



# Australasian College for Emergency Medicine

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Medical Board of Australia

Via email: [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

To whom it may concern,

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide comment on the Draft revised guidelines: Telehealth consultations with patients.

ACEM believes the revised guidelines for telehealth consultations with patients are clear and detail the obligations of medical practitioners to only utilise telehealth when it is reasonable, safe and maintains the quality and standards of a medical provision. The guidelines appropriately balance the opportunities provided by expanding telehealth services, with the need to maintain strong structures and boundaries to retain high-quality care.

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to emergency departments (EDs).

ACEM notes that the narrow focus of the revised guidelines for consultations with patients is potentially a limitation to improving the broader telehealth system. The Medical Board should consider processes to establish guidelines on other forms of telehealth provision.

## **The Role of Telehealth in Emergency Care**

While this consultation focused on clinician-to-patient support, we would like to highlight that telehealth has been used effectively over many years to connect clinicians to specialist support. ACEM supports the use of telehealth in emergency medicine through both real-time and scheduled virtual support between clinicians.

ACEM is concerned that telehealth may be positioned as the solution to the access issues and workforce shortages that are currently impacting on emergency care, which requires thorough, in-person consultation and assessment to determine acuity and to provide care. Telehealth may be a supplement to high quality emergency care, but cannot replace the central role of face-to-face consultations.

Therefore, ACEM strongly supports the statement with the guidelines that:

*'it is not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations'.*

## **Virtual Triage in Emergency Care**

ACEM has published an Interim Position Statement on Telehealth in Emergency Medicine that can be found [here](#). This position statement highlights necessary factors beyond clinician-to-patient care for the provision of telehealth in emergency medicine and within the healthcare system.

The use of telehealth for clinician-to-patient consultations in emergency medicine is a growing area of medical provision in Australia since the introduction of telehealth MBS items in March 2020. A rapidly emerging use for telehealth is phone or video-based tele-triage to screen patients in the community to determine the patient's condition and care needed. This is sometimes referred to as a 'virtual ED'. These services have a significantly narrower scope of work than a physical ED, acting as a triage system for potential emergency care presentations.

This tele-triage may be beneficial for patients by referring them to the most appropriate access point for acute, but not life-threatening, care, including radiology or pathology requests, or other speciality examinations and assessment, without presenting to an ED.

### **Connection to Local Knowledge is Necessary**

This form of telehealth consultation must reflect that quality of care and patient outcomes are optimal when a clinician has local knowledge and relationships to efficiently refer to the services of a specific town or region. Likewise, to inform a patient's general practitioner, who may provide their continuing care.

ACEM recommends that the guidelines are updated with a requirement for the clinician to be required to have knowledge of, and/or access to, referral options in the region in which the patient resides.

### **Monitoring of Quality is Essential**

ACEM recommends that the integration of clinician-to-patient telehealth services into ongoing care must be monitored on an ongoing basis by all practising clinicians. The purpose of this monitoring is to ensure that the limitations of telehealth do not impact on patient safety and the quality of health care.

### **Good Care Requires Engaging with Patients**

ACEM supports statement within the guidelines alluding to the provision of care with no direct consultation between clinician and patient:

*'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'.*

However, we believe that this point needs to be clarified, as the guideline may be interpreted as a doctor cannot prescribe to a patient if they have never consulted with the patient *prior to* the current telehealth consultation. ACEM also strongly agrees that the use of survey-based assessments without direct contact between a clinician and patient for the prescribing of medicines is inappropriate and should never be employed. This is a major risk for quality and safety, and could result in the need for emergency care.

Thank you again for the opportunity to provide feedback on the Draft revised guidelines: Telehealth consultations with patients. If you require any further information about any of the above issues, or if you have any questions about ACEM or our work, please do not hesitate to contact James Gray, Manager, Policy and Advocacy (james.gray@acem.org.au; +61 427 054 408).

Kind regards,



**Dr Didier Palmer**

Chair, Council of Advocacy, Practice and Partnerships