

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE



Policy on Telemedicine

1. Definition of terms in this Policy

- 1.1 **Consent means:** informed consent to any clinical and medical process or treatment. This must be given by a competent person, voluntarily and on an informed bases.
- 1.2 **Council means:** The Medical and Dental Practitioners Council of Zimbabwe.
- 1.3 **Disciplinary committee means:** The Disciplinary Committee of the Council.
- 1.4 **E-prescriptions means:** electronic prescriptions
- 1.5 **In-person consultation means:** face to face consultation where the doctor and the patient are physically present in the same location.
- 1.6 **MCAZ means:** The Medicines Control Authority of Zimbabwe.
- 1.7 **Practitioner means:** a registered medical or dental practitioner.
- 1.8 **Telemedicine consultation or virtual health care means:** provision of remote consultation and monitoring of patients using text/messaging, telephone and video consultations, where the doctor and patient are in Zimbabwe and communicate with each other and exchange information without being physically present at the same location. Telemedicine consultations can be conducted between a doctor and a patient in the **presence of a local health practitioner** or they can be conducted with no medical support at the patient's end.
- 1.9 **Telemedicine or telehealth means:** is the use of information or communication technology to deliver medical care when patients and doctors are not in the same physical location. This shall include the use of digital technologies like videoconferencing, telephone conferencing and Messaging platforms. It involves the exchange of information between doctors and patients, or between doctors and professional colleagues for diagnoses, treatment and presentation of disease and injuries for research, evaluation and continuing medical education. Telehealth includes

a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of tele-communications technology.

- 1.10 The practice of medicine by registered doctors includes:** assessing, diagnosing, reporting, giving advice, signing medical certificates and prescribing medicines.
- 1.11 The terms "treating" and "treatment"** cover all aspects of the practice of medicine by a registered medical practitioner.
- 1.12 Type of consultation refers to:** the means of clinical consultation, which can be in-person or through telemedicine.

2. Background

The emerging challenges of global pandemics, health systems, rapid disruptive technological changes and use of new technological therapies such as Artificial Intelligence, Telemedicine, e-prescriptions and many others have raised legal and ethical concerns which have challenged Regulatory Systems. Though these digital technologies present opportunities for achievement of Sustainable Development Goals, more particularly, Universal Health Coverage under the Covid -19 pandemic, this therefore advocates for the ethical, safe, secure, reliable, equitable and sustainable use of digital health, abiding by the principles of transparency, accessibility, scalability, replicability, privacy, security, consent and confidentiality.

It is common cause that the ethical and professional standards used by the Council on face-to-face consultations apply to telemedicine consultations and treatment.

3. Introduction

Digital technology has become an essential part of health care. Telemedicine can be beneficial for providing access to care when it otherwise may be challenging. Telemedicine can increase convenience for patients, enable more comprehensive delivery of services after-hours and provide faster access during times of limitation due to pandemics such as Covid-19 and facilitates more effective use of limited health resources. Section 30(1)(i) of the Health Professions Act (Chapter 27:19) mandates the Council to define and enforce ethical practice. This Policy sets standards for doctors registered and practising in Zimbabwe. This statement may be helpful for patients who receive aspects of their care through telemedicine or who are thinking of consulting a doctor through telemedicine.

- 3.1** This Policy shall be used by the Council and Disciplinary Committees as a standard by which to consider the conduct of a doctor when providing medical care through telemedicine.

4. Purpose of the Policy

The purpose of this Policy is to guide medical and dental practitioners providing telehealth services as a way of delivering acute, chronic, primary and specialist care. This Policy should be read together with the Operations of a Virtual Hospital Guidelines.

5. Policy Guidelines

5.1 When providing health care services through telemedicine a practitioner should pay attention to these ethical and professional principles:

- 5.1.1 Protect the patient's privacy and confidentiality
- 5.1.2 Can be conducted over a secure encrypted connection (public hotspots are not protected and could compromise privacy)
- 5.1.3 Fiscal management
- 5.1.4 Up to date verifiable documentation and Storage of patient data and/or electronic records.
- 5.1.5 Ensure that any notes made about a patient are placed in the patient's medical record and the patient's general practitioner is informed about the telemedicine consultation.
- 5.1.6 Patient's rights and responsibilities must be observed
- 5.1.7 The practitioner is accountable for his/her actions to the patient
- 5.1.8 The practitioner must ensure that the equipment, devices and technology including peripheral devices, network hardware and associated software are in good working order.
- 5.1.9 Practitioner must have technical competence in the telemedicine service to be provided, including training of all personnel involved in the telehealth operations.

