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The future role of receptionists in primary care

Dr Litchfield and colleagues have raised an important question for GPs. Good reception staff and processes are essential for good primary care.¹ It is interesting to note, however, that they don't mention receptionists' views on their role.² Reception staff continue to be faced with similar challenges now when compared with research from the 1980s, despite the huge changes that have occurred in the way primary care is organised. Their view is of advocacy: helping patients to navigate the system.

As an educator I would suggest we need a reception curriculum-equivalent that recognises the receptionists' triage and clinical roles, and takes into account their learning needs, rather than just implementing changes and ideas. At the coal face in general practice, receptionist learning is being driven by organisations such as the Care Quality Commission, which has clear views on the training they require but that is not always consistent with receptionists' views. It is my view it is time we recognised, appreciated, and supported our reception teams.

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'Reception' teams

While I totally concur with the importance of so called 'receptionists', Litchfield *et al's* article made some unwarranted generalisations and assumptions.

First, it is stated that these roles are undervalued. On the contrary, successful practices are those that value their teams highly and express this in regular training days and social events; value that is reflected in loyal, effective, and highly skilled staff. We stopped calling them 'receptionists' years ago, replacing it with the term 'administration team'.

Second, I was surprised to see the allegation that repeat prescribing occurs with 'no specific training' as our many administration team members are specifically trained for that task in their practices, with updates and clear protocols.

Third, I was surprised that there was no mention of the work of the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) or the Faculty of Medical Leadership and Management (FMLM), who both offer 'specific' training to support the administrative tasks of practice.

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STPs: occupational therapists and physiotherapists can support GPs

The need for more primary care treatment capacity combined with a significant shortage of GPs is a major problem for healthcare systems in many countries — and raises much debate.^{1,2} It is not obvious how our healthcare systems best respond to this problem. Some have pointed to the use of extended-scope healthcare professionals as a possible solution.³ Brooks and colleagues

recommend specialist, direct-access, 7-day, integrated, primary care occupational therapy and physiotherapy service to reduce pressure on GPs, reduce referral to secondary care, enhance timely hospital discharge, and keep people independently at home.¹

However, creating new healthcare service paths may lead to fragmentation of health care and uncoordinated and overall inefficient service. An alternative strategy may be to increase the capacity in existing structures including general practice clinics, for example, by further incorporating extended-scope professionals and other staff into the clinics. Still, there is a shortage of evidence to support which strategies to pursue. We need to consider the perspectives of 1) patients' preferences, 2) organisational aspects, 3) health economics, and 4) clinical effectiveness, when we eventually decide how to increase capacity in primary care. Therefore, to support rational decision making on these pressing matters, we need high-quality studies that systematically explore the aforementioned four aspects and inform us how to develop primary care.

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