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Australian Health Practitioners Regulation Agency
Consultations
Revised Telehealth Guidelines

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**Re: Revised Telehealth Guidelines
Submission Royal Australasian College of Medical Administrators**

To whom it may concern

The Royal Australasian College of Medical Administrators (RACMA) is pleased to comment on the draft revised Telehealth Guidelines. These align with the questions in the public consultation document and are presented below.

**1. Is the content and structure of the *draft revised Guidelines*:
*Telehealth consultations with patients helpful, clear, relevant and workable?***

The content and structure of the *draft revised Guidelines* are satisfactory.

2. Is there anything missing that needs to be added to the draft revised guidelines?

Suggested changes and additions to the draft guidelines are presented below.

Background

Recommended additions

Paragraph 1: additional 4th sentence: "Where practical video consultation should be preferred over telephone as it not only allows greater perception of non-verbal cues but also allows greater awareness of those present and a greater certainty of maintenance of privacy/confidentiality"

Paragraph 2: addition of the following text to ensure that the Guidelines are seen to be widely applicable and indicate the varying clinical contexts in which Telehealth may occur:

"The conduct of a telehealth consultation may occur in varying clinical contexts including:

- Ongoing care from a General Practitioner.
- Ongoing care from a specialist in situations such as palliative care, a chronic condition, where face-to-face access is impractical as in remote regions or telehealth is patient preferred because of other access challenges.
- An initial specialist consultation to establish/confirm diagnosis and appropriate treatment.
- For follow-up after face-to-face surgical care such as endoscopy or minor surgery."



For consideration

Sentence 2 Paragraph 1 states “However, it is not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations.” In reality it is a substitute. Hence the following text is suggested to replace the second sentence:

“The modality for a clinical consultation should always be informed by the clinical circumstances. Telehealth is not always the most appropriate means for conducting a clinical consultation and should not be considered to completely replace all face-to-face consultations for all patients.”

What do I need to do?

Before a telehealth consultation

The insertion of an additional point after 3 c (i.e. new point d) as follows is suggested:

“has been assessed to ascertain if an interpreter is required and, if so, whether a professional interpreter needs to be organised and who will be responsible for organising this and ensuring that the interpreter speaks the patient’s dialect.”

The need for ensuring that the interpreter speaks the patient’s dialect was emphasised by a RACMA Member undertaking telehealth consultations with First Nations’ peoples in remote locations.

During the consultation

It is suggested that point 8 includes obtaining consent to record the consultation.

It is suggested that point 10 is modified as follows to indicate the need to monitor patient safety during the consultation:

You should “Continuously assess the appropriateness of using telehealth for the consultation taking into account the patient’s safety, the risk of psychological distress, or the occurrence of a clinical concern or incident and have appropriate arrangements for the patient to be seen face-to-face if necessary.”

Prescribing: During a telehealth consultation

The following additional point is suggested:

“Consider if it is more practical and / or appropriate for the patient’s regular general practitioner to prescribe ongoing medications advised by a specialist who has undertaken a telehealth consultation for assessment, diagnosis and management advice.”



3. Do you have any other comments on the draft revised guidelines?

The proposed changes and additions were carefully considered as they do make the guideline longer. However, it is thought these are useful and important and do not result in making the guidelines excessively lengthy.

The grammar in Paragraph 1: Sentence 2 in the section titled definition of Telehealth needs to be revised:

“Telehealth can be used to provide, diagnosis, treatment, preventive and curative aspects of healthcare services.”

Thank you for the opportunity to comment. If there are queries about these comments and/or RACMA can be of further assistance, please do not hesitate to contact me.

Yours sincerely



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