**Introduction**

This document provides practical steps to take in setting up your practice for telephone and video consultations. It also includes steps to take before, during and after telephone and video consultations, from booking the appointment through to concluding the consultation and undertaking any follow-up actions. It is recommended that you read The Royal Australian College of General Practitioners’ (RACGP’s) *Guide to providing telephone and video consultations in general practice* and the more detailed *Telehealth video consultations guide*.

The steps in the following flowcharts are a guide only. Practices can alter and amend their systems and processes for conducting telephone and video consultations to suit their usual operations.

The Australian Government has introduced new, temporary funding and incentives to support the expansion of telehealth. Visit the RACGP web page *New items for COVID-19 telehealth and phone services* for up-to-date information about claiming the new Medicare Benefits Schedule (MBS) item numbers.
Flowchart 1. Setting up your practice for telephone and video consultations

**STEP 1**

Hold a practice meeting (eg virtually with the whole practice team)

- Decide what type of consultations will be offered via telephone and video call.
- Determine who will be working from the practice or off site, and the requirements for both situations.
- Decide what hardware and software applications will be used/required. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy and security laws.
- Ensure your practice has a clear arrangement with your IT provider, confirming the provider is on hand to help with any required changes to your systems.
- Ensure all staff are clear on the plans and check for any questions/concerns.
- Consider what training requirements might be needed and how they will be delivered to staff.

**STEP 2**

Set up required technology

- Ensure all practice team staff have a reliable internet connection, whether working in or outside the practice (eg use Speedtest to check connections).
- Ensure all staff have adequate technology set up, with up-to-date hardware and software.
- For practice team members working off site, ensure staff have communication systems to and from the practice (email, telephone, fax, secure messaging) and ‘read and write’ options for the practice’s clinical information system, and access to My Health Record if applicable.
- Test all hardware and software.
- Test the processes – all staff to make a dummy call to test the technical aspects, all practice staff to test the process, including clinical staff making an entry in a patient's record if off site. Arrange for patient/layperson to test the process by participating in a dummy consultation with each practice team member.
- Provide training to practice team staff where required.
- Ensure staff know who to call for IT assistance, their availability and scope of assistance available.
Set up workflows

- Update practice website with information for patients about telephone and video consultations now offered by the practice, including information about what technology, software and hardware they will need (Box 1).
- Update on-hold message to advise that the practice now offers telephone and video consultations.
- Develop information sheet for patients on what to expect in a telephone or video consultation.
- Update any practice templates or booking systems to include options for telephone and video consultations.
- Implement a system within the practice for verifying a patient’s identity for telephone consultations (for both when the GP calls the patient and when the patient calls the GP).
- Set up arrangements for follow-up actions – for example, provision of prescriptions, radiology/pathology requests, medical certificates and referrals (refer to the RACGP’s Guide to providing telephone and video consultations in general practice for current recommendations).
- Set up generic practice email addresses for outgoing emails to patients (eg prescriptions, referrals) and for incoming emails from patients (eg clinical photos, paperwork for GP to complete).
- Set up processes for when in-person contact is required (instances where patients need to collect paperwork from the practice or if a face-to-face consultation in the practice is indicated).
- Ensure there is a clear process for members of the practice team to report where a system or process is not working satisfactorily and a process to review the issue.

Box 1. Telephone and video consultations now offered by the practice: Example message

Our practice is now offering telephone and video appointments to patients where appropriate.

If you would like to book a telephone or video consultation, please contact our reception team on XX XXXX XXXX and request a telephone or video consultation. A date and time will be made, and your GP will contact you via the agreed method on, or around, this time.

For telephone consultation we will call your nominated mobile or landline number. Video consultation can be via Skype, WhatsApp or Facebook Messenger.
Flowchart 2. Conducting high-quality telephone or video consultations

Before the consultation – Reception staff

| STEP 1 | Patient rings practice to make appointment and either requests telephone or video consultation or is advised by reception staff/GP what the best option is
|        | • Reception staff confirm that the requested appointment seems appropriate for telephone or video call (with consideration to the patient’s privacy and confidentiality and technological ability/access).
|        | **TIPS**
|        | – There might be times when a telephone/video consultation is not appropriate. Have a plan, and help reception staff know when this might not be appropriate and what to communicate to the patient if this is the case.
|        | – Offering patients a long appointment might alleviate any anxiety about feeling rushed during the online appointment.
|        | – You might be able to set up your online booking system to include telephone or video consultations. If so, ensure there is a system in place for checking the appropriateness of this, and that information is provided to patients about how the consultation will occur (eg the GP will contact patient on or around appointment time) and the billing arrangements for the consultation.

| STEP 2 | Appointment time and date is made
|        | • Payment method/system is explained and agreed to by the patient (eg that appointment will be privately billed, or appointment will be bulk billed and the patient is happy for rebate to be assigned to the practice). Reception staff member includes booking in GP’s appointment calendar, clearly marking ‘telephone or video consultation’ and the preferred communication method – telephone or video, and software that will be used (eg mobile phone, Skype, WhatsApp). Text message or email reminder sent to patient if this technology is used ordinarily.

