



College of Physicians and Surgeons of British Columbia

# Professional Guideline

## Referral-Consultation Process

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| <b>Effective:</b>        | July 1, 2008   |
| <b>Last revised:</b>     | February 5, 2019   |
| <b>Version:</b>          | 3.3  |
| <b>Next review:</b>      | November 2021  |
| <b>Related topic(s):</b> | <a href="#">Access to Medical Care</a> , <a href="#">Emailing Patient Information</a> , <a href="#">Photographic, Video and Audio Recording of Patients</a> , <a href="#">Walk-in, Urgent Care and Multi-Physician Clinics</a> |

A **professional guideline** reflects a recommended course of action established based on the values, principles and duties of the medical profession. Physicians may exercise reasonable discretion in their decision-making based on the guidance provided.

**Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.**

## PREAMBLE

This document is a professional guideline of the Board of the College of Physicians and Surgeons of British Columbia.

The College recognizes that there is a high degree of variability across the province in how referring physicians and consulting physicians engage in the referral-consultation process, including how a referral is first initiated and how information is subsequently transferred between physicians.

While there is no single solution to address all of the communication challenges, physicians should be mindful that patient well-being is the single most important factor in ensuring an effective referral-consultation process. In all instances, patients and their families remain at the centre of the referral-consultation process, and physicians should show their willingness to work together courteously and respectfully to ensure patient care is not compromised. Keeping the patient informed throughout the referral process is of the utmost importance.

The guidance that follows pertains to referrals made between all physicians, including primary care physicians and specialists. Physicians should, as appropriate, follow these guidelines when engaging in the referral-consultation process with other health-care providers, such as pharmacists and nurse practitioners.

## COLLEGE'S POSITION

The College's role is to guide professional conduct and remind physicians that an effective referral-consultation process is a foundational component of patient-centered care. The consultation process, both within institutions and in the community, demands clear and timely reciprocal communication between the physician making the referral, the physician providing the consultation, and the patient.

Good communication and collaboration between referring physicians and consulting physicians can prevent disruptions in care, delayed diagnoses, unnecessary testing, avoidable complications, frustrated physicians and patients, and potential medical-legal difficulties.<sup>1</sup>

Referring physicians and consulting physicians both have a professional and ethical obligation to work together collegially, and to share the responsibility of supporting patients throughout the referral-consultation process. In the event of a complaint, the conduct of both the referring and consulting physician would be considered.

Patients should be provided with appropriate information to assist them in making informed decisions about their health care, including whether to seek a second opinion or proceed with recommended treatments. Physicians should consider and respect their patient's reasonable request for a second opinion.

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<sup>1</sup> Good Practices Guide [Internet]. Ottawa (CA): Canadian Medical Protective Association. "Consultations and Referrals." Available from: [https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Consultations\\_and\\_Referrals/consultations\\_and\\_referrals-e.html](https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Consultations_and_Referrals/consultations_and_referrals-e.html)

It is an expectation of the College that the patient is completely aware of how he/she will be notified of the appointment. There is a shared obligation between the referring physician and the consulting physician to ensure that patient is aware of their appointment details.

Should the patient have any medical concerns or a change in medical status while waiting for their appointment with the consulting physician, it is the referring physician's responsibility to provide care, and to inform the patient that they remain the most responsible provider during this time.

### **REFERRING PHYSICIAN**

Prior to requesting a referral, referring physicians should ensure that their patient is fully aware of the purpose of the referral, and that the patient provides his/her consent to the referral. The patient should also be offered the opportunity to ask questions about the referral.

The referring physician should make a timely, written request for consultation that includes the following information:

- patient's name, personal health number, preferred and current contact details (**Note:** If patient has consented to email communication with the referring physician, inform the consulting physician of that consent.)
- date of referral
- specific purpose of the referral
- relevant clinical information (e.g. current medications, allergies, health history, physical examination) and social information (e.g. language barriers, gender identity)
- level of urgency of the referral
- expectations about the consultation outcome (e.g. medical opinion only, treatment, transfer of care, other)
- copies or summaries of pertinent laboratory investigations, imaging and other consultant reports

To view an example of an appropriate referral request letter, see Appendix A.

Referring physicians should consider the quality of information that they provide in a referral request. Providing too little information (e.g. the reason for the referral is not clear), insufficient information (e.g. no lab results), too much information (e.g. unrelated medical history), or unclear information (illegible) causes frustration and unnecessary delays.

It is not appropriate for the referring physician to send the same referral letter to multiple specialists concurrently hoping that one will accept the referral, as this can result in wasted time, inefficiencies in the process, and annoyance for both patients and colleagues.

