**SpRs Vs SHOs: Who Should Accept Acute Urological Referrals? A District General Hospital's Experience**

**Introduction and Objective:** Guidelines advise which patients should be referred to urology. Familiarity and concordance with these varies, often owing to the experience level of clinicians. In a centre where under-pressure SHOs accepted referrals, inpatient lists were long, occasionally without urological problems and delays to patients receiving appropriate care. Our objective was to compare the appropriateness of urological referrals accepted by SpRs to those by SHOs.
**Materials and Methods:** A two-phased retrospective audit of all referrals accepted to Urology over 6 months, totalling 644. Referral/attendance records from all sources to Urology were compared for three months of SHO-screened referrals (Period1) and three months of SpR-screened referrals between 0800-2000 (Period2a) (Period2b = Night SHOs accepting referrals between 2000-0800). Inappropriate referrals were those not requiring immediate, inpatient or outpatient urological care. Results were compared using Chi Square test.
**Results:** In 6 months, 644 referrals were accepted to Urology, 70 of these deemed inappropriate. Forty (12.7%) of these were received in Period1, and 30 (9.1%) in Period2 (a+b). The difference between these was not significant (p=0.137). *However*, comparing the referrals deemed inappropriate accepted in Period1 with those accepted in Period2a, which was 14/220 = 6.4%, the difference was significant (p=0.01617) indicating SpRs were better at accepting appropriate referrals.
**Conclusions:** More experienced urologists accepted fewer inappropriate referrals. This reduced the workload of a stretched team and patients were seen and treated faster, receiving a higher level of care.