Telemedicine Working Group Report to Council

Appendix B

Stakeholder consultation
December 2020

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25-member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

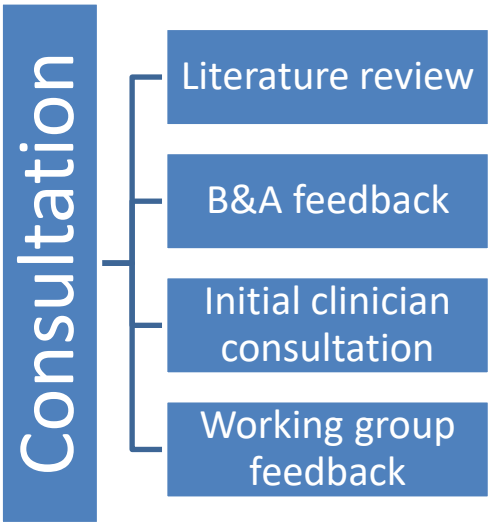
The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education, training and lifelong learning of registered medical practitioners in Ireland. It is charged with promoting good medical practice and provides professional and ethical guidance. The Medical Council is also where the public, profession and services may make a complaint against a registered medical practitioner.

Introduction

The Telemedicine Working Group was established by the Medical Council to report to Council on telemedicine recommendations. The purpose of the working group is to examine issues relating to telemedicine and ways in which telemedicine is utilised in other jurisdictions. The group aims to examine issues relating to regulation and telemedicine and produce a position paper on the uses of telemedicine with recommendations for the Council and appropriate stakeholders. This position paper, subject to Council approval, would also be published on our website. To date, the group have also prepared a guide for patients on the uses of telemedicine and a guide for doctors.

In order to inform this work and build a picture of stakeholder perspectives on telemedicine, a consultation process was undertaken informed by the principles outlined in the Consultation Principles & Guidance (2016) document. This took the form of a survey, using a mixed methods approach, including quantitative and qualitative data collection opportunities to maximise capture of relevant stakeholder perspectives. The survey was informed by several sources, outlined in figure 1, which will also feature in the final report to Council.

FIGURE 1. CONSULTATION PROCESS- DATA SOURCES INFORMING SURVEY DEVELOPMENT



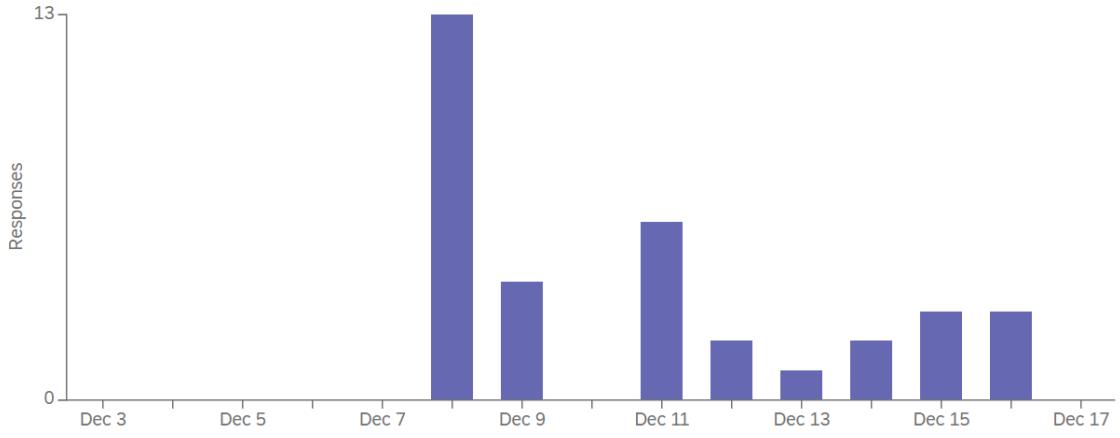
Method

In total 85 key stakeholders were identified. These included:

- Postgraduate training bodies;
- Working group members;
- Patient advocacy groups;
- The Mental Health Commission;
- The Pharmaceutical Society of Ireland.

The survey issued on Tuesday 8th December, with a listed closing date of the 14th December. However, to capture as many responses as possible, and to allow for additional responses, the survey remained open and data was drawn down on Friday 17th December. The survey was hosted online by Qualtrics, with qualitative/quantitative response options available.

FIGURE 2. RESPONSE PATTERNS OBSERVED BETWEEN THE 8TH AND 17TH OF DECEMBER 2020

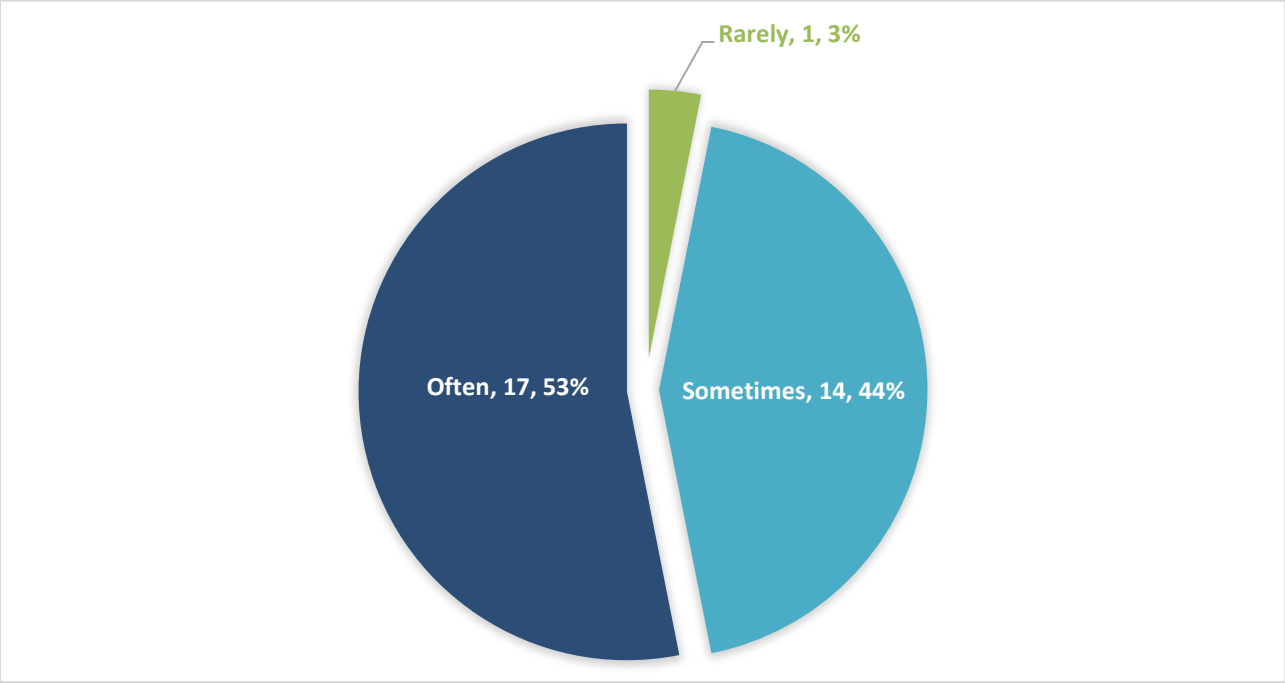


In total, there were 32 respondents, representing a 37.6% response rate. The survey had an 83% completion rate for all of those who started the survey.

Results

When surveyed, the majority of respondents (97%) felt that telemedicine sometimes or often met the care needs of patients.

FIGURE 3. IN YOUR OPINION, HOW OFTEN DOES TELEMEDICINE MEET THE CARE NEEDS OF PATIENTS?



In response to this question, 18 qualitative answers were additionally received. It was noted that, as in the quantitative data, telemedicine did not always meet the care needs of patients. It was often a cursory or transactional step in care.

"Since the outbreak of the Covid pandemic, the use of telemedicine has gone from rarely to often but has not reached always."

"Not as good but sometimes good enough. I prefer in person but meets needs of less complex interactions."

"sometimes meets needs, sometimes is the first step needing further examination"

"Best suited to transactional consultations"

Feedback reflected that face-to-face consultation is important in doctor-patient communication. It was noted that elements of traditional face-to-face communication in a telemedicine consultation are absent, providing challenges in interactions in practice.

"Communication is not as good and might meant a physical examination is missed"

"TM has both advantages & disadvantages, as with most medical issues. The benefits are timely remote access to a HCP. The principal disadvantage is the loss of 'up close and personal' communication, and all important but very subtle body language."

Follow-up face-to-face consultations were reported as being required in some instances following a telemedicine consultation. While physical examination was an important element of the face-to-face interaction, dealing with issues that the patient may deem private or sensitive was not perceived as always appropriately attended to via telemedicine.

"Sometimes physical examination will be required or a patient will not feel free to raise or discuss an issue they consider to be private and unsuited to a telemedicine consultation."

