



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GENERAL ETHICAL GUIDELINES FOR
GOOD PRACTICE IN TELEHEALTH**

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Good clinical practice is based on a trust relationship between patients and health care professionals. Being a good health care practitioner, requires a life-long commitment to sound professional and ethical practice and an overriding dedication to the interests and wellbeing of one's fellow human beings and society. This makes the practice in the health care profession a moral enterprise. It is in this spirit, that the HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines are an integral part of the standards of professional conduct against which professional conduct is evaluated.

[Note: The terms "health care practitioner" and "health care professional" in these guidelines refers to persons registered with the HPCSA].

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DEFINITIONS

Telehealth is the application of electronic telecommunications, information technology or other electronic means to administer healthcare services in two geographically separated locations for the purpose of facilitating, improving, and enhancing clinical, educational and research, particularly to the under serviced areas in the Republic of South Africa. Telehealth is a blanket term that covers all components and activities of healthcare and the healthcare system that are conducted through telecommunications technology.

“Social media” means the online tools and any electronic platforms that people use to share content such as opinions, information, photos, videos, and audio. Social media includes social networks (e.g., Facebook, Twitter, WhatsApp, Tik Tok and LinkedIn), content-sharing platforms (e.g., YouTube and Instagram), personal and professional blogs (including email, SMS, electronic journals as well as those published anonymously), internet discussion forums, and the comment sections of websites or other similar platforms.

“Health establishment” means the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is designed to provide inpatient or outpatient treatment, and diagnostic or therapeutic interventions

“Healthcare practitioner” means a person providing health services, registered in terms of the Health Professions Act No 56 of 1974, to include any other appropriate disciplines as defined in the National Health Act No 61 of 2003.

“Practitioner in charge” refers to the practitioner who conducts a “face-to-face” interview or examination with the patient or refers patient’s information to a remote location for further advice or intervention.

“Consulting practitioner” refers to the practitioner who offers advice or intervention or patient information from a remote location.

“Patient” is the patient who consents to be treated by the registered practitioner.

“Healthcare” means the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people.

“Triage” means sorting of and allocation of treatment to patients according to a system of priorities designed to maximize the number of survivors, taking into account survival, quality of life using available resources.

“**Asynchronous**” refers to data transmission that involves a mechanism where the Patient’ information from the consulting healthcare practitioner's site is temporarily stored and then retransmitted to the servicing healthcare practitioner's site or vice versa. A common asynchronous transmission includes the transmission of patient information via email.

“**Synchronous**” refers to the continuous, uninterrupted transmission of patient information from the consulting health care practitioner's site to the consultant health care practitioner's site, or vice versa. The flow of patient information does not include any storage or intended delay in the transmission of the patient data.

1. INTRODUCTION

- 1.1 Health Professions Council of South Africa (HPCSA) is mandated to regulate healthcare provision by ensuring that healthcare services are provided by qualified, skilled, and competent healthcare practitioners. This regulatory mandate applies to healthcare practitioner in both state and private health care institutions. The HPCSA protect the public against possible abuse by healthcare practitioner on one hand and to provide guidelines for good practice to the professions.
- 1.2 Previously, the HPCSA's referred to these guidelines as "Telemedicine". However, it has been resolved that a more inclusive term to accommodate all relevant professions, namely, Telehealth, be used going forward. Telehealth can contribute to achieving universal health coverage by improving access for patients to quality, cost-effective, health services wherever they may be. It is particularly valuable for those in remote areas, vulnerable groups, and ageing populations.
- 1.3 Failure by a health practitioner to comply with any conduct determined in these guidelines shall constitute an act or omission in respect of which the board concerned may take disciplinary steps. Conduct determined in these guidelines shall not be deemed to constitute a complete list of conduct and the board concerned may therefore inquire into and deal with any complaint of unprofessional conduct which may be brought before such board. At an inquiry, the board concerned shall be guided by the ethical rules, its annexures, ethical rulings or these guidelines and policy statements which the board concerned, or council makes from time to time.
- 1.4 The objective of Telehealth system is to deliver healthcare services at a distance, especially to South Africans residing in under-served areas. The system was established to alleviate the human resource crisis as experienced and is geared to improve the links and communication between developed and undeveloped healthcare facilities and different categories of healthcare practitioners.

