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## **The Ultimate Guide to Telehealth in Australia: Your Health, Connected**

Picture yourself on a Brisbane balcony after sunset or halfway between Alice Springs and Tennant Creek. With a few taps you can be face-to-face with an Australian-registered GP, script in hand before the kettle boils. Telehealth has shifted from pandemic stop-gap to an everyday way of caring for everything from stiff shoulders to chronic asthma, and Australia’s rules now treat virtual and in-person medicine much the same.

### **Telehealth comes of age**

The Commonwealth first dabbled in subsidised video appointments back in 2011 for remote towns, but COVID-19 fast-tracked the model. From 1 January 2022, a broad suite of GP, specialist and allied-health items became a **permanent** part of the Medicare Benefits Schedule, cementing telehealth as core business rather than a temporary fix ([mbsonline.gov.au](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2211355D5611CA3DCA2587A70006FF09/%24File/PDF%20-%20Factsheet-specialist-telehealth-18%20February%202022%20v3.pdf?utm_source=chatgpt.com)). In the first two pandemic years alone, clinicians delivered more than 100 million virtual services to 17 million Australians – roughly two-thirds of the country ([ahpra.gov.au](https://www.ahpra.gov.au/documents/default.aspx?chksum=rXJa1hqvWzX%2BQKjnj9KYDA%3D%3D&dbid=AP&record=WD23%2F32862&utm_source=chatgpt.com)).

### **Fitting virtual care into Medicare**

If you can claim a rebate for a clinic visit, you can usually claim the same for a video or phone call. Short GP chats, long care-plan reviews, specialist follow-ups and many psychology sessions all attract the standard rebate. Bulk billing is still up to the practice but is common for concession-card holders, children, and after-hours care. The familiar “12-month rule” applies to most GP bulk-billed reviews: you need to have been seen in person at that practice within the past year, unless you’re a new baby, experiencing homelessness, caught in a disaster zone or seeking urgent after-hours advice.

### **Safety, privacy and regulation**

Every doctor you meet online must be registered with the **Australian Health Practitioner Regulation Agency (AHPRA)** and follow the same clinical guidelines they’d apply in a consulting room. AHPRA stresses that real-time conversations – video or phone – remain the gold standard for diagnosing, prescribing and issuing medical documents, and it discourages “tick-box” services that never let you speak to a clinician ([legalvision.com.au](https://legalvision.com.au/telehealth-guidelines/?utm_source=chatgpt.com)).

On the tech side, providers are bound by the **Privacy Act 1988** and the Australian Privacy Principles, which means encrypted links, secure data storage (often onshore) and strict access logs ([legislation.gov.au](https://www.legislation.gov.au/C2004A03712/latest?utm_source=chatgpt.com)). If you choose to link your **My Health Record**, your telehealth GP can access allergies, imaging and recent scripts in seconds, making remote care safer and smoother.

### **What you can fix from the sofa – and what still needs hands-on care**

Telehealth is perfect for routine issues like coughs, urinary infections, skin rashes, prescription repeats, mental-health reviews, and ongoing management of diabetes or high blood pressure. Parents often use it for mild fevers or feeding questions when the idea of a waiting-room virus is too much.

Certain problems still belong in a consulting room or emergency department: severe chest pain, major bleeding, unexplained abdominal masses, stitches, vaccinations and anything requiring a physical examination. Your telehealth doctor will tell you straight if you need to head in.

### **A step-by-step visit without the waiting room**

**Booking:** Most clinics now offer an online calendar; platforms such as Medicly can secure same-day slots. You’ll enter Medicare details so any rebate flows through automatically.

**The call:** At the scheduled time your GP confirms your identity and consent, then runs through symptoms, history and observations. On video you might show a rash or demonstrate shoulder movement.

**The plan:** Expect clear advice, an e-script token sent by SMS or email, and referrals or imaging forms if required. Medical certificates arrive as PDFs. With your permission the notes can be forwarded to your regular GP to keep records aligned.

**Afterwards:** Pick up medication with the token, book any tests, and add a reminder in your phone for follow-up. If the video drops out, your doctor should call to finish the consult.

### **Getting the tech right first time**

A mid-range smartphone or laptop, stable Wi-Fi or 4G, and a quiet, well-lit spot are usually all you need. For video, sit facing a window or lamp so your face isn’t in shadow, and shut down bandwidth-hungry streaming. If something glitches, re-open the link in a fresh browser tab; if sound vanishes, check the browser hasn’t blocked your mic. Most providers will switch to phone if video refuses to cooperate.

### **Paying for virtual care in plain English**

Private GP telehealth fees typically sit between $45 and $75, with Medicare covering about two-thirds of that for a standard consult. Specialist and allied-health charges vary, but rebates mirror in-person rates. Private health extras can offset tele-physio or dietetics; Department of Veterans’ Affairs, NDIS and workers’-comp schemes often pay the lot directly. Always ask the receptionist to quote the out-of-pocket cost before you book.

### **Choosing a provider you can trust**

Start by searching the AHPRA public register to confirm the clinician’s registration. Read a few independent reviews, skim the service’s privacy policy for Australian-hosted encryption, and make sure the clinic issues e-scripts, not just paper prescriptions, so you’re not waiting on the post. Government-funded **Healthdirect** lists accredited practices and also runs a free 24-hour nurse line on **1800 022 222** if you need quick triage advice ([healthdirect.gov.au](https://www.healthdirect.gov.au/contact-us?utm_source=chatgpt.com)).

### **Telehealth for every stage of life**

* **Aboriginal and Torres Strait Islander communities** use virtual consults to avoid long road trips and to speak with culturally safe practitioners.
* **Older adults** appreciate medication reviews without the struggle of transport or waiting rooms; carers can join the call from another suburb.
* **NDIS participants** often integrate tele-OT, psychology or dietetics into their plans for seamless goal tracking.
* **FIFO workers and grey-nomad travellers** can maintain continuity with their usual GP as long as both doctor and patient remain on Australian soil; Medicare rebates stop the moment either party crosses the border.

### **Looking ahead**

Blood-pressure cuffs and glucose meters already beam readings straight into GP software, and mainstream wearables are beginning to flag heart-rhythm glitches in real time. Artificial-intelligence chatbots are improving symptom triage, but they’ll remain gatekeepers, not replacements, for the professional judgement that only comes from a live conversation.

### **Frequently asked questions – quick answers**

**Is telehealth safe?** Yes, provided you’re dealing with an AHPRA-registered clinician on an encrypted platform.  
 **Do I need fast internet?** Standard home broadband or steady 4G is fine; phone consults require only a basic mobile or landline.  
 **Can I get antibiotics online?** If a doctor deems them clinically appropriate after a real-time consult. Controlled medicines follow stricter rules.  
 **What if the call drops out?** Your doctor should phone to finish or reschedule without charging twice.

### **Final thoughts**

Done well, telehealth is healthcare that bends around your life instead of the other way round. Keep your tech simple, choose providers who value privacy and real conversation, and remember that the best medical care — virtual or otherwise — speaks to you like a person, not a ticket number.

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