



Telemedicine Guideline for Healthcare Professionals



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1. GLOSSARY

FOR THE PURPOSE OF THIS GUIDELINE THE FOLLOWING DEFINITIONS ARE USED:

1.1 TELEMEDICINE

“The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing health of individuals and their communities”. World Health Organization

1.2 TELECONSULTATION

It is referred to the interactions between remote healthcare professionals and patients/caregivers for the purposes of providing direct clinical care in terms of providing diagnostic or therapeutic advice through electronic means. In this a patient or caregiver is involved directly at one end of the interaction and this creates a professional-patient relationship.

1.3 REGISTERED HEALTH PROFESSIONAL

A “Registered health professional is defined as:

- A person who is registered in the Maldives Medical Council under the Health Professionals Act 13/2015
- A person who is registered in the Maldives Allied Health Council under the Health Professionals Act 13/2015.

1.4 REGISTERED HEALTHCARE FACILITY / SERVICE PROVIDER

A registered health facility is a facility that provides health services and is registered and have a valid operating license to provide health services in the Maldives under the Health Services Act 29/2015

1.5 SYNCHRONOUS TELECONSULTATION

Synchronous teleconsultation is where the patient interacts with the doctor via audio or video or messaging service in real time.

2.INTRODUCTION

The health care delivery system of Maldives is organized into a three-tier system with island level primary care centers, a higher level of health facilities with respect to provision of maternal, newborn care and specialty care at an atoll/regional level and tertiary care at a central/regional level. Depending on the grading of the health facility, specialty care is provided. Health policies with regard to public service delivery include, establishing a public health facility either a hospital or health center in each inhabited island, for which the service level would be decided depending on the level of population, patient load, and distance to nearest hospital. (Maldives DHS, 2016-17)

Each atoll excluding Kaafu atoll, has a hospital catering to the population of that atoll. Even though hospitals are called regional or Atoll hospitals, the grading criteria for hospitals, contains three levels. Administratively, the regional or atoll hospital in each atoll acts as the main coordinating body in providing general and specialty health care in that atoll with each atoll covering a population of 5,000 to 35,000 people. (Maldives DHS, 2016-17)

Access to appropriate and timely specialist care and continuity of care is a prominent issue particularly given the large geographical distance and limited resources. Teleconsultation is a venture that could help to address these issues and ensure proper care to patients. There are several advantages of teleconsultation such as not having to travel long distances for consultation & treatment which also helps to alleviate the financial & time burden that comes with the travel.

Though teleconsultation was not used widely prior to COVID-19 pandemic in Maldives, it was embraced well by the healthcare providers and patients alike during the pandemic.

The government is committed to providing equal access to quality care to all and digital health is a critical enabler for the overall transformation of the health system. Hence, mainstreaming telemedicine in health systems will minimize inequity and barriers to access. However, there could be a concern on the practice of telemedicine as there are lack of clear guidelines. Telemedicine is regulated under Health Services Act (Regulation on the Operation of Health Services no: (83) telemedicine services).

3.SCOPE

This guideline serves as a framework for doctors and allied health professionals in Maldives to effectively deliver patient care via teleconsultation within the purview of their respective council regulations. It focuses on optimizing communication and service delivery of teleconsultation between patient and healthcare professionals. This guideline is relevant solely to the provision of services within the jurisdiction of Maldives (exceptions apply for circumstances mentioned in clause 11 of this guidelines). The guidelines exclude the following:

- Use of digital technology to conduct surgical or invasive procedures remotely.
- Consultations for acute emergencies in any specialty requiring immediate in-person evaluation and treatment.
- Other aspects of telehealth such as research, evaluation and continuing education of healthcare worker
- Consultations outside the jurisdiction of Maldives.
- Use of teleconsultation for services not permitted and beyond the scope of practice authorized by respective councils for the healthcare professional.

4.OBJECTIVES

- 4.1 To provide guidance on delivering effective, safe and optimal patient care via teleconsultation for healthcare professionals and healthcare facilities.
- 4.2 To provide guidance on safety and privacy of data of the patients with the current technology in use.
- 4.3 To provide a base for legal action and regulation of teleconsultation service.

