



## Stoley's Vets Referral Protocol.

### **Introduction:**

1.1 Veterinary surgeons should facilitate a client's request for a referral or second opinion.

1.2 A referral may be for a diagnosis, procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon, whereas a second opinion is only for the purpose of seeking the views of another veterinary surgeon. Neither a second-opinion veterinary surgeon nor a referral practice should ever seek to take over the case, unless the client chooses to change practices.

### **When to refer:**

1.3 Veterinary surgeons should recognise when a case or a treatment option is outside their area of competence and be prepared to refer it to a colleague, organisation or institution, whom they are satisfied is competent to carry out the investigations or treatment involved.

1.4 The veterinary surgeon should make a referral appropriate to the case. When considering what is appropriate the veterinary surgeon should consider all relevant factors. These might include the ability and experience of the referral veterinary surgeon, the location of the service, the urgency of treatment and the circumstances of the owner, including the availability and any limitations of insurance. Veterinary surgeons should be prepared to justify their referral decisions and should record the reasons for their decisions.

1.5 In cases where the client does not accept the veterinary surgeon's advice regarding referral and would instead prefer referral to a colleague, organisation or institution of which the referring veterinary surgeon has insufficient knowledge to determine appropriateness, they may need to advise their client accordingly. In some such cases, the veterinary surgeon may consider that they cannot be party to such a referral relationship.

1.6 The referring veterinary surgeon has a responsibility to ensure that the client is made aware of the level of expertise and/or status of appropriate and reasonably available referral veterinary surgeons. Veterinary surgeons should identify whether the possible referral surgeons are on the RCVS Specialist list or the RCVS Advanced Practitioner list and, where relevant, explain the difference between the two, as well as what sets them apart from other veterinary surgeons who might be willing to accept the referral. Where referral to a practice rather than a specific individual is being considered, the referring veterinary surgeon should explain the experience and status of the veterinary surgeons working within that referral practice to the client in the same way. This context is crucial for clients seeking to make an informed decision about what is best for their animal. Veterinary surgeons must not describe a referral veterinary surgeon as a Specialist, or as an Advanced Practitioner, unless they are on the respective RCVS list. Where requested, veterinary surgeons accepting referrals should provide information to referring



veterinary surgeons regarding the experience and status of those likely to be responsible for any given case.

1.7 When referring cases, veterinary surgeons should explain any links to the referral practice that could be considered a conflict of interest to the client, including where the practice being referred to is owned by the same group.

1.8 Both the referring veterinary surgeon and the referral veterinary surgeon have a responsibility to ensure that the client understands the likely cost arising from the referral.

#### **Incentives:**

1.8 Veterinary surgeons' and veterinary nurses' first consideration is animal health and welfare. Veterinary surgeons and veterinary nurses considering offering or accepting any form of incentive, whether in a referral setting or otherwise, should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest. An incentive should not distract a veterinary surgeon or veterinary nurse from their professional responsibilities towards animals and clients and, in some cases, should be declined, for example where a veterinary surgeon or veterinary nurse would not otherwise enter that arrangement.

1.9 In relation to veterinary medicinal products, veterinary surgeons and veterinary nurses who are also SQPs must not solicit or accept any gift, monetary advantage, benefit in kind, hospitality or sponsorship unless it is inexpensive and relevant to the practice of veterinary medicine, and in relation to hospitality (payment of travel and accommodation), it relates only to an event with a purely professional or scientific purpose where the hospitality is subordinate to the main scientific objective of the event. In England, Wales, and Scotland, it is an offence under the VMRs for any person to do so.

1.10 Veterinary surgeons and veterinary nurses should inform clients of any real or perceived conflict of interest.

#### **Referring a case:**

1.11 The initial contact should be made by the referring veterinary surgeon, and the referral veterinary surgeon should be asked to arrange the appointment. If the referral has been discussed and agreed with the client, transmission of any client data is necessary to facilitate the ongoing treatment of the animal and therefore the legal basis for sharing the client's personal data with the referral veterinary surgeon would be that it is necessary for the performance of a contract.



1.12 The referring veterinary surgeon should provide the referral veterinary surgeon with the case history and any relevant laboratory results, radiographs, scans etc. Any further information that may be requested should be supplied promptly.

1.13 The referral veterinary surgeon should discuss the case with the client including the likely costs of the referral work and promptly report back on the case to the primary veterinary surgeon. When reporting back to the referring veterinary surgeon, there should be transparency as to who dealt with the case.

### **Second opinions:**

1.14 Veterinary surgeons may follow similar procedures for second opinions and should ensure that any differences of opinion between the veterinary surgeons are discussed and explained constructively.