



Pharmaceutical Defence Limited

ABN 51 004 065 794

P: 1300 854 838

E: info@pdl.org.au

www.pdl.org.au

Questions for consideration

1. The content and structure of the *draft revised Guidelines: Telehealth consultations with patients* is clear though an absence of robust guidance regarding the use of online algorithm-based prescribing services warrants mention and review.

While it is understood that some recent review and actions regarding certain forms of algorithm-based prescribing has occurred, further reference to the inappropriate nature of this form of online prescribing would be of value in this document.

PDL has joined with the Queensland branches of the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia to contribute to the attached letter directed to the Deputy Director-General of Queensland Health. The December 2022 letter raised concerns by the representative organisations for Queensland pharmacists regarding the risks to patients, and potentially to pharmacists, due to the availability of algorithm-based prescribing services.

The letter differentiated between this form of prescribing service and other forms of telehealth services, and it is PDL's suggestion that such differentiation be referenced in the new guidelines.

2. PDL has made comments below regarding possible additions to the guidelines and the reasons for those additions. These comments are based on insights derived from assisting many pharmacists seeking advice from PDL's pharmacist Professional Officers, or from incident reports generated after complaint by patients dissatisfied with a component of the service involving a telehealth-generated prescription.

3. PDL suggests that more frequent review of these guidelines be proposed to cater for the rapidly expanding nature of technology and access to healthcare through digital platforms.

Specific comments

Before a health consultation - Point 3

Add reference to ensuring there is a consistent means for pharmacists, patients or others to contact the practitioner in a timely manner after the telehealth consultation.

PDL has received multiple reports from pharmacists of situations where the telehealth prescriber was uncontactable and there was no mechanism for the pharmacist to discuss the prescription with another medical practitioner or practice nurse who would have access to the patient record.

It is also reported to PDL that some telehealth prescribers or prescribing services have limited means to notify the prescriber of the urgency of the pharmacist's enquiry. Reports to PDL include cases

where messages are left with a telehealth practitioner or the telehealth service provider requesting a prompt reply from the practitioner and these requests go unanswered.

Telehealth practitioners must be cognisant of the legal and/or professional responsibility on pharmacists to contact a prescriber on certain occasions to verify the validity of a prescription or to clarify the prescriber's intentions. In circumstances where verification or clarification is not possible, the pharmacist may not be able to supply the medication to the patient, resulting in sub-optimal care.

Prescribing – During a telehealth consultation

Point 15 – While point 15 references awareness and compliance with relevant jurisdictional legislative requirements, PDL is of the view further emphasis on legislative considerations needs to be added to this point.

PDL has many occasions of contact from pharmacists who are presented with prescriptions generated by a telehealth practitioner in a jurisdiction different to that of the patient. It is apparent that the prescriber has not ascertained or recognised the patient is in another jurisdiction and has not considered the legislative requirements for certain medicines being supplied in jurisdictions other than the prescriber's.

These medicines are typically Schedule 8 medicines including medicinal cannabis products, or occasionally specialised medicines such as stimulants or oral retinoids. Legislation governing the dispensing of these medicines varies around the country and patients rightly expect that a pharmacist should be able to dispense what the patient believes to be a valid prescription. Once a pharmacist informs the patient the prescription is not valid in the pharmacy's jurisdiction, and can't be dispensed, it is understandable the patient may be confused and upset.

Unfortunately, many patients do not appreciate the pharmacist has an obligation to ensure every prescription is valid according to local legislation. The impacts of these situations on the patient mean that delays to supply can occur, along with impact for the relationship between the patient and pharmacist.

This situation can be further compounded by the difficulty in contacting some prescribers utilising telehealth services as mentioned in the comments regarding Point 3.

Point 16 – Point 16 references Real Time Prescription Monitoring (RTPM) systems. It states that practitioners should be aware of, and where applicable use, RTPM systems. PDL's view is this statement should be strengthened to include reference that use of RTPM is mandatory in some jurisdictions.

Furthermore, there is an opportunity to advise practitioners that a RTPM system should be utilised whenever it is available, as RTPM systems are a valuable risk management and clinical decision-making tool for the benefit of the patient, prescriber and pharmacist.

Currently, the operators of individual RTPM systems "invite" practitioners to register in the State or Territory where the practitioner has their principal place of practice. PDL has been advised that practitioners can also register with RTPM systems in other jurisdictions via those jurisdiction's RTPM health practitioner portals. Once registered with RTPM systems in other jurisdictions a medical practitioner undertaking a consultation via telehealth with a patient residing in that jurisdiction can access the patient's RTPM data where the system is available.

While there seems to be limited information regarding the ability to register in other jurisdictions, NSW Health provides an information sheet that references telehealth prescribers practising in

another jurisdiction to request RTPM data on a patient residing in NSW. Further information regarding this example is available at https://www.safescript.health.nsw.gov.au/_data/assets/pdf_file/0004/738238/SafeScript-NSW-Factsheet-for-Other-States-and-Territories-Sept-2022.pdf

Additional point – In cases where the prescriber has some concerns regarding the prescribing of medicines via a telehealth process the guideline would benefit from the recommendation to prescribe smaller quantities or limit the prescribing of repeat supplies. In such cases, guidance could include advising the patient that a face to face consultation would be more appropriate to prescribe standard quantities and/or repeat supplies.