

**BOARD OF GOVERNORS IN SUPER
SESSION OF MEDICAL COUNCIL OF
INDIA.
NOTIFICATION**

12th May 2020

TELEMEDICINE PRACTICE GUIDELINES

**Synopsis by
IADVL ACADEMY**

Telemedicine practice guidelines (April 2020)

Notice No MCI-211(2)/2019 (Ethics)/201858 Dated 25.03.2020

Disclaimer: *Derived from guidelines by Board of Governors in supersession of the Medical Council of India in partnership with NITI Aayog, available at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>. In case of any doubt or clarification, the reader is advised to peruse the full document.*

(To read a dermatologist, venereologist or leprologist in place of RMP throughout the document)

1. Telemedicine:

‘The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.’

2. Telehealth:

‘The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.’

3. Who can give and to whom:

A registered medical practitioner (RMP) enrolled in the state/ National register under the IMC Act 1956 is entitled to provide telemedicine consultation to patients from any part of India. All RMP will need to qualify a mandatory online course within 3 years of publication of this document, which will be developed by Board of Governors. *(We have requested formal clarification from competent authority whether an RMP is allowed to practice telemedicine today before taking this online course.)* This guideline does not provide for consultations outside the jurisdictions of India. Artificial intelligence/ machine learning platforms are not allowed to counsel patients or prescribe medicines. Research and continuing education of health workers are excluded from the scope of this telemedicine guideline.

4. **Guidelines for telemedicine in India:**

a. *Context:* To be given if telemedicine is considered appropriate by RMP.

b. *Identification of patient and doctor:* Telemedicine consultation should not be anonymous: both patient and RMP need to know each other's identity. Teleconsultation is to be initiated after confirming name, age, address, email ID, telephone number, registered ID or any other identification as may be deemed appropriate (*we have sought clarification from the competent authority what are these registered ID or any other identification from an appropriate authority*) of the patient. If the patient is a minor teleconsultation is allowed only in the presence of an adult whose identity needs to be ascertained. RMP must inform the patient about his name and qualifications. Every RMP must display his medical registration number issued by state/ National medical council on prescriptions, website, electronic communication (WhatsApp/ email) and receipts given to patients.

c. *Modes of teleconsultation:*

- i. Video (skype, facetime etc.)
- ii. Text (chat, whatsapp, messenger, email, fax etc.)
- iii. Audio (telephone, etc.)

d. *Patient consent:*

Patient's consent is necessary for any telemedicine consultation. Consent will be implied if patient initiates the consultation. Explicit consent is needed if a caregiver/ health care worker/ RMP initiates the consultation and it can be sought through email, text, audio or video message. (*We have sought clarification from the competent authority how to verify and document consent if it is sent through text.*)

e. *Exchange of information for patient evaluation:*

Gather sufficient medical information about the patient's condition before making a diagnosis and initiating treatment. If any investigations are needed, they can be recommended. RMP should not proceed if a reasonable impression about the diagnosis can not be made based on available information or in case where a physical examination is deemed necessary.

f. *Health education, counseling and medication:* RMP needs to

- i. Provide health education regarding diet, exercise and cessation of smoking etc.
- ii. Counsel regarding do's and don't's
- iii. Prescribe medicine: prescription will entail the same professional accountability as the traditional in-person consult and should be done with an appropriate diagnosis/ provisional diagnosis.

iv. Categories of medicines to be prescribed (list is under preparation):

1. This depends on the type of consult, i.e first time consult or follow-up consult. This also depends on whether the consult has been through video or other modes.
2. **First time consult-** the consultation from the RMP is sought for OR the previous consultation happened more than 6 months ago OR the previous consult was for a different health condition.
3. **Follow-up consult-** The consultation from the RMP is sought within 6 months of previous in-person consult for the same health condition for continuation of care.

a. List O: Safe to be prescribed through any mode of teleconsultation. This list shall essentially contain medicines that are available over the counter.

b. List A: Drugs that can be prescribed during first consult if it is a video consultation or being re-prescribed in case of a follow-up. This list shall include medicines that are relatively safe with a low potential for abuse.

c. List B: Drugs that can be prescribed during follow-up consultation in addition to those prescribed during in person consult for the same medical condition.

d. List X/ prohibited: Drugs which have a high potential of abuse/ could harm the patient/ society if used improperly. These drugs SHOULD NOT be prescribed by telemedicine.