- 1.5 These guidelines are intended to guide practitioners who use Telehealth to always ensure that, the clinical needs of patients are met with favourable outcomes to the benefit of the patient.
- 1.6 The guidelines must be read as a whole and not piece-meal as the overall purpose may be lost. The guidelines must further be read in conjunction with other ethical booklets of the HPCSA which include but are not limited to:
- i. Booklet No 1: General ethical guidelines for healthcare professions
 - ii. Booklet 4: Patient consent
 - iii. Booklet No 5: Confidentiality
 - iv. Booklet No 9: Keeping of patient records

2. PURPOSE

The purpose of these guidelines is to:

- 2.1 provide an ethical framework that draws from the core values and standards;
- 2.2 to provide guidance to practitioners engaged in Telehealth practices in South Africa.

3. APPLICABILITY OF TELEHEALTH

- 3.1 Telehealth involves secure videoconferencing or similar forms of technology which enable healthcare practitioners to replicate, as far as practical, the interaction of traditional face-to-face consultations between healthcare practitioners and patients. In this regard, information is exchanged electronically either synchronously or asynchronously (that is on or off-line) formally, informally or as a need for support by consulting practitioner remotely.
- 3.2 Any suitable Information and Communication Technology (ICT) platforms, such as cellular phones, telephone, Skype, Teams, Google meet or any similar virtual technology, to exchange information for the diagnosis and treatment of diseases and injuries, research, and evaluation, and for the continuing education of health

professionals. Although Telehealth has become an essential tool in alleviating human resource crises and supporting primary healthcare services, particularly those of vulnerable communities in South Africa, it also raises important ethical and legal issues that practitioners must carefully consider.

- 3.3 When using Telehealth, all principles of good practice in relation to patient consent, confidentiality, and good record keeping *etcetera* still apply.
- 3.4 The usage of social media platforms for the purpose of Telehealth is not desirable. Health practitioners are advised not to interact with patients via social media platforms as a failure to maintain strictly professional relationships with patients could result in ethical dilemmas.
- 3.5 The Protection of Personal Information Act (POPIA) outlaws the acquisition of data about an individual's personal, including health, outside a healthcare setting. By having access to patients' social media profiles, health care practitioners may find themselves privy to personal patient information that has not been shared in the healthcare setting.
- 3.6 Health practitioners may choose to share personal information about themselves with their patients during face-to-face consultations, and social media does not offer a similar level of control over the extent of dissemination and type of content shared.
- 3.7 Telehealth is intended to be utilised to replicate physical consultations as far as possible, but not as a substitute. It is desirable that the practitioner shall have established professional relationship with their patient before Telehealth services can be considered, although, this is not a compulsory requirement, depending on existing conditions.
- 3.8 No practitioner may exclusively render professional services through Telehealth.

4. TYPES OF TELEHEALTH

4.1 Routine Telehealth

- a) Commonly patient-initiated or used by practitioner to obtain second opinion from other practitioners. Should preferably be practised in circumstances where there is an already established practitioner-patient relationship, and where such a relationship does not exist, practitioners may still consult using Telehealth provided such consultations are done in the best clinical interest of patients.
- b) This practice is only used as an adjunct to normal medical practice, and only replaces face-to-face services where the quality and safety of patient care is not compromised, and the best available resources are used in securing and transmitting patient information.

4.2 Specialist Telehealth

- a) Specialist Telehealth consultations form the bulk of Telehealth practice in South Africa because of human resource capacity challenges – particularly in rural areas.
- b) These challenges do not however mean that patients should be over- or under-served.
- c) The ethical guidelines for good practice as well as the ethical rules of conduct for practitioners registered with the HPCSA should be taken into consideration at all times.

4.3 Emergency Telehealth

- a) Emergency Telehealth involves judgements by the healthcare practitioner often based on sub-optimal patient information.
- b) In emergencies, the health and wellbeing of the patient is the determining factor with regard to stabilising the patient and having the patient referred for thorough medical care.

- c) The practitioner must provide acute treatment and refer to emergency facility, if necessary for further treatment of the patient.
- d) The emergency instructions should be in writing and appropriate to the services being rendered via Telehealth platforms.

