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# Reminder or recall?

The terms 'reminder' and 'recall' are often used together and, sometimes, interchangeably. This article outlines the differences between these two terms and discusses the duty of general practitioners to implement reminder and recall systems in their practices.

## Case study

The patient, 26 years of age, had had a Pap test at the general practice 2.5 years earlier. The test was normal. The patient had not returned for her next routine Pap test and the practice had sent her a letter reminding her that the test was now due. The patient had not returned to the practice. The GP was not sure if the practice had a duty to send the patient another letter, or take any further steps, to remind the patient that the test was due.

■ The practice manager contacted the general practitioner's medical defence organisation for advice. The practice manager was told that, from a legal point of view, there was no obligation on the practice to utilise any reminder system for routine investigations, although the practice may consider that the use of a reminder system was a useful service to offer to their patients and part of good quality care. In this case, the adviser informed the practice manager that there was no legal duty to take any further action to 'remind' the patient that her Pap test was now due. Indeed, all Australian states and territories have cervical screening registers that can provide reminders to patients about Pap tests.

## Discussion

The legal obligations in relation to 'reminders' and 'recalls' are quite different and it is important to differentiate between these two activities.

A 'reminder' involves a situation in which a patient is 'reminded' that a recommended investigation (eg. Pap test) or procedure (eg. immunisation) is due to be performed. It is part of preventive care and a proactive way of promoting health care. There is no legal requirement for general practices to send reminder letters to patients about routine tests, although a reminder system may represent 'best practice'. For example, research has shown that patient reminder systems are effective in improving immunisation rates.<sup>1</sup>

Criterion 1.3.1 of the *Standards for general practices* outlines health promotion and preventive care activities. Indicator D states that: 'Our practice uses one or more of the following:

- flagging of health records for opportunistic preventive activities
- paper or electronic system showing due dates for preventive activities (subject to informed patient consent)
- paper or electronic reminder system with appropriate patient consent'.<sup>2</sup>

In contrast, a 'recall' generally involves a situation where the GP is 'recalling' a patient to inform them of the results of a test or investigation and to provide advice to the patient about the possible need for treatment and/or further investigations. This forms part of the GP's duty to follow up patients and their tests. Criterion 1.5.4 of the *Standards for general practices* focuses on the systems that

general practices need to use to follow up tests and results. The term 'follow up' includes the 'recall' of the patient which may involve 'chasing or tracing the patient to discuss the report, test or results after they have been received by the practice and reviewed, or if the patient did not attend as expected'.<sup>2</sup> However, the manner in which a patient is recalled will depend on the potential implications of the test or investigation for the patient's health. General practitioners are not expected to contact patients with the results of every test or investigation undertaken. Consider the following examples, which will each require a different follow up strategy:

- cholesterol – 5.5
- INR – 20
- Pap test – cancer.

In the case of a patient with an elevated cholesterol, it may be perfectly reasonable to simply wait until the patient next attends the practice and discuss the results with the patient at that time. In the case of a patient with a markedly elevated INR or a new diagnosis of cancer, steps should be taken to immediately follow up and recall the patient, if the patient has not obtained the results as planned.

The *Standards* state that the: 'Speed with which results/reports are acted on, and the degree of effort taken to contact the patient to discuss the results, will depend on the GP's judgment of the clinical significance of the result/report, and the context, duration and longevity of the clinical relationship. If the practice needs to initiate follow up contact with a patient, it needs to do so in a reasonable manner. The number and types of attempts will take into account all of the circumstances. Depending on the likely harm to the patient, three telephone calls at different times of the day and follow up by mail to the address in the patient's health record may be needed. These attempts at follow up need to be documented in the patient's health records'.

Indicator F states: 'Our practice has a system to recall patients with clinically significant tests and results'.<sup>2</sup>

If a test result is clinically significant for the patient, then the GP has a legal duty to take steps to follow up or 'recall' the patient to inform them of the results and the GP's recommendations for future management. Notwithstanding a patient's failure to telephone the practice or return for a follow up appointment, it is ultimately the medical practitioner's responsibility to communicate the test results to the patient. In *Kite v Malycha*, the Court found that it was 'unreasonable for a professional medical specialist to base his whole follow up system, which can mean the difference between death and cure, on the patient taking the next step'.<sup>3</sup>

## Risk management strategies

Reminders and recalls are different. There is no legal duty to have a reminder system, but GPs do have a legal duty to recall patients to inform them about clinically significant test results. It is essential that GPs and their staff differentiate between reminder and recall activities when determining what systems the practice needs to put in place to ensure appropriate care of their patients. Factors that need

to be considered include:

- what is the purpose of the proposed system?
- what are the benefits and risks of the system to our patients and the practice?
- what is essential and what is optional?
- what resources are required?
- what is the cost?
- how and when will the system be reviewed once it has been implemented?

Conflict of interest: none declared.

## References

1. Szilagyi PG, Bordley C, Vann JC, et al. Effect of patient reminder/recall interventions on immunization rates: A review. *JAMA* 2000;284:1820–7.
2. The Royal Australian College of General Practitioners. *Standards for general practices*. 3rd edn. Melbourne: The RACGP, 2005.
3. *Kite v Malycha* [1998] 71 SASR 321.

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