

Guide to providing telephone and video consultations in general practice



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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

<i>Introduction</i>	<i>1</i>
<i>Guidance for appropriate use of telephone and video consultations in general practice</i>	<i>2</i>
Choosing to offer video consultation or telephone services	2
When to use a telephone or video consultation	2
When not to use a telephone or video consultation	3
Telephone and video consultations related to COVID-19	3
How to manage and send clinical paperwork (prescriptions, referrals and requests) following telephone and video consultation	4
<i>Principles for conducting telehealth consultations</i>	<i>5</i>
1. The GP–patient relationship	5
2. Providing and documenting care	6
3. Risk management	6
4. Consent, privacy and confidentiality	7
5. Training	8
<i>Practice tips and related resources</i>	<i>8</i>
Related RACGP resources	8

Guide to providing telephone and video consultations in general practice

Introduction

As the healthcare sector deals with the current COVID-19 situation, general practices are rapidly changing the way care is accessed and delivered to ensure the safety of their practice teams, patients and the broader community. One of these changes is increasing the ability for general practice consultations to be conducted via telehealth. Formal measures are being taken by the Australian Government to support healthcare practitioners to use telehealth, where appropriate, by introducing new [Medicare Benefits Schedule item numbers \(bulk billed only\)](#).

This guide will help specialist general practitioners (GPs) and broader practice teams provide safe and effective telephone and video consultations during these unprecedented times, and outlines the clinical, administrative and technical considerations for practices introducing this mode of healthcare delivery for the first time. This document is a guide only, and will not cover all scenarios and patient circumstances that may arise in your practice and during consultations.

The increased use of telehealth consultations is to enable general practices to better support their patients during this time of crisis. General practice consultations should continue to be delivered under a high-quality general practice framework, as defined in The Royal Australian College of General Practitioners' (RACGP's) [Vision for general practice and a sustainable healthcare system](#). This can only occur where this is an established relationship between the patient and GP or general practice and a wide range of services are available. The RACGP does not support the concept of on-demand telehealth consultations between unknown patients and providers.

Guidance for appropriate use of telephone and video consultations in general practice

Choosing to offer video consultation or telephone services

The GP and practice team will need to:

- determine work flows and system changes for the practice
- determine what technology platforms will be used
- set up and test any technology that will be used
- consider any training requirements for GPs and practice staff
- decide on a communication strategy for patients and other stakeholders associated with the practice
- update the practice website and/or on-hold messages to advise that telephone and/or video consultations are available
- provide patients with information on what to expect during their telephone or video consultation
- ensure patients are informed about the option to continue attending the practice for consultation if this is clinically appropriate and safe for the patient, practice staff and the community.

Decisions about whether or not the practice will offer telephone or video consultation services should be made by the GP and the general practice team. When making the decision to offer telephone or video consultations, careful consideration should be given to:

- deciding/agreeing on what appointments will be conducted via telephone or video consultation
- clinical effectiveness/appropriateness
- clinical needs of patients
- patient safety, including an existing relationship between the GP or general practice and the patient
- reliable and secure equipment, fit for clinical purposes
- secure management of patient health information
- patient experiences.

When to use a telephone or video consultation

Telephone and video consultations can generally be used for:

- any condition/scenario where a telephone or video consultation protects vulnerable populations, such as older patients and patients with comorbidities who are at increased risk if they do contract COVID-19
- medical certificates or issuing repeat prescriptions for medicines
- mental health consultations, counselling and similar services
- routine chronic disease check-ups, especially if the patient is stable and has monitoring devices (if required) at home
- any consultation where the trade-off between attending in person and staying at home favours the latter
- COVID-19 related conditions – refer below to ‘Telephone and video consultations related to COVID-19’.

There is no need to use video if a telephone call will suffice. The decision to offer a video consultation should be part of the wider system of triage offered in your practice. It should be understood that the addition of visual images via a video link adds value to any telehealth consultation and can improve both quality and safety for more complex consultations.

