



Te Kaunihera
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Tēnā koe [REDACTED]

Revised telehealth guidelines

Thank you for inviting Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand to provide feedback on [draft guidelines: telehealth consultations with patients](#).

We congratulate the Medical Board of Australia (the Board) and Ahpra on the development of this important document and agree that telehealth provides great opportunities for access to, and delivery of, healthcare. In developing these guidelines, we note the Board has merged and updated previously published guidance documents. Telehealth is a rapidly developing field and we hope to update our own [statement on telehealth](#) later this year.

The revised draft guidelines are clear, helpful and readable. The document is structured in a logical manner and the headings are descriptive and useful for navigating different sections. Our main feedback relates to how the draft guidelines define and position telehealth and telehealth consultations. It may be helpful to consider broadening the focus beyond a consultation between a doctor and a patient. This would enable the guidelines to address the role that telehealth can play in augmenting another practitioner's practice (for example, when a healthcare practitioner with a patient seeks advice from a colleague) as well as in teaching or supervision.

We agree that telehealth is not appropriate for all medical consultations. However, telehealth consultations may be advantageous to in-person consultations in some scenarios as they can increase patient access and choice, and therefore contribute to supporting more equitable health outcomes. For example, a telehealth consultation is likely to be less costly than an in-person consultation with no associated travel or childcare costs. It is also likely to require less time off work and associated loss of earnings. Patients with historical sexual abuse may prefer a telehealth consultation over being in the same room as a person who may have similar physical characteristics to their abuser. While the draft states that telehealth should not be considered as a substitute for face-to-face consultations, you may wish to consider qualifying this by saying that telehealth should not be considered as a substitute for in-person consultations where a physical examination is required.

We note the Board considers that telehealth is generally most appropriate in the context of a continuing clinical relationship with a patient that also involves face-to-face consultations. While this has certainly been the case, we feel this perspective reflects an outpatient, primary care, and

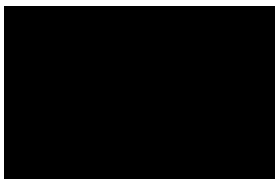
clinician-focussed view of telehealth. It may be useful to consider modifying this statement to recognise the important role that telehealth can also play in accessing episodic and emergency care, particularly in rural settings.

The guidelines state that '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 feel there is some ambiguity as to whether this statement relates to previous consultations or is specifically about consultation for prescribing and suggest the Board may wish to clarify this. Our view is that while a consultation is recommended before prescribing any medicine for the first time to a patient, requiring a doctor to have previously consulted with a patient in order to prescribe via telehealth may be overly restrictive. It could create barriers for patients in a setting where there are limited options for care and who need urgent access to medication.

Finally, our experience is that 'face-to-face' consultation is sometimes taken to mean by video. For this reason, we prefer to use the term 'in-person consultation'.

We hope our feedback is helpful and we look forward to seeing the finalised guidelines.

Ngā mihi nui



Joan Simeon
Chief Executive