

XX June 2023

Dr Curtis Walker
Chair
Medical Council of New Zealand

By email to: sconsultation@mcnz.org.nz

Tēnā koe Dr Walker,

Re: Consultation on Telehealth

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input on the Medical Council of New Zealand's (the Council) Consultation on the Telehealth draft statement (the draft statement).

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP represents more than 7900 members, including more than 5600 qualified psychiatrists and is guided on policy matters by a range of expert committees including the Tu Te Akaaka Roa.

The RANZCP supports the addition of the paragraph relating to facilitating continuity of care in the draft statement. It is the RANZCP's position that continuity of care should be maintained when caring for patients through telehealth. Consistent with the [RANZCP's Code of Ethics](#), the RANZCP notes that psychiatrists should provide the best attainable care for their patients, which also applies to the continuity and quality of psychiatric care through telehealth.

Regarding the Council's guidance on physical examination within the draft statement, it is the RANZCP's view that the added requirement for physical examination of patients where necessary is appropriate. The RANZCP notes that physical assessment or investigation of a patient should be conducted, where necessary, to ensure that the patient is receiving the best possible care. Psychiatrists should collaborate with other health professionals to promote coordinated, continuing, and effective care, and consult with appropriate colleagues as required.

The RANZCP supports the Council removing the requirement for an in-person consultation to be conducted before prescribing any medicine for the first time to a patient, via telehealth. It is the RANZCP's position that there should be no barriers in the prescribing of medications for a patient once an assessment has been completed via telehealth. As indicated in the RANZCP's [Professional Practice Guideline 19: Telehealth in Psychiatry](#), psychiatrists should be aware that providing consultations using telehealth can lead to prescribing patients with necessary treatment. A psychiatrist should prescribe medications within the scope of their clinical expertise, with attention also directed to communicating with the patient's general

practitioner to support overall medication management. The RANZCP reiterates that in the context of prescribing medications through telehealth, psychiatrists should recognise the limits of their expertise and consult with appropriate colleagues where necessary in the care of the patient.

It is the RANZCP's view that the draft statement on telehealth should reference clinicians actively identifying and supporting patients [carer network](#) where appropriate. The Council should also ensure the draft statement highlights that telehealth consultations should be conducted in a culturally safe manner, consistent with the RANZCP's [Position Statement on Cultural Safety](#). Content on the assessment of children, young people, and other 'vulnerable' groups who may not be able to provide individual consent and for whom part of the assessment usually includes individual interview, should also be included in the draft statement. [1]

The RANZCP looks forward to providing further expert advice to the Council in future consultations regarding telehealth. To discuss any of the issues raised in this letter, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research Department via nicola.wright@ranzcp.org or on (03) 0236 9103.

Ngā mihi

Dr Elizabeth Moore
President



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa
Ref: [OPCEO to insert]

References

1. Smith K, Ostinelli E, Macdonald O, Cipriani A. COVID-19 and Telepsychiatry: Development of Evidence-Based Guidance for Clinicians. JMIR Ment Health 2020;7(8):e21108 Available from: <https://mental.jmir.org/2020/8/e21108>