Objective

Effective interprofessional teamwork is essential to deliver quality outcomes for patients. However, evidence suggests that interprofessional collaboration in healthcare is suboptimal. Interprofessional education (IPE) has therefore been embedded in Pharmacy undergraduate programmes to promote interprofessional collaboration. This IPE involves students training to become healthcare professionals (HCPs). Whilst the relationship with HCPs is vital, there is evidence that the relationship with support staff is similarly important. In this study, the objective was to understand the relationship between community pharmacists and receptionists in General Practitioner (GP) practices.

Method

Community pharmacists were recruited by purposive, snowball sampling. Semi-structured interviews were conducted to understand pharmacists’ relationships with GP receptionists. Interviews were transcribed verbatim and inductive thematic analysis undertaken.

Results

Fifteen community pharmacists were interviewed. Participants reported daily interactions with GP receptionists. Key themes which emerged from the data were:

(i) The receptionist’s broker role in enabling pharmacist interactions with the GP “The receptionists are quite open to getting them (the HCP) to come and talk to you.”

(ii) the receptionist’s broker role as a barrier to interactions with the GP ”I feel that sometimes the receptionists are the barrier, they will try to do anything they can to you know, just get rid of you basically.”

(iii) the receptionist being helpful in resolving patient-related issues “(GPs) don’t have time to deal with that and we don’t have time to wait for them to call us back so we deal with the receptionists there, they get the issues sorted for us most of the time.”

(iv) the need for a good relationship with the receptionist “I think the fact that we have built up such a good relationship with the receptionist in there I think that this makes it easier and they sort of believe, they trust what I say.”

Conclusion

GP receptionists are members of the wider multidisciplinary team and play a significant role in ‘brokering’ interactions between pharmacists and GPs. Participants in this study found interactions with receptionists to often be frustrating, with some citing the receptionist as the main barrier to interactions with GPs. Although there were a variety of reasons for this, participants indicated that receptionists don’t understand the pharmacist’s role. Given the importance of the GP receptionist in facilitating interactions between pharmacists and GPs, and a lack of shared understanding of roles, it would be beneficial to develop IPE activities that include the GP receptionist in order to foster collaboration.

References