

ONLINE AUDIO-VISUAL CONSULTATION GUIDELINES

PROFESSIONAL CODE OF CONDUCT

Professional Code of Conduct	
Purpose & Scope	. 2
Definition	. 2
Online Audio-Visual Consultation Guidelines	
General Guidelines	
2. Prior To The Online Audio-Visual Consultation	. 3
3. During The Online Audio-Visual Consultation	. 6
4. After The Online Audio-Visual Consultation	. 7
Cultural Respect	. 8
Liability Coverage	. 9
Complaint Procedures	

Preamble

Initial face-to-face consultations are a hallmark of holistic healthcare. Useful clinical information is gained from an initial face-to-face consultation and subsequent consultations. This useful clinical information includes clinical examination (e.g. blood pressure, pulse), observation, gait specifics, acknowledgment of physical ailments associated with nutritional deficiencies, recognition of emotion during interviews, establishment of rapport, among others. It should be noted that a patient/client may behave differently in online and face-toface consultations.

Online audio-visual consultations are an alternative to face-to-face consultations. While face-to-face consultations are preferred, there are situations where an online audio-visual consultation will enable more convenient and accessible healthcare delivery without compromising patient safety.

Purpose & Scope

This Policy sets out ATMS's expectations of members who practise online audio-visual consultations. The Online Audio-Visual Consultations Professional Code of Conduct has been established by ATMS for the ethical and professional conduct of online audio-visual consultations by accredited ATMS members with qualifications listed in Table 1. Only financial accredited ATMS members with qualifications listed in Table 1 may provide online audio-visual consultations.

ATMS Student members must not practise or perform consultations. The level of patient/client care must not be compromised by using online audio-visual consultations. The patient/client should be receiving the same quality care that they would in a face-to-face consultation. The Online Audio-Visual Consultation Professional Code of Conduct and Guidelines should be adhered to and read in conjunction with the ATMS Code of Conduct and ATMS Member Privacy Guidelines.

Counselling
Herbal Medicine
Homoeopathy
Naturopathy
Nutrition

Table 1. Qualifications currently listed under the Online Audio-Visual Consultations Professional Code of Conduct

ATMS members are accountable for their clinical decision making and have moral, ethical and legal obligations for the provision of safe and competent practice. Any breach of the ATMS Code of Conduct, ATMS Member Privacy Guidelines and the Online Audio-Visual Consultations Code of Conduct may render an ATMS member liable for removal from the Register of Members.

Definition

Online Audio Visual Consultation are a way to provide or assist in the provision of patient/client care at a distance using information and communication technologies including Skype, Lync, TeleHealth and TeleMedicine

Online Audio-Visual Consultation Guidelines

1. General Guidelines

- 1.1. Practitioners always act in the patient's best interest.
- 1.2. Practitioners conduct themselves ethically and professionally at all times and demonstrate the highest level of professional and ethical care to patients.
- 1.3. Practitioners recognise their limitations and recognise the competence of other healthcare professionals, and when indicated, recommend that additional opinions and services be sought.
- 1.4. Practitioners treat all patients with respect, and do not engage in any form of exploitation for personal advantage whether financial, physical, sexual, emotional, religious or for any other reason.
- 1.5. Practitioners respect an individual's autonomy, needs, values, culture and vulnerability in the provision of online audio-visual consultations.
- 1.6. In the exercise of care of the patient during online audio-visual consultations, the practitioner shall not misrepresent or misuse their skill, ability or qualification.
- 1.7. Practitioners maintain patients'/clients' privacy and confidentiality when collecting, using or disclosing personal health information. All patient/client records must be maintained in line with existing legislation in each State or Territory. Therefore, adequate electronic storage space and paper filing systems (e.g. hardcopy files, printouts of emails) must be up to date, clear, accurate and secure.
- 1.8. Practitioners must adhere to all of the requirements of the ATMS Code of Conduct and State, Territory and Federal law within the scope of their practice.

