Reducing Inappropriate Otorhinolaryngology (ENT) Referrals to Causality Clinic by 49%

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Abstract

Background: Inappropriate referrals place additional demands on specialist services and may lead to avoidable clinic appointments. This represents inefficient use of administrative and clinical resources and occupies limited outpatient capacity, potentially reducing the ability to prioritise and assess patients according to clinical need.

ENT referrals are assessed by doctors with varying levels of clinical experience, ranging from Foundation Year doctors and general practice trainees to more experienced core Surgical Trainees. This variation contributes to the differences in knowledge for appropriate referrals. Therefore, a more structured guideline will better support junior doctors and improve referral appropriateness. A baseline audit was conducted over eight weeks to identify the common types of inappropriate referrals and inform the development of the guideline.

Methods: A two-cycle quality improvement audit was conducted at Royal Albert Edward Infirmary reviewing ENT referrals for patients ranging between 2years to 90years of age, made between January – February 2026. The baseline audit identified recurrent inappropriate referrals that informed the further development of a new referral guideline for junior doctors. The guideline was introduced to newly rotating junior doctors, following which a second retrospective audit cycle was conducted between March – May 2026 to assess the impact. Referrals in both cycles were assessed against predefined criteria and categorised as appropriate or inappropriate. The primary outcome was the percentage of referrals classified as inappropriate.

Results: There were 77 referrals within the hospital amongst the 192 clinic appointments (40%) during the baseline audit. 23/77 (29.9%) referrals were inappropriate.

Following implementation of the guideline, there were 65 referrals among 207 appointments (31%), of which 10/65 (15.4%) were inappropriate. This represented a 14.5 percentage-point absolute reduction and 49% relative reduction in inappropriate referrals.

The largest reduction was seen in ear referrals (35.9% to 17.4%). Throat referrals also demonstrated improvement (88.9% to 50.0%), although the small number of referrals limits interpretation. Nose referrals remained consistently appropriate (96.6% to 96.9% appropriate).

Conclusion: Introduction of a focused referral guideline for junior doctors was associated with a substantial reduction in inappropriate ENT referrals. The intervention was simple, low-cost and readily implementable. This suggests that structured referral guidance with common presentations may be an effective approach to improving referral quality and optimising referrals across specialities. Continued monitoring is required to determine whether this improvement is sustained.