General Medical Council

Remote consultations and prescribing by telephone, video-link or online

Call for evidence

Date from 26 November 2019 - until 18 February 2020

Your personal information

We will process your data in line with the General Data Protection Regulation (GDPR). Our privacy and cookies policies* explain how your data will be used, how cookies are set and how to control or delete them.

At the end of the call for evidence process, we'll publish a report that summarises our findings and conclusions. We won't include any personally identifiable information in these reports, but we may include anonymised quotes from written responses for illustrative purposes.

We may also share your responses with third parties for quality assurance or research purposes. Responses are anonymised before disclosure where possible.

Freedom of information

Your response to this call for evidence may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information we hold. This doesn't necessarily mean your response will be made available to the public, as there are exemptions relating to information given in confidence and information to which the General Data Protection Regulation (GDPR) applies.

Would you like your response to be treated as confidential?

□ Yes □ No

If yes, please also tell us why:

*gmc-uk.org/privacy_policy

Summary

About this call for evidence

We're asking organisations and individuals with relevant expertise to share their experiences, views, data and insights about remote consultations and prescribing via telephone, video-link or online.

We will use the submissions we receive together with other information we hold, to decide if we need to make any changes to our guidance for UK doctors, *Good practice in prescribing and managing medicines and devices (February 2013)*. If so, this evidence will help us decide if we need to run a public consultation on a revised draft and help us shape the consultation document and methods.

The call for evidence will run from 26 November 2019 until 18 February 2020.

Our role

Our role is to protect patients and improve medical education and practice across the UK. We do this by working with doctors, employers, educators and patients to achieve high standards of care. We:

- decide which doctors are qualified to work in the UK
- oversee UK medical education and training
- set the standards doctors need to follow throughout their careers
- where necessary, take action to prevent a doctor from putting patients' safety, or the public's confidence in doctors, at risk.

Our professional guidance applies to all doctors registered with us, whatever their grade, specialty or UK location, so it is necessarily high level. It's important that it represents common ground between the profession, the public and service providers, which is established through an extensive review process that can include public consultation. It must also reflect how individual patients, carers and members of the public experience healthcare - particularly those with unequal access to care or with significant needs, such as patients with impaired capacity.

You can access our guidance and see how it applies in practice on the ethical hub* pages of our website.

* www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

Background

We expanded our guidance *Good practice in prescribing and managing medicines and devices* in 2013 to give advice on remote consultations and prescribing. This was in response to changes in the way health services are delivered. Below is a summary of our current guidance on this area of medicine.

Good practice in remote prescribing

Our guidance advises doctors to treat patients remotely only where it is safe to do. If they do not have enough information about the patient's health to prescribe safely or the medium is inappropriate to meet the patient's needs, they should explain that they cannot prescribe and offer the patient alternative options.

When making a judgement on whether it is safe to prescribe remotely, doctors should consider the need for a physical examination and access to medical records before proceeding.

Doctors are responsible for the prescriptions they sign, and the mode of consultation should not compromise safe practice. In our guidance we say that doctors must:

- only prescribe drugs when they have adequate knowledge of their patient's health and are satisfied that the drugs serve their patient's needs
- satisfy themselves that they can make an adequate assessment, establish a dialogue and obtain the patient's consent
- check that the care or treatment they give to each patient is compatible with any other treatments the patient is receiving
- take an adequate history, including any previous adverse reactions to medicines, recent use of other medicines, and other medical conditions
- contribute to the safe transfer of patients between healthcare providers and between health and social care providers
- tell the patient's general practitioner about changes to medicines, intended length of treatment, monitoring requirements and any new allergies or adverse reactions, unless the patient objects or privacy concerns override this duty.

If a patient has not been referred by a GP, the doctor should consider whether the information they have is detailed and reliable enough to allow them to prescribe safely. If before prescribing they need more information, or confirmation of information, they should ask for the patient's consent to contact their GP. If the patient objects, and the doctor considers that the information is necessary to prescribe safely, the doctor should explain that they cannot prescribe and outline other options for the patient.

What has changed?

We believe that if doctors follow our guidance, patient safety is not compromised by the remote provision of healthcare. But, since we last updated our guidance in 2013, there has been a significant expansion in the provision of remote prescribing in the NHS and independent sector, and we want to make sure our guidance is keeping up with the fast pace of change.

In the last six years, the number of online providers registered in the UK has increased from 14 to 46 and doctors are estimated to deliver thousands of remote consultations to patients based in the UK every week. The Royal College of Physicians also recently recommended that doctors should do more video and telephone consultations to manage increased demand for appointments. Innovative new service models have also developed, which aim to improve access to healthcare for patients in some areas of medicine, for example, there is a growing market for online providers of sexual health advice.

