VIEWS & REVIEWS

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Coffee time is about much more than coffee

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The days I don't make it to morning coffee are the worst days. On these too-busy days the time after surgery haemorrhages into house visits and urgent telephone calls. I'll be trying to get hold of someone at the hospital—while that someone is trying to get hold of me. I'll have received badly abnormal blood results but no phone number for the patient. And, of course, I'll have forgotten the latest computer password that I'll have written down in several notebooks, none of which I can find.

Coffee time is about succour. I am blessed to work at a practice where it is a time to debate clinical decisions, to seek solace about deaths and disease, and to discuss and learn from difficult encounters. It is a few moments to exchange information about the families that our district nurses are caring for, to share dismay over the latest ludicrous requirement of the general practice contract, and to laugh at the idiot who injured her ear canal because she didn't notice that the rubber bung was missing from the aural end of her stethoscope. (Yes, that was me.)

In formal educationalist terms, coffee time might be described as professional reflection, peer review, team building, and moral support. Time to talk with your colleagues is like gold. Some organisations pay thousands for this kind of interaction, whisking their employees off for corporate away days of raft building or zorbing.

So what have we done to facilitate this cheap, easily available time that enables collegial bonds to flourish? Rather than being the cornerstone of the day, precious coffee times are disappearing, squeezed by the ever evolving demands of today's general practice.

The software we now use means that letters from the hospital are acted on by each doctor alone in a consulting room, staring

at screen, rather than in the communal space. The tickbox pressure of the quality and outcomes framework, and the need to note every bit of learning for appraisal, ties us to computers, contributing not merely to solitude but also to risks of isolation and loneliness—even in large group practices.

Mandating time to chat with colleagues would be silly. But for every new QOF point, every new innovation, and every new activity that someone presupposes is good for doctors to do, first answer me this: Will it mean that I am more likely to miss coffee time? And because of this might my patients lose out?

Competing interests: I have read and understood the BMJ Group policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on QOF points. I'm a part time undergraduate tutor at the University of Glasgow. I've authored a book and earned from broadcast and written freelance journalism. I'm unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of MedAct. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013.

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