### **CONSULTING PHYSICIAN**

It is recommended that the consulting physician respond as soon as possible to a referral request with a notification alerting the referring physician that the referral has been received. This is especially helpful

in circumstances where there may be long wait times to see the patient. To view an example of a referral received letter, see Appendix B.

The consultant should provide a prompt (two weeks is considered prompt) and informative response to the referring physician either accepting or not accepting the referral. To view an example of an appropriate referral response letter, see Appendix C.

**If the referral is not accepted:** An explanation of the reason(s) for not accepting the referral should be provided, along with suggested alternatives, if appropriate.

**If the referral is accepted:** In most situations, the consulting physician is best suited to communicate the appointment date and time to both the referring physician and the patient.

The consultant should advise the patient of any specific requirements prior to the appointment (e.g. bowel preparations, fasting, etc.), and communicate expectations about office procedures (e.g. cancelling or confirming appointments in advance).

Upon seeing the patient, the consultant should provide the referring physician with a timely written report (the MSP fee guide requires that the report be provided within two weeks, except in extraordinary circumstances). Verbal notification should be provided if the results are urgent or critical.

The report should include the following information:

- patient's name
- if known, the identity of the patient's primary care physician
- the date of the consultation
- the purpose of the referral as understood by the consultant
- information considered, including history, physical findings and investigations
- diagnostic conclusions (definitive/provisional; differential diagnosis where appropriate)
- treatments or interventions initiated, including medications prescribed or diagnostics ordered
- recommendations for follow-up by the referring physicians
- recommendations for continuing care by the consultant
- recommendations for referral to other consultants
- advice or next steps provided to the patient

Consulting physicians should assume responsibility for informing the referring physician of any subsequent interventions or interactions with the patient, and when a consultation will extend beyond one appointment. Interim reports to the referring physician should be provided as required.

**Both the patient and referring physician should be notified when a consultation is complete and patient care is being transferred back to the referring physician, or another care provider.**

## REFERENCES

1. Canadian Medical Association Policy: Streamlining Patient Flow from Primary to Specialty Care: A Critical Requirement for Improved Access to Specialty Care
2. College of Physicians and Surgeons of Alberta: Referral Consultation

APPENDIX A

REFERRAL REQUEST

DATE OF REFERRAL: \_\_\_\_\_

This is a note to request a referral for patient:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Preferred:  Phone  Email (consent)

Reason(s) for referral:

\_\_\_\_\_  
\_\_\_\_\_

Additional notes on this patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is an urgent referral:  Yes  No

This patient speaks English:  Yes  No

If no, language(s) spoken: \_\_\_\_\_ Translator will be present:  Yes  No

The following patient information is included in this referral:

- Pertinent patient history/medical notes
- Recent blood work and lab reports
- Relevant radiology reports
- Recent specialist consultation reports, if available, and any tests that have been done
- Other: \_\_\_\_\_

Following this, we request that your office contact the patient to inform them of their appointment date and time and any necessary steps they must take before their appointment. Should you have any issues communicating with the patient, please let us know.

Please inform our office if you will be able to see this patient, as well as the expected wait time.

Sincerely,

Dr. \_\_\_\_\_

**APPENDIX B**

**REFERRAL RECEIVED**

Date received: \_\_\_\_\_

**This is a note to acknowledge that our office has received your referral for patient:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In the meantime, Dr. \_\_\_\_\_ will be reviewing the patient’s referral paperwork, then triage the patient to be scheduled.

**If accepted, our office will contact the patient to inform them of their appointment date and time, what to expect during their appointment, and any necessary steps they must take beforehand.**

**All patients are scheduled based on urgency.**

**Note:** We require the following documents, not yet received, to be faxed to our office BEFORE an appointment time is given. Please send to us ASAP:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

A friendly reminder that Dr. \_\_\_\_\_ only speaks \_\_\_\_\_.  
Patients must bring a translator if they cannot communicate in this/these language(s).

**Please do not forward this to the patient, as we will be sending a confirmation letter AFTER an appointment has been scheduled.**

Our wait list is generally \_\_\_\_\_.

Sincerely,

Dr. \_\_\_\_\_

**APPENDIX C**

**REFERRAL RESPONSE**

Date of response: \_\_\_\_\_

**This is a referral response for patient:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**This patient has been accepted:**

Yes

**Date of appointment:** \_\_\_\_\_

**Time of appointment:** \_\_\_\_\_

No

Reason(s): \_\_\_\_\_

We will inform the patient of their appointment date and time, and of any necessary steps they must take before their appointment.

Sincerely,

Dr. \_\_\_\_\_