This trend looks set to continue as the *NHS Long Term Plan*[*] is committed to supporting mainstream roll out of digitally-enabled care in England over the next 10 years. Use of technology is also a priority for the Scottish Parliament, as outlined in *Scotland's Digital Health & Care Strategy*[†]. In Wales, *A Healthier Wales – our Plan for Health and Social Care* [‡] explores investment in digital technology. And, in Northern Ireland, in *Health and Wellbeing 2026 - Delivering Together*[§], the Department of Health commits to making better use of technology and data.

Changes to the GP contract made this year also include a commitment to support existing practices deliver digital first primary care. And, the independent Topol Review[**] into preparing the healthcare workforce to deliver the digital future was published in February 2019. Its key recommendations highlighted the importance of a fit-for-purpose ethical governance framework that is trusted by the public, patients and staff.

[*] www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

[†] www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/04/scotlands-digital-health-care-strategy-enabling-connecting-empowering/documents/00534657-pdf/00534657-pdf/govscot%3Adocument/00534657.pdf

[‡] https://gov.wales/sites/default/files/publications/2019-04/a-healthier-wales-our-plan-for-health-and-social-care.pdf

[§] www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

[**] https://topol.hee.nhs.uk/

Working with others

The issues involved in setting standards for and regulating doctors who give health advice through remote consultations are complex. Some UK-registered doctors may work for providers who are based in other countries or work for UK-based providers who deliver care to patients who live overseas. Patients in the UK may also choose to access care remotely from doctors who are based in other countries and may not be on the UK medical register, and who therefore fall outside our regulatory scope.

As the regulatory body for doctors in the UK, our guidance is only effective in encouraging good practice among doctors who are on the UK medical register - it cannot mitigate risks to patient safety posed by other doctors. Nor does our guidance apply to other healthcare professionals with prescribing responsibilities in the UK.

That is why we are working in partnership with key partners to support a cross-regulatory approach. Recently, we published shared high-level principles for all healthcare professionals* who undertake remote consultations and prescribe remotely in the UK. These principles were co-authored and endorsed by the UK professional and system regulatory bodies and other key stakeholders, and they align with our existing collective guidance.

We are also working with stakeholders to share intelligence where there are concerns about individual prescribers and providers of remote healthcare services. This helps to support relevant bodies to take action to protect patients worldwide.

* www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles

Purpose

What we need from you

We want to hear from organisations and individuals with knowledge and expertise in this area. Relevant evidence may include your views, experiences, data and insight on the issues outlined in this document and anything else you think could impact on doctors' responsibilities in remote and online environments.

This will help us understand the different perspectives of those involved in this area of practice, such as professional and system regulators, those who provide online or other remote healthcare services, medical representative bodies, medical royal colleges, research bodies, patient safety organisations and patient and public representative groups.

How do I respond?

Please send us your response to this call for evidence by 18 February 2020.

You can respond by:

- answering the questions online at https://gmc-mpts.smartconsultations.co.uk or filling in the text boxes in this document and sending it to us:
  - by email to **remoteprescribing@gmc-uk.org**
  - by post to: Remote Prescribing - Call for Evidence, Standards and Ethics Team, General Medical Council, Regent's Place, 350 Euston Road, London NW1 3JN

If you'd like this call for evidence document in Welsh, easy read, or another format or language, please call us on **0161 923 6602** or email us at **publications@gmc-uk.org**.

What this call for evidence does not cover

We won't necessarily be able to act on all the information we receive, but we will listen carefully to what you have to say.

As part of this work, we will not consider concerns or complaints about individual doctors. If you are concerned about a doctor's remote or online practice, please visit our website at www.gmc-uk.org/concerns or phone our contact centre on 0161 923 6602 to raise this with us.

About the call for evidence topics

We've identified five topics that we would particularly like to hear from you about, but you can also tell us anything else you think is relevant in the 'any other comments' section.

- Topic one: Evidence of risks associated with remote prescribing
- Topic two: Dialogue between doctors and patients in a remote context
- Topic three: Sharing information with other healthcare professionals
- Topic four: Additional safeguards we may need to put in place
- Topic five: Feedback based on operational experience

For each of the topics, we ask you to share your evidence and views to help us decide if we need to update our guidance. However, in the section on sharing information with other healthcare professionals (topic three) we ask for your views on a draft amendment to our guidance.

There are seven questions on these topics. While you don't have to answer all the questions, your views are important to us, so please complete as many as you can.

