

Research Article

Why are specialists reluctant to reply to referral letters - exploring the views of specialists in Sri Lanka

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Abstract

Background: The referral letter from General Practitioner and the reply from the Specialist is the interface between the primary and secondary/tertiary levels of care. It facilitates the referral process and is beneficial for optimizing patient care. In Sri Lanka there is no established referral/back referral system. Not receiving a response to their referrals is a common grievance made by most primary care doctors. In this scenario, the views of Specialists were explored on the importance of reply letters and measures to improve communication.

Method: Conducted in 2013, this study consisted of in-depth interviews using a semi-structured format, with 21 purposively selected Specialists representing a range of specialties. They included clinicians and university academics from both the government and the private sector. Specialists rarely contacting a GP, such as anesthesiologists and microbiologists, were not invited to participate. Analysis was by generating a thematic framework based on the recurrent themes and issues which was then applied to the textual data.

Results: Most Specialists identify that it is important to reply to referrals. These reply letters provide the Primary care doctors with a further management plan, enhance continuity of care and is a source of education to the General Practitioner.

Despite the above benefits, the practice of writing a reply is dependent on the following factors: time constraints, lack of clerical assistance, known General Practitioner, patient's condition and the quality of the referral letter.

As methods of improving communication between primary and secondary care it was suggested that referrals be made mandatory to be seen by a Specialist, improving informal communication between Specialists and GPs via regional clinical meetings and introducing a structured referral letter with an attached reply form.

Conclusions: Specialists acknowledge the importance of reply letters in the referral process. Further steps need to be taken to improve the reply rates. This includes changes that need to occur in the referring General Practitioners, Specialists and the practicing institutions creating an environment that is conducive to the referral process.

Introduction

In the reply letter should make the primary care doctor aware of the diagnosis and next steps in the plan of management which facilitate continuity of care in the hands of the patient's family doctor. Reply letter also prevents patient being stranded once he/she is no longer under the care of the specialist.

Literature shows that specialists are unhappy about the quality of referral letters^{1,2} and general practitioners(GPs) complain that they do not receive replies to their referrals in many instances and also that most reply letters are deficient in content¹. Time constraints, heavy

work load^{3,4}, lack of secretarial support⁵ have been identified as possible reasons for badly written referral letters. Heavy workload, the way services are structured in the hospitals, no motivation from heads, poor legibility of referral letters, unnecessary referrals, perception among specialists that primary care doctors do not adhere to advice and guidance given in a reply letter and patients would not take reply letters back to the primary care doctor have been revealed as possible reasons for not replying⁶.

Referrals are an important connector between specialists' and general practitioners. Studies

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show that according to GPs' opinions, referral letters are also a relevant factor in building specialists' opinions about GPs. If the quality of referrals is low, this might reinforce specialists' negative opinion of GPs' work⁷.

Published work suggests that many general practitioners dislike didactic lectures³, but prefer more feedback from specialists about the quality and appropriateness of their referrals⁸. A study by Martin N Marshall confirms these earlier findings and identifies the reasons for these problems and highlights a strong desire to base education on mutual feedback about clinical practice. He describes informal and unplanned learning based on referrals as the most preferred method for learning by general practitioners, who valued it as an opportunity for two way learning. But specialists identified this as the least popular teaching/learning activity, chiefly because it was more time consuming⁹.

This study is part of a larger project describing the current referral and back referral system between general practitioners and secondary and tertiary care providers in Sri Lanka. Referral interaction was identified by the participants as important and problematic. The purpose of this study is to explore reasons for non-reply to referral letters and explore measures to improve communications between General Practitioners and specialists. Since it is an exploratory study of interpersonal and intraprofessional interaction, a qualitative approach was considered appropriate.

Methods

A qualitative study consisting of in-depth interviews was chosen to allow an intensive analysis. In-depth interviews are an established qualitative research method to collect information from particular groups e.g. professional target groups⁷.

Sample

21 specialists were purposively selected to represent different specialties. These specialists included clinicians and university academics from both the government and the private sector. Specialists rarely contacting a GP, such as anesthesiologists and microbiologists, were not invited to participate.

Data collection

A letter was sent requesting them to participate in the study. It included the areas, they would be interviewed on.

The interviews were carried out from October 2012 to January 2013. In depth telephone interviews were conducted based on a semi structured interview schedule. Each interview lasted between 30-40 minutes. All interviews were recorded digitally and transcribed verbatim. The interviews were based on the following questions:

Do you reply to the referral letters and how often?

Do you think replying to referral is important and what factors influence you to reply to a referral?

How can communication between specialists and general practitioners be improved?

The aims of the study were explained to each interviewee. The interviewer ensured that each aspect of these questions was explained sufficiently, so that no questions or misunderstandings remained.

Ethics approval

The ethics committee of the Faculty of Medicine, University of Kelaniya granted ethical clearance to conduct this study.

