

Australasian College
for Emergency
Medicine

Australian and New
Zealand College of
Anaesthetists

College of Intensive
Care Medicine of
Australia and New
Zealand

New Zealand College
of Public Health
Medicine

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College of Medical
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New Zealand College
of Obstetricians and
Gynaecologists

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Ophthalmologists

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Australasian College
of Physicians

The Royal Australian
and New Zealand
College of
Psychiatrists

The Royal Australian
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Council of Medical Colleges in New Zealand

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19 August 2020

Kanny Ooi
Senior Policy Advisor and Researcher
Medical Council of New Zealand

By email: kooi@mcnz.org.nz

Tēnā koe Kanny,

Re: Consultation on telehealth

Thank you for the opportunity to comment on the above consultation. The Council of Medical Colleges (CMC) is the collective voice for the medical colleges in New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care.

The CMC commends the Medical Council for updating its statement on telehealth in response to increased use of virtual and online consultations during the COVID-19 pandemic. Responses to the consultation questions are provided below.

- 1. Do the proposed changes in paragraph 16 of the Telehealth statement better reflect considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person?**

The CMC supports the statement in paragraph 16 that “before prescribing any medicine for the first time to a patient, an in-person consultation is best.” CMC also supports the option of a virtual consultation with a patient, if the patient is unable to be seen in person.

However, the CMC highlights concerns made in the Australian and New Zealand College of Anaesthetists (ANZCA) submission, that prescribing controlled drugs in a first virtual appointment would not be appropriate. ANZCA highlights that

College of Radiologists	prescribing controlled drugs should only occur in the context of an established relationship between the prescriber and the patient (so not in a first appointment), and after a face-to-face assessment has been undertaken. ANZCA highlights that controlled drugs are already over-prescribed, and virtual consultations could increase inappropriate prescribing. This issue should be addressed directly in the document.
The Royal College of Pathologists of Australasia	2. Are there any other considerations we need to take into account, or changes we should make to paragraph 16 or footnote 11 of the Telehealth statement about prescribing to a patient for the first time that you are unable to see in person?
Royal New Zealand College of Urgent Care	It would be useful to highlight that medical practitioners should assess how well patients are able to engage in telehealth (for example whether they have appropriate technology for effective communication). Medical practitioners should also assess whether the patient is disadvantaged by having a virtual consultation, and if so assess ways to mitigate this.
Australasian College of Sport and Exercise Physicians	3. Are there any other considerations we need to take into account or changes we should make to the Telehealth statement to better support virtual consultations and new ways of working?
	As highlighted in the New Zealand Medical Association's submission, a key element the statement should include is discussion about the views and preferences of the patient in regards to telehealth, and what they are comfortable with. This links to the reference to cultural safety earlier in the document – that it is the patient's experience that defines the quality of care.
	4. Does our Telehealth statement strike the right balance between protecting public health and safety, and embracing new ways of working? If not, what further changes would better support that?
	It would be worth exploring equity issues further in the statement, to make it explicit that medical practitioners and health services must consider whether telehealth is being managed in a way that is in the best interests of patients and does not exacerbate health inequity. Telehealth may have significant advantages in some scenarios where care would not otherwise be able to be accessed (e.g. due to geographical and travel issues; time off work; infectious disease; and other barriers to face-to-face care). However, if telehealth is utilised by health services primarily as a cost-cutting measure, this will serve as an extra barrier to access, and increase inequities. The CMC recommends that it is clear in the document that telehealth be used primarily to support better patient care and outcomes.
	Finally, thought needs to be given to the principles of Choosing Wisely (www.choosingwisely.org.nz) regarding rational use of our health resources. Guidelines around the use of telehealth must give clear due diligence to these principles to ensure that telehealth does not result in cutting corners around

test ordering or medication prescribing when a face to face consultation might have negated the need for such tests or treatments.

Thank you once again for the opportunity to comment. If you would like to discuss this submission further, please contact Virginia Mills (Executive Director) at virginia.mills@cmc.org.nz

Nāku noa nā,

A handwritten signature in purple ink, appearing to read "John Bonning".

Dr John Bonning

Chair