

Referring to other medical specialists

A guide for ensuring good referral outcomes for your patients



1. Introduction

As the first point of entry into the healthcare system, specialist general practitioners (GPs) are responsible for assessing and managing the health needs of their patients, and facilitating their patient's access to other health professionals for assessment and care. This can often take the form of a referral to a non-GP medical specialist or consultant physician.

Effective and efficient referral practices support patient access to the care of other medical specialists. To ensure continuity of care, it is essential that you provide accurate patient information in your referral and patients return to you for ongoing management after referred services.

Primary healthcare is the most cost-effective way of supporting Australians to live healthy and productive lives. Health systems focusing on primary healthcare have a lower use of hospitals and better outcomes when compared with systems that focus on care provided by other medical specialists.¹⁻⁶ Patients of primary healthcare providers incur lower costs when compared with patients of non-GP medical specialists when they receive care for conditions that fall within a GP's scope of practice.⁷

It is therefore important that patients who can be managed by you, their regular GP, rather than a non-GP medical specialist or consultant physician, continue to receive care in the general practice setting. This may alleviate some of the cost issues patients experience when accessing care.⁸

2. This guide

The Royal Australian College of General Practitioners (RACGP) developed *Referring to other medical specialists: A guide for ensuring good referral outcomes for your patients* in response to member queries.

This guide is designed to support you when referring to other medical specialists. It provides:

- examples developed by GPs of how you can communicate the purpose or intent of your referral to another medical specialist
- an overview of the Medicare Benefits Schedule (MBS) rules for referrals to other medical specialists, including advice on indefinite referrals
- an overview of accepted good practice for referring to other medical specialists set out by various bodies, including the RACGP
- an outline of what you should expect when you refer a patient to another medical specialist.

The intent of this guide is to improve your professional relationships with other medical specialists, and to support you when issues arise.

3. Referral choice

3.1 Choosing a specialist

The Department of Human Services' (DHS's) guide for *Referring and requesting Medicare services*⁹ advises that, 'referrals don't need to be made out

to a certain specialist or consultant physician'. It is your decision as to whether a specialist's name is included on a patient's referral. A specialist or practice asking for a referral to be changed after you have issued it (eg you are asked to add a specific specialist name) causes inconvenience and unnecessary costs.

However, if you do choose to name a specialist in your referral to a public hospital, that patient will be covered until the Schedule G Business Rules in the National Health Reform Agreement (NHRA) rule G19, which states:

An eligible patient presenting at a public hospital outpatient department will be treated free of charge as a public patient unless: a, there is a third-party payment arrangement with the hospital or the state or territory to pay for such services; or b, the patient has been referred to a named medical specialist who is exercising a right of private practice and the patient chooses to be treated as a private patient.

Referral decisions regarding the most appropriate medical specialist rests with you and your patient. When making a decision regarding a referral, your experience and knowledge of referral processes, including knowledge of the other medical specialist's expertise and your patient's specific needs and circumstances, will help inform your decision. Third parties, such as insurers, should not be actively involved in any decision-making process regarding patient referrals.

3.2 Informing patients of cost

While you need to inform patients about out-of-pocket costs for healthcare they receive at your practice, you are not required to know or provide the exact costs of referred services. Before you make a referral, inform your patient that these services could attract an out-of-pocket cost. For more information on exact costs of a referred service, patients should be encouraged to speak with their referred service provider and any insurance providers they have that might be relevant.

3.3 Types of referrals and suggested wording

While the needs of each patient differ, there are four types of referrals (refer to Table 1).

4. MBS rules for referrals to other medical specialists

The MBS describes a referral as a request to another medical specialist for investigation, opinion, treatment and/or management of a patient's condition or problem, or for the performance of a specific examination or test.¹⁰

Referrals must satisfy three criteria to be considered valid:¹⁰

- As the referring GP, you must have undertaken a professional attendance with the patient, considered the need for the referral and communicated relevant information about the patient to the medical specialist. A professional attendance need not mean an attendance on the occasion of the referral.
- The referral must be in writing as a letter or note to the medical specialist, and you must sign and date it.
- The medical specialist the patient visits must receive the letter or note on or prior to the occasion of their initial or subsequent consultation related to the referral.

