

# Patient Follow-Up Responsibilities in Practice



Reading time:  
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## How far to go in follow up

MIPS was contacted by a diligent and concerned member, Dr A, who is a general practitioner. His patient was a 52 year old male with hypertension who had been well managed for a number of years but had recently been experiencing increased blood pressure readings.

Dr A had arranged for 24 hour blood pressure monitoring with a follow up consultation to review the findings.

The monitoring took place and the report was forwarded to the practitioner, with some concerning findings which required further investigation.

The patient did not return for follow up as scheduled. The practice staff had tried to contact the patient without success. Dr A had also placed a personal call without success.



## After contacting MIPS

Written communication to the patient was undertaken, and it was recommended that if there was still no response then Dr A should send the communication via registered mail as well as email contact.

MIPS advised Dr A that particularly in situations when failure to follow up or failure to attend may result in potential harm and increased risk to the patient, there is an onus on the practitioner to ensure follow up to the best of his/her ability.

All of the various communication attempts should of course be documented in the patient record.

## Key messages

- There is an onus on the practitioner to ensure the patient understands the need for, and importance of, continuity of care.
- Practitioners need to follow up to the best of their ability where the patient is at risk.
- All the advice concerning follow up and the various communication attempts should be **documented** in the patient record. It is important that you document everything you do. Good documents equal good defence, bad documents equal bad defence and no documents equal no defence.

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