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Policy on Referrals and Consultations for Patients

*This policy came into effect **September 1, 2020**.*

Professional communication between referring and consulting registrants should aim to serve the best interests of patients and should be respectful, collegial, collaborative, and courteous. Patient well-being is the single most important factor in ensuring an effective referral-consultation process.

Referring and consulting registrants have a professional and ethical obligation to share the responsibility of supporting patients through the referral/consultation process.

The Referring and Consulting registrants may be either primary care providers or specialists. Registrants with office staff (NPs, RNs, LPNs, etc) who perform delegated functions are responsible to ensure their staff abide by this Policy.

This Policy is meant to include both office referrals, and referrals from an inpatient setting. This Policy is not meant to cover referrals from an emergency department or requests for diagnostic imaging (which are considered radiology referrals).

The Referring Registrant:

a. Must discuss the purpose of the referral with the patient and confirm the patient's agreement,
b. Must specify the reason for the consultation request in the referral letter, the date of the referral and the level of urgency,
c. Must provide the consultant with accurate patient contact information- including address, phone number, provincial health number, date of birth and other basic demographic information,
d. Must provide their office contact information,
e. Must specify their expectations of what the consultation is to undertake or provide (e.g. assessment and advice only, transfer some or all of the responsibility of care, etc),
f. Must provide a summary of the patient's pertinent medical history, relevant examination findings, current list of medications, drug allergies, summary or copy of pertinent laboratory/radiological reports, and any other information deemed relevant.
g. Should accompany the referral letter with direct contact, at least to the consultant's office, if there is a **specific urgency** to the referral, or if the patient is an inpatient,
h. Must inform the consultant if the patient's condition or treatment changes while waiting for the appointment,
i. May forego a written request for consultation in an urgent and/or emergent situation if the consultant agrees to accept care of the patient without a written request, with the understanding that a written consult request will follow shortly thereafter,

j. Should only refer a patient to **one consultant** at a time within a discipline, and
k. Should consider and respect a patient's request for a second opinion and refer the patient if the request is considered reasonable.

The Consulting Registrant:

a. Must ensure they have a system in place to triage patients according to the level of urgency of the patient's condition,
b. **Must schedule the appointment directly with the patient** through their office staff,
c. **Must advise the patient directly** of any specific requirements prior to the appointment through their office staff,
d. **Must order and advise the patient directly of any requested testing or imaging** deemed appropriate through their office staff,
e. **Must communicate expectations directly with the patient** about office procedures and policies through their office staff**,**
f. May communicate b., c., d. and e. above with hospital staff if the patient is an inpatient,
g. Should ideally provide a response to the referring registrant to acknowledge receipt of the referral, whether the consultation request is accepted or denied, and the anticipated wait time or appointment date,
h. Must provide a consultant letter of reply to the referring registrant, after the patient has been seen (ideally within 2 weeks) with their findings, diagnostic opinion, any recommendations and necessary follow-up,
i. Must provide a verbal notification to the referring physician if the consultation results are urgent or critical,
j. Must provide the referring registrant a follow-up report after every visit if the consultant continues to see the patient for an extended period of time, and if there is:
   (i.) a change in the patient's condition, or
   (ii.) a change in the management plan, or
   (iii.) repeated missed appointments
k. Must provide both the patient and the referring registrant notice when a consultation is complete and patient care is being transferred back to the referring registrant, or to another care provider.

Acknowledgements:
CPSA, Standard of Practice: Referral Consultation, Reissued 2017
CPSB, Professional Guideline: Referral-Consultation Process, revised 2019
CPSNB, Guideline: Consultations/Referrals, 2014
CPSNS, Professional Standards Regarding Referral and Consultation for Patients with a Family Physician, Revised 2019

Document History:
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