Data analysis

A thematic framework was generated from the emergent data based on the recurrent themes and issues. This was then applied to the textual data. The indexed text was then lifted and put into charts with the same themes, allowing comparisons to be made within and between the data. In order to ensure the accuracy of the analysis, the transcripts were read, charts checked and discussions held. The analysis was conducted by 2 investigators independently and discrepancies were mitigated in a joint group discussion with the team.

Results

This sample included pediatricians, general physicians, general surgeons, dermatologists, an obstetrician and gynecologist, a respiratory physician, an ophthalmologist, a cardiologist, a psychiatrist, a neuro surgeon, a neurologist, a rheumatologist, a gastroenterologist and an orthopedic surgeon.

The main emerging theme from the respondents was that reply letters (back referral) were an important aspect completing the loop of communication between primary and secondary care doctors. Also many reasons contributing for not replying were identified as well as identifying which referral letters are more likely to receive replies. In addition a number of other interesting themes were identified and these are presented separately.

Trends in replying

The practices of various specialists regarding replying to referrals included a wide variation of responses. Some responded by stating that they 'always' replied whilst others admitted to just scribbling on the back of the referral letter (if at all).

"I always try to write back. 100%, unless I know the person then of course I tell them....() sometime patients won't give it

Table 1: Details of participating specialists (n=21)

Characteristic	Frequency
Gender	
Male	15
Female	06
Age	
<50 years	11
≥50 years	10
Professional setting	
Government sector	01
Private sector	02
Both	18

(give the reply letter to the GP), but I always write back.” (2)
“Not always. I only reply when I have time and when the patient goes back to the GP again. So I only reply about 25% of the time.” (20)

“No, I think once or twice I have done at the beginning, but not anymore. But even if I do reply, I write on the other side of the paper.” (18)

Importance of a reply letter

Further management plan

The specialists perceived that informing the General Practitioner of the further management plan is important.

“I always indicate what the problem is and what I have done and also tell the patient further management can be done by referring physician.” (5)

“.....but then in my feedback if they made any incorrect diagnosis I mention that. I tell my diagnosis is this and my plan is this.” (7)

Continuity of care

A major role of a General Practitioner is providing continuity of care. This was identified by the specialists that were interviewed and they gave this as a reason for replying back to the GP.

“.....when the patient needs continuous care but not need to come to the specialist for that problem again.” (19)

“I refer (back) depending on the patient. for example if I need to monitor blood pressure of a patient arranged by a GP...” (3)

Source of education to the General Practitioner

Many specialists indicated that a reply letter will act as a mode of education to the General Practitioner who referred the patient. This is by confirming or disputing their diagnosis and giving details of further management.

“It is a way of education and way of self-satisfaction, because you know that your diagnosis is correct. So it will encourage their (GP’s) work.” (10)

“.... definitely that’s why I try to give information regarding the condition in the reply letter. Next time, they will know what to do themselves.” (5)

Reasons for not replying

Time constraints

Time was identified by almost all specialists as a limiting factor for writing reply letter to the referring doctors. Especially when the clinics are crowded and large number of patients need to be seen within a limited amount of time.

“Time factor is a problem in private sector since there is no junior staff. In hospital set up although time is a problem, there is junior staff and I sometimes refer back to GP.....” (6)

“.... time factor has been bit of an issue, it is difficult thing in a crowded practice.” (8)

Lack of clerical assistance

When the Specialists have help to write the reply letters such as in the hospital setting where there are junior doctors and trainees, they are more likely to dictate a reply to the referring doctor. But especially in the private sector where the Specialist is more or less alone, they find it much more pressed for clerical assistance if they are to reply.

“In the hospital set up we have juniors and other staff who reply to the referrals that we receive, but in the private sector there is no clerical assistance available and with the heavy work load it is sometimes not possible to reply.....” (11)

Patient’s condition

Another important factor that the Specialists identified as influencing their decision to reply back to the General Practitioner was the condition of the patient who was referred. If the condition is considered by the specialist to be not so serious, they are not likely to write back to the GP.

“It depends on the requirement. If the primary care doctor needs I reply and it also depends on the patient, if nothing serious to write I don’t reply.”(4)

“...if it is not a major thing I also forget, but if it is a major thing that GP also contribute to follow up I reply. But ideally should reply to both.” (3)

Poor quality of the referral letter

If the General Practitioner carefully writes a good referral letter, this compels the Specialists to consider replying. This was demonstrated by many statements made during the interviews.

“...always the tendency to write back depends on the quality of the letter and you know sort of how much trouble that they have taken and you know whether the referral is useful and reasonable.” (11)

Improving communication between primary and secondary care

The specialists views regarding how to improve the communication between primary and secondary care was explored. Some of the suggestions made are given below.