"If the patient needs a physical examination or their issues are sensitive (such as mental health, addiction), a face to face consultation will be necessary."

In terms of communication in the context of telemedicine, history taking and its importance was emphasized by two respondents. One respondent reported that effectiveness is determined by patient need, complexity and context matched to appropriate telemedicine methodology.

"Depends on what telemedicine is defined as (phone, video, email, text) and context (initial V follow up) and complexity (e.g. General Practice undifferentiated presentations Vs single issue disease follow up of chronic care in an outpatient hospital visit). Telemedicine can meet the care needs, if it is pitched at the right patient, at the right time, context and complexity."

Respondents noted, in particular, how telemedicine could meet the needs of patients with chronic conditions.

"I think it can work really well in the management of "stable" chronic disease - there is good data from areas like heart failure, diabetes, renal failure etc. It is less useful in other disciplines (like many surgical disciplines). In the urgent care setting, access barriers may be reduced but the risks are higher."

However, telemedicine was also reported to be suited to follow-up and outpatient appointments for patients that had to travel a prohibitive distance.

"Other For routine postoperative visits, fracture clinics, communicating test results to patients. Saves unnecessary travel"

"Facilitates access to healthcare for remote patients Reduces travel and time burden on patient Can ensure better continuity of care Can enable easier access to specialists"

Two respondents focused on the role of telemedicine in the practice of medicine and noted that it is a tool in supporting patient care, or an adjunct to traditional treatment. It was also noted that this is a method used broadly internationally and that reflecting on the experience on more established practice internationally would be beneficial.

"The use of telemedicine services can be suitable in certain scenarios such as emergency situations, follow up on a previous face-to-face consultation, chronic disease management where the patient is already known, or in remote areas where access to services is an issue. Telemedicine has also proved useful at the onset of the pandemic, helping to prevent the spread of the virus through GP surgeries. However, telemedicine is simply a tool to support patient care and cannot replace face-to-face consultations."

"It is an adjunct to therapy. If you look at jurisdictions like new zealand and Australia where it is established and their protocols and guidelines. Telemedicine with a doctor remotely by video with a patient - when the patient is accompanied by a nurse with relevant clinical qualifications and experience is very different to a triage telemedicine phone call or video call where the patient is unsupported by a local health professional. We should draw on the experience of these jurisdictions."

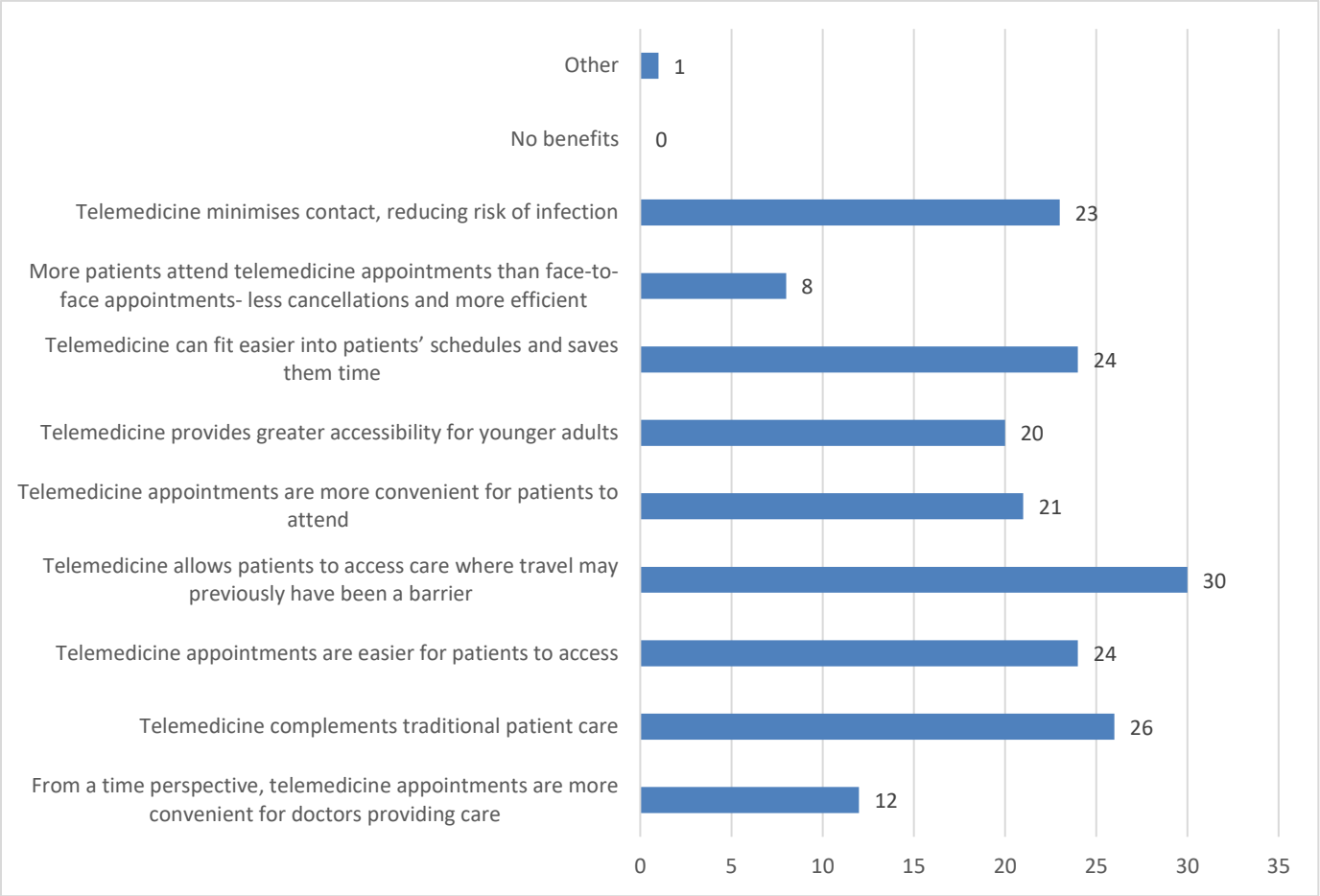
Only one respondent expressed feeling that there was no difference between telemedicine consultations and a traditional, face-to-face consultation.

"It is an early innovation in Republic Of Ireland, there is no difference between physical and telemedicine re meeting the needs of patients"

Its acceptability to patients currently was also reported by one respondent to be borne out of necessity rather than patient preference or demand.

Stakeholders were also asked about the benefits of telemedicine that they perceived, drawn from the literature search, working group feedback and initial clinician consultation online. The most commonly agreed with benefit (by 94% of respondents) was that telemedicine allows patients to access care where travel may previously have been a barrier. All statements and number of respondents that agreed with these is described below on figure 4.

FIGURE 4. Q2 - WHAT ARE THE BENEFITS THAT YOU PERCEIVE OF TELEMEDICINE IN IRELAND? PLEASE SELECT ALL THAT APPLY:



One participant chose the "other" option and noted that *"telemedicine offers potential for maximising utilisation of doctors resource eg Patient living in Dublin can assess a registered doctor in Donegal, Kerry indeed UK.",* somewhat in line with the previously mentioned item regarding patient access to care where travel was previously a barrier.

Eleven participants also responded with qualitative feedback to expand on the above, clarify, question and also balance out the proffered benefits with challenges met in practice.

"While there may be perceived benefits to telemedicine in relation to convenience, accessibility and efficiency, however, there are inherent risks that can arise in relation to

- *Non-performance of a physical examination*
- *Insufficient knowledge of a patient's medical history.*
- *Mis-identification of patients*
- *patient consent issues*
- *patient capacity to understand the treatment options prescribed*
- *inappropriate prescribing*
- *Confidentiality, privacy and data protection issues"*

Two respondents also clarified that they felt that as in question one, telemedicine and its suitability was dependent on the patient, the context, their care needs and other factors, so not always suitable.

"Some of the above 'can' be true but may not always the case for every patient."

However, it was identified that the primary benefits being felt were by patients, while doctors were facing additional work and fatigue from engaging through a new medium. There was also a perceived sense that some patients were less likely to view a telemedicine appointment in the same way as a face-to-face appointment. This was echoed by a patient who noted their surprise at the brevity of the list of benefits.

"I am surprised that the list of possible benefits is so short. I presumed the benefits would far outweigh the drawbacks."

The majority of qualitative responses related to the additional work and time-consuming nature of engaging with patients through telemedicine with additional administration, scheduling and follow-up work. While the literature examined noted efficiencies of telemedicine, this was not a feature of telemedicine as experienced by participants. Respondents felt that the telemedicine consultation was not a substitute for a face-to-face appointment, and often had to be followed up with this. There were additional challenges reported with technology, connectivity, access to patients and associated administration.

