

PRACTICE GUIDELINE REFERRING FOR PHYSICIAN CONSULTATION

COLLEGE OF PHYSICAL THERAPISTS OF ALBERTA

APRIL 2009



Effective April 1, 2009, a physical therapist may refer a patient to a physician for the purpose of consultation¹. This guideline sets out the College's expectations regarding these referrals.

INTRODUCTION

The need for consultation arises when a specific clinical question(s) with respect to diagnosis, prognosis or treatment cannot fully be answered by the physical therapist and the expertise of a physician is required. Physical therapists should consider the implications of taking on this role and ensure they have the knowledge, skills and abilities to manage the consultation results and provide ongoing patient management within the scope of physical therapy practice.

When making a referral for consultation each of the parties (i.e. patient, physical therapist and physician) have a shared responsibility to ensure prudent use of health care resources and to receive maximum benefit from the consultation. The sole purpose of a consultation 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.
Physical therapists are expected to:

- Ensure that referrals for consultation are made in the patient's best interest and with the patient's consent. If the patient does not consent, the decision and any related discussion, should be documented in the patient's record.
- Consider if a referral is required, when the request is initiated by the patient.
- Make reasonable efforts to ensure referral is not a duplication of service.
- Ensure there is sound rationale for referral.

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¹ The Medical Schedule of Benefits makes explicit that physical therapy referrals are for the purpose of consultations (minor or major) not diagnostic procedures.

Principle 1 continued

- Ensure the choice of consultant physician is appropriate. This should include consideration of the patient care issue, identification and disclosure of any perceived or real conflict of interest and determining whether this is acceptable to the patient.
- Consider accessibility and wait list issues, and advocate for patients appropriately.
- Before making the referral, advise the patient of any known referral fees or charges.
- Ensure they have the knowledge, skills and abilities to coordinate any required follow-up services if the patient does not have a family physician or if the consultant physician does not have ongoing responsibility for patient. This may include assisting the patient to secure appropriate medical follow up.
- Periodically review referral and consultation process to maximize patient benefit. Quality improvements should be based on review findings. The review can include:
 - Considering the network of physicians to whom referrals are made.
 - Quality of referral information provided to physician.
 - Communication methods to and from physician
 - Relevance and value of the consultation reports.

Principle 2

Providing relevant information to the consultant physician is critical. Physical therapists are expected to:

- Ensure the referral is structured in an appropriate format. Consultation requests can be made in various forms including letter, fax, e-mail or verbally, but all must ensure the protection of health information in accordance with privacy legislation. If a verbal request is made, it should be followed-up in writing.
- Ensure consultation request includes:
 - Referring physical therapist name, contact information and PraeID number.
 - Patient name and contact information.
 - Consultant physician name and contact information.

Principle 2 continued

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

Principle 3

Consultation² results should be integrated into patient management. Physical therapists are expected to:

- Consider physician's written recommendation(s) and determine the most appropriate patient management which could include but is not limited to: coordinating other services for the patient, continuing to provide physical therapy services, or discussing other therapeutic options with patient, family physician or consultant.
- Be responsible and accountable for timely patient follow-up.
- Ensure when ongoing physical therapy service is deemed appropriate, that relevant information from 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.

² The consultative process requires that the physician provide the referring practitioner with a written recommendation following the consultation. A verbal report may precede the written report.

The College of Physical Therapists of Alberta regulates the practice of physical therapy in Alberta.

For more information or advice regarding these guidelines please contact the College of Physical Therapists of Alberta.
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