



RACGP

*Guidelines for interprofessional
collaboration between general
practitioners and other medical
specialists providing video consultations*



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The Royal Australian College of General Practitioners
100 Wellington Parade
East Melbourne VIC 3002 Australia

Tel +61 03 8699 0414
Fax +61 03 8699 0400
www.racgp.org.au

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In October 2011, the Royal Australian College of General Practitioners (RACGP) published the *Standards for general practices offering video consultations: An addendum to the RACGP Standards for general practices* (4th edition).

The RACGP subsequently approached colleges representing other medical specialties in Australia to develop a set of interprofessional guidelines for general practitioners and other medical specialists collaborating on video consultations. These guidelines are primarily based on the RACGP *Standards for general practices offering video consultations* and are the result of a productive partnership between the RACGP and other colleges:

- Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- Australian and New Zealand Society for Geriatric Medicine, a Specialty Society of the Royal Australasian College of Physicians
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australasian College of Surgeons.

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Preamble

Purpose

The purpose of the *Guidelines for interprofessional collaboration between general practitioners and other medical specialists providing video consultations* is to facilitate effective collaboration between general practitioners (GPs) and other medical specialists at a distant location offering video consultations. The guidelines relate primarily to real-time video consultations, where a patient and their usual GP (or another support clinician) are at the patient-end of the consultation and another medical specialist is at a distant location. It is envisaged the guidelines will assist GPs and other medical specialists to provide safe, high quality healthcare in this particular telehealth setting.¹

In addition, the guidelines may be useful for other telehealth scenarios requiring effective interprofessional collaboration between any medical specialists or for telehealth scenarios such as 'store and forward' (asynchronous) as opposed to 'real-time' (synchronous) video consultations.

The guidelines provide a community reference for patients seeking to take advantage of better access to primary healthcare via a video consultation.

Background

The RACGP is an active supporter of telehealth initiatives that improve access to primary healthcare.

The majority of published clinical trials involving video consultations conclude it is a suitable method of healthcare delivery, although there is limited evidence on the clinical effectiveness and risks of video consultations in the Australian primary healthcare setting.¹

Telehealth has featured in both the public and private healthcare sectors in Australia for some time, but Medicare items for telehealth are a relatively recent initiative.

In July 2011, the Australian Government Department of Health and Ageing (DoHA) implemented Medicare rebates for video consultations with medical specialists in a distant location. These Medicare rebates are for patient-end clinical support provided by referring GPs or by practice nurses/registered Aboriginal health workers on behalf of a GP, as well as distant-end services provided by a specialist with a Medicare provider number. The rebates acknowledge the additional complexity in providing patients with online access to their specialists. The consultations for which MBS rebates currently apply* are available to patients from remote or regional areas as well as patients of residential aged care facilities or Aboriginal medical services anywhere in Australia.

Practices should ensure they comply with the requirements of the Medicare Benefits Schedule for Medicare rebatable services.

* The original Medicare rebates for patients from outer metropolitan areas no longer apply.

Format

The guidelines are based on the RACGP *Standards for general practices offering video consultations: An addendum to the RACGP Standards for general practices* (4th edition).¹

For ease of use, the guidelines are grouped into three sections:

- clinical
- operational
- technical.

Terminology

The terminology used in these is designed to enhance the clarity of the text. While general practice is a recognised medical speciality in Australia, for the purpose of clarity in these guidelines a general practice specialist is referred to as a 'GP' or 'referring GP' and other medical specialists are referred to as 'specialist' or 'distant specialist'.

Scope

The guidelines are designed to facilitate effective interprofessional collaboration on video consultations. They are intended as a general guide on interprofessional collaboration within a broad range of clinical settings and within the context of existing telehealth standards, policies and protocols. The guidelines are not designed to impose new professional obligations over and above recognised best practice.

The guidelines apply primarily to:

- referring GPs at the patient-end
- other support clinicians providing clinical support on behalf of the patient's usual GP at the patient-end
- other medical specialists at the distant-end of a video consultation.