5. ETHICAL GUIDELINES

5.1 Competence, Registration and Authorisation

- a) According to the Health Professions Act no 56 of 1974 (as amended), registration is a prerequisite for practising a profession in terms of which a professional board has been established, where such practice is for gain within South Africa, or for any other health profession scope which has been defined by the Minister in terms of the Act.
- b) Only practitioners who have been deemed competent and are registered in their respective professions are authorised to participate in Telehealth practice in South Africa, either as consulting healthcare practitioners or servicing healthcare practitioners.
- c) In the case of Telehealth across country's borders, practitioner serving South African patients should be registered with the regulating bodies in their original states as well as with the HPCSA.
- d) Practitioners (in charge of patient and consulting) are held to the same standards of professional practice as healthcare practitioners who conduct face-to-face consultations. Practitioners collaborating in Telehealth are required to ensure that they are duly registered as healthcare practitioners, before embarking on the clinical consultation.
- e) Practitioners in charge of the patient shall be duly registered as independent practitioners.
- f) The practitioner in charge communicates the information to the patient at remote location and may also contact other practitioners to provide the necessary assistance, if required.
- g) The practitioner in charge of the patient ensure that the triage process is conducted when consulting using Telehealth services.

5.2 Healthcare practitioner-patient relationship

- a) The relationship between the patient and the healthcare practitioner is established when the practitioner agrees to treat the patient and the patient provides informed consent to be treated.
- b) The relationship between the patient and the healthcare practitioner must be based on mutual trust and respect.
- c) Core ethical values as outlined in the HPCSA guidelines for healthcare practitioners are always applicable in Telehealth and the fact that a patient's personal information can be stored, processed, and moved using electronic means does not alter the ethical duties of health care practitioner in this regard.
- d) The professional discretion of healthcare practitioners engaging in Telehealth regarding the diagnosis, scope of care or treatment should not be limited or influenced by nonclinical considerations of Telehealth technologies.

5.3 Assumption of primary responsibility

- a) The practitioner in charge is responsible for the treatment, decisions and other recommendations given to the patient, as well as for keeping detailed records of the patient's condition and information transmitted.
- b) The consulting practitioner must also securely keep detailed records, online or otherwise, of the professional services he or she delivers as well as the information he or she receives and on which the advice is based.
- c) The consulting practitioner must further ensure that the advice on treatment given are understood by the practitioner in charge and/or the patient.
- d) Practitioner may charge consultation fees for services undertaken through Telehealth platforms.
- e) HPCSA strongly cautions against practices that may amount to over-servicing and perverse incentives.

5.4 Considerations for Telehealth

The decision to offer a remote consultation, other than in emergency, as opposed to a face-to-face consultation, should always take into account the following: -

- a) The need for review or to assess the severity of symptoms both physical and psychological,
- b) Previous knowledge of the patient/client as well as the family and wider situation, as appropriate, alongside access to their clinical records.
- c) A need to physically examine the patient/client.
- d) Previous medical history which may trigger a need to see the patient face-to-face.

It is good practice for practitioners to consider the social circumstances of the patient where the clinical or social background would require seeing the patient/client.

5.5 Evaluation and treatment of patients

- a) A documented medical evaluation must be done and the relevant clinical history necessary to diagnose underlying conditions as well as any contra-indications regarding the recommended treatment must be obtained before providing treatment, including issuing prescriptions, electronically or otherwise.
- b) Treatment, including issuing a prescription, based solely on an online questionnaire, does not constitute an acceptable standard of care.
- c) When prescribing care using Telehealth practitioners should ensure that express informed consent in accordance with the standards practice used in face-to-face issuing of prescriptions.

5.6 Professional duties

- a) Healthcare practitioners engaging in Telehealth must observe the professional duties outlined in the HPCSA's ethical guidelines for good practice.
- b) Duties to patients include, but are not limited to, always acting in the best interest or well-being of the patient, respecting patients' privacy and dignity, giving patients information they need about their conditions, and maintaining confidentiality at all times, as required by the National Health Act No 61 of 2003 and the SA National Patients' Rights Charter.
- a) Healthcare practitioner should not give medical advice or provide treatment using Telehealth without obtaining proper informed consent, orally recorded, or written,

from the patient for both the treatment to be given and the use of Telehealth technology.

- b) The servicing healthcare practitioner should verify:
 - i) The location of the consulting healthcare practitioner;
 - ii) The identity and qualifications of the consulting healthcare practitioner;
 - iii) The identity of the patient; and
 - iv) The location of the patient

5.7 Duty to inform and informed consent

This section must be read in conjunction with HPCSA's guidelines regarding informed consent in Booklet 4 and the provisions of the National Health Act.

