



DIETITIANS BOARD

Te Mana Mātanga Mātai Kai

Guidelines on Telehealth

These Guidelines refer to, and should be read in conjunction with, the following Dietitians Board documents & key legislation:

Professional Standards & Competencies for Dietitians 2017
Code of Ethics & Conduct for Dietitians 2014 (revised 2017)
Dietitians Board Social Media and Electronic Communication Guidelines 2015 (revised 2017)
Health Practitioners Competence Assurance Act 2003
Privacy Act 1993 (including the Health Information Privacy Code)
The Code of Health and Disability Services Consumers' Rights 1996

Guidelines

1. Introduction

The Dietitians Board (the Board) supports the use of telehealth and technology based services where it assists dietitians to provide safe, quality dietetic services, improve health equity and increase service efficiency.

The purpose of this document is to provide guidance to dietitians about the use of telehealth and technology based services. This includes individual/whānau consultations, group education sessions and automated interventions that are delivered via phone or internet (e.g. calls, text messages, phone applications (Apps), emails, instant messaging, video conferencing, digital photography and video, computer-generated communications, etc.).

This is a living document that will be regularly updated.

2. Position Statement

The Board defines 'telehealth' as the use of information and communication technologies (ICT), to deliver health services and transmit health information between two or more locations as an alternative to in-person interaction.

Telehealth is also referred to as telepractice, telemedicine and telerehabilitation. The Board has adopted the term telehealth to be used when referring to this practice.

The Health Practitioners Competence Assurance Act 2003 applies to the delivery of health services to New Zealanders. Practitioners delivering dietetic services in New Zealand via telehealth must be registered with the Dietitians Board and hold a current practising certificate.

The statements and guidelines contained in this document apply to practitioners who provide dietetic services to patients/clients in New Zealand.

Telehealth consultations are an alternative way of providing dietetic services and care and should be delivered to the same standard as consultations conducted in person.

3. Professional Standards and Code of Ethics & Conduct

The [Professional Standards & Competencies for Dietitians](#) and the [Code of Ethics & Conduct for Dietitians](#) define the Board's expectations for practitioners' competencies and professional conduct, in order to provide the best healthcare and outline what the public can expect from dietitians.

It is the Board's expectation that Registered Dietitians have a professional responsibility to be familiar with and to apply the same Standards and Conduct to their practice, including when using telehealth.

Practitioners providing telehealth are also required to comply with the [Privacy Act](#) (including the Health Information Privacy Code), and the [Code of Health and Disability Services Consumer Rights](#).

4. Providing Best Practice Care

4.1 Appropriateness of telehealth

Telehealth has benefits and limitations, which must be taken into account before using it. The needs of the health service provider, dietitian and client/patient must be considered, as well as risks and liability.

Telehealth can provide more convenient access to dietetic care, allow for more comprehensive delivery of services after-hours, help patients/clients in isolated locations receive necessary care, and allow for the more efficient use of precious health resources.

In using telehealth, dietitians should be aware of its limits and ensure they do not attempt to provide a service which puts public safety at risk.

Dietitians need to use their clinical and professional judgement to decide if a telehealth consultation is appropriate. Consider the patient/client's communication needs as well as their clinical needs:

Communication needs:

- The ability to communicate effectively
- The availability of appropriate devices and wifi/ internet access
- The digital ability and literacy of the service user
- Risk factors and privacy of providing the service in a non-face-to-face manner

Clinical needs:

- Consent and support of person/ whānau to receive care this way
- The completeness of the referral
- The dietitian's ability to form an accurate nutrition diagnosis
- The dietitian's ability to provide safe and effective dietetic interventions
- Constraints which may impede likelihood of success (e.g., financial or situational barriers)

The Board expects that the treatment a dietitian provides to a patient/client in another location meets the same standards as care provided in a face-to-face consultation. This includes standards that relate to patient/client identification, consent, cultural competence, assessment, diagnosis, intervention, updating the patient's/client's clinical records and communicating with the patient's/client's relevant primary care provider, and follow-up¹.

