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Dear Ms Tierney

**RE: Consultation on revised telehealth guidelines**

The Royal Australasian College of Surgeons (RACS) welcomes the opportunity to provide comment on the revised telehealth guidelines prepared by the Medical Board of Australia. RACS is the leading institution for the training of surgical practice for more than 8,300 surgeons and 1,300 surgical Trainees and Specialist International Medical Graduates in Australia and Aotearoa New Zealand.

In principle RACS agrees with the approach of option three as outlined in the consultation paper. Input received from Fellows have highlighted where certain areas of the guidelines could be further strengthened.

Our Fellowship are strong proponents of telehealth. During the pandemic, a RACS commissioned provider/patient [survey](#)<sup>1</sup> found that 87.8% of Fellows would consider using telehealth once social distancing restrictions are eased, and 93.9% of patients said they were satisfied with the quality of their telehealth consultation. RACS firmly supports non-video initial consultations in appropriate circumstances. However current rules under Medicare suggest that initial telehealth consultations must only be by video while follow-ups can be either video or telephone. This ruling presents unintended difficulties for various reasons for the implementation for these guidelines.

Firstly, challenges with access to appropriate video technology are likely to be concentrated among people living in rural and remote communities, First Nations Australians, older Australians, people from culturally and linguistically diverse background, people with disability and people on low income. There should be some trade off in appropriate circumstances. The guidelines should state that special consideration should be made in areas where there is poor connectivity, or if the technology were to fail, or if the person has limited computer literacy.

Secondly, our Fellowship consider consultations by either video or telephone for both initial and follow-up consultations to be invaluable, particularly in remote areas. In rural locums and other cases, Fellows have cited that the first follow-up consultation reviewing test results can be more important than the initial consultation. The additional value of video or telephone consultation is it can be used to determine if a face-to-face consultation really is required. Fellows have found efficiencies in this practice in an approach to manage with the significant backlog post COVID-19.

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<sup>1</sup> Royal Australasian College of Surgeons. (2020). RACS Advocacy - Review of Telehealth Services in Australia. <https://www.surgeons.org/en/News/Advocacy/review-of-telehealth-services-in-australia>



Finally, RACS commends the addition of the new section addressing the practice of prescribing to patients whom the doctor has never consulted. As it is widely agreed that telehealth must be clinically driven, this poor practice should be explicitly prohibited, and must be reflected in these guidelines and other existing ones such as the *Cosmetic medical and surgical procedures guideline*.

Yours sincerely

**Dr Sally Langley**  
President

**Professor Mark Frydenberg**  
Chair, Health Policy and Advocacy Committee