

# *A guide to writing medical reports*



## **A guide to writing medical reports**

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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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# Introduction

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General practitioners (GPs) create and have access to comprehensive health records containing important information about a patient's condition, treatment and prognosis. Third parties – such as insurance companies, motor accident and workers compensation agencies, solicitors and welfare agencies – often contact GPs requesting patient assessments, medical reports and full or partial patient medical records.

This resource has been developed for members of The Royal Australian College of General Practitioners (RACGP) to provide you with guidance on:

- the difference between medical records and medical reports
- what to consider when setting a fee for the preparation of medical reports
- how to structure medical reports, including an example of appropriate content and formatting.

## Medical records versus medical reports

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Medical records are comprehensive records of patients' consultations and encounters with a practice, and are maintained by GPs and other practice staff.

Medical reports are based on information within a patient's medical record and/or a clinical examination. A medical report can contain both statements of fact and medical opinion.

To prevent the sharing of patient information that is not relevant to a third party request, the RACGP recommends that GPs provide third parties with medical reports as opposed to complete medical records where possible.

**Note: The consent process for releasing patient health information has changed.**

Please refer to the section on [patient consent](#) for more information.

If a decision is made to provide third parties with a patient's medical record as opposed to a medical report, the RACGP's [Managing external requests for patient information](#) provides additional advice regarding which data elements should be extracted from a patient's electronic medical record.

### Medico-legal reports

Medical reports that are prepared for legal purposes are referred to as 'medico-legal reports'. Guidance is available in the *Australian Family Physician* article '[How to write a medico-legal report](#)'.

Your medical defence organisation may provide additional assistance when preparing reports for medico-legal reasons.

# *Role and responsibilities of GPs preparing medical reports*

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## **Patient consent**

Medical reports based on a patient's medical record or copies of a patient's medical record must not be released to a third party without patient consent, unless legally required in response to a subpoena, court order or summons.

It is essential that you document patient consent to release their health information to a third party. Similarly, you must have patient consent or the authority to prepare a medical report prior to commencing the reporting process.

### **Changes to the patient consent process**

In September 2016, the Parliamentary Joint Committee on Corporations and Financial Services commenced an inquiry into the life insurance industry. The RACGP raised concerns about patients consenting to the release of their full medical record due to a lack of understanding of the potential consequences. The [final report](#) from this inquiry recommended that the RACGP work with the Financial Services Council to collaborate on, and implement, agreed protocols for requesting and providing medical information.

In 2019, the RACGP and the Financial Services Council agreed on a new consent process. The new patient consent authority process encourages the provision of medical reports over medical records, but allows for providing medical records when necessary.

Depending on the circumstances, members of the Financial Services Council must now request two authorities from patients for the release of their health information.

**Authority 1:** Patients provide consent for any health provider, practitioner, practice, psychologist, dentist, allied health service provider or hospital to access and release any details of their health information to the insurer, except for the consultation notes held by the patient's GP or general practice. Details of a patient's health information can be provided in writing or verbally, and may include:

- a general practice report
- a report about a specific condition
- records in SafeScript
- hospital notes
- correspondence between health providers.

**Authority 2:** Patients authorise any GP or practice that they have attended to release a copy of their full record, including consultation notes, to the insurer or third parties they engage. This record can only be released if the insurer has asked the patient for a report on their health, and:

- the GP or practice was unable to, or did not, provide the report within four weeks
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Under both authorities, the insurer may collect, use, store and disclose the patient's personal information in accordance with privacy laws and Australian Privacy Principles. The authorisations are only valid while the claim or application for cover is being assessed, or disclosures are being verified.

## Code of conduct requirements

The Medical Board of Australia's *Good medical practice: A code of conduct for doctors in Australia* (Code of Conduct) sets out requirements for doctors preparing medical reports and certificates, and giving evidence. It advises that doctors should:

- be honest
- take reasonable steps to verify information contained in a medical report and not intentionally mislead a third party or omit information
- complete a report within a reasonable timeframe when having agreed to prepare it
- make clear the limits of their knowledge and limit the opinion provided in the report to their scope of expertise.<sup>1</sup>

The Code of Conduct also sets out the requirements for good medical practice when a GP is contracted by a third party to prepare a medical report about a person who is not their patient. Refer to section 8.7 in the Code of Conduct for further information on appropriate practice in these situations.

