**GP referrals: are the reports addressing the questions posed?**

**Descriptor:**

Audit of generic reporting and effective communication with GPs.

**Background:**

Communication with clinicians is central to the practice of radiology. This is done predominantly by means of the radiology request and report. The generation of a clear report in a style understandable by the requesting clinician and addressing a clinical question asked is a fundamental requirement of any radiology provider [1]. As reports are increasingly sourced from alternative providers, it is essential that these standards are identified and maintained.

The RCR ‘Standards for the Reporting and Interpretation of Imaging Investigations’ gives guidance for governance and reporting by both radiologists and non-radiologists [2]. In addition, a GP may request an investigation that lies outside their field of expert knowledge. It is essential that the radiology report provides a clear response to the clinical question and where appropriate, guidance on what to do next.

## The Cycle

**The standard:**

1. Clinical issues should be addressed (Target > = 95%)

2. Clinical advice, when given, should be appropriate (Target > = 95%)

3. The grade of the reporter should be stated on the report (Target = 100%)

4. The wording of the report should be clear (Target > = 95%)

5. The reporting style should be appropriate for a GP (Target > = 95%)

6. Appropriate action should be taken in accordance with local departmental policy, for all urgent/unexpected findings (Target 100%)

**Target:**

95-100% see individual standards.

## Assess local practice

**Indicators:**

1. Percentage of requests with a clinical question to be answered

2. Percentage of reports in which the clinical question is answered

3. Percentage of reports in which the wording of the report was clear

4. Percentage of reports in which clinical advice, when given, was appropriate

5. Percentage of reports in which the reporting style was appropriate for a GP

6.Percentage of cases in which appropriate action was taken in accordance with local departmental policy, for all urgent/unexpected findings

7.Percentage of reports in which the grade of reporter was stated on the report

**Data items to be collected:**

GP requests and the corresponding plain film MRI and ultrasound reports.

**Suggested number:**

• Sample size 20 plain films

• 20 ultrasound

• 20 MRI examinations

The sample size of 60 is needed to apply the null hypothesis for a 95% target. - These should be randomly selected, most easily done as a sample of consecutive patients.

**Suggestions for change if target not met:**

- Present at departmental clinical governance meeting.

- Discuss anonymised results and reasons for non ideal reports with all individuals reporting examinations

- Consider communication skills course if there are serious difficulties

- Involve GP referrers if the problem lies with requests

**Resources:**

• Technology assistance for data retrieval and a designated consultant radiologist

• IT assistant (two hours)

• Designated radiologist (two hours)

**References:**

1. National Patient Safety Agency (2007) Safer Practice Notice 16: Early Identification of Failure to Act on Radiological Imaging Reports. <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=61469&>.
2. The Royal College of Radiologists. Standards for the Reporting and Interpretation of Imaging Investigations. London: The Royal College of Radiologists, 2018. <https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr181_standards_for_interpretation_reporting.pdf>

**Editor's comments:**

• This would be a useful audit to carry out with the local GPs (i.e. involving them as the audit is being set up)

• Improving radiologist–GP communication is generally beneficial to all

• Revalidation requirements seem likely to require the inclusion of feedback from others

• This could be modified to ensure that, for example, 25 reports per reporting individual are reviewed. This would then be a very useful audit for inclusion in an individual radiologist’s revalidation folder

• Once you have experience of this audit it can easily be extended into other aspects of your work such as ultrasound or CT

**Submitted by:**

CRASC - National audit 2007, updated by R Greenhalgh

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