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Tēnā koe Joan

Re: Consultation - Telehealth

Thank you for the invitation to provide feedback on the revised telehealth guidelines. The Council of Medical Colleges welcomes and broadly supports the Medical Council's revised statement on Telehealth – it is comprehensive and appropriately focused on protection for patients. CMC commends the Medical Council New Zealand on this work.

The statement emphasises the advantages of telehealth in increasing access and choice and the role it can play therefore in supporting more equitable health outcomes. Health technology can be considered a strategic opportunity to change the way patients receive or are empowered to take responsibility for their own care. It is not merely about technological intervention, standalone devices and device based applications, and more than a way to increase the efficiency of an existing service model

Using telehealth must facilitate equitable access, and not create an unintended consequence of additional barriers to access to medical care for vulnerable patient groups. The implications for equity, access and continuity of care will differ between the types of telehealth services on offer – whether they be public and private health services where telehealth is provided as supplementary to in-person care, or commercial, for-profit providers of telehealth services, where telehealth is likely to be the only type of consultation, and practitioners are unlikely to have an existing relationship with the patient.

Telehealth has the potential to be an important complement, but not a replacement, for locally provided comprehensive health care. Advice given by telephone/video does not constitute a comprehensive assessment, and clinical examination remains key to decision making in a range of specialties. There are many situations where face-to-face meetings are necessary and potentially lifesaving. Telehealth consultations should not be used for assessing

patients with potentially serious, high-risk conditions requiring an urgent physical examination. Some members of CMC believe that when 'equivalent' care cannot be delivered by telehealth, due to compromised ability to clinically examine, telehealth should not be offered at all. Answers to your specific questions are provided below:

Do you support the addition of the paragraph relating to continuity of care?

CMC supports the suggested addition to the paragraph, emphasising the importance of doctors ensuring continuity of care when providing telehealth services to patients who are not their regular patients. It highlights the need for effective communication between the telehealth provider and the patient's regular doctor to achieve positive health outcomes.

Additionally, CMC recommends expanding on this by prompting telehealth providers to enable patients without regular doctors better access primary care services in their local area, if desired. However there are potential financial incentives for commercial telehealth providers to discourage patients from accessing publicly funded primary health services, and we suggest that the Medical Council should address this expectation in their Statement.

Is the guidance in 'Where a physical examination is necessary' clear, appropriate, and practical? What changes (if any) should we make?

The guidance under 'Where a physical examination is necessary' seems clear and appropriate. We recommend including a further option of referring the patient to another practitioner to in-person care where needed.

Do you support changes we have made to 'When you prescribe medication via telehealth?' What changes (if any) should we make?

CMC commends the Medical Council for including specific guidance on the prescription of psychotropic medications or medications with a risk of addiction or misuse via telehealth. We note that the full guidance on prescribing medication with a risk of addiction or misuse must be considered and carefully applied in a telehealth scenario. We recommend that the Medical Council recommend explicitly referencing Good Prescribing Practice in this paragraph, and encourage doctors who prescribe such medications to engage in clinical audit and peer review of their telehealth prescribing practices.

Please provide any other comments you may have about Telehealth that you would like us to consider.

Telehealth has the potential to improve health equity, efficiency of health care delivery and population health, and implementation of telehealth may extend timely, convenient, affordable and high-quality health care to patients. Limited data, however, is available that directly links the provision of telehealth to improved health outcomes and

increased health equity. CMC suggests that providers of telehealth services should actively participate in quality improvement processes to enhance cultural safety, patient care and ensure equitable health outcomes.

We recommend that the Medical Council include some guidance on managing proper allocation of patient care. Some low value care (that would not have otherwise been provided by specialist doctors) is more likely to occur, or other instances whereby clinical examinations are “deferred” to specialist services by making a referral prior to completing a physical examination. This could lead to unintended consequences costs and workforce consequences. This is starting to emerge already in private practice. For example a gynaecology patient with abnormal periods in a rural area “sees” a GP by telehealth because it is faster and more convenient for them, and the examination is deferred to the specialist services rather than being completed in primary care.

Guidance should also allow some flexibility for provision of telehealth services by providers in disasters, such as floods, earthquakes, and pandemics. Telehealth can be used to manage short-term surge capacity in disasters when disruption of services occurs and to support local healthcare providers who may also be affected by the disaster. It may be appropriate to provide ‘remote examinations’ or arrange physical examinations at a later date. Prescribing exemptions may also be in place during public health emergencies.

Guidance around issuing Medical Certificates via telehealth should be included in the Telehealth Guidelines.

CMC consider that best-practice telehealth can enhance Aotearoa New Zealand’s healthcare system - telehealth should not be used primarily as a way of cost-cutting by health services. Decisions to outsource or replace direct care with telehealth based on cost alone in the absence of viable alternative arrangements risks worsening inequity for groups of patients. While the CMC recognises that the Medical Council is not responsible for funding, we stress that any increased uptake of telehealth should be adequately funded, and should not lead to a diminishment of funding for direct (“face-to-face”) medical treatment. A very clear definition by the Medical Council which outlines the circumstances for which telehealth is appropriate may curtail the temptation to use telehealth as a cost-cutting tool.

Nāku noa, nā



Dr Samantha Murton

Chair, Council of Medical Colleges