Government of Western Australia
Department of Health

Outpatient Reform Program

WA Specialist Referral Access Criteria FAQs for WA Health Staff

What are Specialist Referral Access Criteria (RAC)?

- RAC are standardised referral criteria that provide clear guidance regarding:
  - which conditions are appropriate for referral to public specialist outpatient clinics
  - when a patient will be accepted by public outpatient services
  - investigations and diagnostics required to support effective and appropriate triage.

Who developed the RAC for my specialty?

- A Clinical Working Group comprising specialty leads from across WA Department of Health developed the Specialist RAC in collaboration with WA Primary Health Alliance, Hospital Liaison GPs and the Central Referral Service (CRS).

What is the role of the Central Referral Service (CRS)?

- CRS will ensure that new referrals contain all mandatory information as outlined in the RAC and will allocate them to the appropriate hospital, based on the patient's clinical requirements and catchment area. Clinical assessment and triage will remain the responsibility of the receiving hospital.
- Referrals that do not meet the RAC will be returned to the referring clinician.
- Currently the CRS does not process referrals for WACHS public outpatient services, this remains the responsibility of WACHS sites.

Will WACHS sites use RAC?

- At this point in time, referrals to WACHS sites will continue to be sent directly to the WACHS site and not via CRS.
- Work is currently underway as part of the CRS Review Project to bring all WACHS regions and specialties into scope for CRS.
- As WACHS regions are drawn into scope for full CRS function, referrals to those regions will then be reviewed against any applicable RAC via CRS.

How will RAC impact my work?

- Triage staff should be aware of the RAC and where clinically appropriate align triage decisions with the indicative wait times that are included.

Will the implementation of Specialist RAC create more work for triaging clinicians?

- It is anticipated that the implementation of RAC will streamline the referral process by clearly defining the access criteria for each specialty for referrers. The RAC will define mandatory referral inclusions which will improve the quality of incoming referrals, with the goal of assisting assessment, prioritisation and triage at sites.

Why have the indicative triage categories been made available to referrers and patients?

- The indicative triage categories have been included to provide referrers with a guide as to how long their patient may need to wait for an outpatient appointment. This is intended as a guide only. Referrals will be assessed and triaged according to relative urgency based on:
    - presenting symptoms, probable diagnosis & its potential seriousness
    - how long the symptoms have been present
    - severity and impact of the symptoms in the patient
    - comorbidities.

How will referrers know about the RAC?

- A range of communication materials have been developed for GPs and primary care referrers.
- RAC will be accessible for GPs/referrers and the public on the CRS website.
- Each time a new RAC becomes available, communications will be distributed to all relevant groups.

Can I accept a referral that doesn't meet the RAC for my specialty?

- The objective of the RAC is not to replace clinical decision making but to clarify when a referral to a public specialist clinic is required and the information that should be contained in the referral.
- It is anticipated that the RAC will be suitable in most circumstances; however, it is acknowledged that there will be exceptional cases where a referral may be accepted despite not meeting the RAC.
- Referrals for excluded procedures/clinical exceptions may be accepted if the procedure is clinically indicated. In this instance, the referrer must clearly state that the referral is for an excluded procedure but it is clinically indicated (with clinical reason/s included).

How do I manage a referral that has been sent direct to my site (not via CRS)?

- Referrals for metropolitan sites should be directed to CRS so they can be assessed against the RAC and allocated to the appropriate site.
- Individual sites are responsible for having procedures in place for handling referrals that do not come through CRS.
- Internally sent referrals i.e. from ED and other hospitals/departments, should also be assessed against the RAC.
- As a part of verbal discussions with referring peers, clinicians should advise of mandatory information as outlined in the RAC to include with the referral to facilitate appropriate triage and timely care.

How will RAC be monitored and evaluated once live?

- After implementation, anecdotal feedback from HSPs, CRS and GPs along with referral and waitlist metrics will be closely monitored for each RAC speciality to ensure any issues are identified and addressed.
- The RAC project team will monitor the implementation of each Specialist RAC at 1, 3 and 6 months post-implementation.
- If you experience any issues associated with implementation of the RAC, please email the project team on: DOHSpecialistRAC@health.wa.gov.au

Where can I access more information about RAC?

- Further information will be available on the WA Department of Health CRS webpage, RAC intranet page, or by emailing the project team: DOHSpecialistRAC@health.wa.gov.au

This document can be made available in alternative formats on request for a person with disability.