For special or emergency situations, it may not be possible to practise according to these guidelines. If an alternative is not available, a video consultation should be managed in accordance with the specific guidance provided by the Medical Board of Australia (i.e. a video consultation should be as thorough as possible and lead to more suitable arrangements for the continuing care and follow-up of the patient).²

These guidelines complement relevant legislation and a range of key documents. While the guidelines highlight issues that are particularly important for effective interprofessional collaboration on video consultations, they should be applied in the context of other documents such as:

1. *Good medical practice: a code of conduct for doctors in Australia*³
2. *Medical Board of Australia Guidelines: Technology based patient consultations*²
3. *RACGP Standards for general practices offering video consultations: An addendum to the RACGP Standards for general practices* (4th edition)¹
4. *RACGP Implementation guidelines for video consultations in general practice*⁴
5. *RACGP Factsheet: Video consultation etiquette*⁵
6. Professional standards, guidelines, position statements, policies and codes of conduct developed by the relevant medical colleges, registration boards or professional associations
7. Medicare Benefits Schedule Online (www.mbsonline.gov.au/telehealth).

Appendices

In due course, the colleges that assisted the RACGP with the development of these guidelines will develop and endorse appendices outlining any particular clinical/operational/technical requirements, resources or references that are relevant to specialists from their disciplines collaborating with GPs on video consultations.

These appendices will be included in the guidelines as soon as they become available.

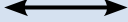
Implementation and review

These guidelines will take effect from July 2013 and will be reviewed by the RACGP from time to time in conjunction with other colleges representing medical specialists in Australia.

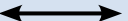
Quick reference guide

This quick reference guide is general in nature and is not exhaustive. Practices should refer to particular guidelines for more detail on core responsibilities, and for information on overarching responsibilities, such as staff training, clinical audits and patient feedback, which are not included here.

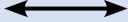
1. Before video consultation

Referring GP		Distant specialist
<ul style="list-style-type: none"> • Determine clinical appropriateness • Obtain and record patient consent* • Send referral letter • Provide patient information on video consultation process and possible costs • Coordinate video consultation booking • Prepare clinical support • Pre-test video conference equipment and connectivity 	<p>Clinical handover</p> 	<ul style="list-style-type: none"> • Determine clinical appropriateness • Check and record patient consent • Receive referral letter • Provide patient information on clinical condition and possible costs • Coordinate video consultation booking • Advise what clinical support† is required • Pre-test video conference equipment and connectivity

2. During video consultation

Referring GP		Distant specialist
<ul style="list-style-type: none"> • Introduce parties • Invite patient to self-identify • Outline presenting problem • Provide clinical support as required • Summarise follow-up actions for GP and patient • Adhere to evidence-based practice 	<p>Synchronous dual-care video consultation via secure, interoperable video conference systems</p>  <p>Contingency plans for clinical safety, operational problems, technical malfunctions</p>	<ul style="list-style-type: none"> • Introduce parties • Match correct health record • Utilise clinical support as required • Summarise diagnosis and all follow-up actions • Summarise follow-up actions for specialist • Adhere to evidence-based practice

3. After video consultation

Referring GP		Distant specialist
<ul style="list-style-type: none"> • Make consultation notes • Record any technical malfunctions • Implement and monitor agreed follow-up actions 	<p>Clinical handover</p> 	<ul style="list-style-type: none"> • Make consultation notes • Record any technical malfunctions • Send response letter to GP • Implement and monitor agreed follow-up actions

* *Informed consent for consultation by video conference, third party presence, any recording for clinical purposes.*

† *Clinical support may include support clinician, preparation, additional health information, medical consumables, medical equipment and procedures.*

Section 1: Clinical

1.1 Interprofessional relationships

General practices are encouraged to keep working with specialists who are known to the practice or are already involved in a patient's care.

Where a general practice decides to refer patients to specialists who have video conference facilities but are not already known to clinicians or patients of the practice, the practice should confirm that such specialists are listed on the relevant Australian register of medical practitioners.

1.2 Face-to-face versus video consultation

GPs and distant specialists should consider clinical imperatives including contraindications when determining the clinical appropriateness of a video consultation.

GPs and distant specialists should consider patients' preferences for a video consultation when determining the clinical appropriateness of a video consultation.

GPs and distant specialists should be mindful of cultural sensitivities about personal images and the recording of personal images when determining the clinical appropriateness of a video consultation.

Where a physical examination by a distant specialist is regarded as a critical component of the diagnostic process, then a face-to-face consultation would generally be required.

Where there is any doubt about the clinical appropriateness of a video consultation, then a face-to-face consultation would generally be required.

