



Policy and Position Statement relating to Telemedicine in General Practice/Primary Care, including Online/Video Consultations

INTRODUCTION:

This policy document, including its incorporated position statement and recommendations, has been produced on behalf of the **Irish Student Health Association's (ISHA)** Executive Committee and its Ordinary Members. It represents the firm beliefs of all of our members in relation to how Telemedicine should be used in the Primary Care setting, and specifically, in the field of Irish Student Health.

Traditionally, healthcare professionals have relied on the use all of their senses within a consultation, to assess, diagnose and treat patients. As always, however, times change and evolution occurs.

In a way, Telemedicine has been in existence since the advent of the humble telephone. It provided a method of initiating communication between patient and healthcare professional, particularly for triage and simple advice, or even follow-up. Its significant limitations, however, specifically the lack of ability to physically examine a patient or even undertake the most basic of point-of-care investigations to aid in ascertaining a diagnosis, have always been acknowledged and taken into account. The invention of the Fax machine provided another step in the advance of Telemedicine, facilitating communication between healthcare professionals, as well as the occasional transmission of prescriptions between a patient's own GP practice and a pharmacy. Key to these early

and very basic forms of Telemedicine, was that they generally involved direct contact and communication between a patient and their own GP/local medical practice.

The global explosion of information and digital technology has led to a quest for convenience in accessing professional services, including healthcare services. It is vitally important however that this drive for convenience is not permitted to compromise the quality and established, evidence-based standards of medical care. Healthcare has always been a rapidly and constantly evolving climate, with a growing complexity to clinical care.

For very rural populations who are significantly isolated geographically, Telemedicine has been an important development in facilitating access to healthcare advice and support. Also, there are ongoing challenges with the funding of healthcare services, so alternative cost and time-saving measures must be found. Without doubt, Telemedicine, including its most recent evolution in the form of online/video consultations, may provide part of the solution to both, these challenges, as well as the growing volume of clinical work.

Some uses of this type of consultation remain extremely contentious, however, especially the area of remote prescribing. The **General Medical Council (GMC)** in the UK issued guidance regarding remote prescribing back in 2012.¹ They stated that *'remote prescribing should not be a matter of routine and should only be done if you have adequate knowledge of the patient's health'*. They also highlighted that doctors *'consider the limitations of communicating with a patient via telephone or other technology; whether a physical examination is required and whether you have access to the patient's medical records'*.

It is acknowledged that in conducting online consultations, that healthcare professionals can be blinded to the subtleties and nuances which are central to face-to-face consultations and that there can be risks of misinterpretation and miscommunication as a result of this.

Provided that good governance is understood and achievable, that there is scrupulous recording of consultations, with the ability to share communications with other relevant and appropriate healthcare professionals in a timely manner, online/video consultations can offer a viable adjunct to face-to-face clinical work.

Unfortunately, at present, there is clearly inadequate regulation and maintenance of standards within telemedicine services, and in particular, when it comes to online/video consultations. We need only look at the recent evidence coming from our colleagues in the UK. The **Care Quality Commission (CQC)** only just published a report on 23rd March 2018, which found *'43% of online consultations had been deemed to be*

unsafe'.² Safety concerns identified by the CQC with online providers included problems with '*inappropriate prescribing of antibiotics, opioid-based medicines and asthma medication; problems with child safeguarding; and failing to properly collect patient data or feed it back to patients' NHS GP*'. These findings came only a month after the publication of results from a study carried out by the **Imperial College of London**, which found private Online 'GP' Services to be '*unsafe and at risk of fuelling antibiotic resistance*' through inappropriate antimicrobial prescribing patterns.³ The research found that promises of '*Antibiotic prescriptions within minutes*' were being used as marketing ploys in an effort to attract patients and prescriptions were then being provided to maximise patient satisfaction. Prior to this, a studies published in the British Journal of General Practice in late 2017 and January 2018, exploring electronic consultations as an alternative to face-to-face consultations, found that the former failed to reduce the overall workload of GPs, did not improve patient access to GP care, and was found not to be cost-effective.^{4,5} The findings of this research prompted the Royal College of General Practitioners to issue cautionary advice via a formal statement issued on 30th January 2018 to all UK GPs, recommending that electronic consultations/telemedicine services should only be provided by practices in parallel with continued face-to-face patient contact available through the same practice.⁶ *In the interests of patient safety, they warned against electronic consultations being used or provided as the sole method for accessing GP care.*

Added to the above, a recent **BBC Panorama Investigation** programme, which aired in early August, highlighted serious safety concerns regarding some of the practises of Online Doctor websites in relation to their prescribing patterns.⁸ As part of the investigation, an individual with a past history of Anorexia was able to order and purchase weight loss medication, while another person with a history of addiction was able to obtain high-strength analgesic medications with known addictive potential. *The revelations from this investigation led to further calls from the CQC for changes to laws to improve legislation and regulation of private online medical services, particularly in relation to the issuing of prescription-only medicines by these providers.*

The development of Telemedicine, and in particular, online/video consultations, poses both a threat and an opportunity for modern medical care. Safeguards need to be put in place to ensure safety and accountability when it comes to online/video consultations. The use of technology to deliver care at a distance is rapidly growing and can potentially expand access for patients, enhance patient-healthcare professional interaction, improve health outcomes, and reduce medical costs. However, the potential benefits must be measured against the risks and challenges associated with its use, particularly the absence of any physical examination and variation in or lack of regulation.

