The Royal Australasian College of Physicians’ submission to the Medical Council of New Zealand

Updated Telehealth Statement
Haratua 2023
Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Medical Council of New Zealand (MCNZ) on their Statement on Telehealth. The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overall position on the Proposed Statement

The RACP has published several resources on digital health, including guidelines for telehealth for physicians, and has previously advocated for continued telehealth services for specialist care. The RACP supports the proposed statement and the opportunity that telehealth presents to increase patient access to health care. Our physicians have advised us they appreciate the flexibility that telehealth provides, and that it reduces the burden on patients and whānau.

As noted in a RACP submission to the Medical Board of Australia, “The expansion of telehealth has broadened access to much-needed care, especially in regional and remote areas, and relieved pressure on hospitals. More importantly, telehealth has substantive potential to advance health equity. This renders the safety of and access to telehealth consultations critical.” The same applies to Aotearoa New Zealand.

Consultation Questions

1. Do you support the addition of the paragraph relating to continuity of care? Please give us your reasons.

Yes, our RACP members support the addition of the paragraph relating to continuity of care, especially regarding issuing prescriptions to patients. This is important to minimise the risk for issues such as adverse drug events, potential drug interactions, overprescribing or polypharmacy if the patient has been issued prescriptions from other doctors. This could be compounded by doctor shopping, whereby patients visit multiple doctors to obtain multiple prescriptions, which could be aided by telehealth. Having IT and telehealth systems that can communicate between doctors will be important to avoid this issue.

Pharmacovigilance, the act of anticipating and preventing adverse drug effects, must be prioritised if patients are accessing care (and receiving prescriptions) from multiple doctors in different settings. Facilitating continuity of care and practicing pharmacovigilance is an important aspect of care that doctors would be expected to uphold regardless of the care setting. This is particularly true for physicians, who are often not the patient’s primary care doctor and are therefore aware of the need for continuity of care.

2. Is the guidance in ‘Where a physical examination is necessary’ clear, appropriate and practical? What changes (if any) should we make?

Yes, our RACP members feel the guidance is clear, appropriate and practical. The practicality of organising physical examinations is already influenced by many factors, especially locality and access to health care.
One such example of a telehealth application to a physical examination is having a proxy person (e.g. a nurse or allied health professional) with the patient to do aspects of examination such as taking vital signs or examining range of motion at the direction of a doctor. This is possible in a context where, for example, the patient may be attending their local general practitioner (GP) for a physical examination, with a rehabilitation medicine specialist joining virtually. However, the scope of this is limited as some tests or examinations would require the doctor to be there in person or carry out the test/examination themselves. It is recommended that care is taken to ensure the scope of care is not reduced as a result of the telehealth model of care.

Remote monitoring is a key feature of telehealth, especially those with chronic diseases who need to be monitored regularly, such as blood glucose or blood pressure monitoring. This requires high quality equipment for patients, and their data must be able to be communicated to their physician in a secure and confidential manner. The system also needs to be able to respond in a timely manner if readings are abnormal, so they can be escalated to their doctor quickly to manage their care.

3. **Do you support the changes we have made to ‘When you prescribe medication via telehealth?’ What changes (if any) should we make?**

Yes, our RACP members believe this is acceptable and likely to support equality of health care for all. Doctors have experience prescribing to patients via telehealth, as this was standard practice during the extensive Auckland lockdowns during the Covid-19 pandemic.

4. **Please provide any other comments you may have about Telehealth that you would like us to consider.**

Our physicians advised that telehealth is used in several settings outside of patient clinics, such as remote ward rounds, teaching rounds, clinical case discussions, consultations between doctors in different healthcare facilities and even emergency situations. The proposed statement could be widened to address these different settings, as currently it is focused on primary and private care settings.

A comment received from our physicians was that there should be stronger guidance on which technologies to use for telehealth consultations. Currently, different hospitals have made different decisions about which platform to use – this means specialists who telehealth to different hospitals could be using several different technologies. Clear and consistent guidance from hospitals or Te Whatu Ora would be useful to ensure specialists, and patients, have clarity about the technology they should be using and how to use it appropriately.

Additionally, there have been concerns raised about Aotearoa New Zealand-based doctors providing care to patients overseas and vice versa, aided by the easy access through telehealth. RACP members recommend the need for a separate guideline to be developed by the Medical Council to support doctors treating patients who have accessed health care from overseas based doctors. There are numerous instances of Aotearoa New Zealand doctors, especially GPs, reporting patients presenting with a shopping list of tests/scripts/requests after they have consulted an overseas based doctor and/or doctors based in Aotearoa New Zealand who do not have standard qualifications. Crucially, all these doctors practice outside the jurisdiction of the Medical Council.

Inclusion of information in the section titled “What to consider when you provide telehealth services” regarding people with low vision, hearing loss, cognitive impairment, health literacy, disability and use of interpreters, should strongly be considered as useful for doctors to consider as part of determining if telehealth is fit for purpose for a patient consultation.
Finally, equity needs to be considered when discussing telehealth. Whilst telehealth has the ability to increase access of care, by providing instant connection to patients who may be able to present physically, there are also potential barriers. Patients on lower incomes may not have access to the technology required for telehealth services, such as videoconferencing, as well as being able to pay for internet connection. They also may not have the skills or understanding of technology to adequately communicate through telehealth. As such, it is important that the development of telehealth does not increase health inequities for lower income communities, or for elderly people who have limited experience with technology.

We strongly encourage you to read the RACP submission to the Medical Council of Australia as many of the comments made should also be considered for the Medical Council of New Zealand and the amendments to the Telehealth statement.

Key points

In conclusion, the RACP supports the amendments to the Telehealth statement. There is significant opportunity for access to health care through telehealth, but there are also risks that need to be considered. Ensuring doctors are well equipped to provide equitable, sufficient, and safe health care through telehealth is crucial to the delivery of appropriate health care that is beneficial to patients. This statement provides a solid foundation for doctors to provide health care for their patients through telehealth, especially in primary and private care contexts.

There are some areas that are not covered by this statement, such as the guidelines for specific technology use and the risk of patients receiving care by international doctors through telehealth. Although these issues do not fall under the scope of the telehealth statement, it is important to be aware of these risks when considering the use of telehealth in Aotearoa New Zealand.

The RACP thanks the Medical Council of New Zealand for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa nā

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