

STANDARDS OF PRACTICE

Referral Consultation

Under Review: No

Issued By: Council: January 1, 2010 (*The Referral Consultation Process*)

Reissued by Council: January 1, 2017 (*Referral Consultation*)

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides ***Advice to the Profession*** to support the implementation of the Standards of Practice.

1. A regulated member **must** recognize his/her limitations in the delivery of patient care and collaborate as appropriate with other healthcare providers for the benefit of the patient.
2. A regulated member **must** respect a patient’s reasonable request for referral to another healthcare provider for:
 - a. a second opinion about the medical care provided; or
 - b. services outside the scope of practice of the regulated member.
3. Notwithstanding clause (2), a regulated member is entitled to refuse to make a referral that, in his/her opinion, is unlikely to provide a clinical benefit.
4. When a regulated member believes that consultation by another healthcare provider is appropriate but the patient does not, the regulated member **must**:
 - a. discuss with the patient and [document in the patient’s record](#) the difference of opinion and the implications for care; and
 - b. [continue to provide medical care](#) that is in the best interest of the patient and within the scope of the regulated member’s practice.
5. A regulated member who refers or accepts a patient for consultation **must** inform the patient of the regulated member’s role and responsibilities in the patient’s care.

Terms used in the Standards of Practice:

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- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

6. A regulated member who refers a patient for consultation **must**:
- a. discuss the purpose of the referral with the patient and [confirm the patient's agreement](#);
 - b. inform the patient about any [fees that may not be covered](#) by the [Alberta Health Care Insurance Plan](#) if aware such fees are likely to be charged;
 - c. evaluate and workup the patient within the regulated member's scope of practice, including performing appropriate investigations; and
 - d. make a timely, written request for consultation that includes the following information:
 - i. patient's name, Personal Health Number and contact information;
 - ii. regulated member's name and contact information;
 - iii. name and contact information of the consultant or consulting service;
 - iv. date of referral;
 - v. purpose of the referral including, but not limited to, specifying if the referral is solely for the purpose of a [third-party request](#);
 - vi. pertinent clinical information including, but not limited to, relevant investigation results; and
 - vii. expected consultation outcomes (e.g., medical opinion only, possible transfer of care, other).
7. A regulated member who refers a patient for an urgent and/or emergent consultation **must**:
- a. contact the consultant or emergency service directly to discuss the referral and provide pertinent clinical information; and
 - b. to the extent possible, provide relevant documentation.

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8. Notwithstanding clause 6(d), a regulated member **may** forego a written request for consultation in an urgent and/or emergent situation if the consultant or service agrees to accept care of the patient without a written request.
9. A regulated member who provides consultations **must**:
 - a. make information available to referring healthcare providers about the process for receiving requests for consultation and ensure:
 - i. receipt of a request is acknowledged to the referring healthcare provider within seven (7) days; and
 - ii. the decision to accept or deny a request is communicated to the referring healthcare provider within a time commensurate with the urgency of the request, but not longer than fourteen (14) days after the request was received;
 - b. be reasonably available to respond to requests for consultation; and
 - c. if denying a request for consultation, provide reasons and, whenever possible, alternative suggestions for care or consultation.
10. A regulated member who accepts a request for consultation **must**:
 - a. contact the patient within a time commensurate with the urgency of the request, but not longer than fourteen (14) days after the request was received, and:
 - i. schedule an appointment date or, if an appointment date has not been determined, confirm the referral status with the patient and the referring healthcare provider at least every three (3) months;
 - ii. inform the patient of any [fees not covered](#) by [Alberta Health Care Insurance Plan](#);
 - b. provide a written report directly to the healthcare provider no more than thirty (30) days after initially seeing the patient, that includes the following information:

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- i. the identity of the consultant;
 - ii. the identity of the patient;
 - iii. the identity of the referring healthcare provider and, if known, the identity of the patient’s primary care physician;
 - iv. the date of the consultation;
 - v. the purpose of the referral as understood by the consultant;
 - vi. information considered, including history, physical findings and investigations;
 - vii. diagnostic conclusions;
 - viii. treatments initiated, including medications prescribed;
 - ix. recommendations for follow-up by the referring healthcare provider;
 - x. recommendations for continuing care by the consultant;
 - xi. recommendations for referral to other consultants; and
 - xii. advice given to the patient;
- c. inform the referring healthcare provider when a consultation will extend beyond one appointment and provide interim reports to the referring healthcare provider as required; and
 - d. notify the patient and the referring healthcare provider when the consultation is complete and patient care is being [transferred back](#) to the referring healthcare provider or [transferred to](#) another healthcare provider.
11. Notwithstanding clauses 6(d) and 10(b), a regulated member **must** respect a patient’s explicit request to withhold pertinent medical information and inform the consulting/referring healthcare provider when information has

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been withheld.

12. A regulated member who refers a patient for a non-urgent consultation **must not** send the same consultation request to multiple providers concurrently.
13. A regulated member **must not**:
 - a. require a repeat referral for a patient with whom the regulated member already has an [established physician-patient relationship](#)ⁱⁱ for the purpose of gaining an additional consultation fee; or
 - b. require a referral from a healthcare provider if the regulated member has arranged to see a patient without a referral.

RELATED STANDARDS OF PRACTICE

- [Charging for Uninsured Professional Services](#)
- [Code of Ethics & Professionalism](#)
- [Continuity of Care](#)
- [Establishing the Physician-Patient Relationship](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Responding to Third Party Requests](#)
- [Transfer of Care](#)

COMPANION RESOURCES

- [Advice to the Profession: Referral Consultation](#)
- [AHS's QuRE Quality Referral Pocket Checklist](#)
- [CFPC's Guide to enhancing referrals and consultations between physicians](#)
- [CMPA's Physicians and nurse practitioners: Working collaboratively as independent health professionals](#)
- [CMPA's The Most Responsible Physician](#)

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ⁱ CPSA will [review complaints](#) about management of consultation requests brought by other healthcare providers and patients.

ⁱⁱ In an [established physician-patient relationship](#), both the regulated member and patient have a reasonable expectation the care provided will extend beyond a single encounter. Established physician-patient relationships include but are not limited to:

- a. longitudinal relationships, based on the identification of a regular attending physician or clinic; and
- b. sessional relationships for a defined period of time, based on a presenting concern(s), referred consultation or identified medical condition.

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