

17<sup>th</sup> February 2023

Dr. Anne Tonkin  
Chair  
Medical Board of Australia

[medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Dr. Tonkin,

I am writing to you, as the President of the Society of Cannabis Clinicians Australian Chapter (SCCAC), an independent not-for-profit, member-based organisation which aims to educate doctors, nurses and nurse practitioners and pharmacists in cannabinoid medicine.

In response to the invitation of the Medical Board of Australia (the Board) to provide feedback on the draft revised *Guidelines: Telehealth consultations with patients* (the guidelines), SCCAC applauds the Medical Board's revision of these guidelines and fully supports your decision to follow option 3 to merge and revise the existing Guidelines for technology-based consultations and an Information sheet - Inter-jurisdictional technology based patient consultations (published in 2012 and 2013 respectively).

In addition to our above comments, our specific feedback to your specific questions follows below:

**1. Is the content and structure of the draft revised Guidelines: Telehealth consultations with patients helpful, clear, relevant and workable?**

Yes, SCCAC finds the revised guidelines, overall, to be helpful, clear, relevant and workable.

**2. Is there anything missing that needs to be added to the draft revised guidelines?**

- A specific recommendation that patients should be seen in a face-to-face consultation at least once every 12-months unless there are medical reasons why the patient is unable to do so.
- Under *Section 13: Follow-up and record keeping*: Reference should be made to make practitioners aware of all of the available resources at their disposal, including pharmacovigilance tools such as real-Time Prescription Monitoring databases such as QScript or ScriptCheckSA.

**3. Do you have any other comments on the draft revised guidelines?**

SCCAC recognises that telehealth consultations have become a well-accepted means of interacting with patients as an alternative to face-to-face consultations, especially since the outbreak of the Covid-19 epidemic in 2019. Although we support this alternative means of interacting with patients for doctors in busy or remote practices, in the medicinal cannabis sector, telehealth has become, not only a means of



connecting with patients unable to travel for a face-to-face appointment but has, unfortunately, often become a financial tool to see a significantly greater number of patients.

We therefore fully support the guidance of the revised guidelines that telehealth is “not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations.” We also support the advice that “practitioners should be continuously assessing the appropriateness of the telehealth consultation and whether a direct physical examination of the patient is necessary.”


Consulting through telehealth with patients who the doctor has never previously met is common in the medicinal cannabis sector, where clinicians familiar with the SAS-B and Authorised Prescriber pathways often step in to prescribe for patients whose own GP is unwilling, or unfamiliar with the process to prescribe medicinal cannabis. We support Section 13 that “You should.....with the patient’s consent, inform the patient’s general practitioner or other relevant practitioners of the treatment provided, including any medications prescribed if you are not the patient’s usual general practitioner.”

We also welcome the new section on page 12 on **Prescribing or providing healthcare for a patient with whom a doctor has never consulted** as reference to patients who are never actually consulted by a doctor. SCCAC is hearing of increasing numbers of consultations through telehealth, online and even texting, where patients are managed completely by nursing staff and are never actually consulted by a doctor at all before being prescribe medicinal cannabis.

We therefore support the statement added by the Board stating that it does not support prescribing for a patient with whom a doctor has never consulted, whether face-to-face, via video or telephone, as this is not good practice. We also support the inclusion of guidance for requests for medication communicated by text, email or online that do not take place in real-time and are only based on the patient completing a health questionnaire, but where the practitioner has never spoken with the patient and the recommendation that any practitioner who prescribes for patients in these circumstances must be able to explain how the prescribing and management of the patient was appropriate in the circumstances.

We are currently in the process of developing a Code of Conduct for Medicinal Cannabis Healthcare Professionals for which we hope to seek review, feedback and support from professional organisations such as AHPRA, RACGP and the AMA (Please see draft attached). The Code of Conduct will include the points we raise in section 3 above, and we shall endeavour to ensure that the document aligns with your revised guidelines. However, as the Code of Conduct is still in development, we request that this response to you remains confidential.

Yours sincerely,

  
Joel Wren  
President - SCCAC  
