



The Pharmacy
Guild of Australia

SUBMISSION

Medical Board Consultation on draft revised *Guidelines: Telehealth consultations with patients*

Due 17 February 2023
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National Secretariat

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ABOUT THE GUILD

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing the community pharmacy network of almost 6,000 community pharmacies. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services.

Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals.

The Guild welcomes the opportunity to provide feedback on the public consultation on The Medical Board's draft revised *Guidelines: Telehealth consultation with patients*.

GUILD RESPONSE TO CONSULTATION QUESTIONS

Draft revised *Guidelines: Telehealth consultation with patients*

Q1: Is the content and structure of the *draft revised Guidelines: Telehealth consultations with patients* helpful, clear, relevant and workable?

Guild response

The Guild acknowledges that the structure of the *draft revised Guidelines: Telehealth consultations with patients* is well presented. The content of the *Guidelines* should include more detail as per the Guild's response to question two and three.

Q2: Is there anything missing that needs to be added to the draft revised guidelines?

Guild response

The Guild believes that the *draft revised guidelines* must recognise informed patient choice, which includes the preference of the medical practitioner conducting the telehealth consultation along with any other health practitioners to which the patient is referred during the consultation. In particular, the prescribing section should state that the patient has complete autonomy in choice of their preferred pharmacy for dispensing prescriptions, and medical practices or individual practitioners should not be entering into any arrangement, whether financial or otherwise, to preferentially channel a patient's prescriptions. Additionally, e-Prescriptions should be provided either directly to the patient or their carer/agent, or via Active Script List, rather than directly to a pharmacy.

The Guild believes that the *draft revised guidelines* should include that a medical practitioner is required to be contactable by other health practitioners, including pharmacists, who are providing collaborative care to the patient to ensure that patient-centred care is upheld when clarification on treatment or services is required. This is particularly accountable to medical practitioners who are providing telehealth internationally to patients in Australia, whose appointment results in a prescription being issued. International Medical Practitioners should not only be registered in Australia but also be acquainted with Australian laws regarding secure recording, storage and transmission of patient details, including

Medicare and concessional details which may have restrictions on use outside of Australia. The Guild has received reports from members that advise that the purported prescriber is not available to speak with the pharmacist via some online prescription services, particularly those that have an algorithm-based health questionnaire. Patient safety and timely access to medications requires interprofessional communication and collaboration.

In the prescribing section of the *draft revised guidelines*, a guidance section should be included to ensure patients understand the prescription process e.g., the patient has the means (a device) and IT literacy to receive a prescription directly (if an eScript) or the prescriber must explain the process if providing by another format. The prescriber must also explain to the patient that the dispenser (pharmacist) needs to fulfil their professional obligations when dispensing a prescription which involves confirming the prescription is valid, and that the medication is safe and appropriate for the patient.

As the peak body representing community pharmacy, the Guild has received reports from pharmacists during the peak of COVID-19, of prescribers issuing prescriptions subject to pharmacists performing functions such as Blood Pressure measurements and on-going monitoring. Medical Practitioners choosing to perform telehealth consultations should be responsible for all aspects of the consultation without imposing additional requirements on other health practitioners. During exceptional circumstances, such as COVID-19, medical practitioners conducting telehealth services should confirm suitable arrangements with the local community pharmacies, including any potential pharmacy charges, so the consumer is informed during the consultation.

The Guild recognises that section 15 states medical practitioners be aware of and comply with jurisdictional legislative requirements when prescribing medicines. In recognition that telehealth consultations have the potential for cross-border consultations, prescribers also need to be aware of any jurisdictional restrictions for dispensing prescriptions, particularly Controlled Drugs and other medicines that may be controlled under state or territory law.

Section 15 also requires recognition of Commonwealth Laws that apply to prescribing, such as The Poisons Standard (SUSMP)¹, the National Health Act² and subsidiary instruments for PBS prescribing³. Competition and Consumer Law⁴ also applies to matters such as channelling prescriptions or other services.