For some patients, a video consultation may be more appropriate than telephone – for example, where the patient is hard of hearing or deaf, a video consultation will provide them the opportunity to lip read. Video consultations allow GPs to view patients, which can assist in wound management and reviews and may assist in determining if they look unwell, given there is no opportunity to undertake a physical examination.

When not to use a telephone or video consultation

The RACGP acknowledges that while video or telephone consultations are generally not ideal for the following circumstances, the GP may need to exercise a judgement as to the balance of risks of a physical examination.

The RACGP recommends that video or telephone consultations should generally **not** be used, and arrangements made for an in-practice face-to-face consultation:

- for assessing patients with potentially serious, high-risk conditions requiring a physical examination, particularly for patients with chronic disease who are unable to self-monitor appropriately and patient groups deemed high risk for poor outcomes from COVID-19
- when a physical/internal examination is required/cannot be deferred to support clinical decision making
- where a patient's ability to communicate by telephone or video consultation is compromised and they do not have a support person to assist them during the consultation, impacting clinical quality and patient safety
- in situations where there is any doubt about the clinical appropriateness of a telephone or video consultation (in these instances, attending the practice in person for a face-to-face consultation is preferable).

Telephone and video consultations related to COVID-19

For issues related to COVID-19, telephone and video consultations should be used when:

- the clinician is self-isolating or is vulnerable due to their age or medical conditions
- the patient is self-isolating or is vulnerable due to their age or medical conditions
- the patient or clinician is a confirmed COVID-19 case or is self-isolating under the [*Communicable Diseases Network Australia national guidelines for public health units*](#)
- the patient or clinician has symptoms that could be due to COVID-19 and the use of telephone or video consultation protects the community more broadly
- the patient is well but anxious and requires additional reassurance from their usual GP or general practice
- the patient is in a residential aged care facility with staff on hand (as required) to support a telephone or video consultation
- there is a need for remote support to meet increased demand in a particular locality (eg during a local outbreak when staff are unwell).

How to manage and send clinical paperwork (prescriptions, referrals and requests) following telephone and video consultation

The current COVID-19 situation has presented challenges regarding the current systems and processes for sending and receiving clinical paperwork following telephone or video consultations. At this time, the RACGP recommends using the simplest and most effective methods for provision of prescriptions, radiology and pathology requests and other clinical referrals for patients in the interests of care continuity.

The RACGP recognises that email is currently not standard practice for electronic communication of clinical paperwork due to risks of interception. In these current, unprecedented circumstances, and with the increasing use of telephone and video consultations, the RACGP views email as an appropriate method of communication to ensure continuity of care, providing it adheres to RACGP guidance on [using email in general practice](#) and informed consent is obtained from the patient to use email (fully understanding the risks of interception). This informed consent should be documented in the patient's health record.

The following time-limited recommendations apply a common-sense approach to a unique situation for electronic transfer of information, while maintaining patient choice and patient privacy and confidentiality.

Steps for providing a pharmacy prescription to a patient following a telephone or video consultation:

- Print the prescription and sign it as per usual practice.
- Create a digital copy of the signed prescription (a photo or pdf) and send the prescription via email, text or fax to the patient (use a practice email address/text message if possible).
- Ask the patient if they would like the prescription sent directly to their pharmacy of choice and/or sent directly to them.
- Send the digital prescription directly to the pharmacy and/or the patient via email, text or fax.
- Post the original to the pharmacy, ideally within the next 24 hours (must be sent to the pharmacy within 15 days of the medication being supplied).

Patients with existing paper prescriptions or repeat prescriptions who are confined to their homes can create a digital image of their paper prescription and send to their chosen pharmacy. The patient must send the paper copy of the prescription to the pharmacy within 15 days of the medicine being supplied.

Patients should also contact their chosen pharmacy directly to discuss delivery of their prescribed medicines.