(We have requested for inclusion of a list of commonly prescribed topical and systemic dermatology specific drugs)

g. *Prescription:* RMP has to issue a photo/ scan/ digital copy of a signed prescription/ e-prescription to be sent to patient through email/ messaging platform. The same to be duly saved by RMP for future record.

h. *Medical ethics, data privacy and confidentiality* needs to be maintained.

i. *Maintain digital trail/ documentation of the consultation:* Log /records of telemedicine interaction, patient record, reports, documents, images and prescription to be maintained.

j. *Fee for telemedicine consultation:*

Telemedicine consultation to be treated the same way as in-person consultation from a fee perspective and appropriate fee can be charged and invoice to be provided to the patient.

5. **Framework for telemedicine:**

Five scenarios are possible

- a. Patient to registered medical practitioner.

- b. Caregiver to registered medical practitioner: Caregiver could be a family member or any other person authorized by patient to seek consultation. Caregiver can seek teleconsultation in case of a minor or if the patient is incapacitated (as in dementia or physical disability). Caregiver must have a formal authorization or a verified document establishing his relationship with the patient.
- c. Health worker to registered medical practitioner: Health care worker could be a nurse, allied health professional or ANM designated by an appropriate authority.
- d. Registered medical practitioner to registered medical practitioner: RMP might use telemedicine consultation with another RMP or another specialist of same or another speciality for a patient under his care. RMP asking for teleconsultation remains the treating RMP and shall be responsible for treatment of the patient.
- e. Emergency situation: *Emergency consultation* is to be given only when alternative in-person care is not immediately available. RMP may provide consultation to their best judgement in reference to first aid, life saving measures and counseling with advice for in-person interaction at the earliest.

6. **Essential principles:**

- a. The professional judgment of a RMP should be the guiding principle to decide whether a technology-based consultation is sufficient, or an in-person review is needed. Practitioner shall exercise proper discretion and not compromise on the quality of care.
- b. RMP should exercise his/her professional discretion for the mode of communication depending on the type of medical condition. If a case requires a video consultation for examination, RMP should explicitly ask for it.
- c. The RMP can choose not to proceed with the consultation at any time. At any step, the RMP may refer or request for an in-person consultation.
- d. At any stage, the patient has the right to choose to discontinue the teleconsultation.

7. **Guidelines for technology platforms enabling telemedicine:**

- a. Technology platforms (mobile apps, websites etc.) providing telemedicine services to consumers shall be obligated to ensure that the consumers are consulting with Registered medical practitioners duly registered with national medical councils or respective state medical council and comply with relevant provisions.
- b. Technology platforms based on Artificial Intelligence/Machine Learning are not allowed to counsel

the patients or prescribe any medicines to a patient. Only a RMP is entitled to counsel or prescribe and has to directly communicate with the patient in this regard.

c. Technology Platform must ensure that there is a proper mechanism in place to address any queries or grievances that the end-customer may have.

8. MISCONDUCT- In addition to all general requirements under MCI Act for professional conduct, ethics etc., certain actions that willfully compromise patient care, confidentiality and privacy or violate any prevailing law may be specific for telemedicine and are construed as misconduct, i.e.

RMP insiting on telemedicine when the patient is willing for in person consult OR misuse of patient iamge/ data OR prescription of medicines from a restricted list OR ADVERTISEMENT/ INDUCEMENT for teleconsultation.

(We have requested clarification from competent authority whether a RMP working in a Government establishment can be given teleconsultation to a patient who is not registered with the said establishment or a healthcare worker working in a Government establishment can facilitate teleconsultation with a RMP, who may charge a fee from the patient.)