"TM is not timesaving for GPs in my experience: on many occasions a Face2Face consultation is required subsequently. This consumes two appointment slots, reducing GP availability to other patients.[…] TM should not be seen as timesaving for clinicians: the requirements for a comprehensive history and documentation are actually greater, as the 'body language' is absent and cannot examine the patient."

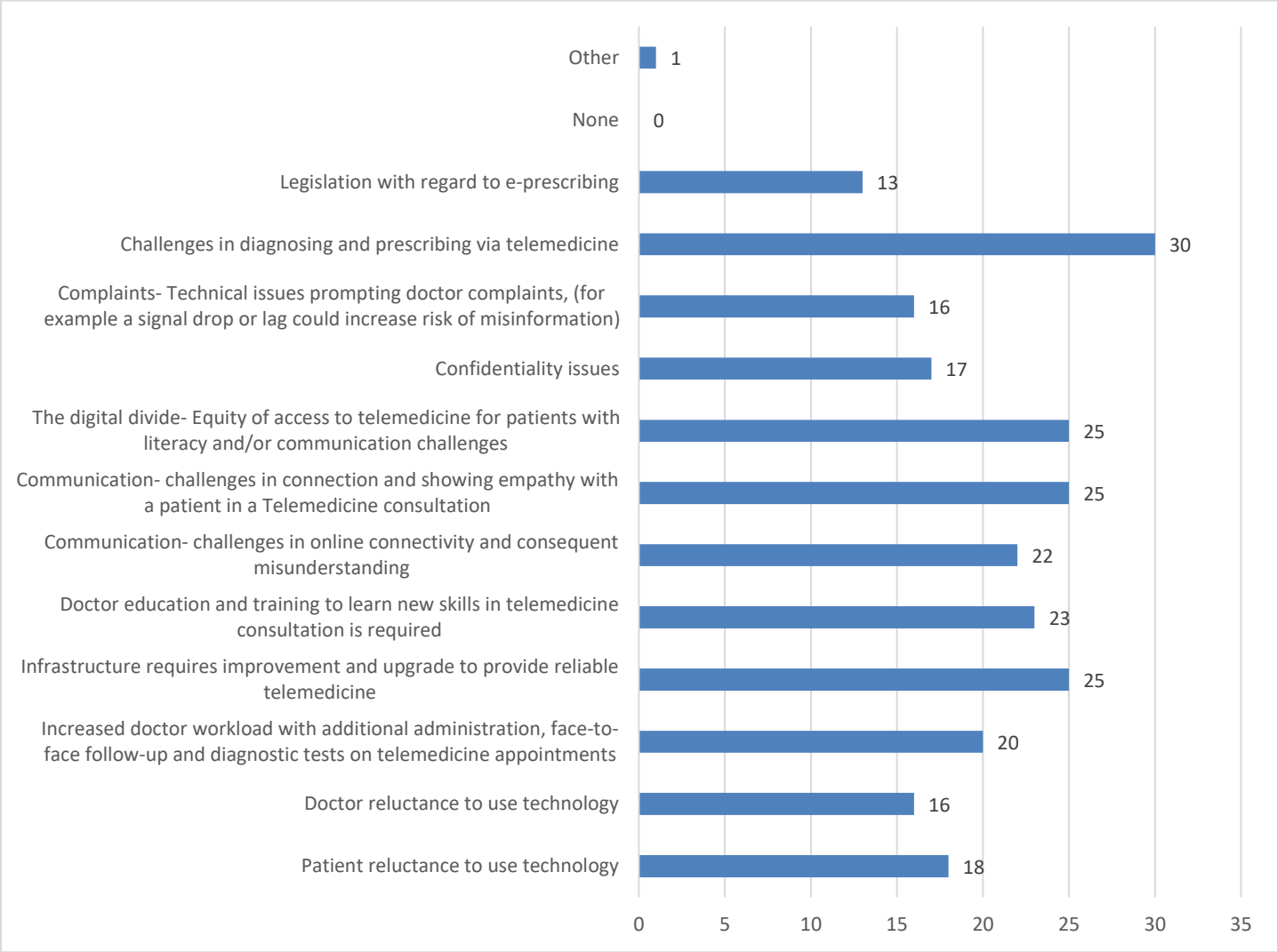
"For a doctor there is no substutite as good as face to face assessment and physical examination with a history etc In a pandemic it reduces risk of infection- but is no substitute for a face to face assessment if clinically necessary - this is an important point to highlight to doctors and stakeholders. It also takes more not less time."

Stakeholders identified were also asked about the challenges that they anticipate in the short, medium and long term. Challenges in diagnosing and prescribing via telemedicine emerged as the most frequently agreed with item listed (30 of 32 respondents, 94%). Three statements were agreed with by 25 respondents (78%). These included:

- Infrastructure requires improvement and upgrade to provide reliable telemedicine;
- Communication- challenges in connection and showing empathy with a patient in a Telemedicine consultation;
- The digital divide- Equity of access to telemedicine for patients with literacy and/or communication challenges.

All statements and associated agreement are described in figure 5 below.

FIGURE 5. Q3 - WHAT CHALLENGES DO YOU FORESEE IN THE SHORT, MEDIUM AND LONG TERM FOR TELEMEDICINE WITHIN IRISH HEALTHCARE DELIVERY? PLEASE SELECT ALL THAT APPLY:



Two respondents noted that there is learning required to respond effectively to change in practice driven by the rapid acceleration in use of telemedicine, but that this was possible and may lead to benefits.

"This is a new & very valuable resource, but like all new systems, has risks and benefits. There is of necessity a very significant learning curve for all stakeholders [..]"

Across responses received, participants expressed the personal reward and energy that they gain from patient face-to-face interaction, along with the benefits of face-to-face, interpersonal communication in practice. An additional challenge in telemedicine described included the long-term doctor-patient relationship.

"Face to face meetings with patients is one of the most rewarding aspect of medical practice"

"Telemedicine consultations are often somewhat impersonal. It may be difficult to establish rapport with patients. Meeting patients in person definitely has significant advantages in many circumstances, not least the intangible 'human' contact that sometimes is important."

One of the key challenges identified by respondents was the increased burden of workload being experienced, with increasing administrative and clinical work in practice.

"Main one I see and experience is that it is an added burden not a repalcement for clinics. I am getting phone consults scheduled on top of not instead of face to face consults."

The issue of prescribing also was cited as a challenge, with both the model of prescribing and the associated legislation presenting difficulties in the context of telemedicine.

"The Misuse of Drugs Acts have not kept pace with the explosion in use of telemedicine […]"

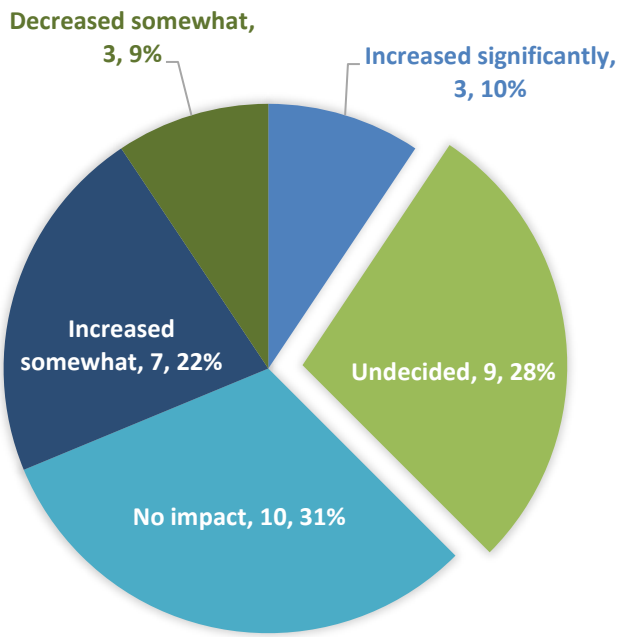
"[…] From my professional perspective I would like to see a different model used for ePrescribing rather than what was rolled out in March and would like to see a pull model of ePrescribing implemented underpinned by interoperability standards"

While confidentiality was an issue in a number of responses across the consultation, one respondent noted the emergence of a new generation of patients who are digitally native, less comfortable with the process of engaging in a clinic face-to-face and comfortable with engaging via telemedicine.

"[…] patients esp young people are highly embarrassed to come into a waiting room incase they are seen by people who know them but they are a new subgroup of patients you use telephone consultations comfortably - [..] some people with literacy issues are also more comfortable in their speech on their mobile than in face to face consultations."

When questioned about telemedicine and its impact on doctor burnout, the same proportion of consultation participants reported that telemedicine had increased the prevalence of burnout as those who were undecided (31% respectively), as can be seen in figure 6 below. This possibly reflects the evolving perspectives of doctors and patients engaging with telemedicine, building their experience since the outset of the pandemic.

FIGURE 6. Q4 - WHAT IMPACT, IN YOUR OPINION, HAS TELEMEDICINE HAD ON DOCTOR BURNOUT?