Please note: Schedule 8 and 4(D) medicines are not included as part of this interim arrangement and are to be supplied under the current prescribing arrangements.

Steps for providing a pathology/radiology request to a patient following a telephone or video consultation:

- Email or send in any electronically transmissible image format the request to the patient (or their nominated agent) and advise the patient to contact their preferred pathology/radiology provider to establish the most appropriate electronic communication method to forward the request.
- If the patient can confirm their preferred provider with the GP, the request can instead be sent to the provider via secure electronic communication (if possible) or emailed directly to the provider (if the clinic confirms email as a satisfactory means of electronic communication) and the patient.

- Advise the patient to arrange the appointment with the provider as per normal practice.
- Ensure the request contains all information necessary for the patient to book the requested service/examination (referrer's full name, provider number or practice address, date and description of services requested).
- Follow up results of the service/examination in an appropriate and efficient manner.

While the RACGP has long advocated to cease use of the fax machine in general practice, it is recognised that, if email is not appropriate, in these current circumstances fax may be an appropriate alternative method for transmission of clinical paperwork to providers.

Principles for conducting telehealth consultations

The following principles broadly outline the accountabilities and requirements of general practices when delivering telephone or video consultations.

1. The GP–patient relationship

When providing care to a patient using telephone or video consultation technologies, there should ideally be an existing relationship with the GP or general practice. To maximise quality and continuity of care, the patient should ideally have visited the practice at least once in the preceding 12 months, or have specifically indicated to the practice they wish to begin or resume seeking care from that practice (to capture new patients and to support patients who haven't seen a GP for 12 months).

Many of the risks – for the patient and GP – associated with providing telephone or video consultation services are reduced by prior knowledge of the patient's medical history and access to complete medical records. A GP's diagnostic and management capability and their prior knowledge of a patient's medical history ensures high-quality and individualised patient care.

Just as in a face-to-face consultation in the practice, GPs will need to use strategies to reduce the risk of missing or omitting important information, including:

- asking open-ended questions to gather information that assists with clinical decision making
- finding solutions to communication, language or cultural barriers
- avoiding medical or technical jargon
- listening and watching for verbal, emotional and behavioural cues that can convey important patient information (eg body language, tone of voice, background noise)
- assisting the patient to use any home monitoring devices they may have, such as blood pressure monitors
- establishing the patient's functional status (eg ability to use the stairs in their home, sleep patterns, appetite)
- ensuring the patient has a support network
- creating an action plan if the patient's symptoms worsen.

2. Providing and documenting care

General practices offering telephone or video consultation services must document these consultations in the same complete and accurate way they would document a physical consultation. GPs need to:

- meet their usual obligations to maintain an individual patient health record containing up-to-date patient health information held by the practice
- meet their usual obligations for documenting consultations
- obtain verbal informed consent from the patient to proceed with a telephone or video consultation and document this informed consent in the patient's medical record
- record the details of any other persons present during the consultation and the patient's explicit consent for such parties to be present
- document that the consultation was conducted by telephone or video consultation
- document clinical findings, diagnosis, diagnostic investigations, procedures or medicines prescribed
- document any follow-up required
- document any technical malfunctions in the telephone call or video consultation (eg poor sound or image) that may have compromised the safety or quality of the consultation.

The best place for recording and storing information is the patients' electronic medical record held by the practice. If the GP does not have access to a patient's health record at the time of the telehealth consultation, another secure and consistent method of collecting and recording information must be established. It is the consulting GP's responsibility to ensure this information is added to the patient's electronic medical record as soon as is practicably possible.

3. Risk management

General practices offering telephone and video consultation services need to be mindful of the unique risks involved in consultations where the GP and the patient are at different locations. It is important for general practices to identify these risks and determine how they should be managed.

3.1 Managing adverse events during a telephone call or video consultation

It is recommended that practices have a documented contingency plan for managing patients who become distressed during a telephone call or video consultation. This is particularly important if the telephone call or video consultation session is being conducted at a location where the practice's usual systems and resources for handling contingencies and medical emergencies are not available.

