



Telehealth

Key points about telehealth

The standard of care you provide to a patient via a telehealth consultation should be the same as the standard of care provided in an in-person consultation, within the limitations imposed by the telehealth modality.

You should consider the appropriateness of each telehealth consultation. It is important to recognise limitations and consider whether an in-person examination or assessment are required.

When providing health care services through telehealth consultations, you should:

- ensure you are able to confirm the patient's identity
- address data and information security and privacy
- ensure you and the patient are able to use the telehealth platform
- take appropriate measures to facilitate continuity of care
- take particular care when prescribing
- ensure regular review of patients requiring repeat prescriptions.

About our statement on telehealth

Telehealth has become an essential part of health care. It can increase patient access to, and choice of, health care services. It also has potential challenges including being limited by the lack of in-person interaction and capacity to carry out physical examinations, and the potential to increase fragmentation of care.

This statement sets standards for doctors registered in New Zealand who provide telehealth services to patients in New Zealand and/or overseas. It is also for doctors who are overseas who provide telehealth services to patients in New Zealand. Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand expects these doctors who are overseas to comply with this statement.

This statement may also be helpful for patients who receive aspects of their care through telehealth or who are thinking of consulting a doctor through telehealth.

All our existing standards and statements, including *Good Medical Practice* and *Good Prescribing Practice*, apply to telehealth consultations. This statement draws attention to aspects of practice that may require particular consideration due to the limitations imposed by the telehealth modality.

Terms we use in this statement

In-person: Refers to where you and your patient are physically present in the same location at the same time.

Telehealth: Refers to health care delivered using digital technology where participants may be separated by distance and/or time. Telehealth may include the use of email, text messaging, still or video images, remote patient monitoring, patient portals, telephone or video calls and other communication modalities.

Telehealth consultation: Refers to where the doctor and patient communicate with each other and exchange information without being physically present in the same location or at the same time, using digital technology such as text/messaging, telephone and video consultations, and patient portals.

Telehealth modality: Refers to the form in which telehealth is delivered. This may range from a simple telephone-based modality to more complex modalities such as those that support the secure transmission of real time video.

What to consider when you provide telehealth services

You should be registered with us

1. If you provide telehealth services to New Zealand-based patients, you are practising medicine in New Zealand, and should be registered with us and hold a current practising certificate.¹

The device that you use must be secure and fit for purpose

2. Any device, software or service you use when you provide telehealth services must be secure, fit for purpose, and must adequately preserve the quality of the information (including static image, video or audio data) being transmitted. You should consider the patient's safety, security and privacy when they engage with you in a telehealth consultation. You should also check that the patient (or their family/whānau or caregiver) knows how to operate the device they are using for the telehealth consultation and that the patient can hear you.

All our existing standards apply to a telehealth consultation

3. The standard of care you provide to a patient via telehealth consultation should be the same as the standard of care provided in an in-person consultation, within the

¹ An exception to this is when a doctor based overseas is providing an opinion regarding a patient under the care of a New Zealand registered doctor. Where input from the overseas-based doctor is likely to be ongoing, there should be a robust contractual relationship with the New Zealand registered doctor or organisation that engaged the overseas-based doctor.

limitations imposed by the telehealth modality. This includes verifying the patient's identity and assessing whether a telehealth consultation is suitable for them.²

4. All our existing standards apply to a telehealth consultation. These include obtaining the patient's informed consent to provide the consultation via telehealth.³ You should also obtain their consent for any persons you are aware of that might be with them (or able to overhear their conversation with you) during a telehealth consultation. You must meet our cultural safety standards for doctors, focusing on the patient experience to define the quality of care.⁴ You must also meet our standards relating to respecting the patient's rights to privacy and confidentiality, maintaining patient records, and providing follow-up care.

You are responsible for obtaining sufficient information about your patient

5. If you treat a patient via telehealth, you are responsible for gathering and assessing the information used to form your diagnosis, regardless of its source. You should ensure you have sufficient reliable information for any diagnosis made. If you receive a referral that does not contain the information you need to assess the patient, you should ask for the relevant information, or return the referral to the referrer with a request for more specific information.
6. If you obtain an opinion from a doctor based overseas regarding a patient under your care in New Zealand, you should be confident about their qualifications and the quality of their advice. You remain responsible for the clinical decisions you make.

Continuity and quality of care

7. You have a responsibility to facilitate continuity of care for the patient. If you are not the patient's regular doctor, you should ask whether they have one.⁵ Ensure that information about any care you provide or arrange, including prescriptions you issue and investigations you request, is shared in a timely manner with their regular doctor if the patient has one and consents to that arrangement. If the patient does not have a regular doctor or does not consent to sharing information about their care, consider providing them with a written record of the care provided. Advise all patients about follow-up care, taking into account the services available where the patient lives. If you are unaware of the patient's local services, you have an obligation to take reasonable steps to find out.
8. Some medical colleges have set clinical guidelines for specialists who provide telehealth services. Those guidelines may place additional requirements on your practice.
9. If the limitations imposed by the telehealth modality mean you are unable to provide a service that is equivalent to an in-person consultation, you must explain this to the patient and make a professional and clinical judgement about how to proceed. This may

² Telehealth consultations should not be used for patients with potentially serious or high-risk conditions requiring a physical examination. Telehealth may also be unsuitable for some patients with communication difficulties.

³ This may be implicit if a patient has booked and attends a telehealth consultation. Explicit consent is necessary to make audio/video recordings of telehealth consultations and to store/use these recordings.

