



Introduction

Physiotherapists may refer patients to a physician for the purpose of consultation.¹

The need for consultation arises when a specific clinical question regarding the client's diagnosis, prognosis, or treatment plan cannot be fully answered by the physiotherapist and requires a physician's expertise.

Physiotherapists must consider the implications of taking on the role of providing physician referrals. Physiotherapists engaging in this activity must ensure that they have the knowledge, skills, and abilities to manage the consultation process and results, as well as the ability to provide ongoing patient management within the scope of physiotherapy practice.

When making a referral for physician consultation the parties involved (i.e., patient, physiotherapist, and physician) have a shared responsibility to ensure prudent use of health-care resources to derive maximum benefit from the consultation.

The consultation's sole purpose is to assist and enhance the delivery of safe, effective, and quality patient care.

Principles and Expectations

Principle 1

The referral and consultation process supports quality patient care.

Physiotherapists are expected to:

- Ensure there is sound rationale for the referral.
- Consider if a referral is required and if they are the correct person to provide the referral (in cases where the request is initiated by the patient).
- Ensure that referrals for physician consultation are made in the patient's best interest and with patient's consent.
 - If patient does not consent to the referral, the decision and any related discussion should be documented in patient's record.
- Make reasonable efforts to ensure referral is not a duplication of service.
- Select an appropriate physician for consultation. The selection should include:
 - Consideration of the patient care concern
 - Identification, disclosure, and mechanisms to manage any perceived, potential, or real conflicts of interest
 - Accessibility and waitlist
- Ensure the protection of the patient's private information, in accordance with privacy legislation when providing referrals.

- Before making a referral, advise patient of any known referral fees or charges.
- Develop collaborative relationships with consultant physicians as appropriate, to facilitate the referral process and acceptance of referrals.
- Recognize that consulted physicians are not obligated to accept referrals from physiotherapists.
- Appropriately advocate on behalf of patients with consulted physicians.
- Ensure they have the knowledge, skills, and abilities to coordinate follow-up services if the consulted physician does not have ongoing responsibility for patient. This includes assisting the patient to secure appropriate medical follow up when needed.
- Periodically review and refine their referral/consultation processes to ensure quality and effectiveness, considering:
 - The network of physicians to whom referrals are made
 - The quality of referral information provided to physicians
 - Communication methods to/from the consulted physician
 - Mechanisms to identify whether the consulted physician has accepted or declined the referral
 - Communication methods with the patient, the patient's family physician, and others involved in the patient's care
 - Relevance and value of consultation reports to inform physiotherapy service delivery

Principle 2

Providing relevant information to the consultant physician is critical.

Physiotherapists are expected to:

- Ensure referrals are structured in an appropriate format. Consultation requests can be made in many forms including letter, fax, e-mail, or verbally. Verbal requests must be followed-up in writing.
- Ensure each consultation request includes:
 - Referring physiotherapist name, contact information, and PraCID² number
 - Patient name and contact information
 - Consultant physician name and contact information
 - Referral date

- Purpose and nature of the referral, including the explicit clinical question(s) or other issues to be addressed by consultant physician
- Sufficient detail of known patient history and physiotherapy care provided to date
- Expectations regarding consultation, follow-up, or ongoing provision of care

Principle 3

Consultation³ results should be integrated into patient management.

Physiotherapists are expected to:

- Consider the physician's written recommendation(s) and determine the most appropriate patient management plan. This can include but is not limited to:
 - Coordinating other services for patient
 - Continuing to provide physiotherapy services
 - Discussing other therapeutic options with the patient, family physician, or consultant
- Be responsible and accountable for timely patient follow-up.
- Be aware of the financial implications of the services that they provide, including the financial implications of physician consultations they have requested.
- Ensure that when ongoing physiotherapy service is deemed appropriate, relevant information from the consultation is integrated into the patient management plan. If information is not integrated, the consultation's value is compromised which results in increased health-care system costs.

Footnotes:

1. The Medical Schedule of Benefits indicates that physiotherapy referrals are for consultations (comprehensive or limited), not for diagnostic procedures.
2. A Practitioner Identification Number (PraclD) is issued by Alberta Health. When providing a referral to a physician, the physiotherapist must provide their PraclD. The PraclD is the mechanism by which the consultant physician can bill Alberta Health for the consultation services they provide. Referrals issued without a PraclD are likely to be declined as the physician consulted has no mechanism for reimbursement for their services.
3. The consultative process requires that the consultant physician provide the referring practitioner with a written recommendation or report following the consultation. A verbal report may precede the written report.