As noted in previous responses, participants described how challenging and tiring practising telemedicine is and how this is not how they previously practiced or intended to primarily practice. This was noted to be broader than just the experience of doctors but across other healthcare professionals.

"teleconsults are very intense and tiring"

"Patients and administrators love it but it's not appropriate for all patients. It requires intense concentration, is exhausting and patients need to be carefully selected with their agreement and buy in. Understating that it's not appropriate or as good for every visit. Established rapport with prior in person visit essential"

It was reported that there is also a level of personal preference and practice suitability to telemedicine, with varying levels of impact on operation.

"Some doctors not very keen on remote consulting. Others like it"

"Depends on individual practices policies and approach to time slots on telemedicine"

One respondent noted in their qualitative answer regarding doctor burnout, the link between the pandemic and telemedicine in terms of impact on doctors.

"It's difficult or impossible to separate the impact of the rapid transition to telemedicine from the impact of the pandemic which brought about the transition."

Two respondents referred to an increase in workload and broader models of burnout.

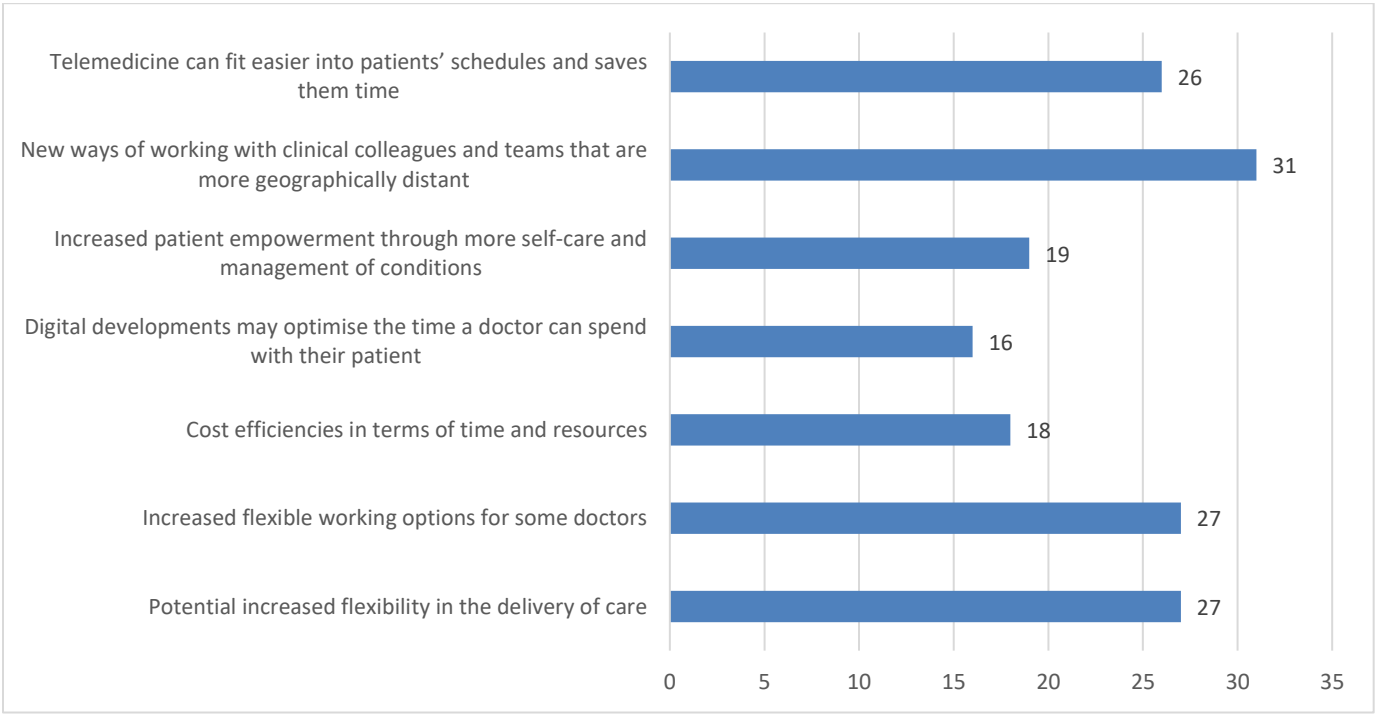
"[..]As face to face activity re-establishes itself there may almost be two parallel streams of work inflow to practices where previously there was one."

"None doctor burnout is related to having full responsibility but limited senior decision making capacity over workload etc like other professional jobs/roles"

Patient advocates and non-clinicians felt that they were unable to answer this question due to lack of direct experience. There was, however, an assumed perception of increased workload and challenges with a lack of face-to-face interaction.

When stakeholders were surveyed regarding potential opportunities for telemedicine within Irish healthcare, 97% of respondents agreed that it presented a new way of working with clinical colleagues and teams that are geographically distant. The area of flexibility in terms of both working options for some doctors and delivery of care was also agreed with by 81.3% of respondents. This is described below in figure 7.

FIGURE 7. Q5 - WHAT OPPORTUNITIES DO YOU ENVISAGE FOR TELEMEDICINE WITHIN IRISH HEALTHCARE DELIVERY? PLEASE CHOOSE ALL THAT APPLY:



Reflecting the most agreed with statement, three respondents noted the potential developments in supporting both patients and other doctors.

"I think TM could support remote/rural GPs in providing an 'out of hours GP' service. This could be provided from cities, supporting our rural colleagues."

"I think it has a role where doctors would otherwise have had to travel for eg to a patient they know well who has nurses on site for reducing review appointments also training for other less specialised services"

Two respondents emphasised the potential for patient autonomy in terms of consultation meeting times and self-management of chronic conditions, with doctors, their colleagues and patients working together.

"Telemedicine can fit into patient schedule as the time taken to visit a clinic is required but patients should also be given choice on meeting times"

"two of the above points deserve special attention 1. patient self management is vital due to the burden of chronic disease in society, cardiovascular disease, COPD, diabetes, obesity related health issues are potentially preventable and modifiable through lifestyle factors more than medical interventions and patient self management supports will need to be emphaised more than medical consultations by health systems and policy makers - telemedicine has a massive role in this doctor to doctor communication has not been tapped into but improving clinical consultations between doctors in primary secondary and tertiary care about the patient could have massive impact on waiting lists, patient time spent on waiting lists and suffering"

The time saving efficiencies that may be garnered were noted to be likely on the part of the patient rather than doctors, while cost efficiencies were deemed to be unlikely by a respondent.

"Debatable if there will be any cost efficiencies. The most significant cost saving will be in time saved by the patient. This isn't something that troubles the healthcare system (hence tolerance and design of waiting rooms, lists, etc.) Technology advances may of course emerge but this isn't about technology but rather valuing access and the Patient-Doctor relationship."

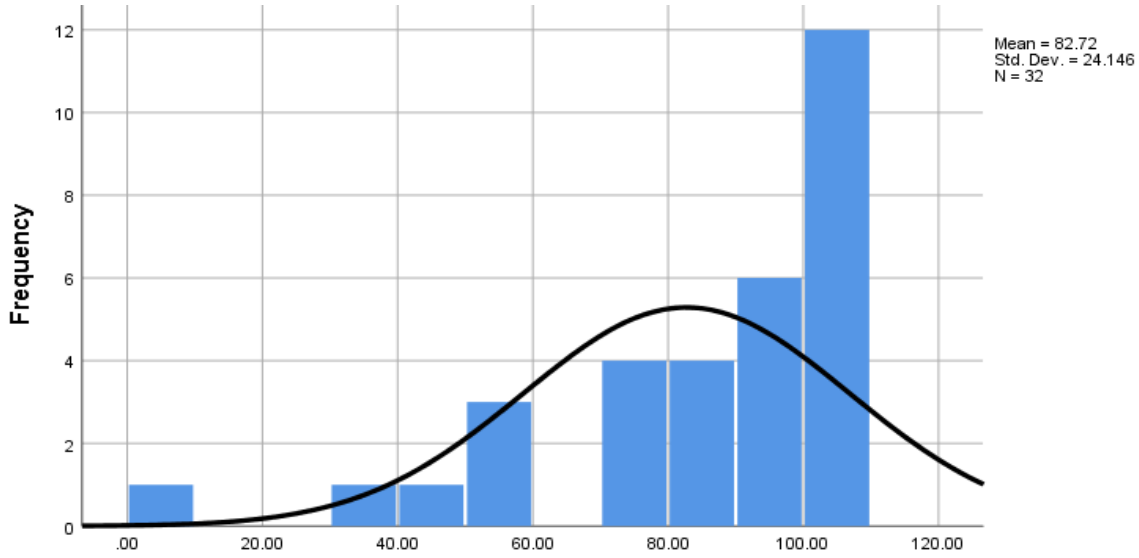
Stakeholders were also surveyed regarding their views on electronic health records and unique health identifiers in supporting telemedicine in practice. This was presented on a sliding scale from 0-100, with a score of 100 indicating very strong agreement and 0 indicating very strong disagreement. The statements presented and scores associated are described in table 1. below.