Practices are also advised to have a documented plan for managing technical difficulties during a telephone or video consultation, as these can potentially compromise the effectiveness of the consultation or the patient's safety. For example, a contingency plan could involve having easy-to-read troubleshooting guides for common technical difficulties, completing an interrupted video consultation by telephone or using another device to place a telephone call.

3.2 Reliable and secure technical systems fit for clinical purposes

The technical systems should support safe, secure and effective telephone and video consultations.

Skype and other free video software (such as WhatsApp, Facebook Messenger and Tox) are convenient and widespread, and provide an easy way to conduct telephone and video consultations, especially on an ad hoc basis. There is currently no evidence to suggest these are unsuitable for clinical use.

To avoid near misses and mistakes in clinical care, telephone and video conferencing equipment and connectivity should be capable of delivering sound and image quality suitable for clinical purposes.

3.3 Verifying patient identity

The consulting GP may need to verify the identity of the patient if they are initiating the telephone call or video consultation. This can be done by asking the patient to provide their name, address and date of birth at the commencement of the consultation.

All other parties participating in the telephone or video consultation, including family members, should also formally introduce themselves at commencement of the consultation. Patient consent needs to be confirmed for other parties to be part of the consultation. Clinicians should also confirm their professional identity.

4. Consent, privacy and confidentiality

General practice telephone and video consultations are subject to the same RACGP [Standards for general practices \(5th edition\)](#) and government legislation concerning consent, confidentiality and privacy.

Patient privacy and confidentiality during telephone and video consultations relies upon secure environmental/physical, audio and visual components. To help ensure patient confidentiality and privacy:

- dedicate a space from which to consult that is quiet and does not allow others to hear any audio or view any visual content – treat the space as any other clinical consultation and ensure privacy for the patient at all times
- ensure systems are in place to prevent interruptions (eg a 'do not disturb' sign on the outside of the door to stop others entering during the telephone or video consultation)
- ensure access to a phone as a back-up if the video call fails
- if working away from the practice or at home, ensure the technology being used is fit for clinical purpose
- ensure there is read/write access to the practice's clinical information system to ensure the physical security of information collected during the consultation.

5. Training

GPs should be offered training, where available, and upskilled or briefed on key components of the practice's video consultation system.

Administrative staff who coordinate patient bookings, GPs' schedules and video conference equipment should also have access to appropriate training or upskilling.

Coordination of patient bookings and clinicians' availability, and efficient setup of rooms and of properly functioning equipment, are critical to the success of safe and clinically effective telephone or video consultations.

Practices are encouraged to invest in appropriate training for practice team staff in the key components of telephone/video consultations generally, and in the practice's video consultation system. Training should cover:

- informed patient decisions
- cultural awareness (eg particular sensitivities about personal images and the recording of personal images)
- patient consent to the presence of third parties
- efficient coordination of patient appointments, including cancellations, clinician availability and properly functioning equipment
- proficient use of the practice's video conference equipment
- troubleshooting common technical difficulties
- video consultation etiquette
- communication protocols
- practice policy on video recording
- privacy and security of patient health information.

Practice tips and related resources

Despite the different method of delivery, the principles and procedures for conducting a telephone or video consultation are generally the same as for an in-practice face-to-face consultation. Think about your usual procedures for a physical consultation:

- How do you normally prepare for or conduct a physical consultation?
- How would you shift these preparations for a telephone or video consultation?
- What would you need to change to ensure the same level of assessment and care is conducted if you are using a telephone or video consultation?

When using your personal mobile to send text messages or make telephone or video calls, deactivate the sending of your mobile number as part of the communication.

Where possible, send emails to patients using a practice email address rather than your personal email address.

Related RACGP resources

- [Telehealth video consultations guide](#)
- [New items for COVID-19 telehealth and phone services](#)



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