5. ELIGIBILITY TO PROVIDE ONLINE SERVICE

- 5.1 Registered health professionals should hold a practicing license at Maldives Medical and Dental Council.
- 5.2 Registered health professionals should hold a practicing license Maldives Allied Health Council. (applicable for Allied health professionals)
- 5.3 Registered health professionals should also be registered at the licensed health facility where teleconsultation is being held or independently registered at Quality Assurance and Regulation Division / Ministry of Health to deliver teleconsultation services.

6. MINIMUM TELECONSULTATION SETUP REQUIREMENTS

6.1 Hardware

- 6.1.1 Audio consultations: Landline phones, mobile phone or web-based communication platforms on computer can be used. Adjuncts to these include headsets, speakers and microphone.
- 6.1.2 Video consultations: Mobile phones with camera, computers or tablets can be used with adjuncts like webcam, headsets, speakers and microphone. For accuracy of visuals, it's highly recommended to ensure good camera resolution (at least 5 megapixels) of all devices.
- 6.1.3 Text-based consultations: For text-based consultations, web-based messaging platforms or SMS messaging using mobile phones and computers.

6.2 Software

- 6.2.1 Dedicated Telemedicine software or platforms with integrated services such as video consultations can be used by healthcare facilities and registered health professionals.
- 6.2.2 Various messaging applications such as WhatsApp & Telegram can be used for all 3 modes of teleconsultations. Among these, Telegram is

recommended for its capability of synchronization, fast service, reliable back up and better security features (Sutikno, et al., 2016).

6.2.3 Video conferencing applications such as Zoom, Google Meet and Microsoft Teams can also be utilized.

6.2.4 Ensuring the patient and registered health care professional is well versed with whichever software /application is used in teleconsultation is vital.

6.3 Server

6.3.1 All servers where patient information is stored should be HIPPA or equivalent certified.

6.4 Internet connection

6.4.1 High-speed and stable internet connection with adequate bandwidth (at least 10- 15 Mbps) that can support uninterrupted teleconsultations must be present if the mode of communication being used relies on the internet.

6.5 Environment

6.5.1 Quiet and private room where consultation can be done with minimal distractions and guaranteed patient confidentiality.

6.5.2 The room must have adequate lighting to facilitate clear visual communication.

6.5.3 The background and surroundings visible during video consultation should not be visually distracting. Unnecessary clutter and personal items should not be in frame to maintain professionalism

6.5.4 Any instruments or tools the healthcare professional may require during the teleconsultation should be within close reach.

6.5.5 Teleconsultation can be done in consultation rooms used for inpatient consultations if the above-mentioned requirements are met.

7.GENERAL GUIDANCE FOR REGISTERED HEALTH PROFESSIONALS

7.1 Registered health professional is highly advised to have online or in person training to develop necessary skills in teleconsultation before practicing.

- 7.2 Registered health professional is allowed to provide teleconsultation to patients from any part of Maldives.
- 7.3 The code of conduct and ethical codes guideline provided by Maldives Medical and Dental Council and Maldives Allied Health Council, shall be same for both teleconsultation and in person care, within the essential limitations of telemedicine.
- 7.4 Registered health professional using teleconsultation shall establish a faithful provider patient-relationship including providing information regarding the qualification/ field of professional within the context of an online encounter, whether interactive, store and forward or other mode of electronic communications/ interaction is used.
- 7.5 Registered health professionals providing teleconsultation services shall have the necessary education, training/ orientation in the use, technologies and limitations of teleconsultation. At the same time, he should ensure the necessary knowledge and competencies for safe provision of quality health services in their specialty area.
- 7.6 Registered health professionals should ensure confidentiality and privacy of the patient while providing the teleconsultation. If there is another person on either end their presence should be made aware of each other.
- 7.7 Any breach in professional code of conduct will be subject to disciplinary actions as per the terms of good medical practice of Maldives Medical and Dental Council and Maldives Allied Health Council.

8. GENERAL GUIDANCE FOR HEALTHCARE FACILITIES

- 8.1 A healthcare facility or provider must provide telemedicine and online health services by registering with the Ministry of Health by submitting all the documents mentioned in Article 32(H) of Regulation on the Operation of Health Services (No. 2021/R-28), obtaining a license and in accordance with the guidelines formulated by the Ministry
- 8.2 A focal point of communication between the registrant and the Ministry must be established for telemedicine and online health services.

