

Implementing an effective recall and reminder system is essential for the provision of safe and high quality of care. Whilst there is no legal duty to have a reminder system, GPs do have a legal duty to recall patients to inform them about clinically significant test results.

Written practice policies and procedure should outline a systematic and consistent approach to follow up. This assists with ensuring:

- Good clinical outcome for patients.
- Compliance with accreditation standards.
- Thorough documented evidence in the event of litigation.

Consider using a “Smart Recall System” which is an automated and fully integrated system that allows your practice to securely send messages and push notifications to patients if they have an upcoming recall or reminder in their patient file.

A recall occurs when a General Practitioner makes a decision that the patient needs to be reviewed within a specified time frame in **response to a clinically significant event**.

A reminder is offered to patients who may benefit from preventative care activities or may require review of their treatment e.g. reminder for immunisation or routine diabetes review.

General requirements	Yes	No
The practice has a written policy for recalls and reminders.		
Pathology and radiology companies have after hours contact details for all referring GPs.		
All incoming results and correspondence are reviewed by the referring GP. This task cannot be delegated to a nurse.		
Pathology results, imaging reports, investigation reports, and clinical correspondence that the practice receives are electronically notated. Hard copy results are signed or initialled and dated by GP with instructions, e.g. No Action/Discuss/Urgent and scanned into patient file.		
Review of results and correspondence occurs in a timely manner, preferably several times per day. GPs have remote access to check results when away from the clinic.		
GPs need to make a clinical decision regarding how long it is safe to be away from the practice before another GP checks their holding file.		
There is a system for allocating the task of checking results and correspondence when GPs are absent or on leave, e.g. a buddy system.		
All staff are aware of the recall and reminder system in the practice and know which staff have the responsibility for which tasks.		
New Staff Induction training covers the contents of the Recall and Reminder policy <ul style="list-style-type: none"> ✓ All team members know the difference between a recall and a reminder ✓ All team members know the different contact requirements for each and ✓ All team members know and understand the confidentiality associated with recalls and reminders 		

General requirements	Yes	No
New clinical staff are trained on how to add, action and remove recalls and reminders in clinical software.		
Patients are informed of any external registers or screening programs the practice participates, e.g. AIR, bowel cancer screening, Vic cytology.		
Patient consent is sought prior to any change in the practice recall and reminder system, for example the practice moves to SMS reminders.		
Patients are informed that the practice sends reminders and what format this may take. (e.g. letter, SMS, phone call, email).		
Information regarding the recall and reminder system, including the option to opt out is included in the practice information brochure, new patient registration, website, waiting room etc. Opt out needs to be recorded in patient's record.		
Patient contact details should be checked at every visit, as part of the identification process and to ensure accuracy of information.		
Deceased patients are marked as deceased, to ensure no further recalls or reminders are sent.		

Recalls	Yes	No
The policy details the procedure for recalling patients with clinically significant results, including how patients requiring follow up are contacted, who is responsible for making contact and documentation requirements of attempted contacts.		
At least 3 attempts are made to contact patients, telephone attempts are made at different times of the day and if a letter is sent it should be by registered mail, for clinically significant recalls. All attempts to contact patients are documented in patient file (including date, time, whom spoken with and staff members name).		
The practice has agreed recall categories, the timelines attached to these categories are consistent across GPs and understood by the staff. For example: <ul style="list-style-type: none"> No action – Discuss result with patient at next visit Discuss – contact patient and request that they attend for review within two weeks. Urgent recall – contact within one to two days and arrange appointment as per instructions form GP. The GP is informed if patient is unable to be contacted.		
Appointments for recalls are clearly marked in the appointment book and patients are followed up if they cancel or fail to attend. Practices should create and use an agreed appointment type when booking patients for recall appointment, this could be a specific colour or symbol.		
GPs mark results as notified when they have been discussed with the patient.		

Urgent Investigations and correspondence	Yes	No
There is a system for checking outstanding investigations and referrals and these are followed up when considered clinically significant.		
Consider adding recall for urgent referral or urgent investigation so that it can be checked, GPs will determine if any referral needs to be tracked. Usually you would track the following: <ul style="list-style-type: none"> Condition of patient is serious or life-threatening. There is a risk to the patient of delaying or not attending referral appointments. Referral is as a result of abnormal test results. 		
Notes on active recalls are included in any transfer of patient's file.		

Reminders	Yes	No
Practice undertakes routine reminders for patients for a range of preventative activities, e.g. Cervical Screen Testing (CST), immunisation, monitoring diabetes.		
The responsibility for entering reminders for chronic disease or preventative health activities are clearly allocated to clinical staff (GP/nurse).		
There is a process for differentiating between a clinically significant recall and a reminder for the same issue. For example, a routine Cervical Screen Test is treated as a routine reminder, however a repeat cervical screen in 3 months as indicated by pathology is treated as a (clinically significant) recall.		
Clinical staff seek the consent of patients prior to adding a reminder. Consent is recorded in the patient's medical record.		
Patients are informed of their right to opt out of receiving reminders from the practice and staff know how to record in clinical record that a patient has opted out.		

Resources
Reminder or Recall? Article
Medical Director Correspondence Management/Holding File templates Train IT Medical
VTPHNA Recall Reminder in General Practice Training https://vtpdna.org.au/news-and-education/online-learning/recalls-and-reminders-in-general-practice/
https://trainitmedical.com.au/2018/07/11/medicaldirector-clinical-top-5-recalls-reminders-tips/
RACGP Accreditation Standards 5th Ed Criterion GP 2.2 Follow Up Systems

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