- a) Informed consent for the use of Telehealth can be obtained in writing or recorded orally.
- b) Informed consent documentation for Telehealth practice should include the following:
 - i) The identities of the patient and the healthcare practitioners.
 - ii) Agreement by the patient that the practitioner to decide whether the condition being diagnosed or treated is appropriate for a Telehealth consultation and if there is no consensus, the practitioner in charge must ensure that face to face consultation is conducted.
 - iii) The healthcare practitioner's practice number.
 - iv) The types of transmissions consented to using Telehealth technologies (e.g., prescriptions, refills, appointment scheduling, patient education etc.).
 - v) Details of the security measures taken with the use of Telehealth technologies, such as encrypting data, password protected screen savers and data files, or the use of other reliable authentication techniques.
 - vi) Any material risks to confidentiality arising from the use of Telehealth technologies that may influence the patient's decision to consent.

- vii) The secure storing of the recordings of the consultations should be included in the statement.
 - viii) The encryption of the stored information should also be included in the statement.
 - ix) The patient's express consent to the transmission of the patient's personal medical information to a healthcare practitioner or other appropriate third parties.
- c) When Telehealth is used the patient should be informed regarding who will access their information, the purpose of the Telehealth service, the cost of the service and what the implications of the use of such information will be.
 - d) It is the duty and responsibility of the practitioner in charge to obtain express informed consent for Telehealth purposes.
 - e) A copy of the consent form should be kept with patient's records and a duplicate given to the patient, when required.
 - f) In the case of videoconference consultations, the patient must be aware of the presence of other people on the other side, and that the patient's identity may be revealed to such people and must consent to this.

5.8 Patient confidentiality

- a) The patient must always be assured that their confidentiality is protected during Telehealth consultation.
- b) Patient confidentiality should be ensured at both the practitioners involved and should follow the provisions of the Constitution, the National Health Act No 61 of 2003, the Promotion of Access to Information Act No 2 of 2000, the Protection of Personal Information Act No 4 of 2013, the Common law and the HPCSA's ethical guidelines on patient confidentiality in Booklet 5, which generally state that it is every practitioner's duty to make sure that information is effectively protected against improper disclosure at all times.
- c) HPCSA's guidelines on confidentiality further provides guidelines on how patient information may be disclosed for example, in the case of research, education,

clinical audit, financial audit or even for the publication of case histories and photographs.

- d) Policies and procedures for documentation, maintenance, and transmission of records regarding Telehealth consultations should be maintained at the same standard of care as face-to-face consultations.
- e) Policies and procedures for Telehealth should deal with:
 - i) Confidentiality;
 - ii) Healthcare personnel apart from the healthcare practitioners who will process the electronic information;
 - iii) Hours of operation;
 - iv) Types of transactions that are permitted electronically;
 - v) Required patient information to be included in electronic communications (e.g., name, identification number and type of transaction);
 - vi) Archival and retrieval oversight mechanisms; and
 - vii) Quality oversight mechanisms.
- f) Electronic transmissions, (e.g., email, prescriptions and laboratory results) must be secure within existing technology (e.g., password protected, encrypted electronic prescriptions or other reliable authentication techniques). It is the responsibility of the healthcare practitioners to ensure that these non-healthcare personnel do not violate patient confidentiality.
- g) All patient-practitioner electronic communications must be stored and filed in the patient's medical record file in line with traditional record-keeping policies and procedures.

5.9 Quality, security and safety of patient information and records

5.9.1 Quality

- a) Every registered healthcare practitioner engaging in Telehealth practices takes responsibility for the quality of service delivered as well as confidentiality, security, and safety of patients' information.

- b) Patient information and records should consist of copies of all patient-related electronic communications, including:
 - i) Patient-practitioners communications;
 - ii) Prescriptions;
 - iii) Laboratory and test results;
 - iv) Evaluations and consultations;
 - v) Records of past care;
 - vi) Instructions obtained or produced in connection to Telehealth technologies;
and
 - vii) Records of informed consents to treatment and use of Telehealth

The patient's health records, data and platform bandwidth, established during the session of Telehealth must be accessible, online, or physical, and documented for both the healthcare practitioners involved and their patients.

- c) The practitioner must ensure that the confidentiality mechanisms employed to ensure confidentiality must be available when required.
- d) It is the registered healthcare practitioner's responsibility to ensure that non-registered personnel who may be offering auxiliary or technical services, are aware of the need for such quality, security, and safety and that they adhere to the stipulated guidelines.