- 8.3 The facility must ensure all the healthcare professionals involved in teleconsultations within the premises have a valid practicing license issued by the respective councils.
- 8.4 Healthcare facility must adhere to the minimum setup requirements specified in this guideline prior to commencing teleconsultation services.
- 8.5 Healthcare facility must ensure access to hardware used for teleconsultation (Eg: phones, laptops etc) is restricted to relevant staff involved in the teleconsultation only.
- 8.6 Teleconsultation appointments must only be confirmed after ensuring patient understands how teleconsultation process works and with written consent.
- 8.7 The healthcare facility must clarify and ensure patients have necessary hardware (computer, webcam, microphone, mobile phone) and possess basic technology skills prior to confirming the appointment. If the patient requires assistance, contact details of the helper should be taken.
- 8.8 Healthcare facilities should have a policy that outlines the protocols to be followed for potential technical issues, & emergencies. Staff should be well aware of these protocols.

9.DUTY AND STANDARD OF CARE

A duty of care is established through a teleconsultation; therefore, the clinician must ensure that the quality of care delivered through teleconsultation is at the best possible, despite the inherent limitations of the technology.

The standard of care delivered must be 'reasonable' as determined by the clinical context, clinical objectives, existing clinical practice guidelines and it should be part of a structured and well-organized system. The components mentioned below are essential components for an effective teleconsultation service

- 9.1 Identification and verification.
- 9.2 Communication with patients and caregivers.
- 9.3 Obtain Consent.
- 9.4 Patient evaluation and exchange of information.
- 9.5 Prepare contingency plans.

- 9.6 Documentation of the teleconsultation.
- 9.7 Issuing of prescription.
- 9.8 Encourage feedback and monitor outcomes.
- 9.9 Privacy & patient confidentiality.

9.1 IDENTIFICATION AND VERIFICATION

- 9.1.1 A Registered health professional should inform the patient about his/ her name, workplace and qualification including the medical and dental council number or allied health council number before starting consultation.
- 9.1.2 Prior to commencing the consultation, verify and confirm patients' identity by name, age, gender, address, email address and phone number.
- 9.1.3 The first consultation is highly advisable to be conducted as a video consultation as it will help to verify the identities of both the patient and health professional. It also helps build rapport.
- 9.1.4 For paediatric patients (below the age of 16 years), physically disabled or mentally challenged patients, consultation should be done only with an adult guardian after identity and relationship with the patient is ascertained. Guardian can be allowed in consultation only if the patient needs assistance and with the consent from the patient. The name, age, gender, address, email address, phone number and relationship of the caretaker / guardian of the patient must be kept in record.

9.2 COMMUNICATION WITH PATIENTS AND CAREGIVERS

- 9.2.1 Communication with patients and caregivers should be modified accordingly to suit this healthcare delivery mode.
- 9.2.2 Prior to commencement of the teleconsultation, it's important to ensure patient is aware of the limitations of teleconsultation
- 9.2.3 Prior to commencing teleconsultation services, the healthcare provider must ensure that the patient is suitable to proceed with online teleconsultation and assess for any limitations (Eg.: if patient requires emergency care) prior to starting the consultation.

- 9.2.4 In the context of a consultation the healthcare professional should take into account any delay in audio or video, giving sufficient time for the patient to respond, adequate lighting, camera angles and resolution to achieve the clarity of images etc.
- 9.2.5 The healthcare professional should be familiar with any limitations of technology used and alternatives available that would complement better delivery of care.
- 9.2.6 Proper communication by prioritizing clear and concise language, active listening and all concerns of patients are addressed will help to ensure teleconsultation is as effective as face-to-face consultations.