Whilst prescribers are required to advise patients of any additional costs relating to their consultation, they should also be required to advise patients of their authority to prescribe under the Pharmaceutical Benefits Scheme (PBS) if they are issuing a prescription to the patient, as this can affect the cost of a medicine for a patient if a prescription is required. Similarly, pharmacies that are operating as non-PBS approved (unapproved) pharmacies are required to disclose to patients that the cost of their prescription medication could be impacted.

¹ Department of Health and Aged Care, Standard for the Uniform Scheduling of Medicines and Poisons, October 2022, <https://www.legislation.gov.au/Details/F2022L01257>

² Parliament of Australia, The National Health Act 1953, January 2023, <https://www.legislation.gov.au/Details/C2023C00012>

³ Department of Health and Aged Care, PBS for Prescribers, November 2022, https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes#:~:text=Pharmaceutical%20benefits%20can%20only%20be,prescriptions%20in%20certain%20public%20hospitals

⁴ Australian Competition & Consumer Commission, Competition and Consumer Act 2010, December 2022, <https://www.legislation.gov.au/Details/C2022C00365>

Q3: Do you have any other comments on the *draft revised guidelines*?

Guild response

The Guild acknowledges that the Medical Board does not support prescribers conducting health questionnaire-based medication requests, who have never consulted with a patient, whether face to face, via video or telephone, and this does not constitute good medical practice.

The Guild has received reports from members regarding an ever-increasing number of online algorithm-based prescribing services, or rather 'instant' prescription providers. These online platforms offer immediate prescriptions for a range of medications where the patient completes a digital questionnaire generated by an Artificial Intelligence (AI) bot. Upon completion of the short health survey, the patient will be notified, often within minutes, if their prescription request is successful.

The prescription is then sent directly to a pharmacy that the prescriber has a commercial arrangement with for dispensing or sent directly to the patient as an electronic prescription. Throughout the entire interaction there is no direct verbal communication between the prescriber and the patient.

The *draft revised guidelines* state the parameters that a telehealth consultation should occur within, however, these online instant prescription services are unable to perform within these parameters and patient safety is completely disregarded in this model.

As health providers, we understand that enabling patient choice is an important element in respecting the autonomy of patients. Many of these 'instant' prescription providers operate in conjunction with a selected partner pharmacy to provide direct-to-patient supply of medicine, thereby removing the ability of the patient to use their pharmacy of choice. Exclusive commercial arrangements between online prescription services, prescribers and pharmacists where patient choice is limited should be strongly discouraged.

The Medical Board of Australia *Good Medical Practice - Code of Conduct*⁵ states:

Providing good patient care includes:

- e) recognising and respecting the rights of patients or clients to make their own decisions.

Patients should not be coerced into using a particular pharmacy due to a commercial relationship. This potentially directs the patient to pharmacies unknown to them and outside of their usual healthcare team. Patients must always be given the option to have their prescriptions dispensed from their community pharmacy of choice.

This type of healthcare in turn instils an expectation in the patient that once they have their prescription, the pharmacist is required to supply the medicine without assessing safe and efficacious use, i.e., through a 'click and collect' method. The Guild believes there should never be a different level of care provided or expectation on the care given to a patient dependant on the medium that the patient has a consultation (e.g., telehealth VS face to face).

Section 5 of the Guidelines states that a medical practitioner consulting via telehealth should tell the patient who they are, explain their specialty (if relevant) and their role in relation to the patient health care, and that this is particularly important for new patients. The Guild questions if patients using these types of instant prescription services are aware that a health questionnaire that is being answered has an algorithm and artificial intelligence, rather than a registered medical practitioner, that physically reviews the responses to issue a prescription? Is this the level and type of care patients are expecting to receive? The Guidelines should include the requirement for online prescription services that employ algorithm-based questionnaires and artificial intelligence to review patient responses to advise patients of this fact.

⁵ Medical Board of Australia, *Good medical practice: a code of conduct for doctors in Australia*, October 2020:

<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

The Guild asks that the Medical Board urgently reviews and investigates the Medical Practitioners providing these services and include in the *Guidelines: Telehealth consultations with patients* that online instant prescriptions do not comply with practice guidelines and are therefore not a legal form of prescription supply to a patient.