4.1 Indefinite versus yearly referrals

The DHS's *Referring and requesting Medicare services*⁹ specifies that if a patient's condition requires continuing care and management by another medical specialist or consultant physician, you can write a referral for longer than 12 months. It states that you may decide that an indefinite referral to the specialist or consultant physician is appropriate. When an indefinite referral exists, a new referral should not be issued unless a new condition has developed.

The RACGP recommends you determine if an indefinite referral is appropriate for your patient. Inappropriate indefinite referrals can interrupt continuity of care and your capacity to provide ongoing care to the patient. One-year, two-year or three-year referrals are often appropriate to ensure continuity of care is maintained.

The Medical Board of Australia's *Good medical practice: A code of conduct for doctors in Australia* describes what is expected of all doctors registered to practise medicine in Australia.¹¹ It states that you retain some duty of care for your patient after referring them to another medical specialist, and can maintain that duty by continuing to engage with your patient.

4.2 MBS rules for issuing a new referral

The MBS states:

Where a GP has provided a referral with a time limit (eg one year) and:

- a. deems it necessary for the patient's condition to be reviewed; and*
- b. the patient is seen by the medical specialist (non-GP specialist) outside the currency of the last referral; and*
- c. the patient was last seen by the medical specialist more than 9 months earlier*

the attendance following the new referral initiates a new course of treatment for which the corresponding Medicare benefit would be payable at the initial consultation rates.

The above criteria (a–c) do not apply when you give a patient an indefinite referral for a condition that requires ongoing care from another medical specialist. Where an indefinite referral exists, the medical specialist referred to should not request, and you are not obliged to issue, a new referral unless a new condition has developed.

4.3 When an indefinite referral is not honoured

There may be instances where a medical specialist requests a new referral, despite a patient already having an indefinite referral for their condition. A medical specialist will occasionally request the new referral to get an update on the patient's condition; however, there are also other reasons indefinite referrals are not honoured.

A new referral should generally not be made for a condition being treated by another specialist that already has an indefinite referral; however, if a new referral is needed in order to ensure a patient receives the ongoing care required, you can provide one for a condition that already has an indefinite referral.

In such cases, you could provide the new referral but alert the other medical specialist that they have failed to accept an existing indefinite one. Alternatively, it is reasonable for you to contact the other medical specialist to state that the existing indefinite referral is sufficient and you will not provide a new one. Opening such a dialogue could reveal further detail on the other specialist's intentions for requesting a new referral, or it could give you an opportunity to discuss your reason for providing an indefinite referral with the other specialist.

You can determine whether a review of a patient's condition is necessary at any point and following any referral type.

5. Good practice for referral content

Each referral should be tailored to the individual patient. However, you should consider some standard information, particularly in the referral to support good continuity of care.

The medical specialist to whom you refer will be better supported to give the most appropriate care to the patient if you provide them with:

- up-to-date and correct patient information
- information from the patient's medical history, including
 - allergies
 - current medications
 - current medical history
 - past medical history
 - family history (if relevant)
 - smoking and alcohol consumption
- a referral timeframe (if relevant).

6. The code of conduct

The Medical Board of Australia's code of conduct sets out three principles for good referrals between medical professions. It suggests that you should:¹¹

- take reasonable steps to ensure the specialist to whom you refer is the appropriate person (ie they have the appropriate qualifications, experience, knowledge and skills)
- understand that you remain responsible for the overall management of the patient and your decision to delegate
- communicate sufficient information to the specialist in order to enable them to assess, diagnose, treat and/or manage the patient.

The code of conduct acknowledges that referrals usually involve the transfer (in part) of responsibility for patient care, generally for a defined time and particular purpose (seeking opinion and advice outside of your scope of practice/expertise).

