

# Guidelines on Referrals by and to Registered Nurses and Midwives

Re-endorsed by Annual Conference 2017

During consultation and clinical evaluation by the registered nurse or midwife, occasions may arise when referral of a person for further assessment will need to be made. Referrals may be either informal (verbal) or formal (in writing).

The following principles generally apply to referrals being made by registered nurses or midwives:

1. Referrals should be made in consultation with and with the consent of the person concerned. The need for further assessment should be fully explained, together with the likely management and treatment options. The person should be advised objectively and without bias, of the relevant services available and encouraged to take responsibility for their own health care by making an informed decision considering their own particular needs and preferences. A letter of referral should accompany the person. A copy of the letter of referral should be kept with the person's health record. If the person declines a referral letter this is to be noted in their health record.
2. The need for a referral of a medical nature indicates a health deficit which requires follow up and the involvement of a nurse, midwife or medical practitioner in the ongoing care and management of the person. Where the referral is of a medical nature, it is desirable that the person is referred back to their usual general medical practitioner for management. Where a person does not have a general medical practitioner, case manager or a nurse practitioner, they should be encouraged to make contact with a general medical practitioner who can provide ongoing care.
3. Under the *Health Insurance Act (1991)*, except in certain circumstances, Medicare benefits at the 'referred rate' are payable for specialist medical services only if the service is rendered following a written request for that service by another medical practitioner. Other health professionals may refer to a medical specialist, however the reimbursement for the person is at the 'non-referred' rate. If no claim is to be made against Medicare for the services provided by the medical specialist, a registered nurse or midwife may initiate a direct referral.
4. Eligible nurse practitioners and midwives can refer patients to general practitioners, specialists and consultant physicians so Medicare benefits are payable to these nurse practitioners at the 'referred rate.' They can access certain MBS items as long as they have a provider number, work in a private practice in appropriately approved settings, hold professional indemnity insurance and work in collaboration with a medical practitioner.
5. Referrals to a public hospital outpatient department do not attract a Medicare rebate as, under Commonwealth/State funding arrangements, the cost of the service is met by the State. Registered nurses and midwives may, therefore, directly refer to public hospital outpatients departments and maternity services. Local protocols should be developed which outline the process to be followed for both the referral and follow-up.
6. Registered nurses and midwives may refer to non-medical providers (such as physiotherapists, chiropractors, dieticians, social workers, podiatrists, etc), and written protocols should be established consistent with local organisational policy, a record of referrals should be kept and written feedback should be given to the referring person or agency as soon as it is practicable to do so.



7. The Australian College of Midwives has produced guidelines to assist midwives to make evidence based decisions about when to consult and refer<sup>1</sup>.

Reference

1. Australian College of Midwives 2013 National Midwifery Guidelines for Consultation and Referral, 3<sup>rd</sup> Edition, Issue 2.

