

16/02/2023

### **Submission regarding revised telehealth guidelines**

On behalf of the ANZ FACEM Telemedicine Community of Practice (ANZFTCOP), we wish to congratulate the Medical Board on its draft revised guidelines and to make some suggestions.

The ANZFTCOP was formed in February 2020 by Fellows of The Australasian College for Emergency Medicine (FACEM) who were the clinical directors of emergency telemedicine services across Australia and New Zealand. For many years, these services have been providing emergency telemedicine support to rural, regional and remote patients and clinicians, and support hospitals, nurse-led urgent care centres, state ambulance services, and Primary Health Networks across Australia and New Zealand. In many states and regions, these services are acknowledged by state health departments as integral components of the health system, playing a vital role in supporting patients and clinicians, and reducing the pressure on acute services such as ambulances and emergency departments.

The COP is independent of the Australasian College for Emergency Medicine (ACEM) and does not claim to represent ACEM's views. It includes representatives from the services listed below, and meets quarterly to discuss matters of interest to FACEMs who practise emergency telemedicine.

The COP notes that the draft revised guidelines are sensible and reasonable. In particular, the draft guidelines caution against doctors prescribing medicines to patients they have only interacted with via text, email or online asynchronous appointments. The COP agrees that such guidance represents sound medical care, and notes that its members and their telemedicine services do not provide such a service, because our services provide real-time 1:1 medical consultations with patients and colleagues in emergencies, via real-time audio or video link.

The COP understands and accepts that the Board prefers telehealth when it is *"in the context of a continuing clinical relationship with a patient that also involves face-to-face consultations. A mix of face-to-face and telehealth consultations can provide good medical care."* (p8 of the guidelines) The draft guidelines also state that *"In an emergency, it may not be possible or appropriate to practise according to these guidelines. If an alternative is not available, a telehealth consultation should be as thorough as possible and be followed up with more suitable arrangements for the continuing care and follow up of the patient."*

The COP recognises that this statement recognises the unplanned nature of emergency telemedicine. By its very nature, patients and their local clinicians do not plan emergency consultations, and emergency clinicians rarely see the same patients again.

However, the COP recommends that these statements be strengthened to account for the exigencies of emergency care. The very practice of emergency medicine precludes a continuing clinical relationship with a patient, and emergency clinicians are specifically trained to provide acute care without recourse to an ongoing clinical relationship, regardless of whether the consultation is in-person or via an audiovisual link. Therefore, we recommend that the draft

guidelines revise or amend such statements, to take into account the specific circumstances of emergency medical practice.

On a related note, the guidelines very reasonably state that in-person consultations are preferred to those conducted via audiovisual links. Perhaps the guidelines could be amended to note that sometimes this is not possible, and at times the patient (and often the onsite local clinician) are unable to access the expertise of emergency physicians (or any doctor) without recourse to telemedicine. Ultimately, the COP considers that the decision regarding the appropriateness of conducting a telemedicine consultation (rather than in-person) should be based on individual clinical circumstances and expert clinician judgement.

On behalf of our FACEM colleagues in the ANZ FACEM Telemedicine Community of Practice, and also in our telemedicine services, thank you for your consideration. The undersigned members of the COP remain at your disposal should you wish to seek clarification or discuss any of the above.

Kind regards,

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