









National Policy Number <b>NatPol-005-2007</b>	National Policy Register
 <p>Medical Board of the ACT</p>       	<h2 style="text-align: center;">TECHNOLOGY BASED PATIENT CONSULTATIONS</h2> <hr/> <h3>1.0 Introduction</h3> <p>A variety of technologies have been adopted as alternatives to face to face consultations with patients. This policy applies to any technology based patient consultations, which are defined as:</p> <p><i>‘patient consultations that use any form of technology (e.g. videoconferencing, internet, telephone) as an alternative to face to face consultations.’</i></p> <p>The following state and territory medical boards have agreed to this policy:</p> <ul style="list-style-type: none"> <li>Medical Board of the Australian Capital Territory</li> <li>New South Wales Medical Board</li> <li>Medical Board of the Northern Territory</li> <li>Medical Board of Queensland</li> <li>Medical Board of South Australia</li> <li>Medical Council of Tasmania</li> <li>Medical Practitioners Board of Victoria</li> <li>Medical Board of Western Australia</li> </ul> <h3>2.0 Standards of Patient Care</h3> <p>The JMBAC Good Medical Practice Guide (currently under review and development of national consultation) stipulates <b>general principles</b> 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.</p> <p>Doctors who advise or treat patients in technology-based patient consultations shall:</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(ii) Include an adequate assessment of the patient’s condition, based on the history and clinical signs and appropriate examination.</li> <li>(iii) Keep colleagues well informed when sharing the care of patients.</li> <li>(iv) Provide an explanation to the patient of the particular process involved</li> </ol>

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	<p>in the technology-based patient consultation.</p> <ul style="list-style-type: none"> <li>(v) Make their identity know to the patient.</li> <li>(vi) Ensure 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; 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 access to their medical records.</li> <li>(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.</li> <li>(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 or understanding of the patient's condition(s) and medical history or to access to their medical records.</li> <li>(ix) Make a clear, accurate and legible record of the consultation.</li> <li>(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.</li> </ul> <p>In an emergency situation, it may not be possible to practice according to this policy. If an alternative is not available, a technology-based patient consultation should be as thorough as possible and ensure that more suitable arrangements are made for the continuing care and follow up of the patient.</p> <p><b>3.0 Implementation Date</b></p> <p>This policy takes effect from 1 July 2007.</p>