

## Remote consultations; what you need to know

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### Abstract

The Covid-19 pandemic has expedited the need for health services to consult remotely; this is to ensure the safety of health professionals and patients by reducing disease transmission rates. This review and useful guide will increase confidence with remote consulting. A health professional can feel overwhelmed and worry about risks to consulting on the telephone or via videocall. Most clinicians have experience in telemedicine and virtual consults. There are many benefits which range from convenience, less time consuming and cost effectiveness. Virtual consultation is a new skill that clinicians will need to get comfortable with and by transferring their practiced and mastered consultation skills this will aid transition in remote consulting. Understanding the challenges and how to overcome these will give assurance and prevent medicolegal issues occurring. Importance needs to be placed on consent, capacity, confidentiality, effective communication and consultation skills, correct patient assessment, safe prescribing and comprehensive documentation. Quality of care must not be compromised and we must continue teamwork and sharing of information where necessary. The General Medical Council in the UK gives clear guidance on remote consulting and how to decide if this is best path. Clinicians should feel reassured that converting to face to face consultations is still an option and are there as a back-up should it be needed after a risk assessment.

In these unpredictable times, a health care professional needs to be able to work a mix of face to face consultations and remotely as this will become our normal working patterns.

**Key words:** remote consultations, medicolegal

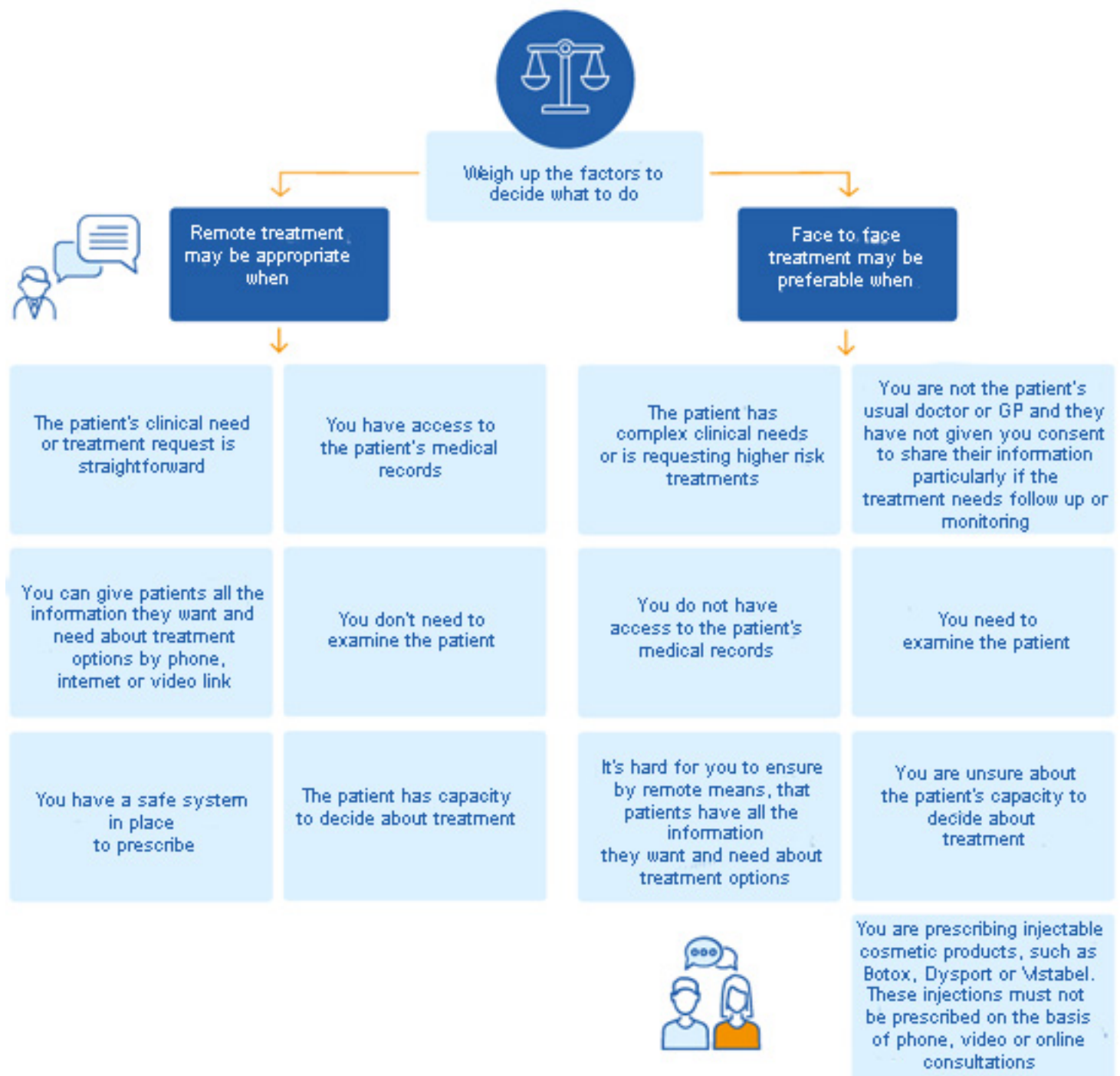
## Introduction

Remote consultation is not a new skill for General Practitioners (GPs) as most of us do this as part of our routine day. It can be a telephone call or virtual consultation via programmes like Skype, Facetime or Zoom. In the UK there has always been a push towards remote consultation as people's lives evolve and become busier and this method of consulting has to be easily accessible. Also, with the introduction of the new primary care contract in April 2020 all practices have to do online consultations and by April 2021 must provide video consultations. Covid-19 has accelerated the implementation of remote consultations to

