



The Referral Consultation Process

Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline.

- (1) A physician must recognize:
 - a) his or her limitations;
 - b) the special skills of others in the delivery of patient care; and
 - c) the unique challenges in providing care in isolated environments as may exist in the Yukon.
- (2) When a physician believes that consultation by another healthcare professional is appropriate but the patient does not, the physician must discuss and document the difference of opinion and the implications for care in the patient’s record.
 - (a) A physician must continue to provide care as best as possible within any limits imposed by the patient’s decision in subsection (2).
 - (b) This does not mean that a physician must practise beyond his or her area of expertise, or provide care that the physician does not believe is in the best interest of the patient. See [Termination of the Physician Patient Relationship](#) Standard for related advice.
- (3) A physician must honour a patient’s reasonable request to be referred to other healthcare professionals and to receive a second opinion about treatment or the physician’s methods.
- (4) Notwithstanding subsection (3), a physician is entitled to refuse to make a referral that, in his or her opinion, is unlikely to provide a clinical benefit.
- (5) A physician must ensure that the patient agrees with the choice of the consultant or service to whom a referral is made.
- (6) A physician must discuss the purpose of the consultation with the patient.
- (7) A physician must tell the patient about any fees if the referring physician knows fees are likely to be charged.
- (8) A physician must make or confirm the request for a consultation in writing to the consultant or service unless the circumstances are urgent and the consultant or service agrees to accept care of the patient after discussion.
- (9) In the case of a referral for emergency care, the physician must discuss the referral with the consultant or the emergency physician (if referral to an emergency department is being made) or otherwise ensure acceptance of care by the consultant or service.
- (10) A referring physician must perform a preliminary workup of the patient within his or her scope of medical practice and the available resources and ensure those results are available to the consultant or service.

Terms used in the Standards of Practice:

- *Physician* means any person who is registered or who is required to be registered under the Medical Profession Act.
- *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.

- (11) If a consultation is being requested solely for the purpose of providing a third party with information (for example, an insurance company), then the referring physician must, at the time of the request for consultation, clearly identify that the consultation is requested for this purpose.
- (12) Except in an emergency situation as outlined in subsection (9), a referral request must be provided and include, at a minimum:
 - (a) the identity of the referring physician;
 - (b) the identity of the patient, including contact information;
 - (c) the identity of the consultant or service that is being consulted;
 - (d) the date of the referral;
 - (e) the purpose of the referral as intended by the referring physician, including whether an opinion only or transfer of care is requested; and
 - (f) all pertinent clinical information, including, but not limited to, results of clinical investigations.
- (13) A consultant or service must respond verbally or in writing to a request for a non-urgent consultation from a referring physician within thirty (30) days of receipt of a request.
- (14) If a request for a consultation is denied, the consultant must provide reasons and, whenever possible, provide suggestions for alternative consultants or services to the referring physician.
- (15) A consultant must not insist on a repeat referral from the referring physician for the purpose of gaining a higher fee.
- (16) Where a consultant has arranged to see a patient without a referral, the consultant must not insist on a request for consultation from the patient's primary care physician.
- (17) A consultant or service must make information available to referring physicians (and other referring practitioners, if applicable) respecting the process by which referrals are accepted (for example, by telephone, facsimile, secure e-mail or verbally).
- (18) If a consultant agrees to see a patient, then the consultant or a designate must contact the patient directly to schedule the appointment (including information such as the date, time, and place, and special instructions) and send a copy of that information to the referring physician unless otherwise agreed to by the referring physician.
- (19) A consultant must, as soon as possible but generally within thirty (30) days of having seen the patient for a first time consultation, report in detail all pertinent findings and recommendations to the referring physician.
- (20) If the consultant's conclusions require further investigation or treatment, the consultant must provide an interim report to the referring physician in addition to a final written report at the conclusion of the consultant's involvement.
- (21) If the consultant requires further investigations before reaching a definitive diagnosis, the consultant must not delegate arrangement and follow-up of those investigations to the referring physician without prior agreement.
- (22) A consultant's report must include, when applicable:
 - (a) the identity of the consultant;
 - (b) the identity of the patient;

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- (c) the identity of the referring physician and, if known, the identity of the patient's primary care physician;
 - (d) the date of the consultation;
 - (e) the purpose of the referral as understood by the consultant;
 - (f) information considered, including history, physical findings, and investigations;
 - (g) diagnostic conclusions;
 - (h) the treatments initiated, including medications prescribed;
 - (i) recommendations for follow-up by the referring physician;
 - (j) recommendations for continuing care by the consultant;
 - (k) recommendations for referral to other consultants; and
 - (l) the advice given to the patient.
- (23) A consultant must convey all pertinent medical information to the referring physician unless the patient explicitly requests otherwise; however, a consultant should advise the referring physician if a patient withholds consent for release of information to the referring physician.
- (24) A consultant must obtain informed consent from the patient directly for any procedure planned and not defer the consent process to the referring physician.
- (25) A consultant must explain the consultant's role, if any, in the continuing care of the patient and the advisability of follow-up care by the consultant.
- (26) A consultant must inform the referring physician at the time the patient is returned to the referring physician for ongoing care and provide written information as soon as possible thereafter to assist with the continuity of care.

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