College of Physicians and Surgeons of British Columbia

Professional Standards and Guidelines

Expectations of the Relationship between the Primary Care / Consulting Physician and Consultant Physician

Preamble

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

The referral/consultation process is a significant component of effective health care delivery. Elements of mutual trust, respect and knowledge between family physicians and specialists are vital to the provision of patient care and to establishing collegial relationships.[1]

The following describes the College's position and guidance on ensuring effective interactions between primary care physicians and consultants as it relates to physicians practicing in BC. It is supported by guiding ethical principles.

This document also applies to consultant-consultant interactions and relationships. The expectations of this relationship are the same as those outlined between the primary care physician and consultant.

College's Position

Communication Requirements

The consultation process, both within institutions and in the community, demands clear and timely reciprocal communication between referring primary care/ consulting physicians and consulting specialists. The following expectations apply.

A. The **referring physician** should provide, sometimes verbally but more commonly, in a written letter, secure fax or encrypted email:

    1. The specific reason(s) for the consultation request;

    2. The expectations he/she has of the consultant; i.e. is the request for an assessment and advice only, or is there a request for transfer of some or all of the responsibility for care?;

3. A summary of pertinent medical history, current medications (name and dosage used, including those on a PRN basis), known allergies, and the identification of other physicians currently involved in the patient's care;
4. Copies or summaries of pertinent laboratory investigations, imaging and other consultant reports.
5. The patient's current contact information (telephone number, address, his/her date of birth and Personal Health Number).

B. To avoid delays in care, the **consultant** should provide a prompt response to the referring physician acknowledging the referral and anticipated appointment date by telephone, fax or encrypted email. The consultant and the primary care/consulting physician should discuss and **mutually agree** as to who should take responsibility for scheduling the appointment directly with the patient. The patient should have an understanding of how he/she will be notified of the appointment. The consultant is responsible for advising the patient of any specific requirements prior to the appointment (e.g. bowel preparations, fasting, etc.), and communicating 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 that includes, but is not limited to:

   1. Relevant history and findings;
   2. Conclusions regarding diagnosis (definitive/provisional; differential diagnosis where appropriate);
   3. Diagnostic and therapeutic interventions that were implemented and/or recommended, including a statement of anticipated wait times. The physician initiating any diagnostic or therapeutic intervention bears the responsibility for any patient follow-up;
   4. Stated intentions for subsequent review or follow-up by the consultant, including a statement of the level and scope of any responsibility of care that the consultant is accepting.

Further obligations

1. The consultant should ensure that the referring physician receives a report of subsequent interventions or interactions with the patient.
2. Upon discharging a patient from the hospital, the consultant should provide the patient and his/her referring physician with a document that clearly explains the follow-up care needs so that:
   - The *referring physician* will reliably know the reasons for the admission, the circumstances of the hospitalization, any relevant recommendations for management, and any contemplated follow-up by the consultant; and
   - The *patient* will clearly understand the consultant's expectations, and the mechanisms that will enable subsequent communication and follow-up, both with the consultant and with the referring physician.

3. It is imperative that all physicians providing patient care respect their *obligation to be accessible*, personally or through a designated delegate to ensure safe continuity of care.
4. Physicians co-managing patients, particularly in a hospital setting, must make their respective roles and responsibilities clear to each other, to other care providers (e.g. hospital staff nurses, resident staff) and, where appropriate, to patients and/or their families. This should include a designation of "most responsible physician."
5. Physicians have an ethical duty to respect their patients' reasonable requests for second opinions. They also have a societal responsibility to use health care resources prudently.
6. Physicians should be particularly mindful of the terms and conditions included in the Preamble to the BCMA *Schedule of Fees*, including those regarding:
    - The obligatory specific request for consultation;
    - The requisite written report prior to a claim for services, that report generally provided within two weeks of the date of the service;
    - Continuing care by the consultant.

It should not be an expectation of the primary care physician that a retrospective referral will be provided when a patient self-refers to the consultant.

Guiding Ethical Principles

CMA *Code of Ethics*

Responsibilities to the Patient

1. Consider first the well-being of the patient.

15. Recognize your limitations and, when indicated, recommend or seek additional opinions and services.

19. Having accepted professional responsibility for a patient, continue to provide services until they are no longer required or wanted; until another suitable physician has assumed responsibility for the patient; or until the patient has been given reasonable notice that you intend to terminate the relationship.

Communication, Decision Making and Consent

23. Recommend only those diagnostic and therapeutic services that you consider to be beneficial to our patient or to others. If a service is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.

26. Respect your patient's reasonable request for a second opinion from a physician of the patient's choice.

Responsibilities to Society

44. Use health care resources prudently.

Responsibilities to the Profession

52. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

End Notes

[1] *Family Physicians and other Specialists: Working and Learning Together*; Discussion Paper, RCPSC and CFPC, 2006

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