In special or emergency circumstances where there are no alternatives, a video consultation with a distant specialist should be considered as a preliminary step and lead to more suitable arrangements for the continuing care and follow-up of the patient.

1.3 Preparation and clinical support at the patient-end

Distant specialists should give reasonable advance notice to referring GPs of any special clinical support required at the patient-end of a video consultation, including preparation, additional health information,* medical consumables or medical equipment likely to be required.

Where a GP delegates another support clinician from the practice to provide clinical support on their behalf at the patient-end of a video consultation, the GP should nominate a colleague with the requisite knowledge, skills and experience and both clinicians have a duty of care to the patient.

* Additional health information may include online 'store and forward' images, online radiology images, other diagnostic results or a personally controlled electronic health record.

1.4 *Concurrent duty of care*

GPs and distant specialists have an inherent and concurrent duty of care during a real-time video consultation.

In the course of a consultation, if a GP or another support clinician at the patient-end of a video consultation deems any clinical support requested by a distant specialist lies outside their own scope of practice, the GP/other support clinician has a professional obligation to decline to provide such clinical support.

All clinicians have a professional obligation to evaluate and confirm information provided by a third party that is subsequently used in diagnosis or management.

1.5 *Clinical handover*

Referring GPs and distant specialists should have explicit risk management protocols to cover clinical handovers within a dual-care (team care) video consultation system.

Clinical handover prior to a video consultation should encompass protocols such as:

- GPs sending referral letters to distant specialists including the rationale for proposing a video consultation and the proposed clinical support person if clinical support is indicated
- distant specialists giving reasonable advance notice of any clinical support including preparation, additional health information, medical consumables and medical equipment that may be required at the patient-end
- distant specialists providing patients with their standard information about clinical conditions, diagnostic investigations, procedures and medications or indicating how patients can access such information themselves
- clinical handovers between a GP and another support clinician at the patient-end.

Clinical handover at the conclusion of a video consultation should encompass protocols such as:

- distant specialists providing a verbal summary to confirm any diagnosis (where possible), including agreed diagnostic terminology and ongoing management
- distant specialists providing a verbal summary to confirm which follow-up action needs to be undertaken by the referring GP and which follow-up action needs to be undertaken by the distant specialist
- distant specialists and referring GPs summarising and documenting any follow-up action for which they are responsible as the final step in a video consultation
- clinical handovers between a GP and another support clinician at the patient-end
- distant specialists sending their response letters to GPs.

1.6 *Patient health record*

GPs and distant specialists should each make consultation notes in their practice's patient health record.

GPs and distant specialists should consider documenting in the patient health record information pertinent to a video consultation such as:

- the consultation was conducted by video conference
- patient-end location of the video consultation
- persons present (other than the GP and distant specialist) and the patient's consent for such parties to be present
- rationale for a video consultation instead of a face-to-face consultation
- which clinician is responsible for specified follow-up action
- the recording of any still or moving images during the video consultation, the patient's written consent for such recording and the location of the recording as part of the patient's health record (whether stored by the practice or a third party)
- any period of time a support clinician was not present at the patient-end (e.g. to allow the patient to have a private discussion with the specialist)
- any technical malfunctions during the video conference (e.g. poor sound or image) that may have compromised the safety or quality of the consultation.

1.7 *Informed consent*

Where it is agreed that a video consultation is clinically appropriate, the GP should gain prior consent from the patient to a consultation via video conference and such consent should be documented in the consultation notes.

Where a video consultation is considered clinically appropriate and consent is being sought from a patient with severe mental illness (e.g. patients experiencing delusions, paranoia or hallucinations), special care is required to explain the nature of a video consultation and who will be present to ensure the patient does not misinterpret the telehealth consultation environment.

Referring GPs and distant specialists should respect a patient's prerogative to consent/not consent to any third party being present during the consultation whether on or off camera, and such consent should be sought prior to the consultation and documented in the consultation notes.

Where the recording of a video consultation is proposed for clinical purposes, the GP should gain prior written consent for the recording from the patient and document this consent in the patient's health record. The consent for recording should then be confirmed by the patient verbally on camera at the commencement of the video consultation or the GP should send a copy of the written consent to the distant specialist prior to the consultation.

Where any recording of a video consultation is proposed, clinicians who may appear in the video recording should be asked in advance whether they consent to such a recording.