In 2015, having reviewed studies, reports and surveys on all aspects and uses of Telemedicine, the **American College of Physicians (ACP)** published a Position Paper in the *Annals of Internal Medicine*, titled – ‘*Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings*’.⁷ The following **ISHA** position statement and recommendations are adapted from and based on the findings and recommendations from this paper, in particular, combined with aspects of the previously cited published guidance from the **GMC** in the UK, along with points taken from the formal advice of **Medical Indemnity Providers** regarding telemedicine services.

Irish Student Health Association (ISHA) Position Statement & Recommendations on Telemedicine in GP/Primary Care

1. ISHA supports the expanded role of telemedicine as a method of healthcare delivery that may enhance patient-healthcare professional interaction, improve health outcomes, increase access to care, particularly from the members of a patient’s regular healthcare team/providers, and facilitate in the reduction of medical costs when used as a component of a patient’s ongoing, regular care.
2. ISHA believes that telemedicine can be most efficient and beneficial when undertaken between a patient and a healthcare professional with whom they have a previously established and ongoing relationship of care.
3. ISHA believes that episodic, direct-to-patient telemedicine services should only be used as an alternative to a patient’s own primary care physician, when they are unavailable/inaccessible, and when it is deemed necessary in order to urgently meet the patient’s acute care needs.
4. ISHA believes that a valid patient-healthcare professional relationship must be established for a professionally responsible telemedicine service to be provided. In the event that a physician using telemedicine has no direct previous contact or existing relationship with a patient, they must ensure the following:
 - Take appropriate steps to establish a relationship based on the standard of care required for a face-to-face consultation, OR
 - Consult with another physician who does have a relationship with the patient and oversees his/her care.

5. ISHA recommends that telemedicine activities address the needs of all patients, without disenfranchising financially disadvantaged populations or those with low literacy or technologic ability.
6. ISHA believes that physicians should use their professional judgement about whether the use of telemedicine is appropriate for a patient's presenting complaint. They should never compromise their ethical obligation to deliver clinically appropriate care for the sake of adoption of new technology. If any element of a physical examination/near patient point-of-care testing is required or other reason necessitating face-to-face consultation exists, then in these circumstances, telemedicine is not an appropriate form for providing clinical assessment or medical care.
7. ISHA believes that the issuing of prescriptions, either acute or long-term, should only be undertaken and provided in strictly limited circumstances, namely:
 - If the patient is personally known to and a registered patient of the physician undertaking the telemedicine consultation, or is at the very least a registered patient of another doctor in the consulting physician's practice; OR
 - If the physician undertaking the consultation and providing the prescription is not the patient's regular physician, but has either already recently seen and physically examined the patient in an Out-of-Hours facility in relation to the exact same presenting complaint, or if not, can subsequently ensure that they can personally follow-up the patient in-person and conduct a physical examination within a clinically acceptable timeframe.

ISHA believes that if either of the above conditions are not satisfied, then the physician providing the telemedicine consultation should not be permitted to issue a prescription.

8. ISHA believes that any healthcare professionals engaging in telemedicine services to patients in the Republic of Ireland, in addition to being fully registered on the appropriate specialist division with the Irish Medical Council/Nursing & Midwifery Board of Ireland, should also be required to be physically located within the country at the time they are providing such a form of medical/healthcare consultation.
9. ISHA believes that healthcare professionals/practices/companies providing telemedicine services should ensure that their patient communications and records are at all times secure and compliant with data protection legislation.
10. ISHA recommends that the provision of telemedicine services be held to the same standards of practise and stringent regulation as are required of healthcare professionals who attend and provide in-person patient care.
11. ISHA firmly believes that there is an urgent need in the Irish healthcare setting for collaboration between the Irish College of General Practitioners, the Irish Nurses

and Midwives Organisation, the Irish Medical Council and An Roinn Sláinte, to develop evidence-based guidelines and clinical guidance for doctors and other healthcare professionals on the appropriate use of telemedicine, to ensure the provision of safe medical care and optimal patient outcomes from these forms of interaction.

12. ISHA recommends that any healthcare professionals engaging in telemedicine services are obliged to ensure that they have adequate and sufficient medical indemnity cover in respect of the provision of this form of medical care.

ISHA believes that telemedicine can be a beneficial and important part of the future of healthcare delivery. It holds the promise to improve patient access to care, improve patient satisfaction, and reduce costs. However, various challenges and concerns around the quality and security of the care being provided should not be overlooked. Though Telemedicine has been a component of the healthcare field for decades, it is only since the proliferation of computer and smartphone technology that it has taken a foothold in how healthcare may be delivered to an ever greater number of patients. It is vitally important that in embracing, developing and engaging with this form of medical care, that healthcare professionals, legislators and regulatory bodies seek to balance the benefits of telemedicine against the potential risks for patients. ISHA believes that in order for Telemedicine, including Online/Video consultations, to be safe and optimally look after a patient's needs, that it should ideally be undertaken and utilised by patients engaging with a healthcare professional/medical practice with whom they are familiar, and who can also ensure the provision of face-to-face consultation if deemed necessary. ISHA believes that there should be greater restrictions placed on remote prescribing practices, particularly in relation to the prescription of antimicrobials and long-term medications. Technology will always have a place in healthcare, provided that it enhances the health of patients, and doesn't ever undermine it.

References:

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