When results were examined, the majority of respondents (81.3%) agreed, 6.3% disagreed and 12.5% were undecided with regard to the statement: "A national electronic medical record would support the success of safe telemedicine integrating with regular care". In particular, 37.5% fully agreed with this statement. The frequency of scores ascribed by respondents is described in Figure 8 overleaf.

Table 1. How strongly do you agree with statements regarding electronic medical records and unique health identifiers on a scale of 1-100

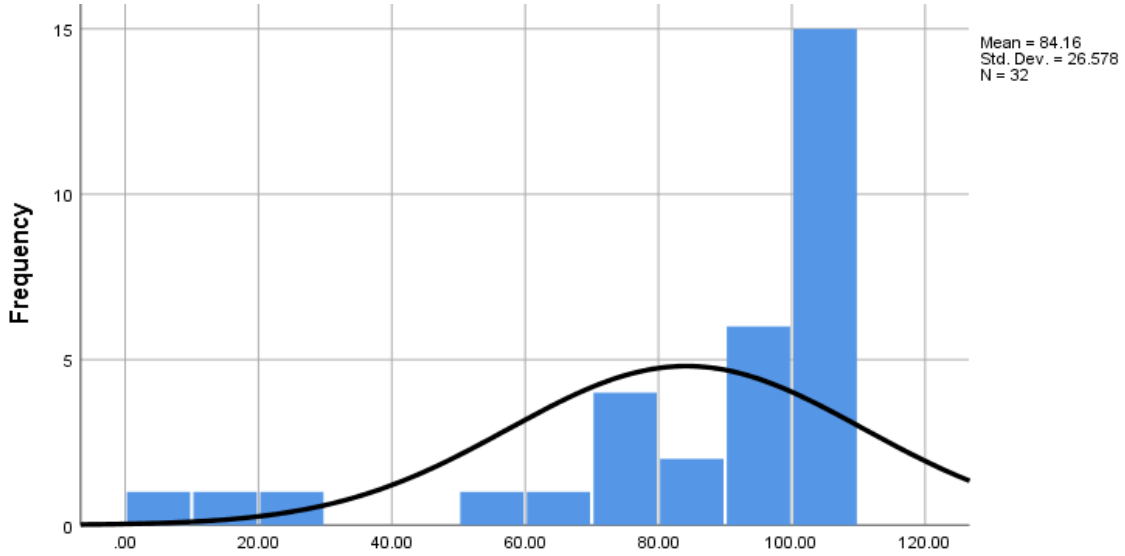
	A national electronic medical record would support the success of safe telemedicine integrating with regular care	A national unique health identifier would support the success of safe telemedicine integrating with regular care
N	32	32
Mean	82.72	84.16
Median	95.00	97.50
Std. Deviation	24.146	26.578

FIGURE 8. HOW STRONGLY DO YOU AGREE WITH THE FOLLOWING STATEMENT; - A NATIONAL ELECTRONIC MEDICAL RECORD WOULD SUPPORT THE SUCCESS OF SAFE TELEMEDICINE INTEGRATING WITH REGULAR CARE



Similarly, the majority of respondents (84.4%) agreed, 9.4% disagreed and 6.3% were undecided with regard to the statement: "A national unique health identifier would support the success of safe telemedicine integrating with regular care". In particular, 46.9% fully agreed with this statement. The frequency of scores ascribed by responses is described in Figure 9 below.

FIGURE 9. HOW STRONGLY DO YOU AGREE WITH THE FOLLOWING STATEMENT; - A NATIONAL UNIQUE HEALTH IDENTIFIER WOULD SUPPORT THE SUCCESS OF SAFE TELEMEDICINE INTEGRATING WITH REGULAR CARE



When participants were asked to add any additional information on how electronic health records and national unique health identifier would support the success of safe telemedicine integrating with regular care, participants responded broadly mirroring the qualitative data in a positive manner, noting how it would benefit safe regular care and telemedicine, along with minimising duplication and resources.

"A unique health identifier is badly needed. Too frequently patients have duplicate appointments in different hospitals. This is crazy and contributing to excess waiting lists and costs"

"Telemedicine consultation will hugely benefit with electronic access to patients, more so in environments where records are not primarily in electronic format. THE IHI is a fundamental building block in the roll out of local electronic records, shared care records, national electronic records in order to facilitate the sharing of information where appropriate"

However, while there was a broad sense of positivity towards both initiatives, there was a sense of scepticism towards practical roll-out soon.
"I'm not hopeful for a National E-record system. We have this for past decade in GP, and can send patient files if patient moves practice. [..] The UHI number is another paradigm shift: we really need this."

Confidentiality and the ethics of this were also raised as potential challenges in operationalising both electronic health records and unique health identifiers.
"I think there are ethical issues about e records and a health identifier in terms of who has access to information."
"I think a fully integrated patient record would raise confidentiality issues"

Three participants queried the need for a new system and emphasising interoperability of pre-existing systems. An alternative model with an emphasis on patient control and autonomy was also suggested.

"Electronic health records and unique patient identifier presuppose a centrally mandated healthcare system. They also prioritise the needs of the Doctor or healthcare agency over the needs of the patient. Population-level analysis doesn't need a single system but rather an interoperability of all relevant systems. Enterprise-wide systems don't benefit individual patients but can act as a barrier."

"Patient access to their own records and ability to share results with multiple providers."

While there were mixed opinions in responses received in the qualitative data it was noted that regardless, a *"Unique Identifier should not be a barrier to access telemedicine".*

All participants were asked if there were any regulatory challenges in the delivery of telemedicine that they could foresee. Only four respondents (12.5%) declined to comment or noted that this was not their area of expertise. Most respondents (87.5%) provided insights across a range of areas relevant to regulation. As would be expected, the three most utilised terms in responses were telemedicine, patient and doctor, as described in figure 10 below. The relationship between these terms and other language used in the responses is described in figure 11.

FIGURE 10. WORD CLOUD GENERATED FROM LANGUAGE USED IN RESPONSE TO QUESTION 7 REGARDING REGULATORY CHALLENGES IN DELIVERY OF TELEMEDICINE

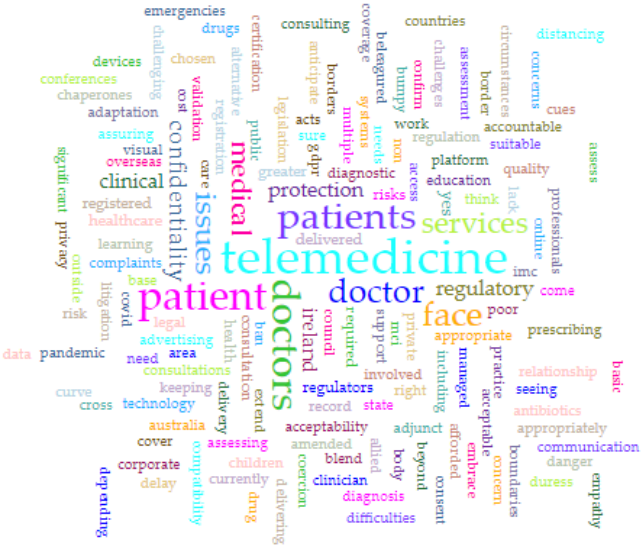


FIGURE 11. LINGUISTIC LINKS BETWEEN 3 MOST COMMON TERMS USED IN RESPONSE TO QUESTION 7 REGARDING REGULATORY CHALLENGES IN DELIVERY OF TELEMEDICINE

It was expressed by one respondent that a comprehensive approach was needed, examining multiple stakeholder perspectives and systemic issues.

"this will need to be explored specifically from perspectives of clinician, patient, health system, interfaces and transitions in patient care and payment systems"

The primary response from stakeholders was a concern regarding confidentiality, record keeping and data protection.

"GDPR"

"Confidentiality concerns"

"Protecting confidentiality. Appropriate selection of patients. Eg paediatrics not suitable."

"Inadequate record keeping"

When respondents provided additional information, the platform used in telemedicine consultations was one that raised particular concern. There was uncertainty as to the lack of standardisation currently and the potential for communication and confidentiality issues that this raised.

"The quality of platform is not yet standardised. What is an acceptable level of technical quality re confidentiality, encryption, visual acceptability etc. I think this is an area where more work is required"

"risk of poor communication or missing a diagnosis, possible confidentiality issues depending on the platform chosen"

The issue of telemedicine regulation across jurisdictions was also of concern to a number of respondents. The issue of regulation of doctors in private practice in this context was also raised.

