

How to work effectively with medical secretaries

Introduction

When you become a consultant, you will be lucky to get your own secretary and will probably have to share (Roberts and Burnham, 2006). In the old days, it was one secretary per consultant, but that secretary did everything – all typing and administration. Nowadays, one secretary is likely to work for several consultants or more junior doctors and there will be separate typists. Some or all of the typing may be outsourced. So, be aware that when you give tasks to your secretary, he/she may have to prioritize other doctors' work with yours.

Like doctors, secretaries try to give good patient service and value continuity of care. Many secretaries feel that they have ongoing relationships with patients, who may get to know them and ask for them by name, even if they only ever speak on the telephone rather than meeting face-to-face.

Never make assumptions about your secretary's background. He/she may be a retired tax inspector, a junior doctor who has quit medicine (Hooke, 2006) or a recent graduate. More secretaries are ex-nurses than some people realize. On the other hand, some secretaries have no formal qualifications but are, nevertheless, excellent at the job.

Your secretary will have his/her own 'line' manager whom he/she will be answerable to rather than you. This manager will deal with leave, appraisal, secretarial tasks and cover, and typing deadlines. If you have any problems with your secretary's work performance or behaviour, try to negotiate with the secretary him- or herself. However, if it is proving difficult, you may need to approach the line manager.

You will need to develop a professional relationship with your secretary over time and with mutual respect. Secretaries do not necessarily realize how much their doctors appreciate them and it is often a thankless job (Anderson, 2000). Hence, it

is good to express genuine praise and gratitude to your secretary, without being condescending.

Specific duties

Secretaries cover a wide range of duties, including or excluding:

- Typing
- Dealing with telephone calls
- General administration
- Diary management
- Checking results
- Organizing waiting lists and appointments
- Organizing meetings or minutes
- Planning rotas
- Child protection coordination
- Assisting in medical education for junior doctors.

You can assume that most secretaries are competent and you will be able to trust their judgement. However, there is a wide range of abilities and experience, and you may need to test that out. Secretaries often have their own ways of working and you will need to discuss with your secretary how it will work for both of you.

Think about how you want to be communicated with for urgent and non-urgent matters. Non-urgent and less urgent matters could be dealt with by e-mail. Make sure your secretary knows your timetable or job plan and when you are available to deal with e-mail. If you use your electronic diary, then give your secretary access to it at whatever level you wish, such as 'read-only', or the ability to book slots for you. Let your secretary know when you will be in your office or other base and the extension number. For urgent matters, let him/her have your mobile telephone or bleep number. Do not assume that your secretary will automatically know the best number to contact you on – make sure you clarify this with him/her.

A sensible secretary will know who can be put through straightaway and whom you will ring back. It is unlikely that he/she will put patient callers through directly, but he/she may try to put other colleagues, e.g. doctors or social workers, straight through when they ring. If you are not comfortable with this, discuss with

your secretary how you want this managed. For instance, you may want him/her to take the patient's details and a phone number to ring the professional back on.

Let your secretary know if you want information other than basic patient data, such as clinic letters or screenshots from the booking system. Do not rely solely on any history taken by the secretary, and always speak to the patient, parent or professional for clarification before taking action such as writing a letter. You may be happy for certain members of staff (internal or external) to have your mobile phone number, but make it clear to your secretary that this should not be given out routinely and certainly not to patients.

Patients and parents put pressure on secretaries to contact the doctor urgently, and secretaries may need to use considerable tact and assertiveness to explain that the doctor may not be able to ring back quickly and that the patient should contact the GP or emergency services if sufficiently concerned. Remember that secretaries often field many contacts that never reach you (Anderson, 2000).

You and your secretary will probably e-mail each other a great deal about patients. Make it clear if you want a particular e-mail filed in the patient's notes.

Find out the procedure for signing correspondence (Hooke, 2009). You cannot assume it is always your secretary who has typed your letters. If you need to discuss any particular letters, find out who has typed them and see if he/she is available for you to speak to directly. If there are certain typists who always type your letters, you may get to know them in the same way you get to know your secretary. Because of management targets, the secretary may contact you if other members of your team (such as doctors in training, staff grades, associate specialists or specialty doctors) have not signed their letters in a timely fashion. You may need to prompt these doctors, or sign their letters for them if they are on leave.

You need to agree a mechanism with your secretary for incorporating results after you have dictated the letter. If the letter has not yet been typed, you may be

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able to add the results to the digital file. If it has, some doctors have historically handwritten the results onto the letter when they signed it. However, this is unsatisfactory, as the secretary may not think to photocopy this to form part of the record. It would be better to dictate a new letter, or to ask the secretary to type the results into the original letter and reprint it. Some doctors dictate in the original letter: 'The results will be added to this letter', then the secretary may e-mail you to ask for the results to be added as a postscript.

Your secretary may not be responsible for all the work that comes under your remit. For instance, if you find that a letter has not been filed in the notes, it may be someone else who should have done that. Your secretary may not even have the power to compel that person to do his/her job properly. Also, if you want a patient to be seen in a particular clinic, it may not be your secretary that handles bookings. He/she may pass the task on to someone else without following it up, so you may need to check for yourself that it has been done.

