MAP – Guidance for Criterion 11: Referrals

This Criterion looks at the quality of your referrals as well as your reflection on the outcome of the referral. Your referrals 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 referrals, 5 must be to individuals other than hospital consultants.

You may not want to do all the referrals prospectively since referrals to some clinicians (and others) take some time and you must 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 that 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. If possible delete irrelevant information from proforma referral templates.

Remember to anonymise these referrals (as for the whole of your MAP submission). The referral, including the key 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 referral.

While undertaking this criterion, you may identify some learning points for improving your referrals that you wish to continue using. In any case, you need to justify each referral in the particular patient’s context and reflect on the outcome, demonstrate learning 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.