



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



The Medical Board of Australia  
Second Draft of Revised Guidelines: Telehealth Consultations with Patients  
February 2023

# Improve the mental health of communities

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7900 members including more than 5600 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

### Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the second draft of the Medical Board of Australia's (the Board) revised telehealth guidelines: [Telehealth consultations with patients](#) (the guidelines).

As noted in our submission on the first draft, the RANZCP applauds the guidelines' revision for its recognition that telehealth provides great opportunities for access to, and delivery of healthcare, but that it is not appropriate for all medical consultations.

Members from a range of RANZCP committees have informed the content of our latest submission, which analyses the inclusion of previous RANZCP feedback to the Board.

It is our aim to support the Board in developing a key resource in relation to the best-practice and consumer-focused use of telehealth for psychiatry consultations, an increasingly common psychiatric practice. For further information on the RANZCP's position on best practice for telehealth, please see Professional Practice Guideline 19: [Telehealth in Psychiatry](#).

### Before a telehealth consultation

*Guideline Item 2 - Have access to secure, reliable technology and connectivity that:*

- a. is fit for clinical purpose*
- b. is not a personal account*
- c. allows for secure access to patients' clinical records; and transmission and storage of prescriptions, referrals, investigation requests and photographs/ images*
- d. can include interpreters where required*

The RANZCP commends the Board for the inclusion of our feedback surrounding access to secure, reliable technology and connectivity, that:

- Technology is fit for clinical purpose, i.e., clinicians have regard to its usability for patients and themselves
- Personal accounts with an associated personal username or email address to conduct telehealth consultations are not used (where possible<sup>1</sup>)

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<sup>1</sup> The RANZCP notes that situations may occur where telepsychiatry is required in an emergency situation. It therefore may be appropriate for the psychiatrist to use personal accounts to provide the highest level of patient centred care possible. Further guidance on such contingencies would support the efficacy of the guidelines.

To further improve the guideline, the RANZCP reiterates the inclusion of guidance to stress that:

- Clinicians choose a platform that hosts its data locally (e.g., in Australia or New Zealand) where possible<sup>2</sup>
- Clinicians consider the quality of the sound and picture, using a plain and neutral background with minimal distractions and adequate lighting

*Guideline Item 3 - Ensure steps have been taken to confirm your patient:*

- a. has access to the necessary technology and connectivity and can use the equipment to participate in the consultation*
- b. is aware what to do if the technology fails*
- c. is informed they can have support persons at the consultation and consents to them being present. This includes family members, friends, other health practitioners and interpreter services*

The RANZCP supports the inclusion of this guidance, having previously recommended that clinicians plan for back up arrangements in the case of technological failure. The RANZCP reiterates from our previous submission, the need for guidance on ensuring supports are in place to achieve equitable access. This is achieved by providing a patient with details ahead of time about what to expect regarding the nature of the consultation and discussing any supports they may require.

### **During the consultation**

*Guideline Item 5 - Tell your patient who you are and explain your specialty (if relevant) and role in relation to their health care. This is particularly important for new patients.*

In our previous submission, the RANZCP supported this recommendation to explain the process involved in a telehealth consultation to patients, including benefits and potential limitations. The RANZCP therefore welcomes its continued presence in the second draft.

*Guideline Item 8 - Apply the usual principles for obtaining your patient's informed consent and protect their rights to privacy, confidentiality and culturally safe care.*

In our previous submission on the first draft, the RANZCP welcomed the inclusion of this recommendation (previously recommendation 7) and thus supports its inclusion within the second draft. The inclusion of culturally safe care is also a welcome addition, with the RANZCP previously noting the importance of telehealth consultations taking place in a culturally appropriate space.

The RANZCP still stresses the need to improve the revised guidelines by providing guidance on enquiring as to whether patients perceive their location to be private, safe and suitable for telehealth.

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<sup>2</sup> The RANZCP notes limiting platforms to those that store their data locally will minimise available platforms, potentially at the expense of the patient preferences and/or finances. Whilst choosing a platform that hosts its data locally is best practice, the choice of platform should consider patient preference, in keeping with patient centred care.