1.8 Evidence-based practice

GPs and distant specialists should continue to adhere to standard clinical practice and clinical guidelines.

1.9 Clinical audits

GPs and distant specialists should periodically evaluate and share their experiences with video consultations to help build the evidence base on this type of telehealth service, manage risk and drive quality improvement initiatives.

1.10 Contingency plans for clinical safety

GPs at the patient-end should have documented contingency plans for managing adverse events and clinical emergencies during a video consultation, especially if the consultations are located away from the practice's usual systems and resources.

GPs should take a suitably equipped doctor's bag to a video consultation at an off-site facility and should ascertain in advance the availability of emergency resuscitation equipment.

1.11 Professional indemnity

Distant specialists, GPs and other support clinicians at the patient-end (including practice nurses and registered Aboriginal health workers) should individually confirm they have suitable professional indemnity insurance for video consultations and whether any exclusions may apply.

1.12 Recording of video consultations

GPs and distant specialists should respect the recognised principle of only collecting health information that is necessary and should not make or permit any recording of a video consultation other than for clinical purposes, unless exceptional circumstances apply.

Section 2: Operational

Refer to the resources section and the appendices for practical information about effective and efficient video consultation operations.

2.1 Register of participating specialists

GPs and distant specialists should validate the accuracy of information about their practices included in registers of medical specialists offering video consultations.

2.2 Video consultation coordinator

GPs and distant specialists should consider having designated people responsible for coordinating video consultation bookings and clinicians' availability, and ensuring the timely readiness of video conference equipment and connectivity.

2.3 Patient information

GPs should provide patients with general information about video consultations such as:

- who determines if a video consultation is clinically appropriate
- how patient preferences for a video consultation will be considered
- benefits and risks
- possible costs of a dual-care consultation including professional fees for referring GPs and distant specialists, as well as any additional costs such as off-site video conference fees
- when and where video consultations are offered at the patient-end
- patient consent for a video consultation and the presence of third parties whether on or off camera
- why clinical support may be necessary and what it may entail (e.g. a physical examination or a biopsy)
- privacy, including the opportunity for a patient to have a private discussion with the distant specialist if this is deemed safe by the support clinician
- why real-time video consultations are generally not recorded by referring GPs or distant specialists
- clinical scenarios where recordings of still images may be made during a video consultation (e.g. a wound or a skin lesion)
- clinical scenarios where recordings of moving images may be made during a video consultation (e.g. a tremor, gait abnormality, unusual movement or range of movement)
- how video recordings that are clinically necessary are managed, stored and accessed
- the standard process for a video consultation (see Guideline 2.4).

Distant specialists should provide patients with their standard information about clinical conditions, diagnostic investigations, procedures, medications and possible costs or indicate how patients can access such information themselves.

2.4 *Standard process for a video consultation*

GPs and distant specialists should agree on a standard process for video consultations.

Typically, these are the standard steps prior to a video consultation.

- The GP sends a referral letter to the distant specialist including the rationale for proposing a video consultation and the proposed clinical support person if clinical support is indicated.
- The video consultation booking is confirmed with all parties in advance by the designated coordinators at each end.
- The interoperability of technical equipment is tested and confirmed in advance.
- The distant specialist gives advance notice of particular clinical support that may be required including preparation, additional health information, medical consumables and medical equipment.
- The patient is advised to arrive 15 minutes prior to the video consultation to complete patient identification protocols, undertake any preparation and facilitate the efficiency of the video consultation process.

Typically, these are the standard steps during a video consultation.

- All parties at the distant specialist-end introduce themselves.
- All parties at the patient-end introduce themselves.
- The patient provides three patient identifiers for the benefit of the distant specialist, confirms their prior consent for any recording of still or moving images for clinical purposes, and confirms their prior consent for the recording of the video consultation if exceptional circumstances apply unless a copy of the patient's written consent to any recording has been sent to the distant specialist prior to the consultation.
- The GP outlines the reason for the referral to the distant specialist.
- The GP provides clinical support at the patient-end as required by the distant specialist.
- There is an opportunity for private discussion between the patient and distant specialist (if required and deemed clinically safe).
- There is an opportunity for private discussion between the referring GP and the distant specialist (out of courtesy to the patient, if required this would generally happen at the beginning of the video consultation before the patient is present or at the end of the video consultation once the patient has left).

Typically, these are the standard steps at the conclusion of a video consultation.