Call for evidence topics

Topic 1: Evidence of risks associated with remote prescribing

1a Risks associated with remote prescribing

We are aware of situations where patients have been harmed because of the inappropriate supply of medicines online.

Recent inspections by the Care Quality Commission in England identified the following areas where some independent providers of online healthcare did not follow good practice:

- inadequate assessment of a patient's health before making a prescribing decision
- prescribers not seeking or acting on consent to share information with the patient's GP to verify information and access medical records
- insufficient information about medication risks, alternative treatment options and referral or safeguarding advice
- inadequate identity checks of people obtaining medicines
- inappropriate prescribing of certain categories of prescription-only medicines.

We have also dealt with cases concerning online prescribing in our fitness to practise proceedings which provide evidence of similar issues.

We want to make sure we understand the risks associated with remote prescribing and whether our guidance is effective in mitigating those risks. Since most of the evidence we have to date comes from inspections in England, we are particularly interested in evidence and views from the devolved nations.

Do you have any views or evidence to share on topic 1a?

□Yes □No

If yes, please share your comments here.

1b Risk of patient harm in remote consultations compared to face to face consultations

We believe that some risks of harm to patients may be greater when healthcare is provided remotely compared to face to face. For example, it's easier to obtain inappropriate and unsafe quantities of medicines from multiple sources online than it is in person. By accessing healthcare remotely, patients don't need to travel between different locations to ask for prescriptions, so it's possible to get more medicine, more quickly, and it's therefore more risky.

On the other hand, some risks may be the same for both face to face and remote consultations. For example, if a patient accesses healthcare from a provider that is not their regular prescriber and does not hold their full medical records, it may not be safe to prescribe. Our guidance sets out additional steps that may be needed in this case, which include contacting the patient's GP to verify information and sharing information with other healthcare professionals involved in the patients' care. Where the prescriber fails to follow our guidance and prescribes without taking those extra steps, there may be a serious risk to patients regardless of the mode of consultation.

Patients can access healthcare through a provider that is not their regular prescriber in remote and face to face contexts. We are interested in your views or evidence on the extent to which the risks in those two situations differ or are the same. This will help us check our guidance addresses this appropriately.

Do you have any views or evidence to share on topic 1b?

□Yes □No

If yes, please share your comments here.

Topic 2: Dialogue between doctors and patients

Our guidance says that before prescribing remotely, doctors must establish a dialogue with the patient. This helps to protect patients by ensuring they can discuss their health concerns, ask any questions and give informed consent to decisions about their treatment.

In a traditional face to face setting, such dialogue would usually take the form of a conversation between a doctor and patient who are in the same room. In a remote environment, innovative models of service delivery make use of technology to support dialogue between doctors and patients, including via video-links and online questionnaires.

We would like to explore whether it would be useful and feasible to say more in our guidance about what effective dialogue between doctors and patients looks like in a remote context. For example, this might describe the features or factors that must be present for dialogue to be established.

To help inform this, we want to understand what supports good dialogue between patients and doctors in a remote context.

Do you have any views or evidence to share on topic 2?

□Yes □No

If yes, please share your comments here.

Topic 3: Sharing information with other healthcare professionals

Sharing information with other healthcare professionals involved in a patient's care is key to make sure that patients are prescribed medicines that are safe and appropriate for them.

Our guidance says that where a doctor is not the patient's general practitioner, they should seek consent to share and verify information with their GP. They should also seek consent to share information when the episode of care is completed, (including any changes to the patient's medicine, length of intended treatment, monitoring requirements and any new allergies or adverse reactions identified) unless the patient objects or if privacy concerns override the duty, for example in sexual health clinics.

Where a patient objects to information being shared and prescribing without sharing information could pose a risk to patient safety, doctors should explain they cannot prescribe and signpost patients to alternative services.

Where our guidance is consistently followed, it provides an effective safeguard for patients accessing healthcare from someone who is not their usual prescriber, in both remote and face to face contexts. For example, our advice on sharing information with healthcare professionals mitigates the risk of patients receiving unsafe quantities or combinations of controlled drugs. Following our advice also helps to make sure that prescribers have a complete overview of a patient's care, so they can effectively monitor those with long-term conditions who may be experiencing fluctuations in health or who find it difficult to follow a prescribing plan.

We have received anecdotal feedback that during inspections by system regulators, some doctors practising remotely say they have mistakenly interpreted our guidance to mean that where a patient objects to information being shared, they can prescribe without sharing information regardless of the implications for patient safety.

