

## 1. Background

This guide has been developed by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) for psychiatrists wishing to undertake telehealth consultations.

The RANZCP sees the continued development of telehealth as important to the improvement of the availability of psychiatric services to rural and remote communities, to facilitate capacity building of the existing rural health workforce and to provide opportunities for professionals to interact with their peers.

The RANZCP's objective is to assist its members through the availability of pertinent information and resources to facilitate a continued uptake of telepsychiatry.

The integrity of the telepsychiatry service depends on reliable accessibility of service that ensures continuity of care.

The RANZCP emphasises the central importance of adequate infrastructure support and the essential requirement for appropriate planning and funding on an ongoing basis.

## 2. Things to consider before you get started

The College has a responsibility for defining acceptable standards of practice in telepsychiatry as in other more conventional areas of psychiatric care. Accordingly, the College has developed '[Quality Practice Guidelines for Telepsychiatry](#)' – set out at appendix 1 of the telepsychiatry position statement (#44). The RANZCP recommends that these guidelines be followed to ensure that telepsychiatry is consistently used in a professional manner.

Key issues to be aware of and address:

- Network and video quality
- Audio quality
- Physical environment
- Staff training
- Possible software or hardware upgrades
- Security safe guards
- Liability

The Royal Australian College of General Practitioners (RACGP) has issued comprehensive guidelines [Implementation guidelines for video consultations in general practice – Version 2.0](#) which provides a useful overview of issues to be considered in line with the above. Further useful links are provided at the end of this document

## 3. Technology options

There are currently no base specifications for hardware or software to be used and it is the responsibility of the individual clinicians involved in the delivery of telepsychiatry to ensure that the delivery systems are of adequate quality. The table below sets out technology options to be considered for use in telehealth. In considering which option is most appropriate for use, the circumstances and needs of the patient should be the primary consideration.

Type	Description	Product Examples	Pros	Cons
Web based conferencing	Accessed through web browser – generally requires installation.	<ul style="list-style-type: none"> <li>Redback Conferencing</li> <li>Webex</li> <li>Mikogo</li> </ul>	<ul style="list-style-type: none"> <li>Easy and reliable to get started, works first time in most technical environments including mobile tablets without the need for an 'app'</li> <li>Accessible anywhere there is a web browser</li> </ul>	<ul style="list-style-type: none"> <li>Reduced quality, smaller images</li> <li>Reduced functionality in some products</li> <li>Limited or no interoperability</li> <li>Competing for bandwidth may impact on quality</li> <li>Low quality video</li> </ul>
Computer based video conferencing	Video conference software client installed on computer Commercial grade solutions work with the central server Some solutions connect directly from one computer to another	<ul style="list-style-type: none"> <li>Skype</li> <li>Evidence Technology</li> <li>AttendAnyWhere</li> <li>Redback Conferencing</li> </ul>	<ul style="list-style-type: none"> <li>Commercial grade solutions offer high definition quality at a low cost and are easy to get started</li> <li>Interoperable with other standards based video conference systems</li> <li>Can be deployed to multiple computers</li> <li>Potential for integration into practice management platforms to enable 'click to connect to appointment'</li> </ul>	<ul style="list-style-type: none"> <li>Requires a software downloads and sometimes firewall permissions</li> <li>Use the computer peripherals and resources, which all need to be selected correctly.</li> <li>Software may require extremely high PC specification (high end) and is also affected by other existing running applications.</li> </ul>
Tablet video conferencing	Video conference software client or 'app' installed on a tablet device	<ul style="list-style-type: none"> <li>Skype</li> <li>Facetime (Apple)</li> </ul>	<ul style="list-style-type: none"> <li>As above, plus no need to select peripheral devices so works reliably first time</li> <li>Mobility</li> </ul>	<ul style="list-style-type: none"> <li>Small screen size</li> <li>Most tablet only contain SD camera and will transmit SD quality only</li> <li>Very low processing power</li> <li>WiFi/3G connectivity only</li> <li>Inconsistent quality of service</li> </ul>
Desktop video conference appliance	Self contained video conference solution that sits on the table or desk	<ul style="list-style-type: none"> <li>Polycom</li> <li>Tandberg (Cisco)</li> </ul>	<ul style="list-style-type: none"> <li>Can use separate data connection from main practice for quality and reliability</li> <li>Can act as a second monitor for PC</li> <li>Robust dedicated unit often part of a quality controlled, managed network</li> </ul>	<ul style="list-style-type: none"> <li>Cost</li> <li>Lack of flexibility</li> <li>Can present integration challenges</li> </ul>
Video conference room appliance	Self contained video conference solutions fixed or on trolleys	<ul style="list-style-type: none"> <li>Polycom</li> <li>Tandberg (Cisco)</li> <li>Lifesize</li> </ul>	<ul style="list-style-type: none"> <li>Moveable from room to room</li> <li>Pan-tilt-zoom (PTZ) cameras can be controlled by remote site</li> <li>Can be purpose built for specific clinical scenarios</li> </ul>	<ul style="list-style-type: none"> <li>Cost fixed to one video conference technology</li> <li>Can be inconvenient, bulky and inflexible</li> <li>Requires management</li> <li>Requires a business grade internet service</li> </ul>
Immersive video conference solution	Immersive telepresence suite, multi codec or single solely dedicated to conferencing	<ul style="list-style-type: none"> <li>Polycom</li> <li>Tandberg (Cisco)</li> </ul>	<ul style="list-style-type: none"> <li>Purpose built rooms</li> <li>Immersive principle of: full high definition, life-size images, correct camera gaze angle for eye contact</li> </ul>	<ul style="list-style-type: none"> <li>Significant Cost</li> <li>Requires a high grade internet service</li> </ul>

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#### 4. Useful links

[RANZCP position paper on telepsychiatry](#)

[The RACGP's Implementation guidelines for video consultations in general practice – Version 2.0](#) is a comprehensive guide on telehealth

[Program Guidelines updated 12 September 2011](#) (including details of funding available through the Medicare Benefits Schedule in Australia)

[RANZCP guidelines on electronic media recording and storage](#)

[Joint Medical Boards policy on technology based consultations](#)

Note: The Medical Board of Australia is currently developing Technology Based Consultation Guidelines that will be published shortly. Once available, a link will be provided to these guidelines to replace the above guidelines.

#### 5. Further information

For further information and advice on funding and rebates (Australia), please visit [mbsonline.gov.au/telehealth](http://mbsonline.gov.au/telehealth) or call Medicare Australia on 1800 222 032.

If you require advice or guidance on professional or practice issues in respect of telehealth, please contact [telehealth@ranzcp.org](mailto:telehealth@ranzcp.org)

The RANZCP will work to develop further information and guidance in respect of telehealth in the future. To provide feedback or advice on resources or initiatives that would be helpful in this regard, please contact [telehealth@ranzcp.org](mailto:telehealth@ranzcp.org)

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