- The distant specialist provides a verbal summary to confirm any diagnosis (where possible), agreed diagnostic terminology and ongoing management.
- The distant specialist summarises which clinician will be responsible for specified follow-up action.
- The GP and distant specialist reconfirm the follow-up action for which they are responsible.
- The distant specialist invites any final points of clarification.
- The GP and distant specialist make their own consultation notes and the distant specialist sends the referring GP a response letter to confirm the decisions made at the video consultation.

2.5 *Presence of third parties*

The only parties present at a video consultation should be the patient, any support person nominated by the patient, the referring GP and the distant specialist unless the patient has given explicit prior consent to the presence of other parties whether present on or off camera or at a separate location such as a teaching facility.

2.6 *Patient feedback*

GPs and distant specialists should actively seek patient feedback about video consultations to inform their respective risk management and quality improvement strategies.

2.7 *Staff training*

Members of the medical practice team involved in video consultations should have training appropriate to their roles in areas such as:

- determining the clinical appropriateness of a video consultation
- using video conference equipment proficiently
- resolving common technical difficulties
- video consultation etiquette
- coordinating video consultations effectively and efficiently
- patient consent protocols
- video recording policies
- managing clinical audits of video consultations.

2.8 *Billing*

The professional fee for the referring GP should be billed by the general practice and the professional fee for the distant specialist should be billed by the specialist's practice.

2.9 *Contingency plans for operational problems*

GPs and distant specialists should have documented contingency plans for operational problems that may disrupt a video consultation.

Section 3: Technical

Refer to the resources section and the appendices for practical information about reliable and secure technical systems fit for clinical purposes.

3.1 Technical systems and support

The technical systems for video consultations should be reliable, secure and maintained in good working order.

The technical support for video consultations should be accessible and reliable.

The technical systems and support for video consultations should provide sound and visual quality fit for clinical purposes, privacy appropriate for a clinical consultation, and privacy and security for patient health information (including the use of appropriate encryption software).

The technical systems used for video consultations should be pre-tested ahead of video consultation sessions.

3.2 Interoperability

The interoperability of patient-end/distant specialist-end video conference systems should be tested and confirmed prior to interprofessional video consultation services being offered.

3.3 Privacy and security of video recordings

To protect the privacy of patients and clinicians, neither referring GPs nor distant specialists should record video consultations unless it is clinically indicated.

To protect the privacy of patients and clinicians, patients should not be permitted to make their own recordings of video consultations.

Any recording made during a video consultation (whether stored by the practice or a third party) forms part of the patient's health record and the usual levels of privacy and security of patient health information should apply.

Referring GPs and distant specialists who use a third party to store video recordings on their behalf should first check the third party complies with all relevant regulatory and legal requirements for data storage.

3.4 Consulting rooms

Consulting rooms used for video consultations should be fit for purpose.

3.5 Video consultation etiquette

GPs and distant specialists should follow an agreed etiquette that supports sound and visual quality as well as patient safety and dignity during video consultations.

3.6 Contingency plans for technical problems

GPs and distant specialists should have documented contingency plans for technical problems that may disrupt a video consultation.

Resources

MBS Online

Medicare Benefits Schedule (www.mbsonline.gov.au/telehealth)

Connecting health services with the future: Guidance on security and privacy issues for clinicians
(www.mbsonline.gov.au/telehealth)

Medical Board of Australia

Good medical practice: A code of conduct for doctors in Australia
(www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx)

Guidelines: Technology-based patient consultations
(www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx)

RACGP

Computer and information security standards (4th edition) (www.racgp.org.au/ehealth)

Factsheet on video consultation etiquette (www.racgp.org.au/telehealth)

Implementation guidelines for video consultations in general practice (www.racgp.org.au/telehealth)

Post-video consultation patient evaluation tool (www.racgp.org.au/telehealth)

Standards for general practices offering video consultations: An addendum to the RACGP Standards for general practices (4th edition) (www.racgp.org.au/telehealth)

Template for patient information brochures (www.racgp.org.au/telehealth)

Template for video consultation booking checklists
(www.racgp.org.au/your-practice/e-health/telehealth/resources/templates)

Royal Australian and New Zealand College of Psychiatrists

Professional practice standards and guidelines for telepsychiatry
(www.ranzcp.org/Resources/Telehealth-in-psychiatry.aspx)

Royal Australasian College of Surgeons

Telehealth resources (www.surgeons.org/member-services/interest-groups-sections/e-health/telehealth)

Surgeons connect with telehealth (www.surgeons.org/news/surgeons-connect-with-telehealth)

Royal Australasian College of Physicians

Telehealth (www.racptelehealth.com.au)

Glossary of terms

The glossary to the *Guidelines for interprofessional collaboration between general practitioners and other medical specialists providing video consultations* complements the glossary in the RACGP Standards for general practices offering video consultations: *An addendum to the RACGP Standards for general practices* (4th edition).