⁴ Culturally-safe care for the patient covers multiple cultural dimensions including Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability.

⁵ A health practitioner other than a doctor may be a patient's regular provider of primary care. In such cases, our expectations regarding sharing information about care you provide still apply.

include declining to provide a telehealth consultation where you consider it to be unsafe. You must inform the patient about options for optimal care. As far as possible, you should take into account the availability of local services and patient care pathways. It is your responsibility to assess how urgently the patient should be seen in-person, and to explain the process for arranging this.

When a physical examination is necessary

10. Consider whether a physical examination could provide information that will affect the patient's diagnosis or management, including their treatment or whether to refer for further investigations. If history alone suggests a life-threatening condition, you must take appropriate steps to support urgent in-person assessment and treatment. This may include advising the patient to call for an ambulance or referring them to an emergency department.
11. If a physical examination is usual best clinical practice, this needs to be arranged within an appropriate timeframe.⁶ If you ask another health practitioner in the patient's local area to conduct a physical examination on your behalf, you must obtain the patient's consent, communicate your request clearly to the other practitioner, and answer any questions that the other practitioner might have. Where appropriate, you may consider information about clinical observations provided by a patient's family/whānau or carer, or the patient themselves, including recordings from self-monitoring devices. You remain responsible for ensuring you have sufficient reliable information about the patient and for the clinical decisions you make based on this information.
12. If you practise telehealth, you should have a plan for arranging physical examinations for patients who require them. Where possible, your plan should seek to minimise the burden on after-hours, urgent care clinics and emergency departments by ensuring appropriate referral processes.
13. If you arrange for a physical examination for your patient, you should consider how the relevant findings will be made available to you or to their regular doctor if the patient has one and consents to that arrangement. Where relevant findings by another health practitioner that you have asked to examine your patient influence the treatment you provide, you should document these findings.⁷

When you refer for investigations or specialist assessment

14. You must meet our expectations on referring patients.⁸ This includes providing all relevant information including current medical concerns and past history. It is your responsibility to follow up the results of any investigations that you request and the outcomes of referrals that you make. You must have arrangements in place so that you (or another health practitioner that is covering for you) can be contacted in the event of any urgent results or findings.

⁶ We recognise that the practicality of organising physical examinations is influenced by many factors, including local context and access to health care.

⁷ If you are providing a physical examination of a patient at the request of a doctor providing telehealth, you should meet all our standards in *Good Medical Practice*. These include making clear and accurate notes of your findings.

⁸ The section 'Supplementary guidance – referring patients' in *Good Medical Practice* outlines our expectations relating to referral.

When you prescribe medication via telehealth consultation

15. If you prescribe medication electronically as part of your telehealth service, the prescription you issue must comply with the legal standards and requirements that apply in the jurisdiction where the prescription will be filled.⁹
16. Along with legal requirements, our standards on good prescribing practice¹⁰ apply when you issue a prescription (or a repeat prescription) via telehealth. You should only prescribe medication or treatment, including repeat prescriptions, when you have adequate knowledge of the patient's condition,¹¹ are satisfied that the medication or treatment is in the patient's best interests, and there are appropriate arrangements for follow up.
17. Patients requiring repeat prescriptions should be assessed in person on a regular basis, at a frequency appropriate for their medical condition and medicines.¹²
18. You should be particularly aware of the challenges of adequately assessing a patient via a telehealth consultation. Consider whether an in-person assessment or physical examination is necessary before you prescribe any medicine to a patient. Take particular care when:
 - prescribing a medicine that the patient has not had before;
 - prescribing if you are not the patient's regular doctor;
 - prescribing if you don't have access to the patient's detailed medical records;
 - prescribing in the context of polypharmacy;
 - prescribing medicines with a high risk of harm.
19. Good prescribing practice requires you to give careful consideration before prescribing any medication with a risk of addiction or misuse or any psychotropic medication, and ensure that there are robust systems in place to manage the care of these patients.¹³ Telehealth can make it even more difficult to identify whether a patient is seeking medicines for non-therapeutic use. If this is the first time a patient is being prescribed a class A or class B controlled drug, you must ensure they have been appropriately assessed, any risks to the patient and others have been considered, and there are adequate arrangements for follow up.

If you provide care to a patient outside of New Zealand

20. If you are in New Zealand and provide telehealth services only to patients outside of New Zealand, we do not require you to be registered with us. However, you may be subject to the laws where your patient is located, and it is recommended you familiarise yourself with the requirements of that locality/country.

⁹ See the Te Whatu Ora website for guidance on signature-exempt prescriptions and remote prescribing. Also note that a prescription written in New Zealand has no validity overseas.

¹⁰ See our statement on *Good Prescribing Practice*.

¹¹ At a minimum, this should include the history of their condition, previous and current other medical conditions, previous adverse reactions to medicines, allergies to medicines, and concurrent or recent use of medicines.

¹² The section on 'Repeat prescriptions' in *Good Prescribing Practice* sets out our specific expectations on this aspect.

¹³ The section on 'Prescribing medication with a risk of addiction or misuse' in *Good Prescribing Practice* sets out our specific expectations on this aspect.

21. In situations where you are registered with Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand, our standards will apply even if you only provide telehealth services to patients overseas.

Approved by Council	12 July 2023
Published	8 August 2023
Replaces statement dated	October 2020
*Any changes to the law before our next review date may make parts of this statement obsolete	

