

# THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Cammeraygal Country

Level 6, 33 Chandos Street, St Leonards NSW 2065 Australia Telephone: +61 2 8765 0242 | Australia Only: 1300 361 821

Email: admin@dermcoll.edu.au | Website: www.dermcoll.edu.au

#### 31 January 2023

Dr Anne Tonkin Medical Board of Australia GPO Box 9958 Melbourne VIC 3001

email: medboardconsultation@ahpra.gov.au

Dear Dr Tonkin,

RE: Draft revised Guidelines: Telehealth consultations with patients

On behalf of the Australasian College of Dermatologists (ACD), I would like to thank you again for the opportunity to be part of the Medical Board of Australia's (MBA (the 'Board')) consultation on the draft revised Guidelines: Telehealth consultations with patients, following an earlier round of feedback in May 2022.

Telehealth, both synchronous and asynchronous (Store-and-Forward (SAF) has long been recognised as a valuable model of care in dermatology and has been integrated into ACD's specialist training program for a number of years. To further support ACD Fellows in both public and private practice, the College in collaboration with the University of Queensland's Centre for Online Health, published peer reviewed Practice Guidelines for Teledermatology in Australia (2020).<sup>1</sup>

ACD continues to support the revised content and structure of the Medical Board's revised *Guidelines* in providing medical practitioners guidance to standardise and support telehealth consultations. We welcome the changes in the revised version, in particular the re-wording of 'technology-based consultations' with 'telehealth', explanation on interpreters, and the addition of a section on international telehealth to help safeguard best practice and ensure holistic, person-centred care.

Our feedback on other aspects of the Guidelines are as follows:

### **Triage**

- As indicated in correspondence in May 2022, ACD still strongly recommends that the Board include 'triage' in the definition of telehealth i.e. 'Telehealth can be used to provide diagnosis, treatment, preventive and curative aspects of healthcare services, and to triage patients.'
- While we appreciate that the focus of these guidelines is on synchronous telehealth consultations, the asynchronous model of SAF teledermatology is an extremely valuable model in dermatology. SAF enables rapid triage to identify those patients that require specialist care (either in person or by telehealth consultation) or as an assessment and advice tool to support GP-led patient management. Dermatologists' use of SAF improves access and timely review and treatment, especially for significant exacerbations for skin conditions, review of skin cancers or other developing lesions.

<sup>&</sup>lt;sup>1</sup> Abbott LM, Miller R, Janda M, et al. Practice guidelines for teledermatology in Australia. Australas J Dermatol. 2020;61(3):e293-e302. doi:10.1111/ajd.13301

# Providing healthcare for a patient with whom you have never consulted

- Dermatologists' use of SAF is underpinned in ACD's peer-reviewed teledermatology guidelines which covers both synchronous and asynchronous consultations, including critical elements such as patient selection, technology requirements, security and consent.<sup>2</sup>
- On this basis, we also have significant concerns regarding 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'.
- We strongly support the intent of the statement, namely that it is designed to deter opportunistic
  providers offering low value models of care, particularly in primary care that by-pass a patient's
  usual GP or general practice, leading to unnecessary fragmentation of care. However, we are
  concerned that it may have unintended consequences for other models of service delivery, like SAF
  teledermatology, that support access to care through rapid triage and continuity of care by
  assisting in GP-led patient management.
- We therefore recommend consideration be given to either removing or clarifying, the term
  'providing healthcare', as this may conflict with the provision of interim specialist advice at the
  point of triage as described above and undermine this high value model.<sup>3</sup>
- Given that dermatology is a specialty in recognised national undersupply, it is critical we make
  optimal use of this scarce workforce. ACD would not want dermatologists unintentionally deterred
  from making appropriate use of SAF teledermatology.

# Citing other relevant guidelines

• As in our previous feedback, we also recommend citing the Medical Board of Australia's (MBA) 'Guidelines for technology-based patient consultations',<sup>4</sup> and the Australian Medical Association's guidelines 'Clinical images and the use of the personal mobile devices'<sup>5</sup> in the background as they complement the revised Guidelines and consider the impact of evolving models of care in delivery of health services.

| Thank you again for the oppor<br>questions, please do not hesita | <br>dback. If you need any further clar<br>, Policy Manager at | ification or have any |
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| Kind regards,  |  |                       |
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Caroline Zoers
Director of Policy, Advocacy and Engagement

<sup>&</sup>lt;sup>2</sup> Abbott LM, Miller R, Janda M, et al. Practice guidelines for teledermatology in Australia. *Australas J Dermatol*. 2020;61(3):e293-e302. doi:10.1111/ajd.13301

<sup>&</sup>lt;sup>3</sup> Abbott LM, Miller R, Janda M, et al. A review of literature supporting the development of practice guidelines for teledermatology in Australia. *Australas J Dermatol*. 2020;61(2):e174-e183. doi:10.1111/ajd.13249

<sup>&</sup>lt;sup>4</sup> Medical Board of Australia. Guidelines for technology-based patient consultations: AHPRA 2018. Available

from: https://www.medicalboard.gov.au/codes-guidelines-policies/technology-based-consultation-guidelines.aspx

<sup>&</sup>lt;sup>5</sup> Australian Medical Association and the Medical Indemnity Industry Association of Australia. *Clinical images and the use of personal mobile devices Australia* 2014. Available from: https://ama.com.au/sites/default/files/documents/FINAL\_AMA\_Clinical\_Images\_Guide.pdf.