



Australian College of Rural and Remote Medicine Response to the AHPRA Draft Guidelines for Technology Based Consultations

September 2011

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The Australian College of Rural and Remote Medicine (ACRRM) endorses each of the Draft AHPRA Guidelines for Technology Based Patient consultations. These draft guidelines (and the underpinning Code of conduct) provided a sound basis for ACRRM's collaborative work in the development of professional advice, support arrangements and protocols for safe and effective integration of telehealth consultations in rural and remote practice.

ACRRM received Government funding (July 2011) to develop a *TeleHealth Standards Framework and range of support materials* to assist medical practitioners, patients and health facility staff to understand and appropriately utilize video-based telehealth services for rural and remote communities (ASCG-RA 2-5).

ACRRM adopted a collaborative approach and established a multidisciplinary National Telehealth Advisory Committee (comprising members from medical, nursing, Aboriginal Health, and Rural peak bodies) to provide input into the development and design of the Telehealth Standards Framework.

This committee met in Brisbane on the 22 August and agreed that the ACRRM Telehealth Standards Framework reference the *technical* standards as determined by authorized agency DoHA/Standards Australia, the final core professional standards (AHPRA) and the core International TeleHealth Standards Working Group principles.

The resultant 10 telehealth principles are consistent with the AHPRA draft standards, (*see cross reference analysis below*); are consistent with ACRRM fellowship requirements; are intended to protect patients receiving telehealth services; provide common ground for different health care professionals providing care via telehealth and they assist in the development of guidelines to assist shared care of patients reflecting referral patterns.

The final ACRRM Telehealth Framework will incorporate links to validated Telehealth information, resources and guidelines relevant to a broad range of health care providers and rural patients.

The Draft ACRRM Telehealth Advisory Committee Telehealth principles (referenced to the AHPRA) are as follows:

1. The basic standards of professional conduct governing each health care profession "[*Good Medical Practice: A Code of Conduct for Doctors in Australia*](#)" are not altered by the use of telehealth technologies to deliver health care, conduct research, or provide education. Where specific professional guidelines are required to inform practice protocols then the final [APHRA Guidelines for technology based patient consultations](#) must be applied. Developed by each profession, these standards focus in part on each practitioner's responsibility to provide ethical and high-quality care in a shared care environment.

2. Confidentiality of patient telehealth consultations, patient health records, and the integrity of information in the health care information system are essential.
3. Health professionals (at both ends of the telehealth consultation,) must make their identity known and confirm the identity of each patient at each encounter. All patients directly involved in a telehealth encounter must be informed about the process, its attendant risks and benefits, and their own rights and responsibilities, and must provide adequate informed consent.

Cross referenced links to APHRA draft guidelines 1,2,3

- 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 might be difficult to ensure unequivocal verification of the identity of the patient in these circumstances*
- 3. The practitioner must provide an explanation to the patient of the particular process involved in the technology based patient consultation.*

4. Services provided via telehealth must adhere to the basic assurance of quality and professional health care in accordance with each health care discipline's clinical standards
5. Each health care discipline and health service must examine how its patterns of care delivery are affected by telehealth and is responsible for developing its own processes for assuring competence in the delivery of health care via telehealth technologies.

Cross reference APHRA draft guidelines 7, 8, 9, 10

- 7. Make a judgment 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.*

6. Documentation requirements for telehealth services must be developed that assure documentation of each client encounter with recommendations and treatment, communication with other health care providers as appropriate, and adequate protections for client confidentiality.

Cross reference AHPRA draft guidelines 6, 9, 10

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

9. Keep an appropriate record of the consultation.

10. Keep colleagues well informed when sharing the care of patients.

7. Clinical guidelines in the area of telehealth should be based on empirical evidence, when available, and professional consensus among involved health care disciplines. .

Cross reference AHPRA guidelines 4, 5

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. establishes 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.

8. The integrity and therapeutic value of the relationship between client and health care practitioner should be maintained and not diminished by the use of telehealth technology.
 - a. Telehealth must enhance the existing clinician patient relationship (not fragment it). Telehealth arrangements must complement existing services (where available), build on rural workforce and referral patterns to avoid further service fragmentation and address practicalities of coordination, scheduling and support from the patient's perspective to improve their continuity of care
9. Health care professionals and practices do not need additional licensing/ accreditation to provide services via telehealth technologies. At the same time, telehealth technologies cannot be used, as a vehicle for providing services that otherwise is not legally or professionally authorized.
10. The safety of clients and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competence, are essential components of safe telehealth practice.
11. The relevant jurisdictional authorities' (State or National DoHA) telehealth technical standards must be applied in a 'fit – for – purpose' context.

ACRRM is keen to participate in any further consultation required to ensure the effective uptake of telehealth services and promotion of AHPRA Guidelines. ACRRM Invites AHPRA to consider adoption of any of its TeleHealth principles which maybe considered appropriate for inclusion.