




SKILLS

CONSULTATION SKILLS

Writing quality referrals

A referral is defined as ‘the process by which the responsibility for part, or all, of the care of a patient is temporarily transferred to another health care provider.’ Writing referral letters is an essential aspect of safe and effective general practice. In 2015-16, at least one referral was made at 14.7 per cent of all Australian general practice encounters, for 10.3 per cent of all problems managed. The majority of these were made to medical specialists. Quality referral letters should contain up to date and comprehensive information on the patient, as well as a clear reason why the referral is being made. Writing good referral letters is likely to be a new skill for GP registrars, and supervisors should play an active role in assessing and teaching registrars on this important aspect of practice.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Types of referrals – one-off, routine (annual), indefinite • Essential attributes of high-quality referrals - completeness, legibility, accuracy, clear statement of the reason for referral • Practice software for referral writing, templates etc. 		
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the 2019 RACGP resource Referring to other medical specialists: a guide for ensuring good referral outcomes for your patients 		
ACTIVITIES	<ul style="list-style-type: none"> • Assessment and teaching on writing quality referrals is best done by random referral review (RRR) • See over page for activities 		
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Base teaching around common conditions referred to medical and allied health providers • The most common medical specialists referred to are orthopaedic surgeons, dermatologists and surgeons, and the most common allied health providers referred to are physiotherapists, psychologists and podiatrists (BEACH) • Update and ‘tidy’ the past history and medication list prior to writing referrals • Avoid non-standardised terminology and disrespectful language • Be very clear about the reason for referral - diagnosis, management etc. • Never backdate a referral! • Don’t include sensitive patient health information that is not relevant to the referral • Be very clear about the reason for referral - diagnosis, management etc. • Never backdate a referral! • Don’t include sensitive patient health information that is not relevant to the referral • Review examples of best practice referral templates 		
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="336 1877 432 2051">Read</td> <td data-bbox="432 1877 1498 2051"> <ul style="list-style-type: none"> • 2017 RACGP Good Practice article The right letter </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • 2017 RACGP Good Practice article The right letter
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FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Read the 2018 literature review Improving quality of referral letters from primary to secondary care: a literature review and discussion paper 		

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Activities

RANDOM REFERRAL REVIEW

1. Review the medical records from recent registrar encounters in order to find a few where referrals were made
2. Use the following schema to assess the quality of the referral
3. Reverse the process to review supervisor referrals

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).

From <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/Standards-for-general-practice-5th-edition.pdf>