9.3 CONSENT

- 9.3.1 Telemedicine services shall be provided only if the following information is provided to the patient in a meaningful manner and the patient agrees in writing:
- How the telemedicine service system works.
 - The services, security and privacy of the patient that can be provided through the telemedicine service system.
 - The degree of confidentiality of the patient's medical records.
 - Technical problems that may arise in the provision of telemedicine services.
 - Prescribing practice.
 - Referral procedure for other services.
- 9.3.2 The approach used to obtain consent in writing can be decided by the healthcare facility. They may use online forms or any other means to ensure this.
- 9.3.3 Obtain the patient's consent at each encounter prior to conducting a teleconsultation.
- 9.3.4 Consent can be text-based, audio or video messages which must be documented or recorded in the patient's medical record.

- 9.3.5 Ideally the health facility or independent individuals conducting teleconsultation could formulate a consent form or format that can be used.
- 9.3.6 If a consent form is formulated for use in a health facility, health professionals that conduct teleconsultations should review it prior to its usage.
- 9.3.7 Where audio or video recording is to be obtained, the healthcare professional proposing the recording should obtain written informed consent.

9.4 PATIENT EVALUATION AND EXCHANGE OF INFORMATION

- 9.4.1 Registered health professionals must take relevant clinical history and use available visual information (Eg: photos, & videos)to guide the investigation, diagnosis and management.
- 9.4.2 Relevant clinical signs observed in the virtual physical examination must be documented. It is important to document that it is a virtual examination and the source used (Eg: photo, recorded video or real time video) must be mentioned.
- 9.4.3 If further information is required by registered health professional, then request can be made to patient to share them. (Eg: photos of previous investigations)
- 9.4.4 If physical examination is necessary for investigation, diagnosis and management, health professional should hold the decision until a physical examination can be arranged through in person consultation.
- 9.4.5 Whenever necessary, registered health professional can recommend video consultation, examination by another registered health professional or health worker or in person consultation.
- 9.4.6 The healthcare facility or individual providing teleconsultation should ensure all patient records are well maintained.

9.5 PREPARE CONTINGENCY PLANS

- 9.5.1 Patients should be informed regarding the appointment time well in advance and advised to keep the device being used charged and ready.

- 9.5.2 Healthcare facilities should ensure the device being used by the registered health professional (Eg: mobile, laptop) is charged and a backup device is charged and ready for use prior to the appointment.
- 9.5.3 Preparation should be made for a contingency plan in case of disconnection and emergencies etc. It is recommended that health facilities obtain the full name and contact information of an emergency contact person while making appointments for a patient.
- 9.5.4 In case of technology fault or failure such as poor internet connection, the clinician should have a plan that outlines an alternate method of communication with the patient. This shall be communicated to the patient before the start of the initial treatment encounter.
- 9.5.5 The clinician should always ask the patient if the quality of the video or audio is clear on their end prior to commencement of teleconsultation.
- 9.5.6 In all cases of emergency, as per the judgment of the clinician, the patient must be advised for an in-person interaction at the earliest. However, critical steps could be lifesaving. For example, trauma cases should be advised to protect the airway and cervical spine (neck position) and minimize any spinal injury. Based on their professional discretion, they may advise first aid, counsel, and facilitate an in-person referral for escalation of care.

9.6 DOCUMENT THE TELECONSULTATION ADEQUATELY

- 9.6.1 The healthcare professional should document the history, virtual physical examination (if done), investigations and treatment plan properly. It is important to mention in documentation that it is a teleconsultation.
- 9.6.2 VINAVI portal can be used for documentation process.
- 9.6.3 If a telemedicine software is used, it is necessary to ensure it facilitates the documentation of history, virtual physical examination, investigations and treatment plan.
- 9.6.4 Provisions should be made for secure storage of the patient's documents by the healthcare facility and healthcare professional.

9.7 ISSUING OF PRESCRIPTION

- 9.7.1 During teleconsultation, medicine should be prescribed during teleconsultations of synchronous nature where real time communication is present between healthcare professional and patient.
- 9.7.2 It is recommended that prior to prescribing medication the doctor is satisfied that he/she has assessed the patient appropriately to be able to make a diagnosis or change the therapeutic management.
- 9.7.3 The prescription should include a medical practitioner's name and license number.
- 9.7.4 When prescribing controlled drugs, the requirements mentioned in Guideline for rational use of controlled drugs published by Maldives Food and Drug Authority (01st March 2021) should be followed.
- 9.7.5 Records of all electronic prescriptions should be kept and reported to Maldives Food and Drug Authority as per their guidelines.
- 9.7.6 A clear photo or scan of the prescription issued to the patient including the history, virtual physical examination, investigation and treatment plan should be shared to the patient. This document can be shared on the platform used for the teleconsultation or the one used for scheduling the teleconsultation after informing the patient. It should be made available to the patient at the earliest possible to ensure the patient can get access to the medications prescribed without delay.

