



## Guidelines

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16 January 2012

### 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 aim to inform registered medical practitioners and the community about the Board's expectations of medical practitioners who participate in technology-based patient consultations.

#### Background

These guidelines complement "***Good Medical Practice: A Code of Conduct for Doctors in Australia***" (Good Medical Practice) and provide specific guidance on technology-based patient consultations. The Medical Board of Australia expects medical practitioners to apply the principles contained in *Good Medical Practice*, and these guidelines, when they consult a patient outside 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* 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. *Good Medical Practice* was developed following wide ranging consultation with the medical profession and the community. *Good Medical Practice* is addressed to doctors and is also intended to let the community know what they can expect from doctors. The application of *Good Medical Practice* will vary according to individual circumstances, but the principles should not be compromised.

**Section 1.4 of Good Medical Practice states:**

*“Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy.”*

**Section 5.2 of Good Medical Practice states:**

*“Doctors have a responsibility to contribute to the effectiveness and efficiency of the health care system. ....  
“It is important to use health care resources wisely ..... Good medical practice involves: Ensuring that the services you provide are necessary and likely to benefit the patient.”*

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

**Providing technology-based patient consultations**

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

1. Apply the usual principles for obtaining their patient’s informed consent, protecting their patient’s privacy and protecting their patient’s rights to confidentially
2. Make a judgement about the appropriateness of a technology-based patient consultation and in particular, whether a direct physical examination is necessary
3. Make their identity known to the patient
4. 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
5. Provide an explanation to the patient of the particular process involved in the technology-based patient consultation
6. Assess the patient’s condition, based on the history and clinical signs and appropriate examination
7. Ensure they communicate with the patient to:
  - a. establish the patient’s current medical condition and past medical history, and current 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 technology-based consultations when the practitioner has no prior knowledge or understanding of the patient’s condition(s) and medical history or access to their medical records
8. Accept ultimate responsibility for evaluating information used in assessment and 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. Make appropriate arrangements to follow the progress of the patient and inform the patient’s general practitioner or other relevant practitioners
10. Keep an appropriate record of the consultation
11. Keep colleagues well informed when sharing the care of patients.

### **Emergency Situations**

In an emergency, it may not be possible to practise according to these guidelines. If an alternative is not available, a technology-based patient consultation should be as thorough as possible and lead to more suitable arrangements for the continuing care and follow up of the patient.

### **Implementation Date and Review**

These guidelines will take effect on 16 January 2012. The Board will review these guidelines from time to time.