

From: Dr David Kosenko
To: [medboardconsultation](#)
Subject: Consultation: revised telehealth guidelines
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Preliminary consultation regarding Draft revised guidelines: Telehealth consultations with patients

Submitted by: Dr David Kosenko, MBBS, FRACGP, FCPCA

Position: President of the Cosmetic Physicians College of Australasia

Responses:

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

The Cosmetic Physicians College of Australasia (CPCA) agrees that the proposed guidelines are helpful, relevant and workable.

We are however of the opinion that greater clarity is required regarding the statements under the 'Prescribing' heading. In particular, we feel that the statement 'Prescribing or providing healthcare for a patient with whom you have never consulted, whether face- to-face, via video or telephone is not good practice and is not supported by the Board' is not consistent with the earlier statement 'The Board considers telehealth is generally most appropriate in the context of a continuing clinical relationship with a patient that also involves face-to-face consultations'.

The CPCA is aware that there are companies and prescribers who provide prescriptions for Schedule 4 drugs and devices without ever meeting a patient face to face, with the sole intent of supplying the prescription and without providing ongoing care or follow up. The guidance the Medical Board of Australia (MBA) has given under the heading 'Prescribing' could possibly be circumvented by simply providing an initial telehealth consultation without providing a prescription followed by a second consultation (having fulfilled the requirement of having 'previously consulted' the patient). This statement appears to inadvertently weaken the intent of the revised telehealth guidelines.

Our College respectfully suggests that the Medical Board reconsider the wording of the statement 'Prescribing or providing healthcare for a patient with whom you have never consulted, whether face-to-face, via video or telephone is not good practice and is not supported by the Board' to provide clearer guidance to medical practitioners and clarify the expectation of the Medical Board of Australia. This suggestion is consistent with the feedback received by the MBA from the RACGP.

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

The CPCA is of the opinion that if the proposed guidelines are neither policed nor enforced, they will not achieve their stated goals.

The existing 'Guidelines for technology-based consultations' and 'Good medical practice: a code of conduct for doctors in Australia' provide sufficient guidance for medical practitioners. Unfortunately as there is rarely a consequence for not complying with the existing guidelines, the boundaries have been 'pushed'. Consultation and prescribing models beyond what had been anticipated by the MBA increased in numbers with the advent of the COVID-19 pandemic as a result of the increased need for telehealth consultations. 'On-demand' telehealth services were set up, by-passing the care provided traditionally by the usual practitioner. I believe that the MBA is aware of reports from patients

and others raising concerns about prescriptions being provided without an adequate medical history being taken and in some cases, not having to see a prescriber or have a consultation at all.

[newsGP - Crackdown on 'unsafe' online prescribing underway](#)
www1.racgp.org.au



The CPCA is of the opinion that a system to monitor compliance will assist in achieving outcomes that the MBA desires.

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

The CPCA supports the MBA's 'Preferred Option', option 3, and the *'Draft revised guidelines: Telehealth consultations with patients'*, as long as consideration is given to the statements provided by the CPCA under question 1 and 2 above.

In particular, the CPCA supports the statements regarding the expected standard of care provided in a telehealth consultation and that the standard should be comparable with that of a face to face consultation. Our College also supports that practitioners should continuously assess the appropriateness of a telehealth consultation and whether a direct physical examination is necessary.

Yours Sincerely,

Dr David Kosenko
President CPCA