"Cross border regulation - doctors in other countries offering online services to patients in Ireland. Doctors in Ireland consulting with patients overseas. Who sets the regulatory standards? How would you enforce regulation? Who is accountable if things go wrong in these scenarios?"
"Yes, including issues of jurisdiction relating to international provision"
"The delivery of telemedicine services can take place across borders. This poses significant difficulties where a Medical Practitioner delivering services in Ireland from outside the State is not required to be registered with the Medical Council. Currently there is insufficient oversight of private healthcare services and [organisation] supports the introduction of legislation that will extend the remit of HIQA to cover all private healthcare services including those delivered remotely from outside the State."

The validation of registration and education and training across jurisdictions was an associated concern in terms of professional regulation across the spectrum of healthcare practitioners, while it was noted that guidance was required for health technology devices more broadly.

"Yes - Validation that doctor is registered in Ireland or EU Regulators where there is compatibility of regulators and education- Basic Guidelines for Technology and Monitoring Devices eg FitBits Validation of other Health Care professionals registration eg Specialists, Allied Professionals, Pharmacy"

The theme of appropriate education and training in a new era of telemedicine practice was raised. For those pre-specialist registration, particular attention was also described as necessary. The doctor presenting their Medical Council Number was suggested as a potential act of good practice.

"Ensuring that Doctors are appropriately trained for an era where telemedicine is a part of normal medicine. Erosion of Patient-Doctor relationship resulting in more complaints. Predatory selling of unnecessary procedures or medications. Assuring the Public that their telemedicine doctor is suitably qualified/registered."

"Clinical governance of any telemedicine consultations with NCHDs. Not sure if this is regulatory but it would be good practice to provide MCI registration number at an initial consultation so the patient can confirm the identity of the doctor."

The lack of physical examination in a telemedicine consultation and support was also noted as an area for regulatory concern and risk, especially with potential for misdiagnosis and associated complaints.

"Non-visual cues may be missed. Training should be provided and mandatory to protect patients and doctors"
"Inability to examine patients seen by telemedicine will lead to diagnostic errors."

Prescribing was cited by respondents as an area of high-risk in telemedicine practice, with stakeholders noting changes in practice now being mismatched with legislation, while technology such as electronic patient records is not operationalised to support appropriately.

"Prescribing without seeing a patient face to face has its particular risks."
"The medicinal products legislation and the Misuse of Drugs Acts have to be amended to facilitate the proper and legal roll out of telemedicine."
"Right care delivered to right patient - needs patient identifier. National EPR required - to support more integrated view of patient - and to prevent harm - drug interaction etc"

Doctors in private practice were again raised as an area of concern, in particular in the area of safe and appropriate prescribing. A suggestion is proffered involving a ban from Council on advertising by such providers.

"Yes. Major IMC related issues. Very poor practice by private providers and stand-alone non-GP services with regards to prescribing antibiotics, hypnotics etc. Advertising is also very challenging."

The limitations of indemnity and regulatory flexibility beyond the bounds of the pandemic were queried by respondents. It was suggested that greater legal protection would be required going forward.

"Not sure, how the post-Covid world will work and whether regulators will still show flexibility?"
"Medical indemnity coverage during Covid May not extend beyond it with our adaptation"

Two participants responded with a multiplicity of regulatory concerns. Support persons to patients in consultations, empathy in communications and protection of children and vulnerable people were also raised as issues to be considered by the regulator. This highlights the complexity of the issues at hand.

"Multiple regulatory issues, patients privacy, doctors privacy, clinical boundaries, suicidal patients with no support on site, lack of humanity, lack of empathy, distancing of doctor patient relationship etc"

"Prior to any telemedicine consultation a doctor should use his/her clinical judgment and risk assess as to whether a telemedicine consultation is appropriate in all the circumstances - Jurisdictional issues - Consent - Confidentiality/GDPR/Data Protection - Chaperones/intimate examinations - Record keeping and recordings/images of consultations - Medical reports/certification - Obligations on protection of children and vulnerable persons - Concern re unknown coercion/duress of patients at telemedicine conferences - Safe and suitable technology"

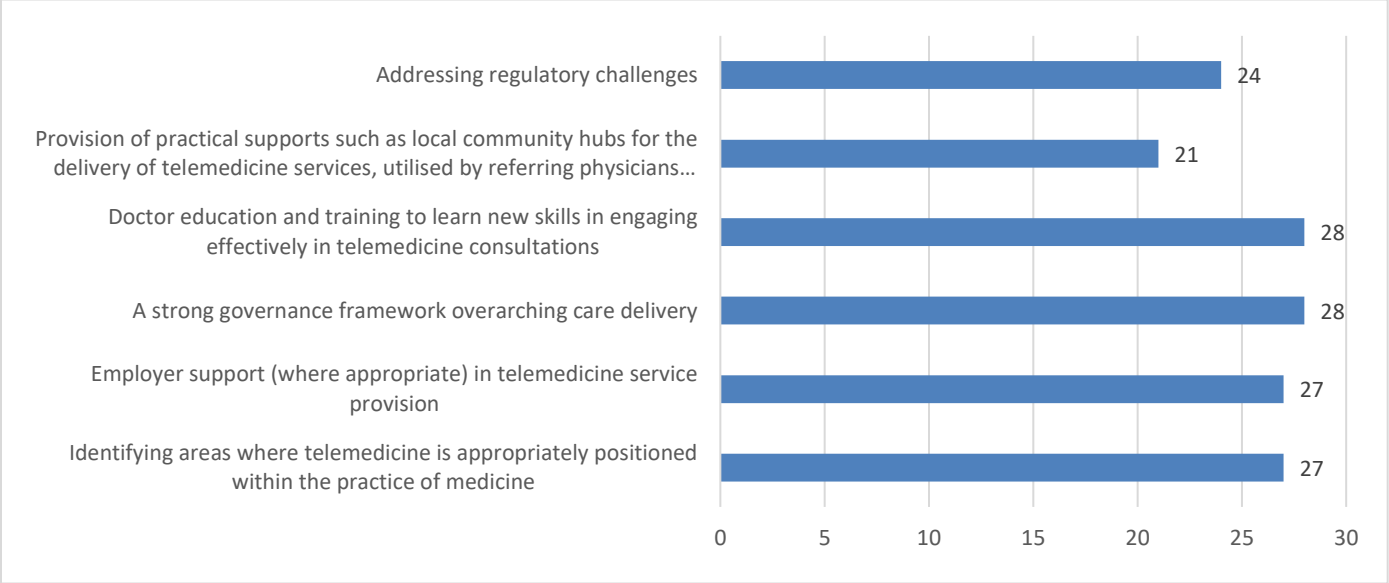
It was suggested that in dealing with complaints, the regulator would meet challenges due to a lack of experience and evidence base.

"Learning for MCI in assessing, mediating and resolving complaints/litigation where TM is involved. There is not an evidence base, or corporate body of knowledge 'a group of doctors'."

Following this, consultation participants were asked, in their opinion, what is needed to fully integrate telemedicine into safe and effective healthcare in Ireland? Six options drawn from the previous consultation and literature review were presented, along with an option to provide qualitative feedback and alternative suggestions.

In total 28 respondents (87.5%) respectively agreed that this would require a strong governance framework overarching care delivery and doctor education and training to learn new skills in engaging effectively in telemedicine consultations. Additionally, 27 respondents (84.4%) respectively agreed that identifying areas where telemedicine is appropriately positioned within the practice of medicine and Employer support (where appropriate) in telemedicine service provision would be required. Results are presented below in figure 12.

FIGURE 12. Q8 - WHAT, IN YOUR OPINION, IS NEEDED TO FULLY INTEGRATE TELEMEDICINE INTO SAFE AND EFFECTIVE HEALTHCARE IN IRELAND? PLEASE CHOOSE ALL THAT APPLY:



Reflecting on the quantitative feedback, two participants focused on pre-existing governance of health and the challenges that already exist and the importance of the appropriateness of governance in this field.

"Do we need strong governance? Appropriate Governance is more the issue, key is that oversight of telemedicine should not turn into a new industry adding cost to the system unless a clear value is identified"

While the cost of oversight was raised, so too was the investment required to balance with shorter term cost savings.

"I think there are clear cost benefits for patients but additional investment will be required by the healthcare system to properly support this. I think the investment required will exceed any cost savings in the short and medium term."

In particular, the issue of guidance for both doctors and patients was raised by respondents, which has already been addressed by the group.

"Younger generation very tech savvy but need guidance on appropriate behaviors in using telemedicine."

"The regulator needs to support doctors in this innovation"

An additional participant went further than this, suggesting a no-fault compensation model, out of the remit of Council.

"No fault compensation, e.g. New Zealand"

Participants were also given the opportunity to add any additional comments that they wished, and 22 of 32 (68.8%) provided this. Additional comments included the observation that care is necessary in integration safely into care going forward.

