

**From:** [REDACTED]  
**To:** [medboardconsultation](#)  
**Subject:** consulting on proposed updated Guidelines: Telehealth consultations with patients.  
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I hope this is how I make a Submission on Telehealth.

As a GP, telephone consultations are definitely a two edged sword.

The negative things are:

inadequate remuneration  
patients not answering booked times then ringing back 15 minutes later when with another patient and their time is gone  
trying to deal with the digital phone systems to pass them back to reception to pay the bill- chews up any income left in this time consuming extra and often fruitless job in the day  
much higher rate of patients getting the med cert they want but not paying the bill  
patients wanting medicolegal documents like med certs that we usually cannot verify the need for over the phone  
patients using it for mere convenience and not understanding if they haven't had their blood pressure and weight checked for 2 years and still not had their CST this is not a good way to get a pill script; ditto for patients with diabetes and last test 14 months ago was no good - etc.  
patients not understanding the things that can't be diagnosed over the phone, like a rash, or abdominal pain, or child is vomiting  
patients not understanding they can't keep tacking extra jobs, referrals, long discussions to a phone consult the govt only pays for about 10 minutes of  
feeling treated like a useless, unintelligent doormat

The positive things are:

It's a wonderful way for me, a very conscientious GP, to finally get a tiny bit of pay for a job I do innumerable times every day, which is following up on patients who haven't done important tests, come back after a bad test result, been to the breast clinic about their jagged lump, rang back about their diabetes test result which definitely needs work or their MGUS follow up which now needs a hematology referral as it looks like myeloma at last, or to discuss what cholesterol is and its significance, or why they should repeat their TSH blood test in 6 months as it's 8, or why they should return for a gynae referral despite their co-test being normal but they have post menopausal bleeding....all those things that we don't get paid for, and often might pass to the Nurse to deliver a message, but I know damn well the only way I can be sure they understand all the ins and outs and choices and consequences is if I discuss it with them, but after a while I'm damned if I'm going to sit here for more than 8-10 hours a work day when only half of that was paid consultation time....

The net result:

Telephone consultations, driven and authorized by the GP, are an excellent and cost effective way to lift the health and health literacy of members of our population (our patients) by allowing GPs to be able to communicate clearly and directly over matters such as significant results and follow up with their patients. Less things will be missed, less non-compliance will be ignored.

There should be a way that, apart from in an emergency, the telephone consultations are NOT drive by patients for their convenience, adding disrespect against professional intelligent (female) GPs trying to do a good job and trying to make a meagre living out of it eg equivalent to a teacher's income, and ensuring there will be no generalist cost-effective doctors in the future as no one wants to be treated like a dog to be told what to do and how and treated with disdain, by a population which increasingly thinks it has every right to demand antibiotics, medical certificates and centrelink forms over the phone from doctors who are now seen as their servants at their beck and phone call.

MBBS Qld.

Intelligent, holistic, passionate female GP, caring about health and well being and quality and thoroughness

and follow through. Believe me, it doesn't pay except in pride for doing a good job and fulfillment from helping those good patients who do understand.