Discuss with your secretary how you want paper correspondence handled. Some secretaries open and unfold all their doctors' post and place it in their trays or take it to their offices. Some secretaries will not open anything that says 'private and confidential'. However, if you are certain that most such post is regarding patients rather than for you personally, you can instruct your secretary to open those as well.

Be clear what you want doing with the correspondence. Written instructions such as 'File' and 'Notes please' are fairly straightforward. If you have dictated in reply and then want the original letter filing, you may need to write 'Letter dictated, then file', so that the secretary knows to keep the original letter until the reply has been typed, then to staple the file copy to it. Your secretary may suggest a way to handle this. Make sure your writing is legible and that it is clear which instructions or notes are for yourself or other professionals and which are for the secretary. It can be helpful if you date, sign and stamp or include your General Medical Council number when you read the mailing and issue the instructions.

There are times when you will want your secretary to obtain patients' notes for you. However, if those records are required for another supposedly higher-priority purpose, such as a clinic visit, you may be compelled to relinquish them. You cannot necessarily rely on your secretary to keep track of which notes you have got and not got, particularly if your office is some way from his/hers. Nor can he/she rely on you to do the same, as you may not know of a set of notes that was put in your office and taken away again before you were aware you had ever seen them. Hence, you and your secretary need to work out a system for keeping track of these and how urgently you need the notes back again when they are finished with by the other party.

Decide how you want results handling (Roberts and Burnham, 2006). There are times when the pathology department will ring your secretary with urgent results that may need to be conveyed to a doctor that day. If patients or parents ring for results, remember that the secretary is not clinical and is not authorized to interpret and explain results, even if he/she can access and read the values and normal ranges. You may need to ring the patient yourself. It is probably best for the secretary not to give out results, even if these are normal, as that does not necessarily mean that there is nothing further to consider. However, there is room for flexibility, particularly if the secretary is experienced, competent and knows his/her limits.

Agree arrangements regarding pharmaceutical representatives. Do not underestimate the pressure these individuals may put on your secretary to see you. It is easy to ask your secretary to decline meetings, but the rep may be very persistent and harassing if your secretary keeps putting him/her off. Your secretary may need support with this.

If you are not on duty, make sure your secretary knows what the cover arrangements are. Equally, if your secretary is part-time or on leave, ensure you know who is covering for him/her and for which tasks (such as typing, messages, ordering case-notes).

General matters

Some secretaries may develop certain advanced roles that are more than just basic typing and administration. However,

this is becoming scarcer nowadays, with restructuring, outsourcing and reliance on meeting targets.

There may be stringent typing targets, between when the patient is seen in clinic and the letter has to reach the GP. Your secretary will feel under pressure to keep up those targets, so typing will often take priority. There may be dedicated times during the day that secretaries are supposed to devote purely to typing and not answering telephones or doing other administrative work. The secretaries' line management structure will oversee this.

Some secretaries and typists are more interested than others about clinical matters and may ask you to explain diagnoses or pathological processes. Answer simply and honestly, without fobbing off your colleague or patronising him/her. The more he/she understands about clinical matters, the more accurately your letters will be typed. Equally, there will be much that you can learn from your secretary (Alis and Blair, 2003).

Ask your secretary to tell you whenever a patient has praised you or expressed thanks. You can make a note of this as evidence for your appraisal folder, or save any such e-mail. If you receive a complaint letter addressed to you, you will need to ensure that it is logged with the trust complaints system, as your secretary may simply have put the letter in your tray without knowing to do this.

Your secretary generally works set office hours and will find it difficult to claim time back in lieu. Hence, find out what his/her normal working pattern is and do not burden him/her with extensive work that prevents him/her going home on time.

Consider the proximity of your office to your secretary's and those of the other doctors he/she works with. Your secretary may convey paperwork to and from your office or you may be expected to go to his/her office. Find out what his/her other doctors do and see how it fits in with them as well as the secretary.

Never take your secretary or anything he/she does for you for granted. Be polite and respectful when asking him/her to do things. Do not assume you can sit at his/her desk or borrow his/her telephone, even to do something quickly. You should always ask first. Your secretary will respect you for this courtesy.

If you do something that is out of line with what other doctors do, this may be regarded as odd or eccentric. If you are not sure about anything, the best thing is to ask your secretary. He/she will soon tell you how other doctors conduct their business, both other doctors covered by that secretary and other doctors within the specialty.

Conclusions

You are likely to have to share a secretary. Always treat your secretary with respect and work with him/her to find ways of dealing with matters that arise. If you have got any problems with your secretary that you cannot resolve yourself, speak to his/her line manager. **BJHM**

KEY POINTS

- Remember you may have to share your secretary.
- Build up a mutually respectful relationship with your secretary and treat him/her with due appreciation.
- Your secretary may not be responsible for all aspects of administration related to your patients.
- There will be strict typing and correspondence targets.
- Agree with your secretary how to manage tasks such as dealing with calls, correspondence and results.

Dr Hooke would like to thank the medical secretaries and typists who have helped her with this article.

Conflict of interest: Dr R Hooke has worked as a doctor, manager and medical secretary. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

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