees and practice managers who are only too aware of the lack of guidance on these topics, and on the other, between senior members of the profession who are either unaware of these problems or are just not interested.

Although a considerable quantity of literature has been written about the practice team and its participants, little has been said on how a general practitioner should lead and co-ordinate the efforts of the individuals concerned.

For a general practice team to be of value, then the combined talents of all should be much more highly productive than would the simple summation of the contributions of each individual.

To combine their talents efficiently, the practice team requires a leader, and no member of the team is better placed to become one than the general practitioner. It is he who can best communicate with each member of the

team in his or her individual role in order to co-ordinate them all into one unit.

General practice today is becoming increasingly complicated, especially in the aspects I have described, but as yet only a few enlightened practices have seen the wisdom of employing a practice manager to co-ordinate and control practice affairs.

As well as all the usual unrelated facets of any business concern, ranging from such items as banking and salaries to contracts and security, there are the inevitable NHS forms and returns upon which the practice income depends. Merely by ensuring that these forms are submitted correctly and on time saves my practice several hundred pounds each year, as well as allowing more free time for clinical work. NHS returns are at best haphazardly submitted and probably about 10 per cent not submitted at all.

A good many practitioners underwent a period of financial hardship during the recent period of pay restraint and I am sure this was not merely due to lack of funds but because doctors and practices were not making the best use of their existing financial resources.

There is more union activity at the reception desk than ever before. The out-of-touch general practitioner who is still paying his receptionist 60p an hour must inevitably attract attention. I have also had recent evidence that unobtrusive enquiries about general practice are at present being made from other directions.

All of which confirms my view that general practice is under attack and its independence at risk. Unless general practitioners learn the leadership role and show active concern in practice organization, then in five years' time general practice will be facing the same kind of problems that hospitals are facing today.

I foresee that unless general practitioners can get their sums right and can put their medical house in order, they might have to revert to the single-handed practices of 20 years ago rather than brook outside interference. If that were to happen through lack of planning and foresight it would be a sad retrograde step from which general practice might never recover.