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**The Royal Australasian College of  
Physicians' submission to the Justice  
Select Committee**

**Consultation on Telehealth  
Here-turi-kōkā 2020**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Medical Council of New Zealand on the Consultation 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.

## Consultation Questions

- 1. Do the proposed changes in paragraph 16 of the Telehealth statement better reflect considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person?**

We believe that the proposed wording better reflects the nature of consultations in our modern environment. The COVID-19 pandemic has shown that a concrete expectation that an in-person consultation is conducted is unrealistic in many circumstances. It is not exceptional for a person to be unable to attend an in-person consultation and providing for virtual consultations enables a more adaptive environment which can cater better to the needs of patients. It also has possible equity benefits, allowing people who cannot leave their home, due to reasons such as caregiving responsibilities, to have a consultation with a doctor, and access prescriptions they need<sup>12</sup>.

As such, we agree with the proposed changes to paragraph 16.

- 2. Are there any other considerations we need to take into account, or changes we should make to paragraph 16 or footnote 11 of the Telehealth statement about prescribing to a patient for the first time that you are unable to see in person?**

Paragraph 16, as drafted, does a good job of explaining the requirements of a practitioner, when they are prescribing medicines via telehealth. It could possibly be improved by making a more authoritative statement on the situations where prescribing via telehealth is appropriate. Currently, the Statement describes them as situations where it may be reasonable to prescribe, however it may be clearer to explicitly state both that these are situations where prescription will be common, but that despite this, it is always important for a practitioner to use their judgement.

However, this is a very minor aspect of the paragraph, and overall, the RACP supports it as proposed.

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<sup>1</sup> Khubchandani A, Thew D. Achieving equity in the health of women with disabilities through telehealth: Challenges and Benefits. In: Miles-Cohen SE, Signore C, eds. Eliminating inequities for women with disabilities: An agenda for health and wellness. [Internet] 83-91. Available from: <https://psycnet.apa.org/record/2016-04266-005>. Accessed 4 August 2020

<sup>2</sup> The Royal New Zealand College of General Practitioners. Telehealth and technology-based health services in primary care. [Internet] Wellington: The Royal New Zealand College of General Practitioners; 2017. Available from: <https://www.rnzcgp.org.nz/gpdocs/New-website/Advocacy/Position-Statements/Telehealth-and-technology-based-health-services-in-primary-care-updated-....pdf>. Accessed 4 August 2020

**3. Are there any other considerations we need to take into account or changes we should make to the Telehealth statement to better support virtual consultations and new ways of working?**

The Statement could further explore the equity benefits that telehealth could represent if employed. While it currently makes short reference to these benefits, a more thorough expansion on this could help provide a motivating factor for practitioners, encouraging them to use this method of providing care, where appropriate. This could help maximise the positive aspects of telehealth, and the prominent role it will play in the future of healthcare<sup>3</sup>.

Discussion of the infrastructure required within District Health Board's to support telehealth could also be included in the Statement. RACP members raised concerns in our 2020 telehealth survey that information technology infrastructure is not up to standard, leading to poor audio-visual quality in consultations and in some cases, a total lack of infrastructure to facilitate the use of high-resolution photos<sup>4</sup>. Ensuring that infrastructure is of a sufficient quality will be key to accessing the benefits of telehealth, and as such discussion of this may be important.

**4. Does our Telehealth statement strike the right balance between protecting public health and safety, and embracing new ways of working? If not, what further changes would better support that?**

We believe that currently, the Statement strikes prudent, if slightly conservative balance between protecting public health and safety, and embracing new ways of working. In any new avenue of healthcare work, it is paramount that standards of care and safety are retained. However, there are significant opportunities to improve healthcare in Aotearoa New Zealand through the embracement of telehealth, and the RACP believes that this should be promoted. Future versions of the Statement could provide a larger focus on the possible benefits of telehealth, alongside the emphasis on patient care, and safety, which is currently the overwhelming focus of the Statement.

## Conclusion

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](mailto:policy@racp.org.nz).

Nāku noa, nā



Dr George Laking  
Aotearoa NZ President  
**The Royal Australasian College of Physicians**

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<sup>3</sup> The Royal Australasian College of Physicians. Results of RACP Members' Survey of new MBS Telehealth attendance items introduced for COVID-19. [Internet] Sydney: The Royal Australasian College of Physicians; 2020. Available from: [https://www.racp.edu.au/docs/default-source/default-document-library/policy-and-advocacy/racp-members-survey-new-mbs-telehealth-attendance-items-introduced-for-covid-19.pdf?sfvrsn=31d1ef1a\\_7](https://www.racp.edu.au/docs/default-source/default-document-library/policy-and-advocacy/racp-members-survey-new-mbs-telehealth-attendance-items-introduced-for-covid-19.pdf?sfvrsn=31d1ef1a_7). Accessed 4 August 2020

<sup>4</sup> The Royal Australasian College of Physicians. Aotearoa NZ Telehealth Survey. Sydney: The Royal Australasian College of Physicians; 2020.