"TM is here to stay in some form and careful integration into healthcare will be necessary on many fronts"

"Thank you for taking a thoughtful and inclusive approach to this. Telemedicine has much to offer but needs careful consideration, improvements and learnings and not a rush to adopt"

Four respondents also noted the acceleration of telemedicine use for pragmatic reasons with the onset of the pandemic. The need for practical technological resources to support this, in particular broadband and Wi-Fi were described as necessary going forward, along with attitudinal shifts.

"Let's not wait for another pandemic to prompt us to adopt the technology we have been talking about for 10 years."

"Covid19 has greatly accelerated its use. All doctors have had to learn quickly and have done. Technology improving all the time"

"Support for national broadband rollout would be required ."

"At present the state of wifi and technology in general is way below what it needs to be to deliver proper telemedicine."

There was frustration expressed at not having electronic health records not being set up to support telemedicine effectively. The quality of the doctor-patient relationship and learning opportunities for junior doctors were also

queried. The suitability of telemedicine for review consultations was described by as a positive of the future of telemedicine. It was suggested that a first consultation is more suitable in person.

"It is long overdue but has its place. Better for review than first consultations. We should accelerate implementation. current OPD waiting lists tell us we need to deliver care differently. It could be used for GP Consultant interactions that would avoid referrals in the first place."

"Telemedicine definitely has advantages but it is very situation-specific. In my opinion, all new patient consultations (in the clinic setting) should be in person. Telemedicine may alter the doctor-patient relationship."

Guidance on the suitability of telemedicine for doctors and the institution of a single, common platform to address the concerns raised was also suggested.

"combining telephone calls with video calls is useful, not all video platforms are secure. With no guidance doctors are choosing different platfroms, one common one would be useful for patients to get used to. Taking a history over the phone reduces face to face time when the patient attends for examination/bloods etc which is useful"

The challenges of acceleration of telemedicine practice and the described lack of adaptation of legislative underpinnings was again noted as an area that required urgent examination.

"It offers a wide gambit of opportunities, the advent of Covid has hastened an electronic prescribing project. But in the rush certain things have been overlooked and a tightening of the legislative framework which underpins legal prescribing is overdue at this point."

"Telemedicine has become a regular part of medicine during the pandemic. There needs to some clear parameters about what is appropriate for a phone or video consultation with a patient. As is usual, record keeping will be critical. Prescribing Z drugs, benzos will need careful management."

One respondent noted the challenges that they experienced in completing the consultation due to lack of personal experience.

"I have no experience in delivery of healthcare via telemedicine so some of the questions and answers were difficult to bring personal experience to"

A group of respondents also noted their appreciation for the opportunity to be involved in the consultation and noted leadership in the act of undertaking this consultation in the first place.

"I welcome this leadership shown by the council Hope my comments were helpful!"

"Appreciate everything that the Council is doing to support the safe and appropriate use of Telemedicine."

"I am very pleased to see the Council addressing these issues"

"I think the MCI are to be congratulated in addressing this issue at an early stage."

"We commend the Medical Council in this initiative as we believe telemedicine will be an integral part of practice going forward and appropriate regulatory safeguards should be put in place to protect doctors and patients alike."

"Look forward to report"

In this vein going forward, one respondent wished to see this leadership extended to enabling optimum operationalization of telemedicine in Ireland.

"I would like positive enabling leadership from the IMC"

Conclusions

Through consultation, it was identified by participants that a comprehensive approach was needed to inform the group, examining multiple stakeholder perspectives and systemic issues. Participants described telemedicine as a tool in supporting patient care, or an adjunct to traditional treatment. It was often a cursory step in care, but suited to patients with chronic conditions, review consultations and communicating results. However, the suitability of telemedicine was dependent on the patient, the context, their care needs and other factors. It was also noted that this is a method used broadly internationally and that reflecting on the experience on more established practice internationally would be beneficial. Participants also described the acceleration of telemedicine use for pragmatic reasons with the onset of the pandemic, indicating that the current picture of pandemic pressures and telemedicine are often inextricable.

Key findings included:

- When surveyed, almost all respondents (97%) felt that telemedicine sometimes or often met the care needs of patients. Stakeholders also agreed (94% of respondents) that telemedicine allows patients to access care where travel may previously have been a barrier. Challenges in diagnosing and prescribing via telemedicine emerged as the most frequently agreed with challenge presented by telemedicine (30 of 32 respondents, 94%).
- 97% of respondents agreed that it presented a new way of working with clinical colleagues and teams that are geographically distant. The area of flexibility in terms of both working options for some doctors and delivery of care was also agreed with by 81.3% of respondents.
- The majority of respondents (81.3%) agreed, 6.3% disagreed and 12.5% were undecided with regard to the statement: “A national electronic medical record would support the success of safe telemedicine integrating with regular care”. Similarly, the majority of respondents (84.4%) agreed, 9.4% disagreed and 6.3% were undecided with regard to the statement: “A national unique health identifier would support the success of safe telemedicine integrating with regular care”.
- Following this, consultation participants were asked, in their opinion, what is needed to fully integrate telemedicine into safe and effective healthcare in Ireland? In total 28 respondents (87.5%) respectively agreed that this would require a strong governance framework overarching care delivery and doctor education and training to learn new skills in engaging effectively in telemedicine consultations. Additionally, 27 respondents (84.4%) respectively agreed that identifying areas where telemedicine is appropriately positioned within the

practice of medicine and employer support (where appropriate) in telemedicine service provision would be required.

When given the opportunity to expand on quantitative answers, stakeholders took the opportunity to describe some of the challenges experienced, benefits and opportunities presented by telemedicine in Ireland. Areas explored focused on communications; lack of physical examination; prescribing; doctor work burden and fatigue; patient perceptions of telemedicine as care; practical challenges; education and regulation.

Communications

Feedback reflected that the face-to-face element in consultations is important in doctor-patient communication. It was noted that elements of traditional face-to-face communication in a telemedicine consultation are absent, providing challenges in interactions in practice. While physical examination was an important element of the face-to-face interaction, dealing with issues that the patient may deem private or sensitive were not perceived as always appropriately attended to via telemedicine. Quality, accurate patient history-taking and its importance was also emphasized.

Lack of physical examination

The lack of physical examination in a telemedicine consultation and support was also noted as an area for regulatory concern and risk, especially with potential for misdiagnosis and associated complaints.

Prescribing

Prescribing was cited by respondents as an area of high-risk in telemedicine practice, with stakeholders noting changes in practice now being mismatched with legislation, while technology such as electronic patient records is not operationalised to support appropriately. The model of prescribing and the associated legislation both presented difficulties in the context of telemedicine. Doctors in private practice were raised as an area of concern, in particular in the area of safe and appropriate prescribing. A suggestion is proffered involving a ban from Council on advertising by such providers.

Doctor work burden and fatigue

Many qualitative responses related to the additional work and time-consuming nature of engaging with patients through telemedicine with additional administration, scheduling and follow-up work. While the literature examined noted efficiencies of telemedicine, this was not a feature of telemedicine as experienced by participants. A difficulty in concentration when practicing telemedicine and fatigue was noted in responses received. Participants described how challenging and tiring practising telemedicine is and how this is not how they previously practiced or intended

initially to primarily practice. This was noted to be broader than just the experience of doctors but across other healthcare professionals. It was reported that there is also a level of personal preference and practice suitability to telemedicine, with varying levels of impact on operation.

Patient perceptions of telemedicine as care

Telemedicine acceptability to patients was reported by one respondent to be borne out of necessity rather than patient preference or demand. There was also a perceived sense that some patients were less likely to view a telemedicine appointment in the same way as a face-to-face appointment. Respondents emphasised the potential for patient autonomy in terms of consultation meeting times and self-management of chronic conditions, with doctors, their colleagues and patients working together. Any time saving efficiencies that may be garnered were noted to be likely on the part of the patient rather than doctors. While confidentiality was an issue in a number of responses across the consultation, a respondent noted the emergence of a new generation of patients who are digitally native, less comfortable with the process of engaging in a clinic face-to-face and comfortable with engaging via telemedicine.

Practical challenges

There were challenges reported with technology, connectivity, access and associated administration. The need for practical technological resources to support this, in particular broadband and Wi-Fi were described as necessary going forward. The platform used in telemedicine consultations was one that raised concern. There was uncertainty as to the lack of standardisation currently and the potential for communication and confidentiality issues that this raised. The institution of a single, common platform to address the concerns raised was suggested to respond to this. Electronic health records and national unique health identifiers were also described at having the potential to support safe regular care and telemedicine, along with minimising duplication and resources. Confidentiality and the ethics of this were also raised as potential challenges in operationalising both electronic health records and unique health identifiers. The interoperability of pre-existing systems was alternatively suggested. Additionally, the issue of guidance for both doctors and patients was raised by respondents, which has already been addressed by the group.