6. What to Consider When One Provides Telehealth Services

6.1 Ensuring that one has the patient's informed consent to provide the consultation via telemedicine

- i) The practitioner should tell the patient if the patient's information is to be shared with any other health care professionals as part of the patient's ongoing care.
- ii) The practitioner must give enough information, in a way that patients can understand, to enable them to exercise their right to make an informed decision about their care.

6.2 Prior to the start of the telemedicine encounter, the provider shall inform and educate the patient in real-time of all pertinent information such as:

- i) confidentiality;
- ii) an agreed emergency plan, particularly for patients in settings without clinical staff immediately available;
- iii) process by which the patient information will be documented and stored. All communication must be recorded.
- iv) a protocol for contact between visits and conditions under which telemedicine services may be terminated and a referral made to in-person care.
- v) The practitioner should be familiar with local in-person health resources and travel requirements
- vi) The practitioner shall exercise clinical judgment to make a referral for additional health services when appropriate.
- vii) The practitioner should also know the preferred healthcare system for the patient's insurance to avoid unnecessary financial strain for the patient

6.3 A provider of telemedicine should practice from registered health premises where patients might have face to face consultations.

6.4 Potential Limitations of Telemedicine include:

- i) situations/conditions in which in-person visits are more appropriate due to urgency and /or underlying health conditions;
- ii) an inability to perform an appropriate physical examination;
- iii) the need to address sensitive topics, especially if there is patient discomfort or concern for privacy;
- iv) limited access to technological devices (e.g) phone, smartphone, tablet; computer) needed for telemedicine visit, or connectivity issue;
- v) the potential for technical failure, procedures for coordination of care with other professionals.

6.5 Providing treatment if one is unfamiliar with the patient

- i) The patient shall provide their full name, date of birth, and contact information including telephone, email, and mail contact information prior to the initial encounter.
- ii) The practitioner may ask the patients to verify their identity more formally by providing a government issued photo ID for documentation, care transitions and billing.

6.6 The practitioner should confirm a patient's identity and medical history with their regular practitioner;

- i) One should provide means of verification that one is a duly registered medical or dental practitioner to guard against bogus doctors (refer to Council website for public register) and provide registered premises address, telephone and cell numbers.
- ii) When providing professional services to a patient in a setting without an immediately available health professional the provider shall provide the patient with the details of the nearest public health institution.

6.7 The device that one uses must be secure and fit for purpose

Security and technical issues with the equipment used by the practitioner and/or the patient.

- i) Any device, software or service one uses when they provide telemedicine services must be secure, fit for purpose, and must preserve the quality of the information or image being transmitted.
- ii) The practitioner should consider the patient's safety, security and privacy when they engage with him/her in a telemedicine consultation.
- iii) The practitioner must check that the patient knows how to operate the device they are using for the telemedicine consultation.

6.8 The standards of practice in Telemedicine

- i) If a practitioner treats a patient, the practitioner is responsible for gathering and assessing the information used to form the diagnosis, regardless of its source.
- ii) If a practitioner receives a referral that does not contain the information that's needed for assessing the patient, the practitioner should ask for the relevant information, or return the referral to the referrer with a request for more specific information.
- iii) The treatment that one provides to a patient in another location should be equivalent to the care provided in an in-person consultation, within the limitations imposed by the telemedicine platform. This includes:
 - verifying the patient's identity;
 - assessing whether a telemedicine consultation is suitable for that patient;
 - forming a diagnosis;

- obtaining the patient's consent;
 - maintaining the patient's privacy and confidentiality;
 - providing follow-up care;
 - updating the patient's medical records and;
 - communicating with the patient's relevant primary care provider in a timely manner.
- iv) The practitioner must also meet the safety standards for practitioners contained in the Council Codes of Conduct focusing on the patient experience to define the quality of care.
- vi) If the limitations of technology means that one is unable to provide a service that is equivalent to an in-person consultation, the practitioner must explain this to the patient so that they can decide on whether the consultation should proceed.
- v) If the practitioner works with or receive reports from telemedicine providers, Council standards will apply to the care provided. The practitioner must inform that telemedicine provider, their management and/or other appropriate reporting channels if he/she has concerns about their quality of care.

