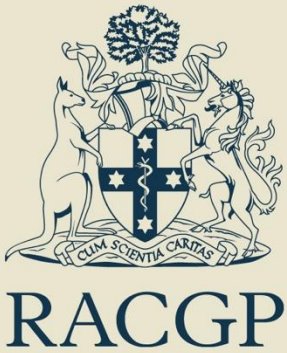
A guide to writing medical reports



RACGP

October 2024

About the RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation, representing more than 46,000 members working in or towards a career in general practice.

The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline. As a national peak body, our core commitment is to support GPs to address the primary healthcare needs of the Australian population.

A guide to writing medical reports

Introduction

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, workers' compensation and welfare agencies and solicitors/coroners) often contact GPs requesting patient assessments, medical reports and full or partial patient medical records.

This resource has been developed by the RACGP to provide 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 develop medical reports, including an example of appropriate content and formatting of medical reports.

Definitions

Health 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 based on 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.

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 to maintain privacy and confidentiality.

Medical reports that are prepared for legal purposes are referred to as **medico-legal reports**. Guidance is also available in the Australian Family Physician journal article *How to write a medico-legal report*.

Your medical defence organisation (MDO) may provide additional assistance when preparing reports for medico-legal reasons. The RACGP recommends working with your MDO when responding to requests for patient medical records or reports.

Role and responsibilities of GPs preparing medical reports

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.

You must document patient consent to release their health information to a third party. Similarly, you must have the consent or authority to prepare a medical report prior to commencing the reporting process. Where patient consent was

obtained by a third party and is over 12 months old, it is good practice to check in with your patient and to obtain and document verbal consent.

Patient consent and authorities

Financial Service Council

Under the Financial Service's Councils Standard No. 26: Consent for accessing health information, patient consent to access their health information must be sought in standard ways (called an authority). While both authorities will be sought at the same time, information can only be provided under the second authority in certain, limited conditions.

The new patient consent authority process encourages the provision of medical reports over medical records but allows for the provision of medical records when necessary.

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:

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

Authority 2: Patients authorise any GP or general 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 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 authorities are only valid while the claim or application for cover is being assessed, or disclosures verified.

Coroner's requests

GPs may be involved in a coronial process if they have provided medical care to a deceased patient. As part of the coronial process, you may be asked to provide a coronial statement. It is important that your coronial statement contain only information that is verifiable and is valid in the deceased's health record. Information included in a coronial statement may be provided as evidence during the coronial inquest.

Code of conduct requirements

The Medical Board of Australia's *Good medical practice: a code of conduct for doctors in Australia* (the 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.[1]

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 when they are not their patient. Refer to Section 10.8 Medico-legal, insurance and other assessments for further information on appropriate practice regarding 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 and has 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 provide, that is not directly relevant to the request for access for information. Chapter 3: Using or disclosing health information of the Office of the Australian Information Commissioner (OAIC)'s Guide to health privacy contains key information on the privacy obligations of health practitioners on the disclosure of personal and health information. It is important that you are familiar with your obligations under the Privacy Act (1988) and the Australian Privacy Principles.

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, particularly if you are the only party who holds the information required by the patient. Furthermore, the code of conduct includes recognition of a patients' right to access information contained in their medical records and facilitating that access."[1] 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 Please note that other requests for the disclosure of information, for instance a subpoena or a coronial inquest, 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 MDO if you have any concerns about your obligations to provide a report and/or avoid breaches of privacy.

Preparing medical reports

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 understanding the level of skill and time required to complete the report
- identify the information required in the report
- determine if it is necessary to examine the person in order to prepare the report.

Setting 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.

You may wish to determine your baseline level of income generated per hour from patient consultations and apply this rate to the estimated time involved in preparing the report. Depending on the length, complexity and your workload, it may also be appropriate to charge an after-hours loading rate.

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.

Government agencies such as the Department of Veterans' Affairs, the Victorian Transport Accident Commission or WorkSafe Queensland have set fees which you may need to comply.

The RACGP's *General practice management toolkit – Managing your financial resources* contains general advice and considerations for setting appropriate fees.

Additional considerations for setting an appropriate fee are outlined below.

Time and level of detail required in preparing 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.

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 which could be used when calculating figures.

