

RESEARCH SUMMARY

Clear communication between GPs and specialists?

Peer review amongst restorative specialists on the quality of their communication with referring dental practitioners
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Objective

A peer review study was carried out to assess the written communication between consultants and specialist registrars in restorative dentistry with the referring general dental practitioners.

Methods

Seven people took part in the study and each presented referral and reply letters for five patients whom they had seen for consultation. The referral letters were used for information only and were not used in the peer review process. Each participant inspected the referral and reply letters from the other six participants. The reply letters were anonymously peer reviewed by using a proforma containing agreed criteria in relation to appropriate factors to include in the reply letter. The reviewer also ranked the letter in relation to overall quality on a 1-10 point scale.

Results

It was found that the participants' letters generally conformed positively with the agreed criteria although there were some differences between individuals. There were particular problems identified in relation to tooth notation. Reply letters commonly used different forms of tooth notation to the referring practitioners.

Conclusions

The ranking of the letters generally indicated that the participants' replies were judged to be favourable by their peers. There may be scope for continuing this study in relation to peer review by other groups of professionals, in particular practitioners in primary dental care.

IN BRIEF

- This paper emphasizes the importance of clear written communication from specialists to referring dental practitioners.
- The first stage in assessing this has been to ask a group of specialists to peer review the quality of their replies to referral letters. This was found to be satisfactory.
- A number of specialists replied using a different tooth notation to that contained in the referral letter. This could lead to confusion, however, this can be overcome by including with the reply a sheet detailing the different tooth notations.
- The next stage in assessing communication will be for referring dental practitioners to peer review their referral letters and the quality of the specialist's reply.

COMMENT

Appropriate and clear communication between specialists and referring (dental) practitioners is vital in the proper management of a patient's (clinical) problems. This is usually by exchange of letters and, if the correspondence is not clear, it can lead to confusion and occasionally, inappropriate treatment being carried out. This study shows that generally the reply letters were satisfactory.

The authors acknowledge the limitations of the study eg the non-random selection of letters, differences due to specialisms, small number of participants and the assessment being undertaken by peers rather than the receiving practitioner. It does, however, highlight a particular problem for dentistry, that of tooth notation. It is interesting that the specialists generally replied using a different notation to that of the referring practitioner. This can lead to confusion. Whilst it is easy to suggest that there should be a single system in use (I favour the FDI system for ease of use, in particular, in written communication but also because it is probably easy for patients to understand), the authors' suggestion that all reply letters should clearly indicate the system in use is a good one. In the NHS, it is expected that from 2004 all such correspondence will also be copied to patients (www.doh.gov.uk/patientletters/) and so it is imperative that this issue is resolved. One approach could be to devise a standard diagram incorporating the common systems, which would then be printed on all NHS letters, perhaps a challenge for the British Dental Association.

Training in communication skills is now considered a very important area in the development of specialist registrars and thus it would be useful to have a valid instrument for assessment of letters. Such an instrument¹ has been developed and could prove useful for training purposes at this level.

The authors rightly point out that the true value of the correspondence is whether the receiving practitioner understands the reply. This was not assessed in this study. In an unpublished study² in the Trent Region, using mailed questionnaires to 60 general dental practitioners, a rating of 'good' was noted in over 95% of the letters. That study also noted the educational value of the reply letters.

Written correspondence is likely to remain the main transaction between specialists and general practitioners and thus its quality will need assessment and monitoring.

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2. Joshi R I, Wragg P F, Deans R F. A survey of general dental practitioners perception of replies to referral letters. Trent Region audit. 1995, unpublished.

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