If a dietitian is unable to provide a service to the same standard as a face-to-face consultation, due to the limits of technology, then the dietitian must advise the patient/client of this.

4.2 Confidentiality

Dietitians should inform patients/clients of the limits to privacy and confidentiality and be transparent about the risk for inadvertent disclosure when using information and communication technologies.

When transmitting client information by electronic means, practitioners should maximize confidentiality.

Confidentiality may be enhanced by using encryption and password protection, using a secure network, and limiting the use of personal health information.

Practitioners are encouraged to develop and share privacy policies and procedures with patients/clients, and are expected to comply with any organizational policies and procedures related to records security.

Patients/clients should also be informed how to access any of their health information that has been collected and used for the purpose of dietetic service delivery.

4.3 Consent

The patient/client's informed consent must be obtained prior to consultation/group education using telehealth. Consent processes include:

4.3.1 Accepting Telehealth

Documented client consent to receive a health service via telehealth. Written or verbal consent must be obtained and documented with reasons

Obtaining informed consent for Telehealth includes the same considerations as face-to-face contact

4.3.2 Consent to content

Where it is usual to obtain written consent for any photos, video or audio recordings, this is still required and needs to be stored as part of their health record

Client consent must be obtained before each recording or photo

¹ In February 2001 a charge was laid before the British General Medical Council after a doctor prescribed Xenical and Viagra to a patient over the internet. In its judgment the Professional Conduct Committee noted that it "did not consider that the standard of care given to patients or the prescribing practice of a doctor should be different, whether through the internet or otherwise." The doctor was suspended from practice for three months.

Where written consent is not able to be made then verbal consent should be obtained and must be documented with a rationale for why it has been used

4.3.3 Sharing information

Client consent for sharing of information, including what information may be shared with whom and for what purpose

Disclosure of how client data is stored, including what information third party providers hold

4.3.4 Use of technology

Establish the preferred platform, including instructions for use and troubleshooting arrangements

Requirements for the client (e.g., smartphone, data requirements, ideal physical environment)

Costs to client and payment arrangements

Available alternatives

Any device, software or service used for the purposes of telehealth should be fit for purpose and must preserve the integrity and security of the information or image being transmitted

4.3.5 Privacy

Privacy rights of the client, including access to information held about the client

4.3.6 Professional relationship

Client complaint process information

Client identity confirmation should occur at the beginning of any interaction, including who else is in the room or party to the interaction.

Care needs to be taken when discussing confidential information when it cannot be ascertained who else is listening/watching.

4.4 Privacy

The same privacy requirements apply for the protection of personal information obtained via telehealth as to all other client information. Ensure:

- All digital documentation, records and access to platforms are protected with secure passwords
- Arrangements for secure backing up of data are in place
- Processes and policies for the protection of personal information are in place, including arrangements for managing and reporting breaches or incidents
- Robust antivirus software is in place on your computer

4.5 Documentation

All interactions via telehealth must be identified as such and documented in clinical records as for any other contact:

- Verbal and written consents need to be documented in clinical notes as and when obtained.
- Text messages and emails should not be paraphrased but downloaded or replicated and stored in clinical records.
- Video and photographs should be stored in an accessible format and form a part of the clinical record.

4.6 Technology

Ensure that any device, software or service you use for the purposes of telehealth is secure and fit for purpose, and preserves the quality of the information or image being transmitted.

There are technical standards that apply to the use of telehealth in New Zealand, and you should ensure that your IT vendor complies with these.

Consider:

- What information is required prior or during the contact to provide safe care, what written, verbal and/or visual information is required

- What the communication and health literacy needs of the client/whānau are
- The internet access and speed/ bandwidth
- Available devices for use

Cultural practices:

- Consider the role of face to face interaction in developing rapport and connection with the client and their whānau
- Video-conferencing may be an important initial technology to use

4.7 Professional boundaries

It is essential to separate work and personal digital technologies

Use work mobile phone numbers and email addresses to create accounts

Refer to the Dietitians Board [Social Media and Electronic Communication Guidelines](#)

Do not store digital photographs or video recordings on personal devices

Do not use personal social media accounts for healthcare provision

4.8 Risk management

Appropriate policies and processes must be in place to ensure that concerns that arise during a telehealth consultation can be escalated and managed appropriately.

