



MEDICAL BOARD OF THE NORTHERN TERRITORY

TITLE: TECHNOLOGY BASED PATIENT CONSULTATION

EFFECTIVE DATE: 24 April 2006

UPDATED: April 2007, April 2009

INTRODUCTION

A variety of technologies have been adopted as alternatives to face-to-face consultations with patients. In many instances, this has been a positive development, giving patients access to services that would otherwise be unavailable to them. In some situation, the use of technology is ill advised and potentially detrimental to patient wellbeing.

This policy applies to any technology-based patient consultations which are defines as, 'patient consultations that use any form of technology (eg video conferencing, internet, telephone) as an alternative to face-to-face consultations'.

Medical Boards in all Australian jurisdictions have approved and will implement this nationally consistent policy as of 1 July 2007.

ASSOCIATED POLICIES / GUIDELINES

Good Medical Practice Guidelines, which stipulates general principles under which patients can expect to be entitled to good standards of practice and care from their doctors. These principles apply to doctors who advise or treat patients in technology-based consultations.

POLICY

1. Regardless of the method of consultation with a patient, the relevant college standards, expected standards of care and the Board's Good Practice Medicine Guidelines apply.
2. Doctors who advise or treat patients in technology-based consultations shall:
 - (i) First confirm, to their satisfaction the identity of the patient at each consultation. Doctors should be aware that it may be difficult to ensure unequivocal verification of the identity of the patient in these circumstances.
 - (ii) Include an adequate assessment of the patient's condition, based on the history and clinical signs and appropriate examination.
 - (iii) Keep colleagues well informed when sharing the care of patients.
 - (iv) Provide an explanation to the patient of the particular process involved in the technology-based consultation.
 - (v) Must make their identity known to the patient.
 - (vi) Must ensure that they communicate with the patient to establish the patient's current medical condition and history, and concurrent or recent use of medications including non-prescription medications; identify the likely cause of the patient's condition; ensure

that there is sufficient clinical justification for the proposed treatment; and ensure that the proposed treatment is not contra-indicated.

This particularly applies to technology-based consultations where the practitioner has no prior knowledge and understanding of the patient's condition(s) and medical history or to access to their medical records.

- (vii) Be ultimately responsible for the evaluation of information used in treatment, irrespective of its source. This applies to information gathered by a third party who may have taken a history from, or examined, the patient.
- (viii) Be confident that a direct physical examination would not add important information to inform their treatment decisions or advice to the patient. This particularly applies to consultations where the practitioner has no prior knowledge and understanding of the patient's condition/s and medical history or to access to medical records.
- (ix) Must make a clear, accurate and legible record of the consultation.
- (x) Make appropriate arrangements to follow the progress of the patient by monitoring the effectiveness and appropriateness of the recommended treatment and by informing the patient's general practitioner or other relevant practitioners.

In an emergency situation, it may not be possible to practise according to this policy. If an alternative is not available, a technology-based consultation should be as thorough as possible and ensure that more suitable arrangements are made to continuing care and follow up of the patient.