Additional health information: Any additional health information that may be required for a video consultation, such as store and forward images, online radiology or other diagnostic results, or a personally controlled electronic health record

Another support clinician: A member of the general practice team who provides clinical support on behalf of a patient's usual GP at the patient-end of a video consultation with a specialist at a distant location (e.g. another GP, a practice nurse or a registered Aboriginal health worker)

Clinical handover: The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis⁹ (e.g. a GP handing over care to a colleague within the same practice team or a GP handing over care to a specialist in another practice team)

Clinically appropriate: A judgement made by a health professional that a video consultation is appropriate for a particular patient in the context of that patient's healthcare and standard clinical practice, and in the context of the dynamic balance between benefits, risks and costs

Distant specialist (or distant-end specialist): A specialist based in a separate location at a distance from the patient-end of a video consultation

Dual-care: The separate and concurrent duty of care that belongs to any support clinician providing patient-end clinical support and a specialist during a real-time video consultation, where the specialist is at a distant location and where the dual-care constitutes a special form of team care

Encryption: The process of converting plain text characters into cipher text (i.e. meaningless data) as a means of protecting the contents of the data and guaranteeing its authenticity

General practice: Provides person-centred, continuing, comprehensive and whole-person healthcare to individuals and families in their communities

General practitioner: A registered medical practitioner who is qualified and competent for general practice anywhere in Australia; has the skills and experience to provide patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities; and maintains professional competence for general practice

Informed consent: Consent by a patient (either written or verbal) to the proposed investigation, treatment or invitation to participate in research after achieving an understanding of the relevant purpose, importance, benefits and associated risks. For consent to be valid, a number of factors need to be satisfied, including the patient receiving sufficient and appropriate information and being made aware of the material risks. The patient must have the mental and legal competence to give consent

Interoperability: The ability of separate video conference systems to operate effectively together to provide audio and visual quality fit for clinical purposes

Patient: A person receiving healthcare. In relevant circumstances, the term is also intended to include a carer

Patient-end: The endpoint of a video consultation where the patient is present

Privacy of health information: The protection of health information to prevent unauthorised access, use and dissemination

Real-time (synchronous) video consultation: A video consultation where the referring GP (or nominee), the distant specialist and the patient are simultaneously present during the consultation

Security of health information: The protection of the confidentiality, integrity and availability of health information

Specialist: A medical practitioner who has undertaken postgraduate qualifications and training in a recognised medical specialty and is registered to practise in an Australian state or territory as a specialist in that specialty. (General practice is a recognised medical specialty but for the purpose of clarity in these guidelines, a general practice specialist is referred to as a 'GP' or 'referring GP' and other specialists are referred to as 'specialist' or 'distant specialist')

Store and forward (asynchronous) video consultation: A video consultation where the referring GP (or nominee), the distant specialist and the patient are not simultaneously present during the consultation

Support clinician: A patient's usual GP who provides clinical support at the patient-end of a video consultation with a specialist at a distant location

Technical systems: The video conference equipment and connectivity required to deliver audio and visual quality fit for clinical purposes

Telehealth care: 'Healthcare at a distance', which involves the electronic transmission of health information and/or images in the delivery of clinical services utilising a range of telecommunication technologies

Video consultation coordinator: A designated member of the medical practice team with primary responsibility for coordinating patient bookings, clinicians' availability and properly functioning equipment

Video consultation etiquette: The professional behaviour that supports patient care and patient safety, and quality visual and audio performance during a video consultation

Video recording: A recording of a video consultation that respects the recognised principle of only collecting health information that is necessary (e.g. still or moving images recorded during a video consultation for clinical purposes) and that must be managed within a health record with the same level of security, privacy and confidentiality as any other patient health information

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