AUSTRALIAN MEDICAL ASSOCIATION VICTORIA

FACTSHEET

This article is intended to provide general advice only. The contents do not constitute legal advice and should not be relied upon as such. Readers should seek specific expert and legal advice in relation to the information provided in this article.

PATIENT REFERRALS

Last reviewed September 2024

The AMA believes the role of the general practitioner (GP) to be central to the patient's management. As the first point of contact and the primary care provider, the GP is responsible for co-ordinating the ongoing health care and referral of the patient (except in emergencies), in consultation with other specialists and allied health professionals, whether in public or private practice.[1]

For certain services provided by specialists and consultant physicians, the Medicare benefit payable is dependent on acceptable evidence that the service has been provided following ***referral*** from another practitioner.[2]

REFERRALS[3]

For a valid "***referral***" to take place:

- The ***referring practitioner*** must have undertaken a professional attendance with the patient, and the practitioner must have turned his or her mind to the patient's need for referral and have communicated relevant information about the patient to the specialist.
- The referring practitioner must have communicated relevant information about the patient to the specialist in writing ("the referral letter"), and must be signed and dated by the referring practitioner and
- The referral letter must be received by the specialist on or prior to the occasion of the professional service to which the referral relates.

[1] Australian Medical Association, *AMA Code of Ethics 2004. Editorially Revised 2006. Revised 2016* (2016) 3.3.5 <https://www.ama.com.au/sites/default/files/2021-02/AMA_Code_of_Ethics_2004._Editorially_Revised_2006._Revised_2016_0.pdf>.

[2] Australian Government Department of Health, *Medicare Benefits Schedule Book* (2024) GN.6.16 (*'MBS Book 2024'*)

[3] Ibid.

REFERRING PRACTITIONER[4]

- The GP is regarded as the primary source of referrals.
- Cross-referrals between specialists should usually occur in consultations with the patient's GP.
- Referrals may also be between specialists and GPs, GPs and GPs, and between public hospitals and private practitioners.[5]

NAMED REFERRALS

A referral to a named specialist (named referral) is required for a patient to access private services at a public outpatient clinic. In order for a patient to be seen privately in either a public outpatient clinic or as a private patient they will need a named referral. However, a patient does not require a named referral to be seen in a public hospital outpatient clinic and cannot be required to produce one.[6]

The decision of whether to provide a patient with a named referral rests with the practitioner and the patient; and should be informed by your experience and knowledge of referral processes and other specialists, in addition to your patients' needs and circumstances. Third parties such as insurers should not be involved in a decision-making process about the type of referral which may be appropriate.[7]

DURATION OF REFERRALS

A referral letter from a non-specialist is taken to be valid for a period of 12 months, unless the referring practitioner indicates that the referral is for a period more or less than 12 months (eg. 3, 6 or 18 months, or ***valid indefinitely***). With the period specified in the referral starting on the date of the specialists first covered referral.[8]

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[4] Ibid.

[5] Royal Australian College of General Practitioners, 'Referring to Other Medical Specialists', *A guide for ensuring good referral outcomes for your patients* (Fact Sheet, 20/11/2019) [4] <https://www.racgp.org.au/Referring-to-other-medical-specialists.pdf >; 'Named Referrals – Facts for GPs', *Australian Medical Association* (News Article, 2/12/2021) < https://www.ama.com.au/gpnn/issue-21-number-47/articles/named-referrals-facts-gps>.

[6] 'Named Referrals – Facts for GPs', *Australian Medical Association* (News Article, 2/12/2021) <https://www.ama.com.au/gpnn/issue-21-number-47/articles/named-referrals-facts-gps>.

[7] Royal Australian College of General Practitioners, 'Referring to Other Medical Specialists', *A guide for ensuring good referral outcomes for your patients* (Fact Sheet, 20/11/2019) [3.1] <https://www.racgp.org.au/Referring-to-other-medical-specialists.pdf >. (*'RACGP Guide'*)

[8] MBS Book 2024 (n 2) GN.6.16.

A referral originating from either a specialist or consultant physician is usually valid for 3 months, unless the referred patient is admitted.[9]

INDEFINITE REFERRALS

- Referrals for longer than 12 months should only be used where the patient's clinical condition requires the continuing care and management of a specialist for a specific condition.[10]
- Indefinite referrals are discouraged because they are a threat to the continuity of care and the continuing engagement of the GP in patient care.[11]
- Where the referral is indefinite, the specialist and referring practitioner must continue to keep each other informed of the patient's progress at regular intervals.

POST-CONSULTATION LETTERS

- As soon as practicable after an episode of care, the specialist should write to the referring practitioner.[12]
- Post-Consultation Letters should contain relevant history and clinical findings, medical opinion with respect to pathology and diagnosis, and a summary of management actions and plans.[13]
- Specialists' communications inform the referring practitioner of developments in the patient's care and comprise part of the primary care record.

FURTHER INFORMATION

Further information and resources regarding referrals can be found on your MDO's website, in addition to the RACGP and Federal AMA websites.

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[9] Ibid.

[10] Ibid.

[11] RACGP Guide (n 7) [4.1].

[12] Ibid [9].

[13] Australian Digital Health Agency, 'Specialist Letters', *My Health Record* (Web Page, 2024) <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/whats-inside>.