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To: [medboardconsultation](#)
Subject: consultations: revised telehealth guidelines
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Hi,

I agree that the board should revise the guidelines as I am dismayed by the rise of what I see as bad medicine being promoted as convenience.

There are many online organisations that promote easy, quick responses to people's medical concerns and are widely available. They often involve the completion of a questionnaire, sometimes a consultation with a nurse (of some kind) and maybe a quick chat with a doctor before a prescription is transmitted to the pharmacy of the patient's choice.

This will undoubtedly be VERY attractive to most people. And it is; indeed I take advantage of it myself, but in the context of an ongoing relationship with my regular GP. It is a wonderful technological advance that saves a lot of time and money; and has the potential (if used appropriately) to bolster continuity of care.

However I think that the guidelines somehow need to take into account the situation where I as a part of a group practice am asked to consult with a patient of the practice, but a patient that I have personally never seen. I have access to all of their medical history but their regular doctor is away or not available for some reason, and the patient has run out of a medication, or needs one for a recurrent/intermittent condition eg eczema.

I suspect that barring a doctor from prescribing in this situation would be bad medicine.

Regards

John Collis