9.8 ENCOURAGE FEEDBACK AND MONITOR OUTCOMES

- 9.8.1 Health care professionals can take feedback from patients at the end of the teleconsultation and discuss the patient's preference regarding continuation of teleconsultation in follow-ups.
- 9.8.2 Healthcare facilities can also take feedback from patients to identify areas for improvement to provide a more patient-centered experience. This can be done

by several means such sending short surveys post consultation to rate the service provided etc.

9.8.3 Based on the feedback received from patients, the patient satisfaction levels with overall service and clinical outcomes of teleconsultation can be monitored.

9.8.4 Evaluating the impact of the service, as these new practices continue to evolve, can help achieve the best possible outcomes (National Telemedicine Guidelines of Singapore, 2015).

9.9 PRIVACY AND PATIENT CONFIDENTIALITY

9.9.1 Confidentiality and privacy of the patient and his/ her information is one of the major concerns while using teleconsultation. Breach in privacy may occur at any phases of delivery of teleconsultation. These may include privacy during consultation, confidentiality of the reports, privacy during transmission and networking and privacy at storage. Privacy and confidentiality of patient information will not be different from in person care and every measure should be taken to preserve this confidentiality.

9.9.2 Healthcare facilities must ensure that the patient information and records are protected by having a confidentiality policy as per Health service act 29/2015.

9.9.3 Healthcare facilities and professionals must ensure both privacy and confidentiality of all patient information. Access to this information should only be limited to and limited by relevancy to any one accessing the information.

9.9.4 All patient information shall be kept confidential and in accordance with Regulation No. 10170-2019-R (Medical Records Regulation).

9.9.5 Where patient information is stored physically, it should be under lock and key.

9.9.6 Where patient information is stored electronically, it should be password protected and accessible to authorized personnel only.

9.9.7 All servers where patient information is stored should be HIPPA or equivalent certified.

- 9.9.8 Healthcare facilities must ensure hardware (Eg. Computer, phone) are password protected and access is restricted to authorized personnel only.
- 9.9.9 Healthcare facilities must mitigate vulnerabilities such as theft of hardware used for teleconsultation which can result in breach of data by ensuring secure storage and restricted access to authorized personnel only.
- 9.9.10 If healthcare facilities use Teleconsultation software, they must prioritize measures to avoid data breaches and maintain patient confidentiality. Cybersecurity vulnerabilities must be identified and solved promptly. Updates, ongoing maintenance, anti-malware are crucial.
- 9.9.11 Registered healthcare professionals should be aware of the security issues specific to the use of electronic communications (e.g. difficult to verify a person's identity). They should check with the patient before sending sensitive information by electronic means to the patient.
- 9.9.12 To protect patient privacy and ensure the security of sensitive information, registered healthcare professionals are recommended to not use personal phones for teleconsultation.

10.MEDICAL ETHICS IN TELEMEDICINE

- 10.1 Registered health professionals should abide by Maldives Medical and Dental Council code of conduct and Good Medical Practice Guidelines.
- 10.2 Registered health professional should follow provisions in Health professionals Act 13/2015, Health Services Act and any other law on protecting the privacy and confidentiality of individual (patient), handling and transfer of such personal information regarding the patient.
- 10.3 Registered health professional and healthcare facilities providing telemedicine services should abide by the Regulation on the Operation of Health Services no: (83) telemedicine services in the Health Services Act 29/2015.