Prepared by IADVL Academy of Dermatology

First consult:
Patient and Registered Medical Practitioner (RMP)

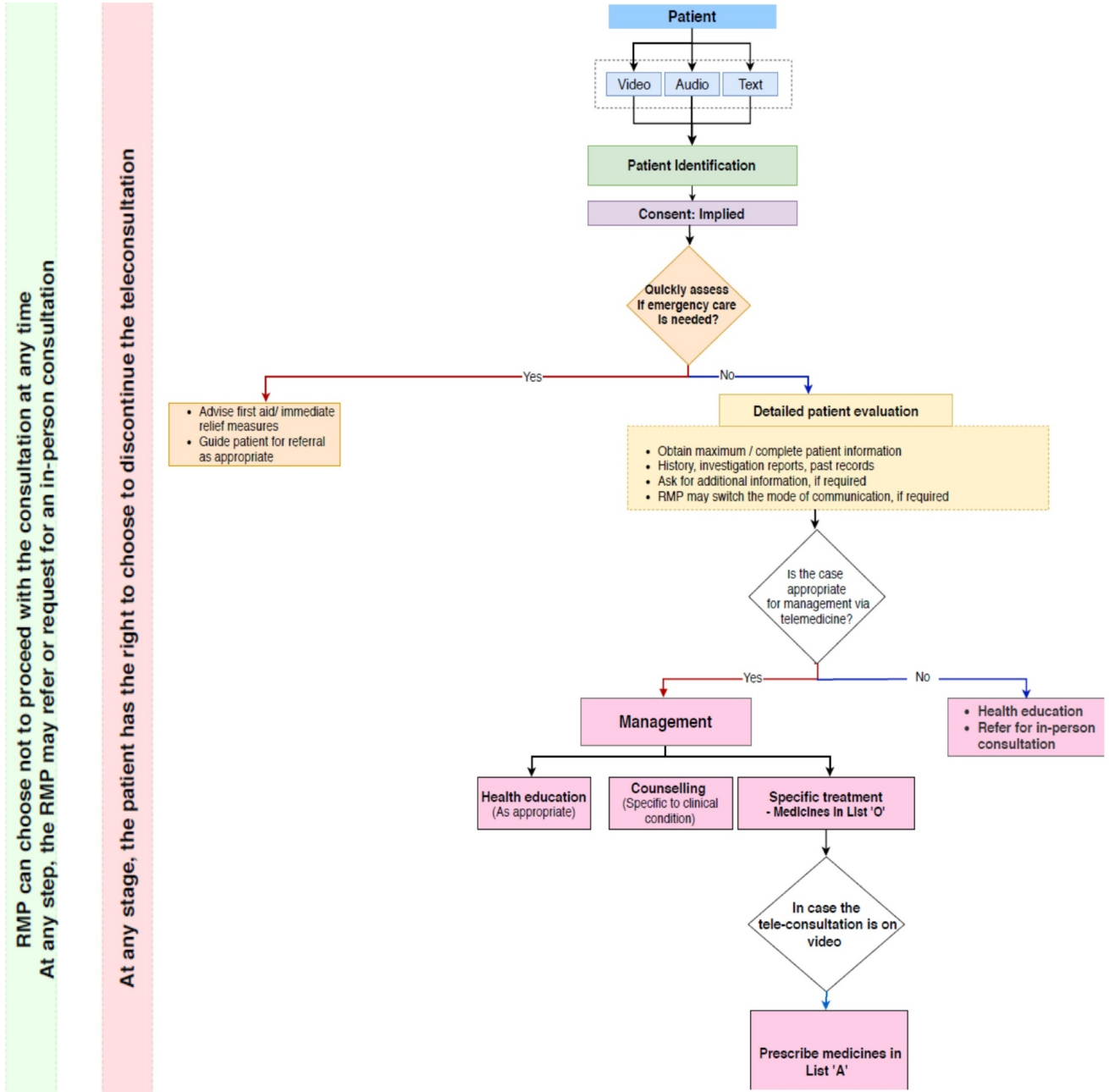


Figure 1: Flow chart for teleconsultation for first consult

First consult:
Patient and Registered Medical Practitioner (RMP)

