

Telehealth Guidelines v.3

Guidelines for Podiatrists

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Guidelines for Podiatrists

Introduction

Telehealth services use information and communication technologies to deliver healthcare services and transmit health information. Telehealth is becoming more popular as a mode of healthcare delivery due to the benefits it provides to both patients and practitioners, particularly those in rural and remote areas or during times when personal visits are in appropriate or unavailable (e.g. COVID-19).

Telehealth has the potential to provide patients with more convenient and efficient access to healthcare. This can include via telephone consultation, email or videoconferencing.

Telehealth consultations can be delivered in

- real time – by video or telephone consultations or
- not real time (by using email and/or sending images such as photographs of skin or wounds for review at a later time).

PodiatryNZ recommends that practitioners start with phone, and email consultations before using video solutions. We encourage providers to become familiar with the technology available and starting small. We recommend that practitioners rehearse consultations within the clinic before starting a pilot with a small number of patients.

Position Statement

PodiatryNZ supports the effective use of Telehealth to assist podiatrists to provide safe, quality health care, improve health equity and access along with increasing service efficiency. Underpinning the use of Telehealth is the importance of the relationship between the patient and the podiatrist where telehealth is used to complement in-person consultation, not replacing them completely.

Standards of Service

It is expected that the treatment provided to a patient by Telehealth will meet the same standards of care provided in a face-to-face consultation. However, because of the limits of technology, if the practitioner is unable to provide a service to the same standard as a face-to-face consultation, the patient must be advised of this.

Podiatrists must also be mindful that there may be concerns regarding cultural responsiveness particularly sensitivities about personal images and the recording of personal images

Limitations of Technology

Health technology is rapidly advancing and has the potential to support new ways of health care delivery and monitoring. Podiatrists need to be aware that it is important to continually review, education and update their practices as knowledge, skill and telehealth technologies improve.

Monitoring and consideration need to be given to changes and advances in:

- Internet enabled devices and apps
- Remote patient monitoring
- Cloud technology
- Security
- Staff training

Is Telehealth appropriate?

Before each consultation the podiatrist needs to determine if the use of Telehealth is appropriate. The main considerations will be:

- if the patient’s condition will need a thorough physical examination or additional tests (imaging, swabs etc.)
- if the podiatrist will be putting the patient’s privacy at risk
- if the patient is unwilling or unable to use a Telehealth approach. Considerations may include, connectivity options particularly in rural locations and disabilities including poor hearing and/or eyesight

Services delivered under Telehealth

Assessment and diagnoses can be performed via Telehealth services. Podiatrists, through thorough, accurate and relevant history taking will undertake accurate clinical or differential diagnosis to the best of their ability with the information provided by the patient.

Follow up treatments are also recommended and appropriate for monitoring and applying corrective treatment advice (if required). The range of services provided by Podiatrists may include:

- Comprehensive history taking and injury diagnoses
- Appropriate referral to other health care professional/provider (G.P., radiology, orthopaedic surgeon etc)
- Exercise prescription
- Load management advice
- Footwear prescription
- Wound management advice
- Exercise training scheduling advice
- Occupational loading advice
- Functional tests assessed via video analysis

Security

Any device, software or service the podiatrist uses for the purposes of Telehealth must be as secure and fit for purpose as possible.

It is acknowledged that email and zoom are not internationally recognised as secure systems. In certain circumstances, these applications may be appropriate if:

- there is no other system (including face to face consultation available), and
- patients are made aware of the risks of the technology used
- the quality of the information or image being transmitted can be preserved

PodiatryNZ recommends that before Telehealth services are commenced hardware and software are reviewed and assessed against guidance provided by the NZ Telehealth Forum and Resource Centre.

- NZ Telehealth – [Forum and Resource Centre](#)
- NZ Telehealth – [Security](#)
- NZ Telehealth – [Hardware](#)
- NZ Telehealth – [Using Zoom](#)

Patient Considerations

Telehealth consultations may be seen by patients as an alternative option to access a podiatry consultation without personal inconvenience and cost of travel to a clinic.

Some patients will prefer to attend physical consultations and this choice should be respected.

Where a patient or carer expresses a preference for a telehealth consultation, this preference must be considered in the context of the informed consent process and clinical appropriateness.

Consent to provide services via Telehealth

Consent to treatment is essential for all Telehealth consultations. The key thing is to be aware of the needs of the patient and adapt the method and form of communication accordingly.

PodiatryNZ provides further advice and information on Informed Consent through its Clinical Excellence (Clinical Handbook) and specific training events on informed consent.

Privacy

To help ensure confidentiality and privacy:

(for the podiatrist)

1. Ensure you verify the identity of the client before providing care. PodiatryNZ recommends you ask that the patient correctly provide three of the following client identifiers before commencing consultation:
 - Client name (family and given names)
 - Date of birth
 - Gender (as identified by the client themselves)
 - Address
 - Patient record number where it exists.
2. Dedicate a space from which to consult that is quiet and does not allow others to hear any audio or view any visual content – treat the space as any other clinical consultation and ensure privacy for the patient at all times
3. Ensure systems are in place to prevent interruptions (e.g. a 'do not disturb' sign on the outside of the door to stop others entering during the telephone or video consultation)
4. Ensure access to a phone as a back-up if the video call fails
5. Wherever you are working, ensure the technology being used is fit for clinical purpose

(for the patient)

1. All parties participating in the telephone or video consultation, including family members, should formally introduce themselves at commencement of the consultation.
2. Patient consent needs to be confirmed for other parties as well as themselves, to be part of the consultation.
3. Ask if the space they are using is quiet and does not allow others to hear any audio or view any visual content
4. Be aware that computers and emails may be accessed by multiple users. Seek information regarding patient security issues specific to the use of email. For example, it is difficult to verify a patient/client's identity via email; some families and groups share a common email address; and computers (particularly family computers). For these reasons, check every time with the patient before sending sensitive information.