2. Prior To The Online Audio-Visual Consultation

2.1. The practitioner must obtain the patient's/client's informed consent, or the parent's/guardian's consent in the case of a patient under the age of 18 years, to obtain, use, disclose, record and transmit information. The consent must be in writing (eg. via email) before undertaking any aspect of the online audio-visual consultation and kept in the patient/client file. In the event of the online audio-visual consultation involving a person under the age of 18 years, a parent/guardian must

- be present during the entire consultation. The process of obtaining consent enables the person to be informed of their rights regarding information provided.
- 2.2. Adequate internet connectivity is required to support audio and video quality for consultation purposes. The practitioner must ensure they have appropriate technology (e.g. password protected computer, internet access and connection) to conduct the online audio-visual consultation. The practitioner must use internet antivirus and security software and other technical security to secure patient confidentiality.
- 2.3. The patient/client will be asked to provide their name, address and date of birth. Confirmation of the identity of the patient/client must be verified to the practitioner's satisfaction (e.g. copy of Driver's Licence) before the online audiovisual consultation is provided.
- 2.4. The practitioner must confirm that they have made every effort to protect the patient/client privacy and have not recorded the online audio—visual consultation unless the patient gives prior consent. If prior consent is granted, the recording/s of the consultations must fulfil the requirements of the Privacy Act.
 - 2.4.1. If a patient/client requests, the original recordings and all copies are to be returned to the patient/client, or their estate, according to the Privacy Act, or by request.
- 2.5. The practitioner must advise patients/clients that they are not authorised to make any recordings of the online audio-video consultation.
- 2.6. The practitioner must determine, to the best of their ability and in accordance with their scope of practice, the appropriateness for each patient/client to receive the online audio-visual consultation prior to the first consultation and subsequent consultations. In the event of a change in the appropriateness of the online audio-visual consultation, a face-to-face consultation should be organised for further evaluation with the primary care practitioner or another practitioner if required.
- 2.7. The practitioner must determine how comfortable the person is with using this form of consultation prior to the online audio-visual consultation taking place. The patient's/client's experience and comfort with the use of audio-visual equipment and computers will be variable and impact on their likelihood to embrace the concept of using online audio-visual technology. It has been shown that commitment by the health care professional to actively support and encourage the

- patient/client in the early stages of the introduction of the technology is vital for long term success.
- 2.8. Active and reflective listening skills are considered fundamental to the use of online audio-visual consultations. This is to ensure all relevant information is obtained from the patient/client (or parent/guardian if the patient/client is under the age of 18 years) and is interpreted, to assist the patient/client to articulate their needs/health issues to the ingestive practitioner (Table 1) or counsellor.
- 2.9. The following should be discussed or identified with the patient/client prior to the initial online audio-visual consultation and subsequent consultations:
 - 2.9.1. The name, profession and organisation/location of all practitioners conducting or participating in the online audio-visual consultation.
 - 2.9.2. The patient/client in the online audio-visual consultation.
 - 2.9.3. The only parties present during the audio-visual consultation will be the patient, any support person nominated by the patient/client and the practitioner.
 - 2.9.3.1. Clinical support at the patient-end of an audio-visual consultation may be required from a face-to-face practitioner of the patient/client's own choice firstly, or as referred, and this inclusion should be noted in the patient's/client's records.
 - 2.9.4. The process of the online audio-visual consultation.
 - 2.9.5. An overview of how the technologies of the online audio-visual consultation work.
 - 2.9.6. The potential risks and benefits.
 - 2.9.7. The choice to decline participation in the online audio-visual consultation at any time and the alternatives available (e.g. face-to-face consultation).
 - 2.9.8. Acknowledgement that in the unlikely event that the patient/client does not wish to continue with the online audio-visual consultation they can end the session, but that consultation fees may still apply
 - 2.9.9. Contingency plans should technology fail or be insufficient during the online audio-visual consultation.

- 2.9.10. Protection measures for security, privacy, and confidentiality of information.
- 2.9.11. The practitioner should inform patients/clients about the cost of the consultation and any potential costs of treatment (e.g. supplements, formulas, postage). The procedure of the payment must also be noted before the online audio-visual consultation takes place.

3. During The Online Audio-Visual Consultation

- 3.1. Online audio-visual consultations can result in raised voices and transmission of sound into surrounding areas. The online audio-visual consultation must therefore be conducted in an environment that is sound-proof (e.g. a closed office) to maintain patient confidentiality.
- 3.2. All information provided or received before, during and after an online audio-visual consultation and details of all participants involved should be recorded in the patient/client's file. This information should be documented contemporaneously (during the consultation) in either hard copy or electronically, in accordance with ATMS policies and procedures. High level case-taking is essential for optimal patient/client care.
- 3.3. If at any time, the practitioner considers that assessments such as blood pressure measurement or any form of physical examination is required as part of the consultation process, the consultation must be suspended and such examination or assessment carried out face-to-face by a suitably qualified and experienced healthcare practitioner. The results of that examination or assessment can be transmitted to the practitioner in a timely manner and the consultation recommenced or the patient/client referred to an appropriately qualified and experienced practitioner who is able to provide face-to-face clinical services.
- 3.4. At the end of the online audio-visual consultation, the total cost of the consultation and treatments (supplements, formulas) must be stated and payment from the patient/client must be arranged. Delivery/postage arrangements must also be discussed.
- 3.5. After payment, a receipt must be given and the receipt must provide details and method of consultation (e.g. Skype Consultation etc).

