The Academy of Medical Royal Colleges 'Letters to Patients' initiative: Guidelines for Writing Out-Patient Clinic Letters to Patients – v2.3

Scope of this guidance

This guidance aims to help and encourage doctors to adopt the practice of writing outpatient clinic letters directly to the patient, with a copy of the same letter being sent to the patient’s general practitioner.

It covers aspects of letter writing that are generic to most clinical disciplines. Royal Colleges and Specialist Societies are encouraged to produce specific guidance relevant to their specialities.

We encourage Medical Schools to use this guidance to develop training modules for medical students in the skills of writing directly to patients.

The guidance is intended to be used as a basis for the assessment of the written communication skills of undergraduates and post-graduates.

The guidance is relevant to clinicians in all disciplines who write clinical letters. The focus of this document is on doctors’ letters, in line with the Academy of Medical Royal Colleges ‘Letters to Patients’ initiative.

Why should doctors write letters directly to patients?

The Academy of Medical Royal Colleges has adopted the ‘Letters to Patients’ initiative as part of its commitment to place patients at the centre of their care. It is aligned to Good Medical Practice (2013), which states: ‘You must give patients the information they want or need to know in a way they can understand’, and the NHS Constitution (2015), which states that patients ‘have the right to be given information about the test and treatment options available to [them], what they involve and their risks and benefits’ and have ‘the right of access to [their] own health records and to have any factual inaccuracies corrected’. In addition it states that staff should aim to ‘involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis, and their individual care and treatment’.

The benefits of writing directly to patients rather than sending them a copy of a letter written to the patient’s General Practitioner have long been recognised, notably in Clinical Genetics [1]. In a randomized trial in a haematology clinic, patients and referring clinicians expressed strongly positive views on the personal letter [2]. Doctors who have adopted this practice report that their consultation style has become more patient-centred [3]. General Practitioners find the letters easier to interpret and have less need to translate the content for the patient. And, most importantly, patients find such letters more informative, supportive and useful. Writing directly to the patient or the parent/guardian is likely to avoid embarrassment that can be caused by writing about patients in the third person [4].

Patients’ comments about letters written to them
The benefits of writing letters directly to patients are highlighted by their comments. The letters strengthen the doctor-patient relationship and support the patient in coping with their condition. “Appreciate the letter addressed to me – the patient”. “I can now understand the treatment I am having for my illness and happy to know that I am making some progress along the way.”

The letters serve as a reminder of the consultation as many patients are unable to recall the verbal information they receive. “When you come home from outpatients, you have forgotten what the doctor has told you.” “I for one will have forgotten half of what you have told me by the time I get home”. The patient may choose to share the letter with their relatives and carers.

The letters provide useful continuity between clinicians and others more widely involved with the patient’s condition. “Good to keep the letter, if you are under different consultants you can just show them the letter instead of explaining every time.” “Keeps me informed and can update people at work with my progress when they ask.” “Patients can use them as records of visits which show what medications they are on, investigations/tests discussed.”

The patient is able to alert clinicians to typographical and factual errors and to changes made by other clinicians. “Wrong post code. 2 medications to be added to list”. “From 2/9/05 my GP has changed the Pravastatin to Simvastatin”.

The letter informs the patient of their test results and confirms that the doctor is aware of the results. “As blood was taken it would be very useful to know the results. If my appointments are at 2 monthly intervals my knowledge of my current state is always 2 months old as I do not see results until my next appointment.”

The form and function of the outpatient letter
The outpatient letter serves three main functions:
- To record relevant facts about the patient’s health and wellbeing
- To present information in a way that aids understanding
- To communicate a management plan to the patient and GP
These aims are best achieved by a letter that is well-structured, informative and easy to read and engaging in style.

Structure
The letter can be structured in a similar way to that used when writing to the General Practitioner, e.g.:

- Patient and clinic administrative details
- List of Problems/Diagnoses
- Free text
  - Presenting complaint
  - Examination findings
  - Test results
  - Management plan with timescales
  - Follow-up arrangements
- Medication
• List of those copied into letter with PS to individuals as needed

Content
The letter builds on the relationship that has been established during the consultation, where most if not all of its content will have been shared. A letter is rarely the best way to break unexpected or upsetting news.