ensure safety to health care professionals and our patients by minimizing the risk of transmission of coronavirus. There are challenges for clinicians that range from consulting, technical issues and medicolegal aspects. However, there are many benefits when we are in uncertain times of a pandemic; financial efficiency and clinical effectiveness. If clinicians or patients are self-isolating or shielding, if patients are in a care home, those working from home, if patients just need reassurance or patient's clinical need is simple, those with work commitments or childcare issues and those with mental health issues are examples of situations that benefit from remote consultations as time saving and less stressful for many.

### General Medical Council (GMC) Advice

The GMC have developed an excellent flowchart in helping decide if remote consultation is appropriate (5).



Health care professionals need to ensure good practice with the following points to adhere to:

- Consent including checking capacity
- Privacy and confidentiality
- Continuity of care
- Empathy and patient centred communication
- Safe prescribing
- Rigorous documentation
- Work within competence
- Do not compromise on quality

## Challenges

Despite being in the 21st century and advancements in technology we cannot always guarantee the line will be clear and working so patients need to be prepared for this. There needs to be a secure internet connection and use of an organisation approved device with appropriate software and smartcard access. Another challenge is with many now working from home is finding a quiet empty space to get on with consulting and if working in an office ensuring there is space for all. Leading on from this, continuity of care can be difficult with consulting patients who we do not know, so we need to communicate with our team and document competently. Patients can present with a variety of problems and more complex sensitive issues are better dealt with face to face. For example, can we break bad news on a telephone/video consultation? It can be very impersonal to the patient and uncomfortable for us as clinicians. If there are issues of safeguarding or an examination is needed consent needs to be obtained to take images and save them in patient records, but again see them if needed. Other complex consultations include, language barriers, patients with learning disabilities, patients with physical disabilities e.g. the deaf, the blind, those paralyzed and those with mental health issues. With experience we can map out how best to deal with such situations effectively whether that be using a live translation service online whilst virtually consulting or arranging a virtual multidisciplinary team meeting for those with mental health issues or learning/physical disabilities. Can clinicians use their highly mastered consultation skills on the phone and virtually? Skills can definitely be applied and adjusted to the type of consultation conducted but after assessing risk it may be more effective for a face to face consultation. As health professionals the more we absorb and participate in this new culture we will become aware of its limitations and what engages our patients best.

## Medicolegal advice

In an increasingly litigious society, many health professionals understandably have concerns from a medicolegal aspect when it comes to remote consultation which are fraught with the potential for complaints or even legal action. Firstly, check that your indemnity covers remote consultation. A number of alerting points were highlighted in a Care Quality Commission (CQC) 2018 report on the condition of care in independent online primary health services:

- unsuitable prescribing of antibiotics and over prescribing of opioid-based medicines without talking to the patient's registered GP
- unacceptable methods of safeguarding children and those lacking mental capacity to understand or consent to a consultation
- not collecting patient information or sharing information with a patient's GP
- inappropriate prescribing of medicines for chronic diseases.

Consent and checking capacity should be at the forefront of remote consulting as the patient needs informing of clinical limitations, consent to record the consultation, consent to take and store images if necessary and be made aware of potential security breaches. The next is ensuring both clinician and patient are in private settings so to maintain confidentiality. Patients need to be assessed effectively, adequately reassured with safe prescribing especially when consulting with patients who are not known to the clinician. High quality of consulting must be maintained but it can be difficult to interpret discussions over the phone or video call and this is where misunderstanding, break down in rapport and misdiagnosis can occur. There needs to be robust documentation primarily to communicate with other health professionals to ensure continuity of care, and to provide a reference should things go wrong. Following the above will remove insecurities both patient and clinician have, giving confidence in this process which is to be the new norm.

## Conclusion

From this short review you can see there are many skills we already practice in face to face consultations that we can transfer to remote consultation. Planning and setting up the process beforehand will ensure it is smooth running for both health professionals and patients but we need to accept there may be problems. Decide if remote consultation is appropriate when you triage the patient and feel reassured you have a back up plan of seeing the patient face to face. Remember the ethics of consulting remotely and discuss with colleagues if there is anything you feel uncomfortable with. Remember your skills of consultation and communication skills, pick up on (and provide) non-verbal cues and show empathy as you would if the patient was sat in front of you. It is challenging times for all but we need to ensure the safety of health professionals and patients without comprising on quality and safety of care.

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