3a Minor clarification of our guidance on patients objecting to information being shared with healthcare professionals

To address these concerns, we would like to explore whether it would be helpful to amend our guidance to make it even clearer that patient safety is the priority and that where patients refuse consent to share information, doctors should explain they cannot prescribe if it is not safe to do so.

We propose to make a minor amendment to how our guidance on prescribing and managing medicines and devices at paragraphs 32 to 33* is drafted as below:

'If you prescribe for a patient, but are not their general practitioner, you should check and consider the completeness and accuracy of the information accompanying a referral. This includes information given by a patient who has self-referred. When an episode of care is completed, you must tell the patient's general practitioner about:

a. changes to the patient's medicines (existing medicines changed or stopped and new medicines started, with reasons)
b. length of intended treatment
c. monitoring requirements
d. any new allergies or adverse reactions identified.

If a patient refuses to give consent for this information to be shared the risks should be explained to the patient and this should be documented in their medical records. If failing to share information could pose a risk to patient safety, you should explain that you cannot prescribe and outline their options, including signposting to appropriate alternative services. If you continue to prescribe you should clearly document your reasons for this decision.

In some circumstances, such as in the provision of sexual health services, privacy concerns may override the need to share information.'

* www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/sharing-information-with-colleagues

We believe this minor amendment, which is not a substantive change, will improve the clarity of our guidance to ensure it is more consistently applied in the spirit we intend.

Do you agree with this amendment?

□Yes □No □Unsure

Please share any comments here.

Topic 4: Additional safeguards we may need to put in place

As discussed in the section on good practice in remote prescribing, our existing guidance contains safeguards to help doctors work in partnership with patients to make decisions that are in the patient's best interests when delivering healthcare remotely.

We are interested in your evidence and views on whether there are any additional safeguards we can add to our guidance, to support patients to safely access remote consultations and prescribing services.

This may include advice for doctors on ensuring appropriate patient safeguards are in place where privacy concerns override the need to share information with the patient's GP, for example in sexual health services.

Do you have any views or evidence to share on topic 4a?

□Yes □No

If yes, please share your comments here.

4b Guidance for doctors on prescribing medicines that are addictive and/or carry a risk of death if taken in inappropriate or unsafe quantities

It is not our role to give clinical guidance and we don't typically give advice on the prescription of specific medicines.

However, we are aware of cases where patient harm has been caused by online prescribing of medicines that are addictive and/or carry a risk of death if consumed in inappropriate quantities.

We would like to understand if there are circumstances in which it is never appropriate to prescribe medicines remotely.

Do you have any views or evidence to share on topic 4b?

☐Yes ☐No

If yes, please share your comments here.

Topic 5: Feedback based on operational experience

We recognise that provision of online and other remote healthcare services is expanding at pace, and there is a growing appetite among doctors practising responsibly in this sector to improve standards of care. As with any new area of medicine, we are also aware that new organisations are being formed and other bodies are developing new guidance and reviewing their regulatory positions.

That's why we want to understand how our guidance is being applied in practice in remote contexts, and make sure it is relevant to emerging technological service models and the wider healthcare landscape.

Please use this section to tell us anything else you think is relevant to help us understand this.

This could include evidence or views on:

- what works well in practice
- what doesn't work well in practice
- areas where you think how to apply our guidance to remote consultations could be clearer
- any changes you think we should make to our guidance on remote consultations
- any relevant changes in the law and healthcare practice.

If you wish to give any examples of operational experience, it would be helpful if you could please specify whether these relate to the independent or NHS sector where appropriate. This will help us to understand the context of your feedback.

Do you have any views or evidence to share on topic 5?

□Yes □No

If yes, please share your comments here.

Any other comments?

Do you have any other comments on remote consultations and prescribing?

□Yes □No

If yes, please share your comments here.

How will we consider equality, diversity and inclusion?

We carry out an equality analysis as we develop our guidance, to identify steps we must take to comply with the aims of the public sector equality duty under the Equality Act 2010 and section 75 of the Northern Ireland Act 1998.

As we gather information through this call for evidence, we want to understand whether making changes to our guidance on remote prescribing could impact either positively or negatively on patients or doctors who share protected characteristics.* This includes whether any diverse groups of patients might experience issues or barriers in the context of accessing remote prescribing.

We want to understand whether making changes to our guidance may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010 and section 75 of the Northern Ireland Act 1998.

Do you have any views or evidence you wish to share?

□ Yes □ No

*The nine protected characteristics under the Equality Act 2010 are age, disability, race, sex, gender reassignment, sexual orientation, religion or belief, pregnancy and maternity, marriage or civil partnership.

