



Standard of Practice Collaborative Care Non-Emergent Consultation Requests

Initial Approval: March 18, 2026

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This Standard addresses collaborative relationships when a registrant seeks the assistance of another registrant with specialized knowledge or experience for the care of their patient.

The most important goal is to ensure the patient receives good medical care.

Patient Rights in Referrals

A registrant seeking the assistance of another registrant for the care of a patient must:

- **Discuss the referral:** If a referral is suggested, explain to the patient why it's needed.
- **Respect patient choices:** If the patient disagrees with a referral, talk about the reasons and document the discussion. The registrant shall continue care within their abilities but never go beyond their expertise or do something they believe isn't in the patient's best interest.
- **Refuse of referral:** A registrant can refuse to make a referral if they believe it is unlikely to provide a clinical benefit to the patient.
- **Disclose uncovered fees upfront:** Tell the patient if they know of any fees not covered by Manitoba Health.
- **Choice of consultant:** If the patient wants a different consultant, try to accommodate their request.

Making and Handling Consultation Requests

- **Seeking help:** A registrant can ask another registrant with special expertise for help.
- **Shared responsibility:** Both referring and consulting registrants have a shared responsibility for providing good care. This shared responsibility begins when the consulting registrant receives a request for assistance. The nature and duration of the medical care provided by each will vary depending on individual circumstances.
- **Patient first:** As per the *Code of Ethics and Professionalism*, both registrants must “*consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient*”.
- **Clear process:** Consulting registrants should clearly indicate how referrals should be submitted to them (phone, secure email, letter, fax, etc.) except in circumstances where consultations are assigned through a service that assigns the patient to a consultant. (↗ See [Q. 2](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*.)

The Referring Registrant's Responsibilities

When making a non-emergent consultation request, include (↗ See [Q. 2](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*):

- Patient's name, sex, age, Manitoba Health number, and contact information.
- The registrant's name and contact information (and the continuity of care provider's contact information if not the same person).
- Date of the request.
- Reason for the consultation (opinion or transfer of care).
- Whether this is a first referral or if there have been prior referrals for this consult.
- Relevant medical information (history, findings, test results, concerns regarding the issue).
- A clear, relevant clinical question to be answered or the reason for the consultation.
- Whether the consultation request is solely for a third party (ex., insurance company).

Triage Responsibilities of Registrant Receiving Requests to Help

(↗ See [Q. 7](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*):

- **Acknowledge receipt/triage a response:** Within 14 days** of receiving a consultation request, the consulting registrant, who has received a request for help, must inform the referring registrant: (↗ See [Q.3](#), [Q.4](#), [Q.6](#), [Q.8](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*):
 - Whether the referral can be processed in their routine sequencing and provide an estimated appointment date, so the referring physician can plan ongoing care. The exact appointment date can be communicated afterwards. (↗ See [Q. 10](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).
 - If an expedited assessment is needed, communicate the timeline in which the patient needs to be examined.
 - If unable to see the patient within the expedited timeline, help the patient/referring registrant find another qualified registrant, if any are available, who can see them within the timeline.
 - If the patient needs to be seen sooner than they can reasonably accommodate, assist in identifying a qualified registrant, if any are available, who can see them within the timeline.
 - If the consultation request cannot be processed because it lacks sufficient information to triage the request, the consulting registrant must advise what information is required. (↗ See [Q. 9](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).
 - If the consulting registrant does not provide the requested type of consultation, suggest other registrants who may be able to help, if possible. (↗ See [Q. 11](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).
 - Any other reason for not accepting the patient for consultation.
 - Any “red flags” of concern the patient should be aware of before seeing a consulting registrant.

** If a consulting registrant is away from their practice, they must have an away-from-practice notification so that the referring registrant is aware that they will not receive a triage response within the 14-day timeframe. A standard out-of-office/away-from-practice message with a date

of return is sufficient. (↗ See [Q. 5](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).

- If a consulting registrant arranges to see a patient without a referral, they must not insist on a formal request from the patient’s primary care physician.

Pre & Post Appointment Requirements of Registrant Receiving Requests to Help

(↗ See [Q. 13](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).

- **Scheduling:** Contact the patient directly to set up the appointment and inform the referring registrant. A copy of the appointment notice is sufficient to close the communication loop.
- **Consent:** Obtain informed consent directly from the patient for any procedure.
- **Pre-operation preparation:** The referring registrant may help with preparation but is not expected to assess fitness for procedures.
- **Investigations and follow-up:** Do not have the referring registrant arrange tests or follow-ups unless you both agree.

Reporting Requirements of Registrant Receiving Requests to Help

(↗ See [Q. 12](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).

- **Timely reports:** After seeing the patient, send a detailed report to the referring registrant as soon as possible but generally within 14 days (and not more than 28 days).

Interim and final reports: If more investigation or treatment is needed, send interim reports to the referring registrant and a final report at the end of the consultation. (↗ See [Q.14](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).

- **Report contents** should include:
 - The consulting registrant’s identity.
 - The patient’s identity.
 - The referring registrant’s identity (and primary care physician, if different).
 - Date of consultation.
 - Purpose of referral.
 - Information reviewed (history, findings, tests).
 - Diagnosis and treatment.
 - Recommendations for follow-up and ongoing care (for referring and consulting registrants as applicable).
 - Any referrals made to other consultants.
 - If the patient requests privacy, note information is withheld at patient’s request.
 - Advice given to the patient.

Continuing and Discharge of Care

- **Clear agreements:** Registrants are to agree on ongoing or discharge care and communicate this to the patient.
- **Explain your role:** Registrants are to explain to the patient their role in ongoing care and any follow-up needed.

- **Return to referring registrant:** When the patient goes back to the referring registrant, provide written information promptly. (↗ See [Q.12](#) and [Q.15](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).
 - **Continuing care agreements** must address, where applicable:
 - Medication and disease monitoring.
 - Post-operative care.
 - Follow-up requirements and reporting.
 - Informing about changes in care.(↗ See [Q.13](#) and [Q.15](#) in *Contextual Information – Collaborative Care Non-Emergent Consultation Requests*).
 - **Discharge agreements** must address, where applicable:
 - Medication and disease monitoring.
 - Post-operative care.
 - When consulting registrant is no longer involved in care.
 - Criteria for re-referral to the consulting registrant.
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Related Standards of Practice:

- Collaborative Care
- Emergent/Urgent/In-Patient Consultation Requests

Related Resources:

- Contextual Information – Non-Emergent Consultation Requests
- Contextual Information – Collaborative Care
- Contextual Information - Emergent/Urgent/In-Patient Consultation Requests
- Practice Direction - Interprofessional Health Care Delivery

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the Regulated Health Professions Act, Regulations, and Bylaws. All registrants must comply with Standards of Practice of Medicine, per section 86 of the Regulated Health Professions Act.

This Standard of Practice of Medicine is made under the authority of section 82 of the Regulated Health Professions Act and section 15 of the CPSM Standards of Practice Regulation.