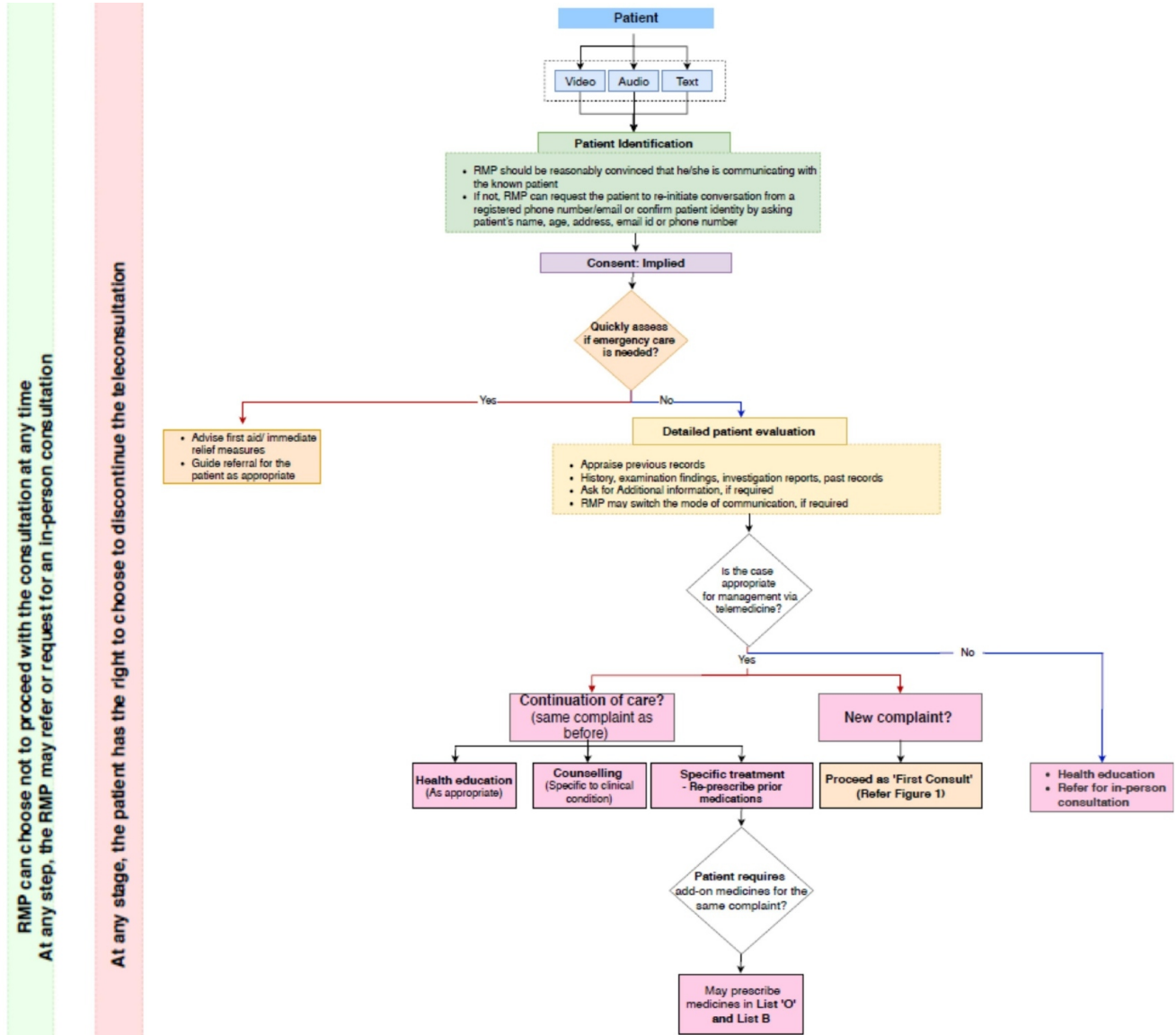


Figure 2: Flow Chart for teleconsultation on follow-up Consult

Health Worker (HW) and Registered Medical Practitioner (RMP)

