

## **Proposed changes to Medical Council of New Zealand's *Telehealth* statement in relation to prescribing medicine for the first time to a patient**

The Association of Salaried Medical Specialists (ASMS) is the union and professional association of salaried senior doctors and dentists employed throughout New Zealand. We represent 5,000 doctors and dentists, most of whom are employed by District Health Boards (DHBs) as medical and dental specialists. The ASMS promotes improved health care for all New Zealanders and recognition of the professional skills and training of our members, and their important role in health care provision. We are committed to the establishment and maintenance of a high quality, professionally led publicly owned and publicly provided health system.

ASMS welcomes the opportunity to provide feedback on this statement. Our feedback on the proposed changes is structured by the questions posed.

### **1. Do the proposed changes in paragraph 16 of the Telehealth statement better reflect considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person?**

ASMS considers that the proposed change is sensible and agrees that the guidance to doctors refers to an in-person consultation with a patient before prescribing any medicine as being “best practice”, rather than making it an “expectation”. We believe doctors would use their clinical judgment to form a view on whether they need to see a patient in-person before prescribing medicine for them for the first time, taking into account their particular health condition(s), the nature of the prescription, and any other pertinent issues.

### **2. Are there any other considerations we need to take into account, or changes we should make to paragraph 16 or footnote 11 of the Telehealth statement about prescribing to a patient for the first time that you are unable to see in person?**

ASMS is comfortable with the change in wording to “in the circumstances” instead of “exceptional circumstances” when a doctor is not able to see a patient. We note that footnote 11 includes “a doctor’s unavailability” as an example for not being able to see a patient in-person before prescribing them medicine for the first time. Perhaps this example needs further elaboration as it may be seen to encourage the use of virtual consultations to suit the doctor, rather than to provide a service to a patient.

### **3. Are there any other considerations we need to take into account or changes we should make to the Telehealth statement to better support virtual consultations and new ways of working?**

ASMS is not convinced that all the benefits of telehealth cited in paragraph 2 of the statement are proven. We accept that telehealth can help patients in isolated locations receive care, and that it is convenient for many people. We understand that telehealth may enable better after-hours care, although we have not seen data on this and would be interested in the evidence on this point.

However, we note that studies have found limited evidence regarding the effect of telehealth on health costs<sup>1</sup>. Recognised researchers in this field have concluded that whether virtual consultations, for example, are cost effective will always depend on many factors. They note there are significant costs in terms of time, effort, and resources to align telehealth with existing management and administrative structures, processes, and routines<sup>2</sup>. We suggest that the Council may wish to reconsider the wording in the statement on this matter.

**4. Does our Telehealth statement strike the right balance between protecting public health and safety, and embracing new ways of working? If not, what further changes would better support that?**

ASMS has no further suggested changes to the statement.

We consider that other minor wording changes in the statement are appropriate and that it usefully recognises the increased use of virtual and online consultations in response to Covid-19, and that the practice of telehealth will continue to grow.

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<sup>1</sup> Tuckson R, Edmonds M, Hodgkins M. 2017: Special Report Telehealth  
<https://www.nejm.org/doi/full/10.1056/NEJMSr1503323>

<sup>2</sup> Shaw S, Wherton J, Vijayaraghavan S, et al 2018. Advantages and limitations of virtual online consultations in a NHS acute trust: the VOCAL mixed-methods study Southampton (UK): NIHR Journals Library; 2018  
<https://pubmed.ncbi.nlm.nih.gov/29939519/>