## Privacy obligations

You must also carefully consider the inclusion of personal information in a report to ensure that there is no unreasonable intrusion on the patient's or another person's privacy. All due care must be taken to ensure that the material provided is directly relevant and not in breach of privacy (and, to the extent that it can be avoided, not prejudicial, inappropriate or embarrassing). Much information held by a GP may be considered not only 'private' but also potentially 'sensitive', which is subject to higher thresholds of disclosure with additional protections around handling. There may also be professional and/or legal consequences to the release of personal information, whether through clear identification or by context or other information provided, that is not directly relevant to the request for access for information.

## Other considerations

There may or may not be a legal obligation to write a medical report at the request of a patient. There is often an ethical obligation to do so, however, particularly if you are the only party who holds the information required by the patient. Furthermore, the Code of Conduct includes recognition of 'patients' right to access information contained in their medical records and facilitating that access'.<sup>1</sup> In any case, a refusal to provide a medical report without a valid reason may lead to a complaint being lodged with the Australian Health Practitioner Regulation Agency (AHPRA). Note that other requests for the disclosure of information, for instance a subpoena, may carry additional or different obligations.

**There are important conditions for, and exemptions to, each of the above circumstances. Please seek the advice of your medical defence organisation if you have any concerns about obligations to provide a report and/or avoid breaches of privacy.**

# Preparing medical reports

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## Clarify the purpose of the report

Before agreeing to prepare a medical report, it is important to understand its purpose and intended use. Clarifying the purpose will:

- minimise potential disputes regarding fulfilment of the report requirements
- assist in mutual understanding of the level of skill and time required to complete the report
- help determine if it is necessary to examine the person in order to prepare the report.

## Set an appropriate fee

The preparation of medical reports falls outside the scope of Medicare. It is therefore up to you and the relevant third party to agree on an appropriate fee.

Some third parties may propose a fee for completing a medical report. You are not required to accept this fee as full payment. If you consider that a different fee is required, you should advise the third party of your proposed fee.

Some government agencies have set fees that you may need to comply with (refer to, for instance, the Australian Department of Veterans' Affairs, the Victorian Transport Accident Commission or WorkCover Queensland).

The RACGP's [General Practice Business Toolkit](#) contains general advice and considerations for setting appropriate fees (refer to [Module 4: Your practice finances](#)). Note that this resource does not provide a suggested fee for this service; further considerations for setting an appropriate fee are outlined below.

## Time involved and level of detail required to prepare the report

Preparing medical reports can be time consuming and can mean foregoing patient consultations or alternative income-generating activities. The purpose, potential length and complexity of the requested medical report should indicate the amount of time it will take to complete.

You may find it useful to determine a base level of income generated (per hour) when consulting with patients, and apply this figure to the estimated time involved in preparing the report. An after-hours loading may also be considered where appropriate.

## Additional administrative or staff costs

There are often additional costs associated with preparing a medical report, including the time required from administrative or nursing staff, as well as the cost of phone calls and photocopying. Most state and territory freedom of information or health records legislation set standard photocopying fees that should be used when calculating figures.

## Goods and services tax obligations

Goods and services tax (GST) does not apply to a service if that service attracts a Medicare benefit. A service may also be free from GST, even if a Medicare benefit is not payable, if the service is generally accepted by the medical profession as a necessary and appropriate treatment for the patient.<sup>2</sup>

As there is no Medicare benefit payable for medical reports, and the service is not for the treatment of a patient, GST will generally apply.<sup>2</sup>



It is important to confirm whether preparation of the medical report is subject to GST so that an appropriate fee can be set. Further information regarding tax obligations can be accessed from the [Australian Taxation Office](#).

### Competition legislation

The *Competition and Consumer Act 2010* (Cwlth) requires medical professionals to set fees in a way that will not breach the Act. While GPs can exchange information on their process for determining fees, they can only agree to charge the same fees if they are practising within the same entity. It is illegal in most instances for doctors practising through separate entities to agree on set fees.<sup>3</sup>

### Payment terms

It is recommended that you and your practice request pre-payment for the preparation of medical reports, based upon an estimated cost that takes the above into consideration. It is important to note that some government agencies may not authorise the pre-payment of medical reports.

