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To: [medboardconsultation](#)
Subject: Consultation: revised telehealth guidelines
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Draft revised guidelines: *Telehealth consultations with patients* (Medical Board of Australia)

Comments from the Pharmaceutical Society of Australia (Chief Executive Officer: Mark Kinsela)

17 February 2023

1. Is the content and structure of the *draft revised Guidelines: Telehealth consultations with patients* helpful, clear, relevant and workable?

PSA supports the Board's preferred option outlined in the consultation paper – *Option three: Revise the guidance* – which involves merging and revising existing (2012) guidelines and 2013 information sheet.

PSA believes the content and structure of the draft revised guidelines are clear.

2. Is there anything missing that needs to be added to the draft revised guidelines?

PSA is aware there has been increasing availability and use of algorithm-based online prescribing services. These are services which deliver a prescription to a patient based on 'successful' completion of an online questionnaire and without a consultation, interaction or communication with a medical practitioner. PSA suggests this type of healthcare arrangement does not meet expected standards of patient care and has significant potential to compromise patient safety and quality use of medicines.

In some models, PSA understands the patient may be given the option to have the generated prescription sent electronically to any pharmacy for dispensing. In others, it appears that the prescription is directed to a pharmacy that has a commercial arrangement with the online service, which is rarely the patient's regular or preferred pharmacy – and this does not support patient choice.

Pharmacists have also reported to PSA that, in instances when they may need to seek additional information or clarification about a prescription, contacting the prescriber through the online platform can be extremely difficult. This does not support best practice patient care.

The definition of telehealth presented in the draft guidelines include that they:

- "involve the use of information and communications technologies (ICT) to transmit... .. data"
- "can be used to provide... ..treatment"
- "can include... ..online prescribing".

Therefore, there appears to be an anomaly in that algorithm-based online prescribing services could be considered to be within the scope of the revised guidelines, despite the board stating the practice is not supported (p. 11, *If you have not consulted with the patient*).

3. Do you have any other comments on the draft revised guidelines?

Clause 6 (p. 10) – PSA believes other documents (e.g. Services Australia, RACGP) require the medical practitioner to “verify” the identity of the patient. The wording in the revised guidelines, “confirm to the best of your ability the identity of the patient...” appears to suggest a lesser standard is acceptable to the board. PSA contends that verification of identity of the patient is more important in online interactions than face-to-face, especially to reduce fraud risks that may be associated with the issuing of a prescription following the consultation.

If you have not consulted with the patient (p. 11) – PSA supports the intent of this section, however, is concerned that the wording could inadvertently promote suboptimal practice. It may be interpreted that, provided a patient has a brief consultation for their first online consultation, on all subsequent online visits they could request and receive a prescription by completing a questionnaire. In addition to limiting the provision of care or prescription to a patient that the medical practitioner has “never consulted”, consideration could be given to include a requirement to have a consultation at regular intervals or number of online access occasions.

PSA suggests that, when a prescription is issued following a telehealth consultation, prescribers should be encouraged to issue electronic prescriptions as the default option rather than emailed or faxed prescriptions which have greater fraud risk.

(End of submission)

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