Education

Respondents noted that there is learning required systemically to respond effectively to change in practice driven by the rapid acceleration in use of telemedicine, but that this was possible and may lead to benefits across practice. The theme of appropriate education and training in a new era of telemedicine practice was also raised. The current context of practice and limited learning opportunities for junior doctors were also queried. For those pre-specialist registration, particular attention was also described as necessary. Doctors presenting their Medical Council Number was suggested as a potential act of good practice. It was suggested that there would be much to learn for the Medical

Council in responding to the challenges that telemedicine would present. In dealing with complaints, the regulator would meet challenges due to a lack of experience and evidence base.

Regulation

The issue of telemedicine regulation across jurisdictions was also of concern to a number of respondents. Regulation of doctors in private practice in this context was also raised. The validation of registration and education and training across jurisdictions was an associated concern in terms of professional regulation across the spectrum of healthcare practitioners, while it was noted that guidance was required for health technology devices more broadly. The limitations of indemnity and current regulatory flexibility beyond the bounds of the pandemic were queried by respondents. It was suggested that greater legal protection would be required going forward. Associated ethical concerns including support persons to patients in consultations, empathy in communications and protection of children and vulnerable people were also raised as issues to be considered by the regulator. This highlights the complexity of the issues at hand.

In order to complete the planned report to Council, these key themes expand on the literature examined and provide an insight into the experience of stakeholders in Ireland in the context of telemedicine acceleration and delivery in a pandemic. While this may not be reflective of all stakeholder experience and the context of practice post-pandemic, it provides insights into some of the challenges and opportunities presented currently. Investigating this and providing leadership was very much appreciated by stakeholders as expressed in feedback, and further developments to support doctors and protect patients would be welcomed in the same vein.

Appendix A

INTRODUCTION

The Telemedicine Working Group of the Medical Council is examining regulatory issues relating to telemedicine. It is also reviewing how telemedicine is utilised in other jurisdictions and is taking into consideration the rapid developments in telemedicine that have occurred in light of the COVID-19 pandemic. The group have produced a survey that we hope you will complete. We aim to include survey findings in a policy paper on telemedicine to provide to the Medical Council.

We would appreciate if you could complete the survey by **close of business Monday the 14th of December 2020.**

Before you agree to take part please read the following information:

What's involved?

The survey is designed to gather your views of telemedicine in Ireland. Themes covered include benefits, challenges and the future of telemedicine in Ireland. The survey takes about 15 minutes to complete. You don't have to complete it in one sitting; you can save your answers, exit, come back, and continue the survey at any time.

Why should I participate?

The Medical Council is responsible for setting standards of practice for registered medical practitioners, including the establishment, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners. We want to hear about your experience with telemedicine to date and your views on future developments. Your feedback is a powerful source of information upon which we want to base quality improvement strategies. The group will produce a policy paper on telemedicine with recommendations for the Council and committees of Council, the Department of Health, the Minister, Sláintecare, Postgraduate Training Bodies and any other stakeholder group identified during the work of the group. The group will also prepare two booklets for Council to review and publish, one for patients and one for doctors. This is an opportunity for you to influence this work and, ultimately, impact patient care.

How will the results be used?

Data collected will be processed for research purposes, with your consent. We will produce a policy document to provide to Council.

Is my information confidential?

Yes. All information given to this survey will be treated in confidence and only used in aggregate for the purpose to which you agreed to it being collected; to better understand and improve doctor and patient experience with telemedicine. Please be reassured that we will never publish results that can be traced back to an individual. Your responses are held securely at the Medical Council for up to one year, after which the information will be securely deleted from our systems.

While the data is identifiable, you have several rights under data protection legislation, including:

-the right to access the data you have provided;

-the right to rectification of your data;

-the right to be erased from the dataset;

-the right to restrict or object to the processing of the data you have provided.

If you would like further information on your rights as a data subject, please contact our Data Protection Officer at dp@mcirl.ie. In addition you can contact the research team at survey@mcirl.ie If you wish to exercise any of your rights as listed above and we would be happy to assist you.

Analysis of the dataset is conducted in-house. We will not share your personal information with any third parties. Participation in this survey is entirely voluntary. Furthermore, if you do agree to take part in the survey now but change your mind after submitting your thoughts, you can contact the Medical Council (communications@mcirl.ie) and have your responses deleted from the dataset. If you have any further questions regarding this or other data held by the Medical Council, please contact dp@mcirl.ie.

Please choose from the following options:	✔
Yes, I understand what the survey is for, how the data will be used, the confidentiality arrangements in place and I agree to take part.	
No, I do not agree to take part in the survey.	
No, I do not agree to take part in the survey. I do not wish to be contacted further.	

If yes, please proceed to page 6.

Q1 - In your opinion, how often does telemedicine meet the care needs of patients?

Please chose from the following options:	✔
Never	
Rarely	
Sometimes	
Often	
Always	
Undecided	

Q1a - If you would like to expand further, please do so in the space provided below.

Q2 - What are the benefits that you perceive of telemedicine in Ireland?

Please select all that apply:	✔
From a time perspective, telemedicine appointments are more convenient for doctors providing care	
Telemedicine complements traditional patient care	
Telemedicine appointments are easier for patients to access	
Telemedicine allows patients to access care where travel may previously have been a barrier	
Telemedicine appointments are more convenient for patients to attend	
Telemedicine provides greater accessibility for younger adults	
Telemedicine can fit easier into patients' schedules and saves them time	
More patients attend telemedicine appointments than face-to-face appointments- less cancellations and more efficient	
Telemedicine minimises contact, reducing risk of infection	
No benefits	
Other	

Q.2 If other, please specify

Q2a - If you would like to expand further, please do so in the space provided below.

Q3 - What challenges do you foresee in the short, medium and long term for telemedicine within Irish healthcare delivery?

Please select all that apply:	✔
Patient reluctance to use technology	
Doctor reluctance to use technology	
Increased doctor workload with additional administration, face-to-face follow-up and diagnostic tests on telemedicine appointments	
Infrastructure requires improvement and upgrade to provide reliable telemedicine	
Doctor education and training to learn new skills in telemedicine consultation is required	
Communication- challenges in online connectivity and consequent misunderstanding	
Communication- challenges in connection and showing empathy with a patient in a Telemedicine consultation	
The digital divide- Equity of access to telemedicine for patients with literacy and/or communication challenges	
Confidentiality issues	
Complaints- Technical issues prompting doctor complaints, (for example a signal drop or lag could increase risk of misinformation)	
Challenges in diagnosing and prescribing via telemedicine	
Legislation with regard to e-prescribing	
None	
Other	

Q.3 If other, please specify

Q.3a - If you would like to expand further, please do so in the space provided below.

Q4 - What impact, in your opinion, has telemedicine had on doctor burnout?

Please choose from the following options:	✔
Increased significantly	
Increased somewhat	
No impact	
Decreased somewhat	
Decreased significantly	
Undecided	

Q4a - If you would like to expand further, please do so in the space provided below.

Q5 - What opportunities do you envisage for telemedicine within Irish healthcare delivery?

Please choose all that apply:	✔
Potential increased flexibility in the delivery of care	
Increased flexible working options for some doctors	
Cost efficiencies in terms of time and resources	
Digital developments may optimise the time a doctor can spend with their patient	
Increased patient empowerment through more self-care and management of conditions	
New ways of working with clinical colleagues and teams that are more geographically distant	
Telemedicine can fit easier into patients' schedules and saves them time	
None of these	
Other	

Q.5 If other, please specify

Q.5a - If you would like to expand further, please do so in the space provided below.

Q6 (I & ii) - How strongly do you agree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A national electronic medical record would support the success of safe telemedicine integrating with regular care					
A national unique health identifier would support the success of safe telemedicine integrating with regular care					

Q6a - If you would like to expand further, please do so in the space provided below.

Q7 - In your experience, are there any regulatory challenges in the delivery of telemedicine that you foresee?

Q8 - What, in your opinion, is needed to fully integrate telemedicine into safe and effective healthcare in Ireland?

Please choose all that apply:	✔
Identifying areas where telemedicine is appropriately positioned within the practice of medicine	
Employer support (where appropriate) in telemedicine service provision	
A strong governance framework overarching care delivery	
Doctor education and training to learn new skills in engaging effectively in telemedicine consultations	
Provision of practical supports such as local community hubs for the delivery of telemedicine services, utilised by referring physicians and sub-specialists	
Addressing regulatory challenges	
None of these	
Other	

Q8 If other, please specify

Q.8a - If you would like to expand further, please do so in the space provided below.

Q9 - Are there any other comments you wish to make in relation to telemedicine?

The Telemedicine Working Group of the Medical Council recognises and values the feedback of stakeholders and appreciates the contribution you have made by taking part in this survey. Consultation results will inform the Medical Council's policy paper on telemedicine.

We thank you for your time spent taking part in this survey.

Comhairle na nDochtúirí Leighis
Medical Council