Analysis of the bureaucratic unsolicited mountainous paper heap (BUMPH) that general practitioners received in 1994

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Abstract

Objectives—To record and analyse the bureaucratic unsolicited mountainous paper heap (BUMPH) received by general practitioners; to make some suggestions for coping with the ensuing workload.

Design—Daily record of all BUMPH landing on the desk of a general practitioner in one year.

Setting—Mixed practice with one full time and two job sharing principals.

Results—5100 pages of BUMPH arrived during the year. The most prolific source of origin was health authorities (1549 pages). Fridays, Mondays, and the day after a holiday were the days BUMPH was most frequently seen.

Conclusions—BUMPH is a major source of workload. One way of avoiding it is not to work on the day after a day off.

Introduction

The workload of general practitioners has been increasing steadily in recent years, particularly since the imposition of the new contract in 1990.^{1,2} One of the aspects of increased workload that does not directly concern patient care is the alarming amount of unsolicited mail which general practitioners receive each day (F Gamman, personal communication). This study analysed the number of pages of such mail received during 1994 by a single full time general practitioner. The total amount received by all general practitioners in Britain was estimated by extrapolation.

Method

Each working day of 1994, all mail landing on the desk of a general practitioner was analysed. Letters and reports relating to individual patients, personal letters, and medical journals were excluded from the study. The remaining mail was regarded as a bureaucratic

Number and percentage of pages of BUMPH seen by general practitioner during one year, by day of week

unsolicited mountainous paper heap (BUMPH). This was then classified according to source of origin: health authorities, medical educational centres, drug companies, Royal College of General Practitioners, central government, and other sources.

The number of pages for each category of BUMPH was counted for each day and recorded by category on a chart. Weekly record charts were combined to obtain the annual total of pages for each category of BUMPH. BUMPH arriving on a Saturday was counted as having arrived on the following Monday, the next working day.

During a three week holiday it was not possible to record which day the items of BUMPH arrived, so the totals were recorded as "unknown." They were correctly allocated to the source of origin.

Results

The main source of BUMPH was health authorities, with 1549 pages (30%). Central government lagged behind, with only 616 pages (12%). A mere 396 pages (8%) came from drug companies, but 1139 pages (22%) of BUMPH were received from various medical educational sources. Although 403 pages of BUMPH (8%) were received from the Royal College of General Practitioners, 364 pages of this was because the general practitioner doing the study was the county secretary during 1994, and only 39 pages would have been received as an ordinary member.

The figure shows the days of the week on which the BUMPH arrived. More BUMPH arrived on Fridays than on any other day (1395 pages). This was not entirely unexpected since the general practitioner doing the study had a half day off on Thursdays. Monday also had a higher than average amount of BUMPH (1244 pages), confirming the generally held view that there is always more BUMPH on the day following a day off. This trend is also shown by the large amount of BUMPH for which the day of arrival was "unknown." These 291 pages related entirely to the BUMPH found on the desk on the day after a three week holiday.

Discussion

Assuming it takes an average of one minute to read one page (probably an underestimate), for a single

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BMJ 1995;311:1705-6

general practitioner to read an annual total of 5100 pages would take about 85 hours a year, or almost two hours each working week (assuming six weeks' holiday a year). It must be remembered that BUMPH does not include paperwork related to patients or time for reading medical journals.

There are 32 271 general practitioners in Britain so the time needed for all general practitioners to read all their BUMPH would be about 2.74 million hours. Using the government's assumption that general practitioners work 24 hours a day and 365 days a year, the total time spent by general practitioners reading BUMPH is about 313 GP years in a calendar year. Allowing for a career length of 25 years, reading BUMPH uses up about 12.5 GP careers each year.

If the average weight of a page is 5 g then the 5100 pages received by each general practitioner weighs about 25.5 kg. Across the whole country, general

practitioners would have received about 822 911 kg of BUMPH, or 823 metric tonnes. In practice, much of this paper mountain is moved directly from desks via waste bins to paper recycling collection points (T Kenny, personal communication), but the amount actually read is unknown at present.

Although the minister of health has set up working groups to look at ways of reducing patient related paperwork, there does not seem to be a similar group looking at ways of reducing BUMPH. There is clearly an urgent need for further research; perhaps a working group could send general practitioners a questionnaire?

1 Rout U, Rout JK. Job satisfaction, mental health and job stress among general practitioners before and after the new contract—a comparative study. *Family Practice* 1994;11:300.

2 Chambers R, Belcher J. Work patterns of general practitioners before and after the introduction of the 1990 contract. *Br J Gen Pract* 1993;43:410-2.

Of no fixed abode: homeless house officers

Susan Pembrey

Many years ago when I was first a ward sister a young house surgeon committed suicide and I became aware of how vulnerable we all are. Last year I had the opportunity to talk individually with 10 house officers in a provincial teaching hospital six months after they qualified. These doctors were caring, able people committed to providing a good service to patients and they were some of the most thoughtful, sensitive, lively, and intelligent human beings I have met. Most of them loved medicine—the challenge, the autonomy, and helping people to get better—and they hoped to be rewarded by belonging to the medical team, practising and learning medicine, and “being the patient's doctor.” Instead they were commonly exhausted, stressed, and frustrated, and they felt themselves to be unproductive; on the whole, as they looked at their seniors, they could not see it getting better. What had gone wrong?

“I never have more patients on one ward than any other . . . mostly I have patients on over 10 wards,

very rarely less than 10. I have no ward . . . I would not know where to leave a coat if I brought one with me.” All the house physicians, and to a lesser degree, the house surgeons, were homeless; trailing all day throughout the hospital like itinerant travellers. This homelessness was a striking change to the traditional pattern of medical firms attached to designated wards. It was caused by a policy of bed scatter, through which a patient was admitted not to a designated ward but to any bed available in the hospital. Bed scatter creeps up like an insidious virus, gradually breaking down the ward boundaries and with them the crucial ward team of house officer and nurses. Doctors followed their patients throughout the hospital; the nurses made up the ward front line teams alone; and both groups were more vulnerable.

I have long been struck by the dismay of senior medical staff over the loss of the traditional ward sister; their *cri de coeur* has been for someone who is in charge or, as one of the house officers said, for “someone who knows.” I think there is more. Nurses and doctors act as a talisman for each other against the—often unacknowledged—anxiety of caring for ill patients. The actual presence of their counterpart, or at least knowing where the other person is in case you need them in a hurry, is the key to the talisman effect. The nurse or doctor may not, in fact, be much in control or “someone who knows,” but they represent that ideal to each other. For example, nurses believe that doctors know how to control and treat disease, and doctors sense that nurses “know the patients” and will not let them get out of hand. House officers are obviously not experienced—but they are doctors and have an important talisman effect for nurses, and nurses for them. Further, most of the immediate concerns about patients can be solved by the house officer and nurses.

The loss of the ward team therefore has major consequences, which the house officers I interviewed described graphically: “It's a mixture of exhaustion, being on your own, and coping. I think nobody knows anybody really. . . . The other thing is—it sounds daft—you never get offered a cup of tea or coffee by the nurses.” When the mutual presence of house officer and nurse was broken, a series of difficulties arose—as well as the practical problems of getting things done,

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BMJ 1995;311:1706-7

Perhaps it was a golden age—when nurses and doctors worked together as a “ward team”