The letter should assist communication and dialogue between the clinician, the patient and the GP. Include an email address and telephone number to enable the patient and GP to ask follow-up questions and discuss options.

Include links to reputable on-line sources of information and, where available, encourage patients to access their own electronic records and their test results, such as at PatientView.org.

Clarity and readability
If you dictate the letter in the same way that you talk to the patient it will make the letter wordy and hard to read. The readability of your letters can be measured using a tool such as the Flesch Reading Ease score. If the score is high, scoring software can suggest simple ways to make the text easier to read, such as:

• Remove words and phrases that add little meaning, e.g. ‘actually’, ‘really’
• Use shorter sentences – e.g. fewer if’s, and’s & but’s
• Have one topic per paragraph

In the Problem/Diagnoses list, medical jargon can be used. This serves as an efficient way of communicating with other clinicians. However, in the body of the text use plain English rather than jargon words when these do not lose any meaning, e.g. ‘kidney’ instead of ‘renal’. If needed, you can add the jargon in brackets, e.g. ‘you have an irregular pulse (atrial fibrillation)’.

Avoid using medical slang, e.g. “you went to your GP because...” makes more sense than “your presenting complaint was...”. Some standard medical phrases are redundant, e.g. “on examination, there was swelling of your ankles” can be more simply put “your ankles were swollen”.

Explain acronyms; these are often incomprehensible to non-specialists as well as to patients, e.g. CRT-D = Cardiac Resynchronization Therapy - Defibrillator.

In the medication list, use English rather than Latin, e.g. “twice daily”, rather than “bd”. Highlight any changes you have made by using bold print, e.g. “**furosemide increased to 80 mg twice a day**”.

Use images, such as charts, graphs or diagrams, rather than words to describe the natural history of disease, risk, prognosis and treatment [5].

At the end of letter you can, if necessary, add some direct communication to the GP as a PS.
**Style and grammar**
Writing style is a personal matter with few grammatical or stylistic rules. However, the following guidance may help in the critique of letters.

Consider how formally or directly you wish to present information [1]. At the start of the letter, a close or familiar style may be appreciated by the patient, e.g. “It was a pleasure to meet you and husband for the first time”. Sometimes, a more distant or formal style is appropriate, e.g. “This letter summarizes the information we discussed regarding your heart condition.”

You can soften the impact of information you provide by using a more distant or noncommittal style, e.g. “during the examination, the tremor and stiffness in your right arm suggest that you have Parkinson’s disease”.

You may be more direct when making treatment recommendations, e.g. “Please increase the dose of water tablets (furosemide) to two daily (80mg) if the swelling in your legs does not improve”.

Think about how you use the active and passive voices. In letters the active voice is easier to read, whereas in the science literature the passive voice is generally used. The active voice is more direct than the passive, e.g. “You decided to have the heart bypass operation” versus “The decision was made to go ahead with the heart bypass operation”.

Letters to patients tend to use the second (You) and first persons (I, We), e.g. “Because of your low peak flow rate, I have referred you to a chest specialist” rather than “The peak flow rate is low. A referral to a chest specialist is indicated”.

Avoid stigmatizing words and comments that may offend some people [4]. For example, “You have diabetes” is preferred to “You are a diabetic”. Beware that some medical terms may be misinterpreted, e.g. ‘chronic’ is often taken to mean ‘really bad’ rather than ‘long-standing’.

You should be careful not to impose your point of view when describing a patient’s emotions or thinking. For example, “One of the reasons you decided not to have another baby was the risk of Down’s syndrome” is preferred to “You decided not to have another baby because of the risk of Down’s syndrome”.

**Translation into other languages**
In Wales there is a legal obligation to provide information in both English and Welsh languages. Otherwise, resource constraints prohibit the routine translation of letters into other languages.

**References**