

TELEMEDICINE PRACTICE GUIDELINES
FOR
REGISTERED AYURVEDA PRACTITIONERS
IN NEPAL



NEPAL AYURVEDA MEDICAL COUNCIL

2021

Drafting committee

Coordinator: Dr. Abhishek Tamrakar

Members: Dr. Bikash Raj Ghimire
Dr. Mithilesh Kumar Sah
Dr. Rachana Poudel Koirala

Member Secretary: Dr. Nirmal Bhusal

NEPAL AYURVEDA MEDICAL COUNCIL

1. Definitions

1.1 Telemedicine: It is defined as “the delivery of health-care services, where distance is a critical factor, by all health professionals using information and communications technologies for the exchange of information for the diagnosis, treatment and prevention of disease and injuries, research, evaluation and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities.”

1.2 Registered Ayurveda Practitioners: For the purpose of this document, a Registered Ayurveda Practitioner (RAP) is defined as the person who is registered under the Nepal Ayurveda Medical Council Act 2045 as an Ayurveda Doctor.

1.3 Service seeker or client: A service-seeker or client is a person seeking telemedicine service through a Registered Ayurveda Practitioner. Service-seeker can be a patient or healthy individual who seek health care and consultation.

1.4 Health institute or medical institution: Health or medical institute includes all the institutes that provide health care services and is established and registered to the local, provincial and federal government according to the present acts and legislations.

1.5 Information and communication technology (ICT): It refers to all communication technology enabling users to access, retrieve, store, transmit and manipulate information in a digital form. This includes telephones, internet, wireless networks, cell phones, software, applications, social networking and other means of telecommunications.

2. Introduction

Nepal is a country with a great geographical variation ranging from the low lying terai to the highest Himalayas. Due to this geographical variations, the access to the health services, supply of medical instruments and medicines and human resources have been severely affected. The limitation of resources, human, physical and medical, in the field of Ayurveda has been another major problem in delivery of Ayurveda Health Care Services.

Nepal has seen a great advancements in the field of information and communication technology in the recent years. These advances has enabled it to be incorporated in health care delivery system in the form of record-keeping, monitoring, diagnosis and patient care. Telemedicine is the use of information and communication in healthcare

delivery. The increase in the coverage of telecommunications media in the geographically inaccessible part has made the use of ICT in health easier. Proper and appropriate use of ICT in health services can act as a game changer in the health status of the country. Therefore all Ayurveda health practitioners should have knowledge about the use of ICT in delivery of health services.

Telemedicine can be an effective medium of health care delivery. It particularly becomes effective when distance becomes a determining factor, like disasters and in the present scenario of COVID pandemic where maintaining physical distancing is mandatory but monitoring and real time consultation is necessary for taking right clinical decisions. However, due to lack of proper guidelines and regulations, the proper use of telemedicine has been hampered and has created significant ambiguity for RAP raising doubts in the practice of telemedicine.

It is the need of the hour to bridge the prevailing gap in guidelines and practitioners. These guidelines are expected to guide the practitioners through the norms and standards of telemedicine and regulate the telemedicine practice in the field of Ayurveda.

3. Scope of the document

The rapid development and use of ICT in health service delivery has prompted for its regulation and these guidelines are designed to serve as an aid and tool to enable Ayurveda practitioners registered under Nepal Ayurveda Medical Council Act 2045 to effectively practice telemedicine to ensure access to Ayurveda health care services to all. These guidelines shall set standards and guidelines for the clinical use of telemedicine in Health Education, telemedicine infrastructure, data management, security and privacy. These guidelines can be used by RAP, service seekers and service providing institutions.

4. Objectives:

- 4.1** To act as a code of conduct for Registered Ayurveda Practitioners regarding safe telemedicine practices.
- 4.2** To guide Registered Ayurveda Practitioners to provide safe, quality and effective medical care through telemedicine.
- 4.3** To provide norms and protocols relating to doctor patient relationship issues of liability and negligence, evaluation, management and treatment.

- 4.4 To provide guidance on safety and privacy of data of patients.
- 4.5 To encourage the use of telemedicine as a part of their normal practice as well as in pandemics and disasters.
- 4.6 To form a base for electronic documentation and electronic medical records.
- 4.7 To form the base for legal actions against misconduct, exploitations and violence against both RAP and patients

5. Limitations of the document

- 5.1 These guidelines are not substitute to in-person consultation.
- 5.2 These guidelines are not meant for mass consultations, radio and television based consultation.
- 5.3 These guidelines do not entitle an RAP to issue health/medical certificates and death certificates.
- 5.4 These guidelines do not authorize or entitle an RAP to promote and advertise medicines and pharmaceutical products.