4. After The Online Audio-Visual Consultation

- 4.1. For appropriate record of the consultation, additional documentation may be required :
 - 4.1.1. The consultation was conducted by audio-visual link.
 - 4.1.2. Patient-end location of the audio-visual consultation.
 - 4.1.3. Patient's/client's explicit consent to the online audio-visual consultation.
 - 4.1.4. Persons present and patient's explicit consent for other parties to be present.
 - 4.1.5. Rationale for the audio-visual consultation instead of face-to-face.
 - 4.1.6. Whether the consultation was an initial or follow-up consultation.
 - 4.1.7. Diagnosis and outcome of the consultation and the agreed procedures and medications as indicated by the practitioner.
 - 4.1.8. The recording of any still image during the audio-visual consultation, if any was taken.
 - 4.1.9. Any period that the practitioner was not present in the room.
 - 4.1.10. Any technical malfunctions during the audio-visual consultation including poor image or voice quality.
- 4.2. The patient file must be stored securely, as per ATMS Policy Guidelines.
- 4.3. The clinical effectiveness of the online audio-visual consultation should be evaluated and include the following :
 - 4.3.1. The appropriateness of the consultation and of the service delivered.
 - 4.3.2. The information provided during the consultation.
 - 4.3.3. Any referrals made.

- 4.3.4. The patient/client's safety.
- 4.3.5. Acceptability of the online audio-visual consultation.
- 4.3.6. The patient/client's and practitioner's experience.
- 4.3.7. Satisfaction with the process or service.
- 4.3.8. Reviews of any complications and poor outcomes for the patient/client.
- 4.4. Delivery or postage of supplements or formulas must be organised.
- 4.5. Make appropriate arrangements to follow the progress of the patient/client.
- 4.6. There may be a time when a face-to-face consultation is required to assess clinical signs, such as blood pressure, and therefore may need to be arranged as a subsequent consultation.

Cultural Respect

Practitioners should be mindful of cultural needs and preferences prior to and during online audio-visual consultations in particular about personal images and the recording of personal images.

Interpreter Assistance

Where an interpreter is required for non-English speaking patient /clients, accredited interpreters should be used where available. The interpreter should be briefed about the online audio-visual consultation, how to deal with cultural and other issues that may arise during the session as well as any special techniques that may be used during the process.

Hearing Impaired Assistance

For hearing impaired clients/patients, a deaf relay interpreter may be required. Auslan (Australian sign language) interpreting is usually conducted simultaneously so the practitioner will need to speak at a moderate pace.

Similarly, the deaf relay interpreter will also need to be briefed about the online audio-visual consultation, how to deal with cultural and other issues that may arise

during the session. If there are complex concepts to be discussed, you may need to out the best method to communicate these together with the interpreter.

The practitioner should maintain his/her role during the consultation session as the interpreter does not conduct the session.

Liability Coverage

ATMS recommends that all members providing online audio-visual consultation to check with their insurers regarding professional liability coverage.

Complaint Procedures

All members who provide online audio-visual consultations are expected to adhere to ATMS Code of Conduct. ATMS will review written complaints with regard to the provision of audio-visual consultations by any of its members as per ATMS Complaint Policy and Complaint Procedures.

The Online Audio-Visual Consultation Professional Code of Conduct will be reviewed on or before 31 March 2016. Please check for updates to the ATMS Code of Conduct, ATMS Member Privacy Guidelines and the Online Audio-Visual Consultation Professional Code of Conduct. Any breach of the ATMS Code of Conduct, ATMS Member Privacy Guidelines and the Online Audio-Visual Consultation Professional Code of Conduct may render an ATMS member liable for removal from the Register of Members.

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Further Information

Related Policies:

ATMS Code of Conduct
ATMS Member Privacy Guidelines