MAP – Guidance for Criterion 11: Referrals

This Criterion looks at the **quality** of your referral letters as well as your reflection on the **outcome** of the referral. These letters need **not** be consecutive and therefore our advice would be to submit “good” referrals to show us what you **can** do. It is important to remember that of your 15 referral letters, 5 must be to individuals **other** than hospital consultants.

You may not want to do all these letters prospectively since referrals to some Clinicians (and others!) take some time and you have to have an outcome to reflect on (see the Handbook). In other words, you need to know what happened as a consequence of referral. Was the patient helped by this referral? Or, on reflection, could you have managed or referred this patient differently now you know the outcome?

There should be clarity in your referral and issues such as past medical history ought not to be lost in a simple download of a computer generated problem list. Remember please to anonymise these referrals (as the whole of your MAP submission should be anonymous). The actual letter, including all the information that the recipient might see, needs to be “copied and pasted” for the Assessors to read and you should carry out the “tick box exercise” to identify the information that is in each letter.

In carrying out this Criterion, you may identify some learning points in how you’ve improved your referrals that you wish to continue. In any case you need to justify each referral in this particular patient’s context and reflect on the outcome, identifying learning points and discuss any changes you may make to your referral behaviour as well as how these referrals could have been improved. Complete the boxes below the referral letters on the template for this purpose.