7. The use of secure electronic communication

Referrals and related communications should be delivered by secure electronic systems whenever possible, following these electronic communication principles:

- Electronic communications templates and systems should use existing data and information from general practice clinical information systems to pre-populate documents and forms.
- All communications should be
 - created and sent from within the general practice's electronic clinical software system
 - automatically received into the local patient electronic health record via the clinical software system inbox.
- All electronic communications to external healthcare providers and agencies should be sent using secure messaging to align with best practice data privacy handling principles in order to protect patient privacy and confidentiality.

The lack of secure and timely communication between healthcare services and general practice can result in inconvenience to patients, or adverse medical errors.

The RACGP advocates that services communicating with general practice work towards implementing two-way secure electronic communication. More information is available in the [RACGP's position statement on the use of secure electronic communication within the healthcare system](#).

Table 1. Types of referrals in general practice

Referral type	Suggested phrasing
Referral for a one-off/single consultation or short-term assessment, investigation and management of a presenting symptom or problem	<p>These referrals should clearly state that you will resume management for subsequent care after the one-off consultation or investigation has occurred.</p> <p>Example 1:</p> <p><i>Dear Dr [insert doctor name]</i></p> <p><i>Mr Black requests a referral for a skin cancer check. He has no previous history of skin cancer and uses sun protection.</i></p> <p><i>I am able to perform his future annual skin cancer checks.</i></p> <p>Example 2:</p> <p><i>Dear Dr [insert doctor name]</i></p> <p>Mrs White, aged 88 years, has a number of comorbidities, which I am happy to manage. Please find attached a list of problems and prescribed medications. She has developed a parkinsonian gait. I do not think she has Parkinson's disease, but would like your opinion in regard to this.</p>
Referral to another medical specialist for routine (annual) review of a chronic problem	<p>These referrals should clearly state the period of referral (usually 12 months) to ensure that, once the other specialist has reviewed the chronic problem, your patient returns to see you for continued care. Their return ensures you can then provide an update on the patient's medical conditions, medications and allergies.</p> <p>Example:</p> <p><i>Dear Dr [insert doctor name]</i></p> <p><i>Thank you for seeing Mr Habib for an annual cardiac review.</i></p> <p><i>He has a previous history of non-ST-elevation myocardial infarction in 2009 and coronary stents were inserted at that time.</i></p> <p><i>I will continue to review him three-monthly to monitor his risk factors and manage his medications.</i></p>
Referral to another medical specialist for ongoing review of a chronic problem	<p>These referrals should clearly state that they are intended for an indefinite period, indicating the specialist should provide ongoing care for the particular condition. By issuing an indefinite referral, you are indicating that the patient does not need to return to you for treatment of the condition stipulated in the referral.</p> <p>Example:</p> <p><i>Dear Dr [insert doctor name]</i></p> <p><i>Thank you for seeing Mr Hobbs for his ongoing pacemaker review. I am providing this referral indefinitely.</i></p> <p><i>Please find attached a history of Mr Hobbs' cardiac history.</i></p> <p><i>I will continue to see Mr Hobbs as needed and will update you on any new information I learn about his condition.</i></p>
Referral to a medical specialist where long-term shared care is anticipated	<p>These referrals should clearly state the period of referral and intention to establish long-term shared care for the patient. Include a copy of the GP management plan (GPMP) or mental health care plan if applicable.</p> <p>Example:</p> <p><i>Dear Dr [insert doctor name]</i></p> <p><i>Thank you for seeing Ms Rossetti for an opinion and suggested management in regard to her resistant hypertension.</i></p> <p>Her blood pressure has consistently stayed in the range of 180–190/95–100. I have performed a range of investigations, including echocardiogram, renal artery doppler and renal function tests, which were all normal. Copies are attached. She developed a cough with angiotensin-converting enzyme inhibitors, but has tolerated candesartan. Her usual medications are listed below.</p>

Box 1. Indicator for referral documents outlined in the RACGP's *Standards for general practices*¹²

GP2.3 ► B Our practice's referral letters are legible and contain all required information.