Before the consultation – GP

| STEP 3 | Determine (as far as possible) that a telephone/video consultation is appropriate for the patient at the time
|        | **TIP**
|        | A telephone consultation may have been booked, but it might be that a video consultation is more appropriate for the particular patient.
Telephone and video consultations in general practice: Flowcharts

**STEP 4**
Ensure your consulting room is set up to afford visual and audio privacy and that external sources of noise are minimised

**STEP 5**
Test your technology

**STEP 6**
Before starting the consultation, bring up the patient’s health record, including their phone number, in case the video connection fails

**Starting and conducting the consultation**

**STEP 7**
Contact the patient for appointment (call or invite patient)

**STEP 8**
Confirm audio and visual (if applicable) quality is satisfactory

**STEP 9**
GP confirms own identity and verifies patient identity (if a telephone consultation) and any necessary introductions are made if the patient has a support person present

**TIP**
To verify the patient’s identity in a phone consultation, use the approach agreed upon by the practice team.

**STEP 10**
Ask the patient to confirm verbally that they provide informed consent for the consultation to take place via telephone or video call, and that they are happy to assign the patient rebate to the GP (if using bulk-billed items)

**STEP 11**
Check the patient is okay to proceed, and provide any reassurance about privacy/confidentiality from your end if they are anxious about this. Check if they are in a private space and not broadcasting their consultation to others nearby (eg using a hands-free telephone in a car with others)

**TIPS**
- During a video consultation, you may look away from the camera to check/input into the patient’s record or read from another screen. To reassure the patient, tell them what you are doing and that you will be listening at all times.
- The call or video may disconnect during the consultation. Make sure you have the patient’s phone number in front of you, and tell them you will call them back if this occurs (eg you will call the patient’s nominated phone number, rather than them calling the practice).
- During a telephone consultation, there may be times where there are pauses/silences when you are looking up information in, or typing notes into, the patient’s record. Reassure the patient by explaining this before and during the consultation.
**STEP 12**
Begin consultation with the patient

**Closing the consultation**

**STEP 13**
Carefully summarise the key points of the consultation, including any agreed follow-up required from the GP or patient (e.g., booking another appointment; providing prescription, request or referral)

**TIP**
The temporary changes to providing prescriptions to patients means you can email, text or fax a digital copy of a prescription to their chosen pharmacy. Before you end the consultation, ensure the patient is aware of this process and the actions they need to take.

**STEP 14**
Ask the patient if they have any questions, would like to provide any further information or need anything clarified

**TIP**
The patient may have forgotten to tell you something important or misheard something you said. Check with the patient for any missing information or possible misunderstanding.

**STEP 15**
Ask the patient if they would like to use telephone/video for future appointments

**STEP 16**
Advise the patient that you will be ending the phone call/video connection

**Following up**

**STEP 17**
Undertake any follow-up (e.g., sending referrals, requests, prescriptions) you were not able to action during the consultation

**TIPS**
- Signatures are not required on pathology or diagnostic imaging requests, nor on referrals to other specialists. They are still required for diagnostic imaging referrals where a procedure is being requested, medical certificates (if required by employer) and prescriptions.
- New temporary guidelines are in place to provide digital copies of prescriptions via email, text or fax to the patient’s preferred pharmacist. Refer to the ‘How to manage and send clinical paperwork (prescriptions, referrals and requests) following telephone and video consultation’ section in the RACGP’s *Guide to providing telephone and video consultations in general practice.*
STEP 18
Ensure the patient's health record is up to
date with consultation notes and actions
from the telephone/video appointment,
including that it was conducted via
telephone/video consultation

STEP 19
Record any technical malfunctions and
report to designated person if applicable

Related RACGP resources

- Guide to providing telephone and video consultations in general practice
- New items for COVID-19 telehealth and phone services
- Telehealth video consultations guide
- Patient information sheet: Having a telephone or video appointment with your GP
  (available soon)
- Checklist for writing plain paper prescriptions (available soon)

Disclaimer
The information set out in this publication is current at the date of first publication and is intended
for use as a guide of a general nature only and may or may not be relevant to particular patients
or circumstances. The RACGP and its employees and agents have no liability (including for
negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2020

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.
au/usage/licence

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.

20876.9
Healthy Profession.
Healthy Australia.