11. SPECIAL CONSIDERATION FOR PROVISION OF ONLINE MEDICAL SERVICES

- 11.1 Promote and optimize the use of online health services for the safety of health care provider in special circumstances. (Eg: epidemics and pandemics)
- 11.2 If determined a patient cannot be managed through teleconsultation, the patient should be referred to in person care at an appropriate medical care facility.
- 11.3 Include options for language interpretation if required.
- 11.4 Use tele triage methods for assessing conditions of patients to ensure the patients receive relevant care without having to go to a health care facility especially during the times of pandemics.
- 11.5 If the patient and registered health professional or either party do not reside in Maldives at the time of the teleconsultation, the following must be ensured:
- 11.6 Registered health professional must have active practicing license from the respective councils in Maldives.
- 11.7 Registered health professional should be registered at a licensed health facility or independently registered at Quality Assurance and Regulation Division / Ministry of Health to deliver teleconsultation services.
- 11.8 Registered health professional must apply specifically for approval to provide teleconsultation services in this circumstance from Ministry of health.

12. LIMITATIONS OF TELECONSULTATION

- 12.1 To assess patients with potentially serious, high-risk conditions likely to need a physical examination. For consultations of patients with immediate life-threatening conditions which require urgent medical intervention. However, teleconsultation can be done with regard to the care of the patient with another registered healthcare professional.
- 12.2 When an internal examination (e.g., gynecological or colorectal) cannot be deferred.

- 12.3 When patients are unable to use the technology, and cannot be supported. (Eg; patient's caretaker not available to help)
- 12.4 Lack of availability of aids and devices to make teleconsultation more accessible to patients with disabilities locally.

13.RECOMMENDATIONS

- 13.1 Review and amend the Teleconsultation guidelines as more advanced technologies and modalities are introduced.
- 13.2 Prioritize training of staffs in healthcare facilities and healthcare professionals on policies, regulations and use of telemedicine services.
- 13.3 Aim to introduce more devices that helps to make teleconsultation accessible to patients with disabilities. The WHO recommendations for improving accessibility of teleconsultations can be viewed in the annex of this guideline.
- 13.4 Introduction of photo integration to patient's documentation in VINAVI portal.

