

**Appendix 2 (as supplied by the authors):** Examples of elements in referral-consultation process requiring national discussion

Theme	Key Questions
Patient Priorities	<ul style="list-style-type: none"> <li>• What are patient priorities along the referral-consult process?</li> <li>• What would make it high value to them?</li> <li>• If we are making changes, what does success look like?</li> <li>• How do we know if we are achieving it?</li> </ul>
Communicating Problems	<ul style="list-style-type: none"> <li>• How should specialist access problems including wait times be communicated and solutions actioned?</li> <li>• Who is accountable and who has the authority to implement changes?</li> </ul>
Establishing Authority	<ul style="list-style-type: none"> <li>• Who is the gatekeeper for access to specialist advice (e.g. primary care provider, specialist, regional authority)?</li> </ul>
Primary Care Provider Expectations	<ul style="list-style-type: none"> <li>• What are reasonable expectations of the referring provider?</li> <li>• Should all referring providers be mandated to use available technologies such as eConsult if available?</li> </ul>
Specialist Expectations	<ul style="list-style-type: none"> <li>• What are reasonable expectations of the consulted specialist?</li> <li>• Should all specialists participate in initiatives to improve access?</li> </ul>
Declining Referrals	<ul style="list-style-type: none"> <li>• Should specialists be able to decline referrals within their scope of practice?</li> <li>• If so, how can they still support/help the primary care provider and patient (e.g. redirect, offer advice without seeing the patient)?</li> <li>• Should there be any parameters around this?</li> </ul>
Avoiding Undue Burden	<ul style="list-style-type: none"> <li>• How do we be sure technology enables the referral-consult process without putting undue burden on providers?</li> </ul>