5.9.2 Quality assurance

- a) Healthcare practitioners should not practice Telehealth without ensuring that the equipment and accessories used are optimally operational.
- b) Periodical quality control tests and servicing of equipment should be carried out and records kept for verification.
- c) The quality and quantity of patient information received should be sufficient and relevant for the patient's clinical condition in order to ensure that accurate medical decisions and recommendations are made for the benefit of the patient

- d) Good communication contributes to quality patient information being transmitted from one practitioner to the other.
- e) Quality should further be ascertained in the manner of documenting patient information.
- f) A standardised manner of documentation is recommended to ensure that all healthcare practitioners adhere to the same protocol in terms of history taking, reporting on findings, creation of reserves and hard copies where necessary.
- g) Where images are transmitted from one location to the other, it is the responsibility of both the practitioners to ensure quality and integrity of the platform to maintain confidentiality and that there is no critical loss of image resolution from acquisition to final display.

5.9.3 Security

- a) Patient information should only be transmitted from one site to the other and stored, with the full knowledge and approval of the patient, in line with the informed consent guidelines.
- b) Only the information that is relevant to the clinical history of the patient should be transmitted electronically.
- d) To protect the identity of the patient when information is transmitted between sites, it is essential that personal identification should be removed, and the transmitted information is encrypted.
- e) All personal computers of the Telehealth service should be accessed by authorised personnel only through the use of a login password.
- f) There are three factors central to the security of patient information, namely:
 - i) Privacy: Who can access it?
 - ii) Authenticity: Who sends the information?

- iii) Integrity: Has the information been altered during its transmission through the public networks?
- g) Access to information by other healthcare practitioners, patients or third parties should be authorised by the healthcare provider in charge of the patient and be carried out according to the rules and regulations as outlined in the Promotion of Access to Information Act, of 2000.

5.9.4 Safety

Health care practitioners using Telehealth shall: -

- a) Avoid accidental damage and loss of patient information;
- b) Provide safe procedures to avoid any alteration or elimination of patient data;
- c) Ensure that patient information obtained electronically is kept in line with the
- d) HPCSA's guidelines on the keeping of patients' records in Booklet 9;
- e) Comply with the legal requirements for data messages in the Electronic Communications and Transactions Act No 25 of 2002, Protection of Personal Information Act No 4 of 2013 (POPIA) regarding the protection of personal information and the principles regarding the electronic collection of personal information.

6. PROTECTION OF PERSONAL INFORMATION Act No 4 of 2013 (POPIA)

- 6.1 Practitioners are advised to ensure that they manage patients' information in accordance with requirements of POPIA.
- 6.2 Practitioners must ensure that: -
 - a) adequate safety of patient's personal information and processing by public and private bodies;
 - b) the entity or practices establish minimum requirements for the processing of personal information;
 - c) provide for the code of conduct for the management of patient data;

- d) they are always cognisant of rights of persons regarding unsolicited electronic communications and automated decision making protocols;
- e) ensure that the policy which regulates the flow of personal information generated from Telehealth is compliant to the Act requirements; for more information, see: <https://popia.co.za/act/>

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LIST OF ETHICAL GUIDELINES FOR GOOD PRACTICE IN THE HEALTH CARE PROFESSIONS

Booklet 1:	General ethical guidelines for healthcare professions
Booklet 2:	Ethical and professional rules of the Health Professions Council of South Africa as promulgated in government gazette R717/2006
Booklet 3:	National Patients' Rights Charter
Booklet 4:	Seeking patients' informed consent: The ethical considerations
Booklet 5:	Confidentiality: Protecting and providing information
Booklet 6:	Guidelines for the management of patients with HIV infection or AIDS
Booklet 7:	Guidelines withholding and withdrawing treatment
Booklet 8:	Guidelines on Reproductive Health management
Booklet 9:	Guidelines on Patient Records
Booklet 10:	Guidelines for the practice of Telehealth
Booklet 11:	Guidelines on over servicing, perverse incentives and related matters
Booklet 12:	Guidelines for the management of healthcare waste
Booklet 13:	General ethical guidelines for health researchers
Booklet 14:	Ethical Guidelines for Biotechnology Research in South Africa
Booklet 15:	Research, development and the use of the chemical, biological and nuclear weapons
Booklet 16:	Ethical Guidelines on social media
Booklet 17:	Ethical Guidelines on Palliative Care