*Guideline Item 9 - Ensure the telehealth consultation is culturally safe, maintains professional boundaries, is clinically appropriate and as far as possible meets the same standards of care provided in a face-to-face consultation.*

In our previous submission, the RANZCP welcomed the inclusion of this recommendation (previously recommendation 7) as a useful feature of the first draft and thus supports its inclusion within the second.

### **Follow-up and record keeping**

*Guideline Item 14 - In addition to the information that would be documented in a face-to-face consultation, keep a record of:*

- a. the type of technology used during the consultation*
- b. the patient's consent to the telehealth consultation and details of any support persons present*
- c. any technical issues experienced during the consultation*
- d. consent from all participants if the consultation is recorded and/or when information is uploaded to digital health infrastructure*

In our previous submission, the RANZCP welcomed the guidance on record keeping and thus supports guideline item 14's presence in revised guidelines. We recognise the extension of this section with record keeping guidance detailed in the RANZCP's previous submission, to record:

- a. the medium that was used for the consultation
- b. the additional people present for the consultation and the patient's consent for their presence
- c. the technical quality of the section and item
- d. the need to obtain express verbal/written informed consent of the patient if recording a session

As discussed in our previous submission, the RANZCP contends that the guideline must also include the necessity of recording patient location and the duration of the consultation, as well as guidance on the use of telehealth for obtaining collateral information. It is important to detail the needs and criteria to include or exclude family members and other caregiver viewpoints and the need to systemically address the lack of regular liaison by telehealth practitioners with the patient's GP and family, and with mental health services.

### **During the consultation, you should:**

*Guideline Item 15 - Be aware of, and comply with relevant state, territory and jurisdictional legislative requirements when prescribing medicines.*

In our previous submission, the RANZCP welcomed the inclusion of this guidance (previously recommendation 9) and thus supports its inclusion within the second draft.

### **Other comments**

The RANZCP welcomes the development of the revised guidelines to aid psychiatrists in delivering accessible and equitable telepsychiatry. The guidelines provide clear instructions and lay out the necessary expectations in a straightforward manner. [Lived Experience Australia](#) emphasise the need for effective training for psychiatrists to deliver telehealth, and such guidance plays a key role in the provision of such training.

Having stated this preference in our previous submission, the RANZCP welcomes the Board's choice of 'option 3', to merge and revise the existing Guidelines for technology-based consultations and the information sheet entitled inter-jurisdictional technology-based patient consultation.

To further the efficacy of these guidelines, the RANZCP maintains the inclusion of the following features highlighted in our previous submission:

- Replace the term "should" (implying that the recommendations are mandated) to the term "recommends".
- State that when involving carers and support persons, clinicians should apply the same consent and information sharing practices. For more information, please see our [Professional Practice Guideline 20: Information sharing with families/whānau/carers](#).
- Include the role of the carer. Psychiatrists using telehealth should actively identify and support the patient's carer and support network where appropriate. This may include providing the patient's friends, family or community members who provide care with education and information to assist them in their role as a carer. For more information, please see the RANZCP [Position Statement 76: Partnering with carers in mental healthcare](#).
- Include guidance on specific populations (Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, victims of family violence, people with a complex mental health condition), and the unique requirements for telehealth both across and inside these groups (cultural safety, privacy, or physical safety). To ensure the guideline's relevance to psychiatrists, additional requirements for people with complex mental health conditions must include necessary provisions to meet guardianship legislations.
- Emphasise the necessity of providing video consultations. Detailed within Professional Practice Guideline 19: [Telehealth in Psychiatry](#), safe and adequate assessment requires that the patient can be visually observed, particularly for initial assessments. Phone calls should only be used if video is unavailable and/or for well-known patients with low clinical risk. This is pertinent, with [Lived Experience Australia](#) identifying patients' difficulties with the impersonal nature of telephone consultations making it harder to 'connect' with the psychiatrist.
- Promote a balance between digital telehealth and person to person assessments, including the need for home outreach and home visits. This is an important clinical and ethical consideration for individuals with severe and complex psychiatric and cognitive disorders and their families, people in rural and remote individuals, Aboriginal and Torres Strait Islander people, and those with disabilities impacting communication.