Goods and services obligations

Goods and services tax (GST) does not apply to a service where 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.[2] 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.[2]It is important for you to determine whether the preparation of 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 *Australian Competition and Consumer Act 2010* (the Act) 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.[3]

Payment terms

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

Structuring the report

Structured reports help readers to interpret and understand the content of the report and may reduce requests for more 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 (ie 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 may assist you in structuring your medical report.

We have developed a medical report template to provide guidance on the type of information that should be included in a medical report. The template may not be exhausted for your circumstances and should be adapted to suit your requirements when writing a medical report.

Requests for additional information

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

Medical report template

This example medical report template should be adapted to incorporate the information requested by a third party regarding your patient and the health condition(s) in question. The fields are not exhaustive, and users must consider the required information when using this resource. Each section includes explanatory materials for what it could contain and should be deleted when completing the medical report.

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 preparation of the report should be clearly stated, including any questions you have been asked to consider/address.[3]

Note that:

- *the report is intended to provide information only about a specific condition(s) (name the condition(s))*
- *the report is based on medical records about the patient's condition(s), and includes any relevant information about the condition(s) such as treatment, investigations, referrals and hospitalisations*
- *where applicable, the report should respond to specific questions that you have been asked to address/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.[5]

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 (name and dosage), referrals to other medical specialists or allied health professionals, hospitalisation, 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, hospitalisation, operations/procedures, therapy services*
- *prognosis.*

Medical opinion or response to requested questions

This section of the report 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.[6] *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	

Resource list

The resources below may assist you when writing a medical report.

GST obligations

- Australian Taxation Office: *Medical services*
- Australian Medical Association: *GST taxable and non-taxable services*

Privacy considerations

- RACGP: *Privacy and managing health information in general practice*
- Medical Board of Australia (MBA): *Good medical practice: a code of conduct for doctors in Australia*
- Office of the Australian Information Commissioner (OAIC): *Australian Privacy Principles*

Fee setting

- Australian Competition and Consumer Commission: *Fee setting by medical professionals*
- Australian Medical Association: *Fees for Reports/Medico-Legal*
- WA Health: *Patient Fees and Charges Manual 2019/20*
- Northern Territory Health: *Services fees and charges manual*
- New South Wales: *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2019*

State/territory specific information

Jurisdiction	Transport accident commissions	Worker's compensation authorities	Health record and freedom of information legislation
New South Wales	*State Insurance Regulatory Authority*	*SafeWork NSW*	*Health Records and Information Privacy Act 2002 No 71* *Government Information (Public Access) Act 2009 No 52*
Victoria	*Transport Accident Commission*	*WorkSafe Victoria*	*Health Records Act 2001* *Freedom of Information Act 1982*
Queensland	*Motor Accident Insurance Commission*	*Workplace Health and Safety Queensland*	*Right to Information Act 2009* *Information Privacy Act 2009*
South Australia	*CTP Insurance Regulator*	*SafeWork SA*	*Freedom of Information Act 1991*

Western Australia	*Insurance Commission of Western Australia*	*WorkSafe WA*	*Freedom of Information Act 1992*
Tasmania	*Motor Accidents Insurance Board*	*WorkSafe Tasmania*	*Right to Information Act 2009*
Northern Territory	*Northern Territory Motor Accident Compensation Commission*	*NT WorkSafe*	*Information Act 2002*
Australian Capital Territory	*Motor Accident Injuries Commission*	*WorkSafe ACT*	*Health Records (Privacy and Access) Act 1997* *Freedom of Information Act 2016*

References

[1] Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. Medical Board of Australia; 2014 [Accessed 3 September 2019]. Available from: https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

[2] Australian Taxation Office. GST and health. Canberra: ATO; 2019. [Accessed 3 September 2019]. Available from: https://www.ato.gov.au/Business/GST/In-detail/Your-industry/GST-and-health/

[3] Bird S. How to write a medicolegal report. Aust Fam Physician, 2014;43(11):777–79.

[4] MDA National. GP Update 2012. Sydney: MDA National; 2012. [Accessed 3 September 2019]. Available from https://www.mdanational.com.au/~/media/Files/MDAN-Corp/Publications/GP-Update-2012.pdf?la=en

[5] Toon PD. I need a note, doctor: Dealing with requests for medical reports about patients. BMJ, 2009;338:b175. doi: 10.1136/bmj.b175

[6] Beran RG. Legal medicine: How to prepare a report. Aust Fam Physician, 2011;40(4):246–48.