Looking after the face of your practice

Jane Armitage discusses bad receptionists

With all the talk of changes to dentistry, the CQC and new contracts, it is very easy to drop the baton and quickly become absorbed in other areas. It made me think...

In December I was admitted to Hospital and diagnosed with confirmed H1N1; on my discharge I was asked to contact my GP to be checked. So pumped with enough steroids to make me look like a beached whale, a non-existent voice and a peak flow of 310 I tried to do this simple request.

Have you ever tried to get a necessary appointment and fail to get past the receptionist?

Here I was struggling to breathe and all I got was “sorry no appointments today, you will have to ring again tomorrow”. I explained that the hospital had asked for someone to check me, but this made not the slightest bit of difference. I also needed a letter signed for the cancellation of my holiday and it required returning within a set amount of days or my claim would be void; the reply I got was “it will be at least three weeks - there other people before you.” I didn’t question her and I walked away - all I wanted was to be able to breathe, I do find it helps.

What an impression this young lady set for that practice. I left feeling worse than when I went in.

I rang the practice later, spoke to a different receptionist and the outcome was totally different. So how does this behaviour fit in with the CQC requirements? I am sure there are certain CQC outcomes where this action did not meet the standards.

As a practitioner working in surgery you can’t see what happens in the reception area; you rely on the professional behaviour of your staff to represent the standards you set. Speaking as a manager, although you try, you can’t see everything that is going on. I believe the face of the practice is the receptionist. She is the first contact point and her attitude can determine if a patient stays or leaves the practice. At the present time as an NHS practice UDAs are vital we need to achieve. As a private practice you can’t afford to lose patients at the first hurdle.

This has led me to question my own reception staff. Are they all singing from the same hymn sheet, do they go that extra mile? Sometimes you take things for granted, everyone’s ticking over nicely, nobody’s complained so why question. Well, how many have felt uneasy with a receptionist’s attitude or comment, not complained and instead gone to a different practice?

How many lost UDAs, how much lost income? You just wouldn’t know.

With this thought I decided to ask someone to contact the practice as a mystery shopper and ask various questions, some problematic to the reception staff. As a busy practice we quite often have two receptionists so I prised that their training had worked. The one area that we failed was a trainee nurse answering the telephone. No disrespect, but with a peak flow of 310 I wouldn’t know.

Our trainee dental nurse has had limited access to the reception, I understand she was only trying to help during a busy time but sometimes it is a better idea to answer the phone and collect the patient details and allow a trained receptionist to ring them back, rather than trying to accommodate and answer non-clinical questions when some of the answers you are uncertain of. This isn’t helping but could create trouble for the practice. Before tackling any question you have to be certain of your answer, ensuring that any clinical question is referred to the appropriate clinical person.

This exercise taught me to ensure anyone answering the telephone or face to face conversations with patients had the appropriate training before entering the world of patient contact.

I have learnt from this exercise, what I did to our staff may not be nice way of checking but certainly is a worthwhile exercise where everybody can learn from the outcome.

Our trainee dental nurse has had limited access to the reception, I understand she was only trying to help during a busy time but sometimes it is a better idea to answer the phone and collect the patient details and allow a trained receptionist to ring them back, rather than trying to accommodate and answer non-clinical questions when some of the answers you are uncertain of. This isn’t helping but could create trouble for the practice. Before tackling any question you have to be certain of your answer, ensuring that any clinical question is referred to the appropriate clinical person.

This exercise taught me to ensure anyone answering the telephone or face to face conversations with patients had the appropriate training before entering the world of patient contact.

I have learnt from this experience, what I did to our staff may not be nice way of checking but certainly is a worthwhile exercise where everybody can learn from the outcome.

About the author

Jane Armitage is an award-winning practice manager and has almost 40 years industry experience. She is currently a practice manager for Thompson & Thomas, and holds a Vocational Awards award. She is also a BDA Good Practice Assessor and BDA Good Practice Regional Consultant, and has a BDA Certificate of Merit for service to the profession. She has her own company, JA Team Training, offering a practice management consultancy service, which includes on-site assistance covering all aspects of practice management with a pathway if required for managers to take their qualification in dental practice management. If you’ve any memories of the early 1970s or any specific choices of topics you’d like addressed, call Jane on 01142 343346 or email janearm@tiscali.co.uk.