Referral letters

Referral letters are critical in integrating the care of patients with external healthcare providers. Referral letters must:

- include the name and contact details of the referring doctor and the practice
- be legible
- include the patient's name and date of birth, and at least one other patient identifier
- explain the purpose of the referral
- contain enough information (relevant history, examination findings and current management) so that the other healthcare provider can provide appropriate care to the patient
- not include sensitive patient health information that is not relevant to the referral
- include a list of known allergies, adverse drug reactions and current medicines
- identify the healthcare setting to where the referral is being made (eg the specialist consultancy).

If appropriate, referrals could also contain:

- the name of the healthcare provider to whom the referral is being made, if known
- any relevant information that will help other healthcare providers deliver culturally safe and respectful care (eg language spoken, the need for an interpreter or other communication requirements).

Patient information in referrals

Most of the information needed in a referral may be found in the patient's health summary. Although many practices routinely incorporate a copy of the patient's health summary into a referral letter, or attach the summary as a separate document, you only need to provide clinically relevant patient health information. Information is clinically relevant if the practitioner who is receiving the referral needs that information to diagnose and treat the patient. For example, information regarding a patient's previous termination of pregnancy or sexually transmissible infection (STI) is unlikely to be of clinical relevance to a physiotherapist, but likely would be to an obstetrician or gynaecologist. You could also offer patients the opportunity to read a referral letter before it is sent.

You must consider your obligations under the *Privacy Act 1988* before using or disclosing any health information.

Emailing referrals

The RACGP has developed a matrix that shows the risk associated with emailing certain types of information to patients or other healthcare providers, depending on your practice's policies and processes. The matrix is available on the [RACGP website](#).

Although the Privacy Act does not prescribe the method of communication a healthcare organisation uses to pass on health information to patients or third parties, it does require that you must take reasonable steps to protect the information and the patient's privacy.

Your practice needs to have systems so you respond to emails and other electronic communication in a timely and appropriate manner.

Telephone referrals

A telephone referral may be appropriate in the case of an emergency or other unusual circumstance. You must record details of the telephone referral in the patient's health record.

Keep copies of referrals

For medico-legal and clinical reasons, keep copies in the patient's health record of all referrals made.

8. The RACGP Standards for general practices

Criterion GP2.3 of the RACGP's *Standards for general practices (5th edition)* addresses referral documents (Box 1). The aim of the criterion is to ensure general practice referral documents to other healthcare providers contain sufficient information to facilitate optimal patient care.

9. What you should expect when you refer a patient to another medical specialist

You should strive to follow the good referral practices outlined in this guide. In return, you should expect that the medical specialists to whom you refer patients will:

- communicate timely information about your patient's condition back to you, the referring GP (Table 2)
- provide you with a copy of all investigations made*
- honour indefinite referrals and, having received an indefinite referral for your patient, only request a new referral when a new condition arises (as per MBS rules)
- not request backdated referrals, which are illegal (the *Health Insurance Regulation 1975* states that a medical specialist must receive the referral before the service is given to the patient)
- advise patients why a new referral is or may be needed, when necessary.

Table 2. Medical specialist communication with GPs

Following the referral of a patient, you should expect medical specialists to maintain timely and informative contact with you by:

- providing updates on the management of, or changes to, your patient's condition, and discharge of your patient from their care
- advising you if they have referred your patient to another medical specialist
- referring your patient back to you for conditions you can manage
- providing updates on when you can expect information (eg in the event of delays obtaining results)
- providing you with information in an accessible format (eg in electronic format by secure communications to prevent delay or privacy breaches)
- clearly setting out any instructions or guidance for you.

*The follow-up of any test remains the responsibility of the ordering practitioner

Disclaimer

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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