



The Royal Australian
College of General
Practitioners

RACGP advice on Skype

RACGP Policy, Practice and Innovation Department

Is Skype safe for a clinical consultation? The answer is yes, however there are some aspects that general practitioners and other medical professionals need to be aware of before making the decision to use Skype.

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Introduction

Skype was first released in 2003 and by September 2011 there were 663 million registered users, with approximately 5 000 000 conversations happening at any time in the day.¹

The basic Skype program is free to download and easy to use – only a good quality webcam and an internet connection are required. It works on PCs and Macs, tablets, and smart phones. Many people use Skype to keep in touch with friends and family.

Since the release of the Telehealth Medicare Item numbers in July 2011, there has been much publicity and conjecture over the use of Skype as a tool for clinical video consultations.

Is Skype safe for a clinical consultation? The answer is yes, however there are some aspects that general practitioners (GPs) and other medical professionals need to be aware of before making the decision to use Skype.

Security

There is no guarantee of the routing path of the digital data that is sent through internet networks. This means that it is possible for data transfer to occur outside of Australia through countries that may not have the same privacy laws as Australia.² A further complication of the data transfer being off-shore is the possibility of content being delivered with a virus. *For this reason, the RACGP advises that medical content, such as still images or desktop screen shots are not exchanged during a video consultation using Skype.*

Skype has an open access address book (directory), which means that anyone, anywhere with an internet connection can search for anyone published in the Skype directory. *The RACGP advises that if Skype is used for video consultations, you consider creating a slightly encrypted user name (ie. pseudonym) and avoid a username like Dr John Smith, Townsville.*

It is important to note that configuration is required to ensure that the default of retaining history files, which record all episodes of communication, are set correctly as these files are potentially accessible with spyware. Configuration is required to make Skype work in networks with firewall limitations.

Reliability

Skype's website *Frequently asked questions* section is brief and there is no online or telephone support available.

Anecdotally Skype is quite reliable, however the company publishes no statistics on call drop-out rates. The link is reliant on the internet; the quality of the connection will be determined by the lowest bandwidth from either end, – there can be fluctuations in the quality of image and audio due to local internet consumption.

The RACGP advises that if Skype is used for video consultations you should have a back-up option in place, such as a telephone (not currently claimable under MBS Items) or another form of video conferencing software or hardware.

Relevant legislation

The use of Skype does not contravene the Privacy Act 1998. The relevant sections of the Act to video consultation (in general) pertain to the recording of a consult and the subsequent uses and storage of the recorded material. It would then be necessary that should there be a recording, it be conducted according to the Health Records and Information Privacy Act 2002.

What the literature says

As at 28 May 2012 a search of PubMed with the word *Skype* resulted in finding and reviewing 25 articles – of these 10 were on the use of Skype for clinical consultations with a patient and a medical professional.

The most recent publication was a literature review on the articles use of the seven publications that related to controlled trials of the use of Skype for clinical consultations. The authors found that while there were many case reports and small studies, no firm evidence either in favour of, or against, the use of Skype for clinical telehealth was found. The risks and benefits of using Skype for clinical purposes are unknown.³

Summary

In summary, there is currently no clear evidence to suggest that Skype is unsuitable for clinical use, therefore the College recommends that GPs (and those providing clinical support on behalf of the GP, ie. practice nurse or Aboriginal health worker):

1. Register a Skype name that provides some pseudonymity
2. Medical content, such as still images or desktop screen shots are not exchanged during a video consultation using Skype
3. Always have a back-up mode of communication in case the connection drops out, or cannot be made
4. Do not expect any technical support to be provided by Skype if connection cannot be made.

In undertaking your initial business/clinical use case assessment, consider Skype as a low cost entry point to the world of telehealth. Given that there are no significant up front costs and no upfront contracts, the business risk is small. Over time and once the ongoing demand and usage has been quantified, to ensure sustainability and quality of service, it may be worth considering moving to a professional software and hardware solution.

References

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3. Armfield NR, Gray LC, Smith AC. Clinical use of Skype: a review of the evidence base. Journal of telemedicine and telecare. 2012;18(3):125-7. Epub 2012/03/01.