Recording of video consultations

You need to consider the default position for your Telehealth consultations. Are they recorded or not recorded (in the same way that face-to-face consultations are not recorded)?

Instances may arise where it is clinically appropriate to record all, some or none of a Telehealth video consultation. It is important that consider the merit of recording each session.

If the recording of a video consultation is proposed for clinical purposes:

1. Provide the patient with information about how the recordings (including discrete still images) would be managed, stored and accessed
2. Gain prior written consent from the patient and document this consent in the patient's health record
3. Confirm a patient's consent for recording verbally on camera at the commencement of the consultation

4. Store recordings securely in the patient's health record in accordance with usual requirements for retaining health records.
5. Advise patients that they are not authorised to make their own recordings of a video consultation. (Clinicians should be mindful of their own privacy in relation to the risk of video recordings being redistributed in the public domain without their consent.)

Documenting a Telehealth video consultation

Podiatrists and other clinical support people should document video consultations patient health records. Adhere to the same record-keeping standards as for physical health consultations and include additional information such as:

1. That the consultation was conducted by videoconference (with the patient's consent)
2. The patient location of the video consultation
3. Who was present (other than the podiatrist) and the patient's consent for such parties to be present
4. The rationale for a video consultation instead of a physical consultation
5. Who is responsible for which specified follow-up actions
6. The recording of any still or moving images during the video consultation, the patient's consent for such recording and the location of the recording as part of the patient's health record (whether stored by the practice or a third party)
7. Any period of time a support person was/was not present at the patient end (e.g. to allow the patient to have a private discussion with the podiatrist)
8. Any technical malfunctions during the videoconference (e.g. poor sound or image) that may have compromised the safety or quality of the video consultation.
9. Write up the clinical notes as soon after the consultation as possible. This will facilitate safe and effective continuity of care for the patient.

Funding

Podiatrists need to be aware of funders requirements in relation to providing funded services. Podiatrists should review each funders conditions before commencing consultation, for example, ACC will only provide funding for persons currently residing in New Zealand.

Overseas Patients

When providing care from New Zealand to patients in another country, podiatrists remain subject to New Zealand Law.

Where providing services to patients located in another country at the time of the consultation, the podiatrist will also be subject to the jurisdiction of authorities in the patient's country of residence. Podiatrists may be liable if they contravene any of another country's laws or regulations. It would be sensible to seek legal advice in that country if necessary.

Professional Indemnity and Public Liability Insurance

PodiatryNZ members will be covered for Telehealth consultations. Refer to details of Insurance Cover on our [website](#) for details.

References

NZ Telehealth – [Forum and Resource Centre](#)

AHANZ – [Allied Health Best Practice Guidelines](#)

Royal Australian College of GPs - [Telehealth video consultations guide](#)

Medical Council of NZ - [Telehealth](#)

Checklist for Telehealth

Podiatrists are invited to adapt this template to create their own booking checklist. A copy of this checklist should be stored in the patient's health record.

Before Telehealth video consultation

Why is Telehealth in this situation clinically appropriate?	
Check patient and other attendees' consent	
Record patient consent	
Record others consent	
Coordinate Telehealth video consultation booking	
Provide patient information on what to expect in Telehealth consultation	
Pre-test video conference equipment and connectivity	

During Telehealth video consultation

Introduce parties and record participants	
Confirm that the patient identity and match to the correct health record	
Check privacy arrangements for patient	
Summarise diagnosis and all follow-up actions	
Summarise follow-up actions if referrals are required (district nursing, imaging etc.)	

After Telehealth video consultation

Writ up consultation notes	
Record any technical malfunctions	
Implement and monitor agreed follow-up actions – including email advice to patient	

Example Consent Form (Adult – Independent)

Client Details

Client name (family and given names)	
Date of Birth	
Gender (as identified by the client themselves)	
Address	
Nominated email address:	
Referring Doctor/Specialist	
Patient record number where it exists	

Consent statements

I _____ consent to the passing of information in relation to my treatment to be sent to the nominated email address.

I _____ declare that the information provided on this form is true and accurate at the time of signing and that my identity is that stated on this form.

I give permission for _____ to contact my referring doctor/specialist in reference to my treatment.

I give permission for _____ to contact further specified health professionals (list) in reference to my treatment.

Signed _____
(Client)

Example Consent Form (Parent / Guardian)

Client Details

Client name (family and given names)	
Date of Birth	
Gender (as identified by the client themselves)	
Address	
Nominated email address:	
Referring Doctor/Specialist	
Patient record number where it exists	

Guardian Details

Family and given names	
Address	
Nominated email address:	
Date of Birth	

Consent statements

I _____ declare that I am the legal guardian to the client _____ and that the information provided on this form is true and accurate at the time of signing and that my identity is that stated on this form.

I _____ consent to the passing of information in relation to _____ 's treatment to be sent to the nominated email address.

I give permission for _____ to contact the referring doctor in reference to their treatment.

I give permission for _____ to contact further specified health professionals (list) in reference to their treatment.

Signed _____
(Guardian)

PodiatryNZ Clinical Handbook – useful references

1-Part 1: Consumer Focused Services

- Consumer Rights
- Privacy and Dignity
- Informed Consent

2-Part 3: Pre-entry to service

- : Consumer Acceptance
- : Declining entry into service

3-Part 4: Service Delivery

- : Service provision
- : Client Assessment
- : Planning
- : Interventions
- : Evaluation
- : Exit, discharge and transfer

4-Part 5: Managing Service delivery

- : Client Information management
- : Health Records

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