Practitioners should consider if telehealth is the most appropriate means of providing dietetic services, with consideration of risk management and liability.

4.9 Contracts and insurance

Practitioners may be subject to telehealth policies and requirements from their respective employers and should ensure that they are familiar and compliant with these.

Practitioners should check with their indemnity insurance provider about cover for telehealth services.

The Board recommend seeking individual legal advice before providing telehealth services in any circumstances.

5. Prescribing

Therapeutic prescriptions can be sent to pharmacies via fax or NZePS. The Ministry of Health has introduced new rules for electronic prescriptions to support virtual care in the community. For further information [click here](#)

6. Practising telehealth outside New Zealand

The jurisdiction for the provision of dietetic services is defined by the location where the patient/client resides.

Dietitians providing dietetic care in another country

If practitioners provide dietetic services/care from New Zealand to patients/clients in another country, they:

- remain subject to New Zealand law
- may be subject to other legal obligations, requirements or liabilities in the location where the patient/client is located
- may also be subject to the jurisdiction of authorities in the patient/client's home country
- may be liable if the patients/clients are assisted to contravene that country's laws or regulations, for example, any importation and possession requirements
- legal advice should be sought in that country, if necessary

If registered with the Dietitians Board then the same standard of care provided to patients/clients located in another country falls within the Board's jurisdiction insofar as it reflects on a practitioners competence to practise.

Overseas practitioners providing dietetic care within New Zealand

If practitioners, registered as a dietitian in another jurisdiction, or holding themselves out to be a dietitian, provide dietetic care to New Zealand-based patients/clients from an overseas location via telehealth, the Board holds the view that they are practising within New Zealand. Therefore, they need to be registered with the Board and hold a current practising certificate (subject to New Zealand legislation).

When utilising telehealth, practitioners are subject to the same requirements as dietitians registered and practising in New Zealand. These include the Board's competence, conduct and health procedures and the complaints resolution processes of the office of the Health and Disability Commissioner.

The Dietitians Board will notify the appropriate regulatory authorities in other countries if concerns are raised about a particular dietitian's practice.

7. Challenges and Risks

These guidelines are intended to facilitate the use of professional judgement by Registered Dietitians when they are considering and using information and communication technologies for telehealth. As with any service or method of service delivery, practitioners need to exercise their judgement case by case.

Telehealth consultations can pose challenges and risks not present in in-person consultations. This is particularly true when there has been no prior in-person contact between the dietitian and the client/patient. Challenges and risks include:

- Establishing rapport with the client/patient
- Conducting any physical examination
- Recognition of emotion
- Cultural responsiveness
- Client concerns about data safety and security

Most of these challenges and risks can be managed by following the guidelines outlined in this document.

Guidelines, however, cannot address all circumstances. The Board expects practitioners engaging in telehealth to stay informed of relevant changes to legislation, regulations, standards, policies and procedures and technology.

The fundamental responsibilities to patients/clients remain the same whether a service is provided face-to-face or by telehealth.

8. Sources of further information, resources and where to get advice

[NZ Telehealth Forum and Resource Centre](#) - Resources

[NZ Telehealth Regulations, Standards & Guidelines](#) - detailed technical advice to guide choices of platform

[NZ Telehealth Forum & Resources Centre](#) - Implementing Telehealth

[Allied Health Best Practice Guide for Telehealth](#) – includes templates for consent forms

[Office of Privacy Commissioner](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[DAA Telehealth / Technology-based Clinical Consultations](#)

[CERT NZ](#) - supports those affected/may be affected by cyber security incidents

[Professional Standards & Competencies for Dietitians 2017](#)

[Code of Ethics & Conduct for Dietitians 2014 \(Revised 2017\)](#)