



Draft guidelines for consultation

12 July 2011

Guidelines: Technology based patient consultations

Summary

This consultation paper seeks feedback on draft guidelines on technology based patient consultations.

The draft guidelines set out the Medical Board of Australia's (the Board) expectations of all registered medical practitioners. Following public consultation, the Board will finalise the guidelines, taking into account feedback gathered through the consultation process and the Board's primary role of protecting the public.

Background

From 1 July 2010, the Medical Board of Australia has been responsible for the registration and regulation of medical practitioners under the *Health Practitioner Regulation National Law Act* (the National Law), as in force in each state and territory.

Submissions

Section 39 of the National Law empowers the Board to develop guidance for the profession. Section 40 of the National Law requires the Board to ensure that there is wide-ranging consultation about any codes or guidelines that the Board develops.

The Board is now seeking feedback on these draft guidelines on technology based patient consultations and is interested in comments from a wide range of stakeholders.

Please provide written submissions by email, marked "Technology-based patient consultations" to medboardconsultation@ahpra.gov.au by close of business on **12 September 2011**. Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

The Board has previously developed and consulted on a range of registration standards, codes and guidelines that are now in place. These clarify the Board's expectations of medical practitioners and are published at www.medicalboard.gov.au.

A link to the National Law is available at www.ahpra.gov.au.

Draft guidelines

12 July 2011

Guidelines: Technology based patient consultations

Introduction

These guidelines have been developed by the Medical Board of Australia under s. 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. The guidelines are to inform registered medical practitioners and the community about the Board's expectations of medical practitioners who participate in technology based patient consultations.

Background

A variety of technologies have been adopted as alternatives to face to face consultations with patients. This guideline applies to any technology based patient consultation. The Medical Board of Australia expects medical practitioners to follow the principles in "*Good Medical Practice: A Code of Conduct for Doctors in Australia*" and in this guideline when they consult a patient outside of the traditional face-to-face setting.

Who needs to use these guidelines?

These guidelines are relevant to:

- medical practitioners registered under the National Law
- employers of medical practitioners
- patients and the community

Definition

Technology based patient consultations are patient consultations that use any form of technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face to face consultations.

Standards of Patient Care

"*Good Medical Practice: A Code of Conduct for doctors in Australia*" (the Code) describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The code was developed following wide ranging consultation with the medical profession and the community. The code is addressed to doctors and is also intended to let the community know what they can expect from doctors. The application of the code will vary according to individual circumstances, but the principles should not be compromised.

The Board expects all medical practitioners to follow the Code regardless of the circumstances in which they consult a patient. It is equally valid for technology based consultations as it is for traditional face to face consultations.

Medical practitioners who advise or treat patients in technology based patient consultations should:

1. Make their identity known to the patient.
2. Confirm to their satisfaction the identity of the patient at each consultation. Doctors should be aware that it may be difficult to ensure unequivocal verification of the identity of the patient in these circumstances.

3. Provide an explanation to the patient of the particular process involved in the technology based patient consultation.
4. Assess the patient's condition, based on the history and clinical signs and appropriate examination.
5. Ensure they communicate with the patient to:
 - a. establish the patient's current medical condition and history, and concurrent or recent use of medications, including non-prescription medications;
 - b. identify the likely cause of the patient's condition;
 - c. ensure that there is sufficient clinical justification for the proposed treatment;
 - d. ensure that the proposed treatment is not contra-indicated. This particularly applies to those technology based consultations where the practitioner has no prior knowledge or understanding of the patient's condition(s) and medical history or access to their medical records.
6. Be ultimately responsible for the evaluation of information used in treatment, irrespective of its source. This applies to information gathered by a third party who may have taken a history from, or examined, the patient.
7. Make a judgement as to the appropriateness of a technology based patient consultation and in particular, whether a direct physical examination is essential to inform management of the patient.
8. Make appropriate arrangements to follow the progress of the patient by monitoring the effectiveness and appropriateness of the recommended treatment and by informing the patient's general practitioner or other relevant practitioners.
9. Keep an appropriate record of the consultation.
10. Keep colleagues well informed when sharing the care of patients.

In an emergency situation, it may not be possible to practise according to this guideline. If an alternative is not available, a technology based patient consultation should be as thorough as possible and ensure that more suitable arrangements are made for the continuing care and follow up of the patient.

Implementation Date and Review

These guidelines will begin on (a date to be advised after the consultation process is complete). The Board will review these guidelines within three years of the commencement date.