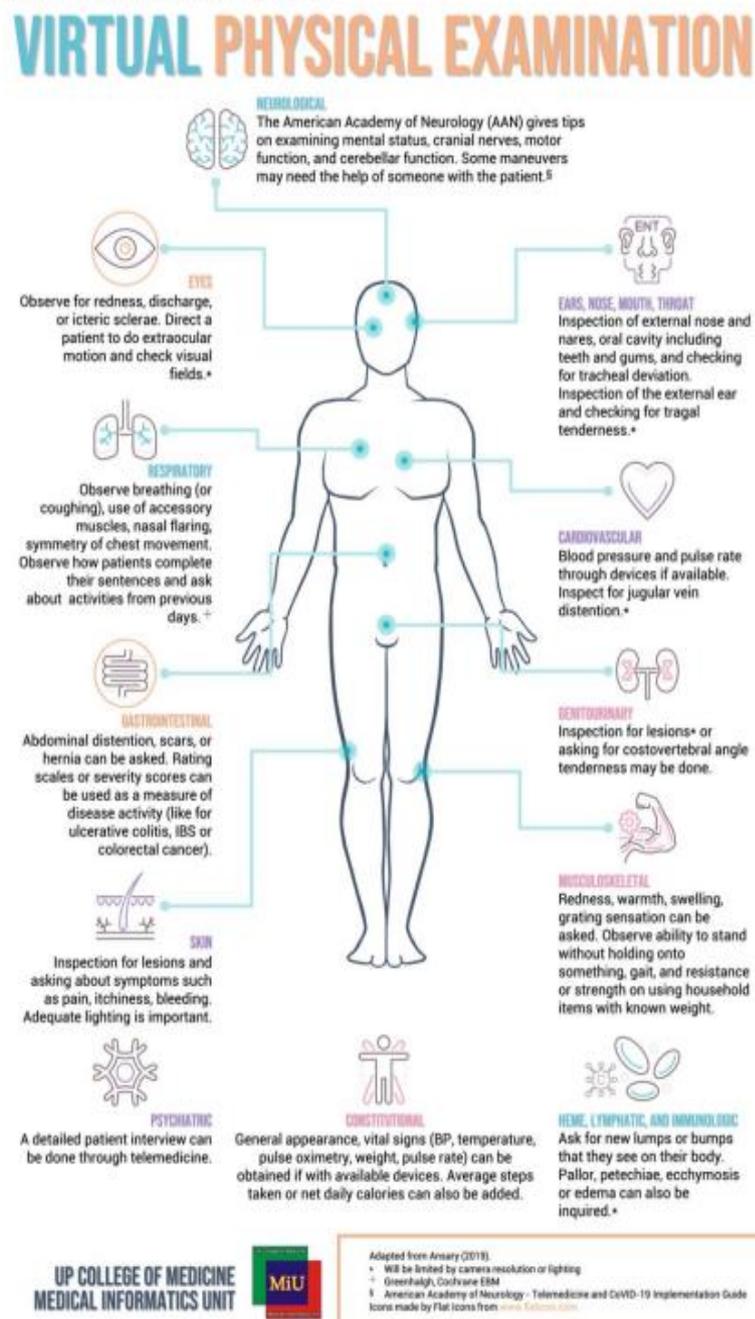
14 ANNEXES

ANNEX 1

VIRTUAL PHYSICAL EXAMINATION

How is a virtual physical examination performed?

Figure 1. The Virtual Physical Examination



Teleconsultation is the use of telephone, cellphone, computer or electronic gadget that will enable a patient to communicate with health professionals for the purpose of diagnosis, treatment, management, education and follow-up care when a face-to-face consultation. During teleconsultation, an in-person physical examination wont be done , however a virtual physical examination will be documented. As a facility that provides, teleconsultation services, utmost importance is given to ensure patient confidentiality and safe record keeping according to regulations, but technical issues like data breech may arise. During the consultation, if the healthcare professional makes a clinical judgement that emergent care is needed by the patient, teleconsultation will not be continued further and patient will be urgently referred to the nearest health facility. At the end of teleconsultation, patient will be sent a scanned copy of the prescription.

I have read and understood the information provided above regarding teleconsultation and agree to receive teleconsultation services from the health care professional and healthcare facility mentioned above.

أنا قد قرأت وفهمت المعلومات المقدمة أعلاه بخصوص الاستشارة عن بعد وأوافق على تلقي خدمات الاستشارة عن بعد من المهني الصحي والمرافق الصحية المذكورة أعلاه.

Patient's name: مسمى المريض:

Date and time:..... التاريخ والوقت:

Signature :..... التوقيع:

NOTE: This sample consent form is meant to provide guidance to the format that could be followed when formulating consent form for teleconsultation. Further information regarding teleconsultation can be included other than those mentioned in the sample form.

WHO RECOMMENDATIONS

<p>Visual impairments</p>	<p>Color contrast and magnification should allow viewing of images and text on screen</p> <p>Teleconsultation should be accessible to visually impaired people who cannot access a digital platform.</p> <p>Videos on platforms should not include background music, which can make it difficult for patients to hear relevant information, nor should they include ambiguous working or inaccurate descriptions.</p> <p>The operation of the platform should be compatible with devices such as screen readers or Braille keyboards.</p>
<p>Hearing impairments</p>	<p>The video platform should provide subtitles, allow patients volume control and a messaging (text) box.</p> <p>The screen used must be large enough to allow lip-reading.</p> <p>Ideally, the platform should be integrated with a remote sign language rendering system.</p>
<p>Speech impairments</p>	<p>The platform should include voice synthesizers that can translate what people with speech impairments say.</p>
<p>Developmental and intellectual disabilities</p>	<p>The platform should allow more than two people to access a teleconsultation (for those assisting people with developmental or intellectual disabilities)</p>
<p>Learning disabilities</p>	<p>The layout of text, instructions, documents and worksheets on the platform should be easily accessible to people with dyslexia and other learning difficulties.</p>
<p>Mental health problems and psycho-social disabilities</p>	<p>The platforms should avoid complicated user interfaces and language that is difficult to understand.</p> <p>Avoid heavy, irrelevant content that may trigger negative</p>

	<p>feelings and reactions in the patient.</p> <p>Avoid presenting low- quality information that may induce patient distrust</p>
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**Adapted from WHO-ITU global standard for accessibility of telehealth services, 2022*

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