6.9 When a physical examination is necessary

- i) A physical examination could provide information that affects the patient's diagnosis or management, including treatment or whether to refer the patient for further investigations. If history alone suggests a life-threatening condition, an ambulance must be called immediately.
- ii) If a physical examination is likely to influence the practitioner's clinical decision, this needs to be arranged within an appropriate timeframe. In some circumstances, it may be reasonable to ask another practitioner in the patient's locality to conduct a physical examination on one's behalf. In those instances, the practitioner must obtain the patient's consent, communicate his/her request clearly to the other practitioner, and answer any questions that the other practitioner might have. **The practitioner remains responsible and accountable for the clinical decisions he/she makes based on the information he/she received.**
- iii) The practitioner must maintain clear patient records by timeously documenting relevant clinical findings from the physical examination and virtual consultation in the patient's medical records.

7. When the practitioner prescribes medication via telemedicine

- i) The practitioner must prescribe medicines in line with the current regulations of prescribing medicines
- ii) The practitioner must comply with the requirements of MCAZ when prescribing medicines electronically to patients.
- iii) Controlled drugs shall not be prescribed via telemedicine.
- iv) Prescriptions must comply with the MCAZ regulations. This includes the prescription being clearly printed and personally signed with the prescriber's usual signature. The signature cannot be a stamp, facsimile or a digital image.
- v) A prescription for medication issued electronically must comply with national electronic prescribing security and authentication standards as well as legal standards and requirements.
- vi) Along with other legal requirements, Council standards on good prescribing practice apply when a practitioner issues a prescription via telemedicine. The practitioner should:
 - a) have adequate knowledge of the patient, and that he/she have reviewed their relevant medical history including their clinical notes
 - b) be satisfied that what he/she intends to prescribe is in the patient's best interests
 - c) update the patient's medical records. If the practitioner is not the patient's regular doctor, he/she must ensure that information about any care he/she provides and prescriptions he/she issues are given to that doctor.
- vii) Before prescribing any medicine for the first time to a patient, an in-person consultation is recommended practice. If, in the circumstances the practitioner is unable to see the patient in person, he/she must consider a telemedicine consultation with the patient, conduct an appropriate assessment or discuss the patient's treatment with another Zimbabwean registered health practitioner who can verify the patient's medical history and identity. It may also be reasonable to:
 - a) Provide a prescription for a patient if a practitioner is covering for a colleague or is discharging a patient from hospital, and have reviewed the patient's notes beforehand.
 - b) Renew a patient's prescription after assessing that the prescription is appropriate for the patient. When the prescription has potentially serious adverse effects, the practitioner should assess the patient regularly.

- c) Provide a prescription if the situation is urgent, provided that the practitioner obtains the relevant medical history and informs the patient's regular doctor as soon as possible.
- d) Prescribe medication for a shorter duration than usual, and encourage the patient to see their regular doctor for follow-up.
- e) In an emergency, responding to the patient's acuity will be a priority, and may result in prescribing without adequate information about the patient's medical history. As part of good medical practice, the practitioner is expected to document all medicines prescribed in an emergency in the patient's medical records.
- f) If a practitioner conducts a telemedicine consultation, he/she must consider whether a physical examination of the patient is necessary. See also the section 'When a physical examination is necessary'.
- g) Give consideration to the patient's ability to obtain the prescribed medication-
- viii) Some medicines have a higher risk of harm. When prescribing medication by telemedicine, the practitioner must ensure that the patient has an established professional relationship with a doctor, and that there are robust systems in place to manage the patient's care.
- ix) If the practitioner is unsure of any aspect of this Policy he/she must contact Council on mdpcz@mdpcz.co.zw

8. Continuing Professional Development (CPD)

- i) Registered medical practitioners with unrestricted license to practice providing telemedicine shall maintain competence in the technologies and communication skills required for telemedicine.
- ii) Related approved training can be part of a doctors plan to meet mandatory CPD requirements.

Sources

1. Adapted and adopted from the New Zealand Medical
2. Council, Medical Council of Ireland, IAMRA,
3. MDPCZ Codes of Conduct, Health Professions Act (Chapter 27:19)
4. MOH& CC Concept of a Virtual Hospital



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