

Receptionists are the first point of contact for patients. How they deal with phone enquiries forms an important part of a patient's impression of our practice, and our quality of care. It is important to keep reception staff up to date with our Triage Support Guide, to ensure they correctly assess each patients' needs and concerns.



Receptionists must never offer medical advice to anyone unless specifically directed to do so by one of the doctors. Induction of New Staff Members

Policy

At all times, we must treat our patients with care, consideration and dignity. When patients need to see a doctor, they are usually sick or stressed in some way, so they may be difficult to get on with. Be considerate and helpful. Listen carefully to what they say and show you empathise with them.

In matters where a consultation is not considered clinically necessary, our practice may provide patients with access to a GP via telephone or electronic means to discuss their medical care.

When relaying medical information via a doctor to a patient, the receptionist is to only repeat exactly what the doctor has said. If the patient continues to ask questions the receptionist is not trained to answer, they must transfer the call to the doctor, or arrange a call back at a suitable time. **All emergencies must be dealt with immediately**

Patient follow up is important for continuity of care, so set time aside each day for doctors and other clinical staff to return phone calls. If staff discuss 'clinically significant' information with patients by telephone or electronically, they are to record the details in the patient's health record.

NOTE: As per the RACGP Glossary 'Clinical significance' - A way of referring to an assessment of: • the probability that a patient will be harmed if they do not receive further medical advice, treatment or other diagnostics • the likely seriousness of the harm. **RACGP - Standard 5th Edition for General Practice (Page 168)**

Effective handling of patient phone calls is an important part of our service provision. To facilitate this, reception staff are to be trained in these practices:

- Always gain permission from callers before placing them on hold. This gives the caller a chance to say if they have an emergency situation.
- Rate the urgency of a call and when it is necessary to transfer calls to GPs or other clinical staff.
- Know each doctor's preference on returning patient phone calls and communicate this to the patient, if appropriate

- Identify situations where it is necessary to interrupt patient consultations to put a phone call through to a doctor.

Refer to our **Induction of New Staff Members** section for more information on staff training.

Clear communication is critical to providing optimal healthcare. For hearing impaired or non-English speaking background (NESB) patients, our practice may engage the following services:

- **National Relay Service** (NRS) for deaf and hearing impaired patients
- **Translation and Interpreter Service** (TIS) for NESB patients.

Our **Interpreter services** section has further guidelines on situations where staff, or a patient's family or friends may translate for them.

Privacy and Confidentiality Considerations in Telephone Contact

Always be mindful of a patient's right to privacy and confidentiality, especially in regard to their personal and health information. When these details are required to be discussed or collected over the phone, ensure the call is taken somewhere that other patients and people cannot hear the conversation.

Sometimes, a person will call, enquiring if a family member or friend is currently at our practice, or if they have been. We must advise them that, due to our practice's strict privacy and confidentiality policy we cannot disclose that information. If the caller persists, we advise them we will take a message for a GP to return their call as soon as possible.

As well as forming part of our practice's staff induction, we provide ongoing training in **privacy and confidentiality** practices when communicating with, and relaying health information to, patients by phone. Our **Induction of New Staff Members** section covers this in more detail.

Procedure

Telephone enquiries are an important part of your role. Our standard procedure is as follows:

- Answer within 2-3 rings
- Speak clearly and precisely with a smile in your voice
- Think about what you are saying and mean it
- Address the caller by his/her name
- If placing the caller on hold, always ask whether their call is urgent, wait for the answer and if urgent continue with the call, or place on hold
- Once resuming the on-hold call, thank the caller for holding and continue with the call.