“I personally feel no patient should consult a consultant without a referral letter from a primary care physician.” (5)

“Referral letters should be always encouraged and primary care doctors should try to avoid unnecessary referrals also.” (16)

“...if GP wants to know what happen to his patient and if he is not replied back, sometimes he might get the impression that there is no point of referring if no back referral. So there should be an improvement in the pathway backwards. (re-referral system) (3)

"I think primary care doctors should be contactable by the secondary/tertiary care doctors. Also to refer back to the primary care doctor after sorting out the problem." (16)

".....structured programs to talk to the GP about common surgical problems... then they will get to know the regional practicing surgeons and then the communication will be easier. Communication barrier is a main problem. Some are reluctant to talk to Consultants." (7)

"Actually they should know each other. Also the specialist should be able to contact the GP over the phone where necessary especially if we need more information regarding the patients. So it is better to have their contact number in the referral letter." (19)

"Having a format helps to maintain the uniformity. However need to highlight the problem list and the reason for referral on the top before the symptoms and signs." (13)

"Sometimes GPs are lazy to write all the necessary information on the referral letters. But when they have a structured referral letter no information will be missed." (19)

"Feedback attached to the referral letter would be better." (20)

Discussion

Referrals and back referrals are not a necessary component of the Sri Lankan health system. Therefore the uptake of these practices by our Doctors is variable. Some of the Specialists routinely provide reply letters and feedback to the GP's whilst others admit to never replying. Current study shows that this individual variation is due to personal experiences in the system and attitudes of the Specialists.

Specialists agreed that reply letters are important for informing the General Practitioner about the further management plan of the patient and maintaining continuity of care. Also they identified reply letters as a mode of education of the General Practitioner. Similarly, previous studies^{3,8,9} showed that General Practitioners described reply letters as a preferred mode of education for themselves, although it was the least preferred method of providing information by the Specialists.

There are many factors that come in to play in the Specialist's decision of 'to reply or not to reply'. If the General Practitioner has taken time and effort to write up a good quality referral letter, this would influence the Specialist to reply. A study conducted in Grahams town demonstrated that in order to obtain a reply letter for referrals, the quality of the referral letter needs to be high¹⁰.

The current study showed that a lack of time and unavailability of clerical assistance was an important factor that was described by majority of the Specialists as a limiting factor in replying to referrals. A study by Harris et al. in 2007 described a similar response in a study conducted by his team in Brazil. He concluded that despite the understanding the importance of providing a reply letter; cultural, historical and

organizational features of the secondary care prevented specialists from the practice of writing reply letters.

There were a multitude of ideas presented by the Specialists to improve the communication at the interface between the primary and secondary care levels. This included suggestions to make a referral letter from a primary care doctor mandatory in order to see a specialist, advice to avoid unnecessary referrals and also promoting reply letters and back referrals so that the loop of referral is completed and the primary care doctors don't lose the patients by referring to Specialists.

Another suggestion was to have a program involving both primary and secondary care doctors so that they could interact and develop a better professional relationship. This would mean that there would be no hesitation in calling up a Specialist who is known to the GP and similarly, the specialist will be encouraged to reply and refer back the patients.

Another important theme that emerged was the use of a structured referral letter and also having an attached reply letter when referring a patient. In a study conducted in 2012 at the Family medicine Clinic, Faculty of Medicine, Ragama showed that for the 90 referral letter issued over a 6 month period, not a single reply was received. 80 referral letters (with reply form attached) were issued during the next six months and six 6 (7.5%) replies were received during this phase¹¹. This would improve the quality of the referral letters as well as promoting the reply rates.

Strengths and Weaknesses

To our knowledge this is the first qualitative study evaluating the perceptions of specialists regarding the referral process between family doctors and specialists in Sri Lanka. Strength of this study is the widely spread sample which comprises different criteria such as specialty, academic, hospital, or private practice. When interpreting the data it must be considered that a tendency toward socially desirable answers from the side of the specialists cannot be excluded. Indeed, the specialists were informed prior to the interviews that the interviewer was from the Department of Family Medicine. Also, before any questioning the interviewer stressed the fact that she is a temporary employee who is neither a General Practitioner nor a Specialist with a neutral position and that the respondents should freely and openly respond to the structured questions.

Conclusions

Specialists in Sri Lanka are enthusiastic about working together in partnership with their general practitioner colleagues. They expect a written communication when patients are referred by general practitioners and are keen to reply. Time constrains, work load and lack of clerical assistance prevent them from replying. Quality of referral letters and the condition of the patient also influence their decision to reply.

General practitioners should always refer patients with referral letters of expected standard. There should be opport-

tunities to develop professional relationship between primary care doctors and specialists through clinical meetings and discussions. Use of structured referral letter with an attached reply form could be a solution to the problems of communication between two groups of health care providers. The dedication and persistence from all branches of medical professionals are also paramount in overcoming the barriers.

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