Your feedback on this process

We value your feedback on how we can improve our engagement activities. Please answer these questions based on your thoughts of the questionnaire and how well we explained the topics.

Was this call for evidence document clear?

□Yes □No □Not sure

Please share any comments here.

Was it easy to respond?

□Yes □No □Not sure

Please share any comments here.

About you

First name:
Last name:
Job title (if responding on behalf of an organisation):
Organisation name (if responding on behalf of an organisation):
Email address:

Would you like to receive updates about GMC / MPTS consultations you've participated in?

□ Yes □ No

Are you responding as an individual or on behalf of an organisation?

□ Individual (please continue to 'Responding as an individual')

□ Organisation (please go to 'Responding on behalf of an organisation')

Responding as an individual

Which of these categories best describes you? Please only select one.

□ Doctor (if you select this, please also answer the next question otherwise go to 'age')

□ Medical student

□ Medical educationalist (non-doctor)

□ Other healthcare profession

□ Patient

□ Carer/Relative or Advocate

□ Member of the public

□ Lay GMC/MPTS Associate

□ Other (please say what):

If you selected doctor, please answer this question.

If you have registered as an individual doctor, in which region were you awarded your PMQ?

□ UK □ European Economic Area (EEA) □ International Medical Graduate (IMG)

If you selected 'doctor' which of these categories best describes you? Please only select one

□ GP

□ Consultant

□ Doctor in training

□ Staff and Associate Grade

□ Locum (GP)

□ Locum (secondary care)

□ Trainer/medical educationalist

□ Responsible Officer/Medical Director

□ Other leadership or management role

□ Academic researcher

□ Practising outside the UK

□ GMC/MPTS Associate

□ Retired

□ Other clinical practice (e.g. prison health service). Please say what:

□ Other non-clinical practice. Please say what:

In this section we ask for information about your background. We use this information to help make sure we are consulting as widely as possible. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups.* Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

What is your age?

□ 0–18 □ 19–24 □ 25–34

□ 35–44 □ 45–54 □ 55–64

□ 65+ □ Prefer not to say.

What is your gender?

□ Female □ Male □ Prefer not to say

□ I prefer to use my own term (please say what):

Do you have a disability?

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

□ Yes □ No □ Prefer not to say

*www.gmc-uk.org/about/how-we-work/equality-and-diversity

What is your ethnic group? (Please tick one)

White

□ English, Welsh, Scottish, Northern Irish or British

□ Irish

□ Gypsy or Irish traveller

□ Any other white background, please say what:

Mixed or multiple ethnic groups

□ White and black Caribbean □ White and black African □ White and Asian

□ Any other mixed or multiple ethnic background, please say what:

Asian or Asian British

□ Indian □ Pakistani □ Bangladeshi □ Chinese

□ Any other Asian background, please say what:

Black, African, Caribbean or black British

□ Caribbean □African

□ Any other black, African or Caribbean background, please say what:

Other ethnic group

□ Arab □ Any other ethnic group, please say what:

□ Prefer not to say

What is your religion?

□ No religion

□ Buddhist

□ Christian – Baptist

□ Christian – Brethren

□ Christian – Catholic

□ Christian – Church of England

□ Christian – Church of Ireland

□ Christian – Church of Scotland

□ Christian – Free Presbyterian

□ Christian – Methodist

□ Christian – Other

□ Christian – Presbyterian

□ Christian – Protestant

□ Christian – Pentecostal

□ Hindu

□ Jewish

□ Muslim

□ Sikh

□ Other (please say what)

□ Prefer not to say

Which of these options best describes your sexual orientation?

□ Bisexual

□ Heterosexual or straight

□ Gay man

□ Gay woman/lesbian

□ Other (please say what):

□ Prefer not to say

What is your country of residence?

□ England

□ Northern Ireland

□ Scotland

□ Wales

□ Other (European Economic Area)

□ Other (rest of the world).

If you selected 'other EEA' or 'other rest of the world' please say where:

Responding on behalf of an organisation

Which of these categories best describes your organisation? Please select only one.

□ Patient organisation

□ Doctor organisation

□ Independent Healthcare provider

□ Medical school (undergraduate)

□ NHS / HSC organisation

□ Postgraduate body

□ Regulatory body

□ Public body

□ UK government department

□ Other (please say what):

In which country does your organisation operate? Please select only one.

□ England □ Northern Ireland □ Scotland □ Wales □ UK wide

□ Other (European Economic Area) (please say where):

□ Other (rest of the world) (please say where):

Thank you for responding to our call for evidence