

# **VIRTUAL CONSULTATION (VC) IMPLEMENTATION GUIDELINES FOR TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM) PRACTITIONERS**

## **1.0 INTRODUCTION**

The Traditional and Complementary Medicine (T&CM) Act 2016 [Act 775] was enforced on 1 August 2016. This act provides for the establishment of the T&CM Council to regulate T&CM practices and practitioners in Malaysia and provides for matters related to it. The T&CM (Recognized Practice Areas) Order 2017 under this Act was gazetted on 28 July 2017 and came into force on 1 August 2017. There are seven recognized practice areas namely traditional Malay medicine (TMM), traditional Chinese medicine (TCM), traditional Indian medicine (TIM), homeopathy, chiropractic, osteopathy, and Islamic medical practice. Registration of T&CM practitioners in these recognized practice areas with the T&CM Council commenced on 15 March 2021.

Since the COVID-19 pandemic, health service provision has been re-examined to ensure continued access to health services even during public health emergency situations. One approach is to offer health consultation services through virtual consultation (VC). VC is a virtual health service that is live and interactive between health practitioners and patients and occurs synchronously in real-time. VC services can be offered to support conventional in-person patient services to allow patients easier access to such services. VC implementation saves time and money besides reducing visits to health premises, especially during a pandemic.

Virtual medical consultation for selected services is currently offered at certain government health facilities. This can increase public access to health care. Therefore, this approach needs to be emulated by T&CM services in Malaysia. It is hoped that this guideline can be beneficial and provide guidance to T&CM practitioners, especially practitioners registered with the T&CM Council who wish to offer VC services in the future.

## **2.0 PURPOSE**

- 2.1 Provide a guideline on how to conduct VC for registered T&CM practitioners in public and private healthcare facilities.
- 2.2 Encourage the use of technology to simplify the work process for T&CM practitioners offering VC services.

### **3.0 SCOPE OF SERVICE**

Since VC services are offered virtually, these services are limited to:

- 3.1 Follow-up consultation for patients currently under follow up with a T&CM practitioner. However, suitability for initial consultation is at the discretion of the T&CM practitioner.
- 3.2 Consultation in recognised practice areas only.
- 3.3 Consultation for non-emergency cases that do not require immediate treatment.
- 3.4 Consultation for patients with chronic illnesses that require regular monitoring
- 3.5 VC is not allowed for the following patients:
  - a) Patients with mental health problems.
  - b) Patients under 18 years of age except in the presence of a guardian/parents.
  - c) Patients with cognitive impairment.
  - d) Patients under the influence of drugs/alcohol (intoxication).
  - e) Patients who are deemed unsuitable for VC by the T&CM practitioner.

### **4.0 FACILITIES**

#### 4.1 Technical Requirements for T&CM Practitioners

- a) Information Technology (IT) Requirements
  - Broadband facilities with a minimum broadband speed of 30Mbps.
  - Equipment such as computers/laptops/tablets equipped with web cameras, microphones and speakers.
  - Examples of video conference applications that can be used: Google Meet, Zoom, Microsoft Team, Webex, Skype etc.
- b) Suitable location for online consultation.
- c) E-Calendar for the purpose of recording appointments/scheduling.

#### 4.2 Technical Requirements for patients

- a) IT Requirements
  - Equipment such as computers/laptops/smartphones/tablets equipped with web cameras, microphones and speakers.

- Internet connection using local area network (LAN), wireless fidelity (WIFI) or mobile data.
- Download the video conference application as specified by the practitioner.

## **5.0 METHOD**

### **5.1 Pre-Consultation**

- a) Provide a suitable space/room for virtual consultation sessions to maintain patient confidentiality and privacy.
- b) Patients need to obtain an appointment for VC.
- c) The patient needs to be informed about the details of the T&CM practitioner who will conduct the VC session including full name, place of practice and registration status with the T&CM Council.
- d) Obtain the patient's permission and consent to participate in the VC session. The patient must be given complete information regarding the consultation session and the patient must give verbal consent before the consultation session. Practitioners are also encouraged to obtain written consent prior to the consultation session.
- e) Appointment cancellation can be done one day before the agreed date and informed to the patient at least 24 hours before the VC session is carried out.
- f) Ensure patient records/ patient test results/ treatment plan drafts are available before the session begins.

### **5.2 During Consultation**

- a) Verify the patient's information before starting the VC session (ensure the patient's name, ID number, appointment date is correct).
- b) Screening to ensure the patient falls under the category of those suitable to attend VC sessions. If otherwise, the T&CM practitioner should advise the patient to come for an in-person consultation session.
- c) Advise the patient to see a medical practitioner if necessary.
- d) The date for a VC follow-up session can be given as necessary depending on the patient's health level and the suitability to conduct a virtual session. If a physical examination or further treatment is required, the next session can be conducted in-person.

- e) The patient has the right to discontinue the VC session and should inform the T&CM practitioner if that is the case.
- f) Practitioners can also halt the VC session if it is found that there is a lag in communication or the VC cannot be conducted optimally.

### 5.3 Post Consultation

- a) All information obtained from the patient and the consultation provided (care plan) must be documented in the patient's medical record.
- b) Practitioners must inform the date of the next appointment or whether the patient needs an in-person consultation/ medication intake/ follow-up examination.

## 6.0 PATIENT RECORDS

- 6.1 Patient information must be documented according to the procedures in the Code of Professional Conduct for Traditional and Complementary Medicine Practitioners.
- 6.2 VC sessions do not need to be recorded. If recording is required, it can only be made with the patient's consent before the session begins. Recordings can only be replayed by the relevant T&CM practitioner for the purpose of the patient's own treatment. Recordings made must be disposed of in a proper manner.

## 7.0 FEES

- 7.1 Practitioners must be reasonable in determining service fees. Fees for VCs should be more affordable than in-person consultation fees.
- 7.2 Fees for VC need to be detailed if included as part of the package provided, with no hidden charges.
- 7.3 Fees must be communicated to the patient before the VC session begins.
- 7.4 Receipts must be issued as proof of payment.

## 8.0 MEDICOLEGAL ISSUES

- 8.1 Must comply with relevant laws that are in force (eg: Act 775, Personal Data Protection Act 2010, Communications and Multimedia Act 1998).
- 8.2 Any recording during the VC session may not be transmitted, shared or distributed to other parties.

- 8.3 Consent for VC session must be obtained.
- 8.4 T&CM Practitioners must comply with the Code of Professional Conduct for T&CM Practitioners, as well as any relevant Laws, Regulations and guidelines that are in force.
- 8.5 The VC session can be stopped if the practitioner or patient is found to be violating ethical conduct during the consultation session.

## **9.0 REFERENCES**

Malaysian Medical Council Advisory on Virtual Consultation (during the Covid-19 Pandemic); Malaysian Medical Council (2020).

*Garis Panduan Pelaksanaan Klinik Virtual (Virtual Clinic) Di Hospital; Bahagian Perkembangan Perubatan, KKM (2020).*

*Garis Panduan Permohonan Pusat Latihan dan Tenaga Pengajar Kursus Pembangunan Kapasiti (KPK) Secara Dalam Talian; Bahagian Perubatan Tradisional dan Komplementari Edisi Ketiga (Mac 2022).*