## *Structuring the report*

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Structured reports help readers to interpret and understand the content of the report, and may reduce subsequent requests for information.

A request to provide a medical report from a private health or life insurer will often be accompanied by:

- a set of questions in the form of a questionnaire (eg an asthma questionnaire or a mental health questionnaire), or
- a template or form, such as a Personal Medical Attendant's Report (PMAR) or a Brief Medical Report (BMR).

These questionnaires, templates or forms might help you structure your medical report.

The example [Medical report template](#) provides guidance on the type of information that should be included in a medical report. You can adapt the example to suit your requirements when writing a report.

## Requests for additional information

You should not alter your original report following a request for additional information or clarification. Instead, provide a separate report that clearly indicates that it is supplementary to the first report and outlines the purpose of its preparation.<sup>4</sup> You should negotiate an appropriate fee for any additional work and supplementary report before writing it.

## Medical report template (example)

This example medical report template can be adapted to incorporate information requested by a third party regarding your patient and the health condition/s in question.

Date of request:	
Received from:	
Claim number:	
Patient name:	Patient date of birth:
Practice name:	GP name:

### GP credentials

*The report should state who has prepared its contents and their scope of expertise.*

*Include brief background on:*

- *qualifications*
- *length of time you have been treating the patient*
- *whether you are the patient's usual GP.*

### Purpose and scope

*The reason for preparing the report should be clearly stated, including any questions you have been asked to consider or address.<sup>3</sup>*

*Note that:*

- *the report is intended to provide information about a specific condition or conditions only (name the condition/s)*
- *the report is based on clinical records about the patient's condition/s, and includes any relevant information about the condition/s such as treatment, investigations, referrals and hospitalisations*
- *the report will respond to specific questions that you have been asked to address or consider by the third party regarding the patient's condition/s*
- *there may be gaps in the patient's medical record (if relevant).*

## Information on the condition/s

*The report should contain a detailed medical history of events or illnesses that relate to the purpose of preparing the report. Information on the patient's general state of health or other relevant factors should also be included, along with the proposed management of the condition/s. It is also important to acknowledge any gaps in the medical record that may limit capacity to provide a full representation of the current state of the individual and their health.<sup>5</sup>*

*Outline:*

- any introductory demographic or other contextual factors relevant to the condition/s and/or purpose of the report
- the condition/s being described in the report, including
  - date of presentation and/or diagnosis
  - symptoms and physical examination findings
  - results of any tests/investigations
  - management to date, including medications (names and dosages), referrals to other medical specialists or allied health professionals, hospitalisations, operations/procedures, therapy services
  - progress to date
- impact on patient lifestyle, including
  - required time off work (if relevant)
  - any resulting disability
- ongoing/planned management of the condition/s, including medications (name and dosage), referrals to other medical specialists or allied health professionals, hospitalisations, operations/procedures, therapy services
- prognosis.

## Medical opinion or response to requested questions

*This section should include responses to any specific questions provided by the third party. The process for reaching stated conclusions should be transparent and substantiated within the report.<sup>6</sup> Providing an outline of the clinical method employed and the reasoning/justification for your conclusions is recommended.*

I confirm that the information in the above report is true and correct and that, should further information be required, this report will not be altered. A supplementary report will be provided detailing any required additional information.

GP's signature:

GP's name:

GP's phone number:

GP's email address:

Date:

## Resources

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The following resources may help you when writing a medical report.

### GST obligations

- Australian Taxation Office, [Medical services](#)

### Privacy considerations

- Medical Board of Australia, [Good medical practice: A code of conduct for doctors in Australia](#)
- The Royal Australian College of General Practitioners, [Privacy and managing health information in general practice](#)

### Fee setting

- Australian Competition & Consumer Commission, [Fee setting by medical professionals](#)
- Australian Medical Association, [Fees for reports/medico-legal](#)
- New South Wales, [Workplace Injury Management and Workers Compensation \(Medical Examinations and Reports Fees\) Order 2019](#)
- Northern Territory Department of Health, [Northern Territory health services fees and charges manual](#)

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