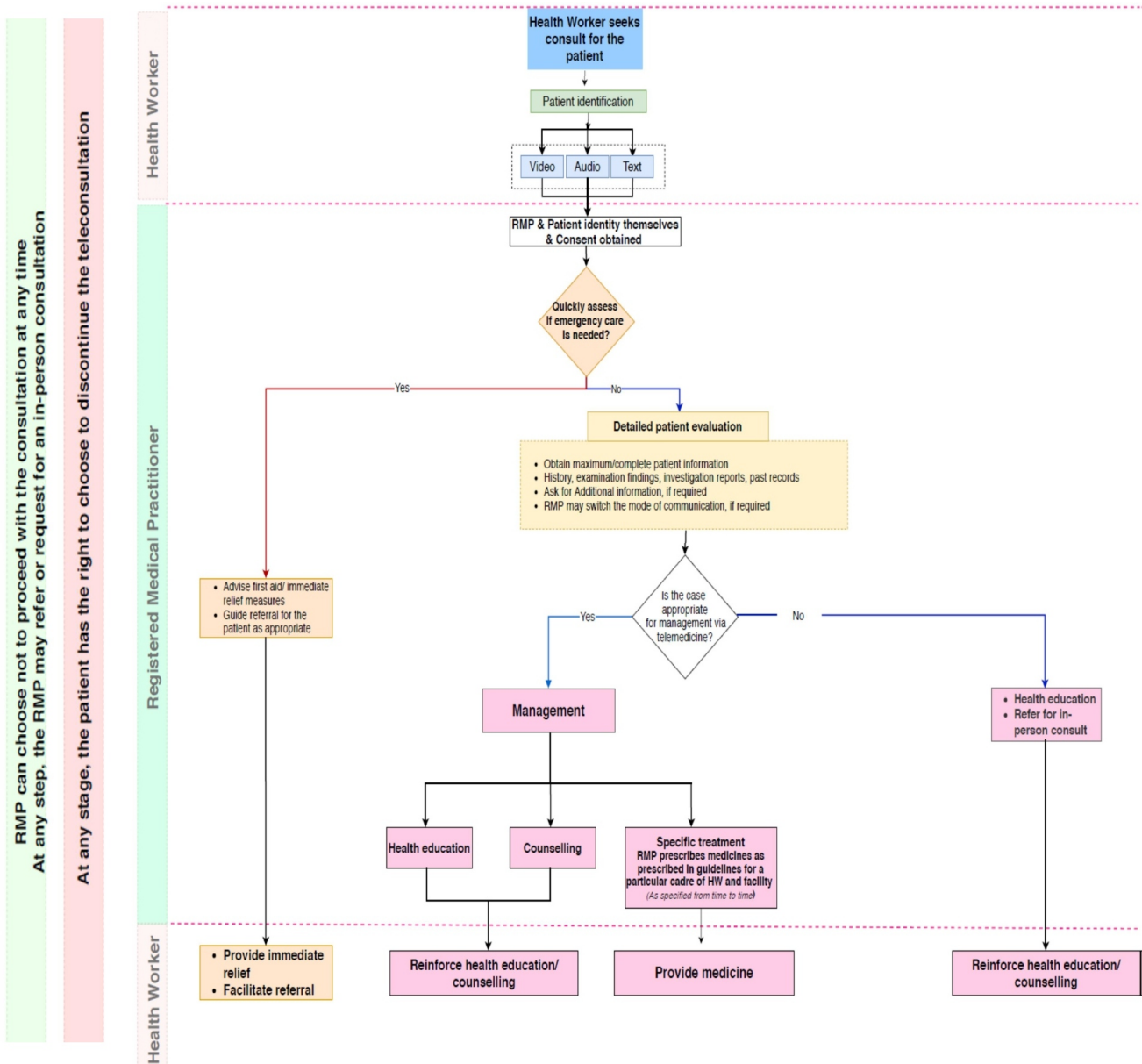


Figure 3: Flow chart for a teleconsultation between a Health Worker (HW) and a Registered Medical Practitioner