6. Eligibility to provide telemedicine

- 6.1 Ayurveda Practitioners registered under the Ayurveda Medical Council Act 2045 and with a valid license is entitled to provide telemedicine services from any part of Nepal.
- 6.2 While providing the telemedicine service, the practitioners should uphold the same professional and ethical standards listed in the Rule 5.1 of Nepal Ayurveda Medical Council Regulation 2058.
- 6.3 An RAP should notify and get himself/herself enlisted in the Telemedicine Registry of the NAMC.
- 6.4 An RAP shall be eligible to only provide direct consultation to patient and patient's relative but not through the involvement of third party like pharmacy etc.
- 6.5 In case of an RAP to RAP consultation, the consulting physician should be the specialist in the respective field or registered as a Specialist in NAMC.
- 6.6 Institution willing to provide telemedicine services should take permission from the concerned authorities according to the prevailing laws and regulations prior to starting the services

7. Telemedicine application

7.1 Tools for telemedicine

The RAP may use any medium of telemedicine according to the need and suitable to carry out the patient consultation. It can be a telephone, video call. Devices connected over LAN, internet, chat platforms like whatsapp, viber or messenger, app or internet based digital platform for telemedicine, email, fax, short message service etc. irrespective of the tool of communication used, the core principles of telemedicine practice shall remain the same.

7.2 Mode and content of communications

Multiple technologies can be used to deliver telemedicine consultation. There are three primary modes: text, audio or video.

7.2.1 Text: short message services, fax, chat platform like whatsapp, viber or messenger, email and other internet based digital platforms.

7.2.2 Audio: landline phone, mobile or cell phone or apps like viber, whatsapp etc.

7.2.3 Video: telemedicine facility, real time audio-visual via various video calling apps (skype, viber, whatsapp, messenger etc.), stored and forwarded video recording.

Each of these technologies and mode has its own strengths and weaknesses. It is therefore, important to understand the strengths and limitations and finally choose the appropriate mode of telemedicine. However, it has to be remembered that telemedicine is not an alternative to in-person patient consultation.

7.3 Content of communication

7.3.1 The content of the communication can be text messages, audio messages or recording and real time or recorded video messages containing history, symptoms, images showing clinical conditions, lab reports, and radiological images necessary for the diagnosis, treatment and health education and counseling.

7.3.2 The content and communication should abide by Telecommunication Act 1997, Information Technology Policy 2057, Privacy Act 2018, Cybercrime Law 2018 and other prevailing laws and regulations of the country.

8. Guidelines for RAP

The professional judgment of a RAP should be the guiding principle for all telemedicine consultation. An RAP should decide whether a technology based consultation or an in-person consultation is necessary at a given situation and therefore make an appropriate decision.

8.1 Identification

Telemedicine should not be anonymous. Both the patient and RAP must know each other. An RAP should start the conversation by informing the patient about his/her name, workplace or associated institution and qualification along with the NAMC registration number. If inquired by the patient and the patient party, the RAP should be able to provide further verification details like webpage, phone number of the associated institution etc. The RAP should verify and confirm the identity of the patient by name, age, address, email address, phone number, registered ID or any other identification as may be deemed appropriate. In case of minor, mentally challenged and physically disabled patient, consultation should be done only in the presence of an attendant after ascertaining the identity and his/her relationship with the patient. In other case, attendant should be allowed only when deemed necessary for assistance but only with the consent of the respective patient. It is important to record the name, age, gender, address, email, phone number and the relationship with the patient.

8.2 Appropriateness of technology/ mode of telemedicine

The RAP must choose the appropriate mode of telemedicine for diagnosis and treatment and the choice has to be made depending upon the availability, requirement and accessibility. It is always preferable to use a real time consultation over an asynchronous exchange of information like email, recordings etc.

8.3 Consent

It is essential, as in a traditional in-person consultation, to provide all the necessary information to the patient regarding the disease and the treatment/care being given and an informed consent is obtained in accordance to the applicable law and regulations.

8.3.1 If the patient initiates the telemedicine consultation, consent can be assumed to be implied.

- 8.3.2** An explicit informed consent is needed if the RAP initiates the telemedicine consultation or for medical acts that would generally require consent in traditional settings like audio-video recording, use of data for research purposes etc.
- 8.3.3** An RAP should provide all the necessary and relevant information regarding the telemedicine interaction to the patient and care-giver before beginning the consultation.
- 8.3.4** The consent can be obtained as text message, audio or video recording, email using appropriate medium. Patient can state his/her intent on phone/video to the RAP. It is mandatory that the RAP maintain the record of the consent in the patient records.

8.4 Exchange of information for patient evaluation

- 8.4.1** The RAP must gather enough information required to be able to make proper clinical judgment.
- 8.4.2** If further information is required by RAP, then he/she can request for additional information from the patient. It can be shared in real time or recorded via different or same mode of communication that is being used.
- 8.4.3** The telemedicine consultation has its own set of limitations. If physical examination is necessary for investigation, diagnosis and management, an RAP should not proceed further until a physical examination can be arranged through in-person consultation.
- 8.4.4** Whenever necessary, depending on professional judgement, an RAP shall recommend video consultation, examination by another medical practitioner or health worker or in-person consultation.
- 8.4.5** Medical practitioner shall maintain all patient records as appropriate.

8.5 Types of consultation

8.5.1 First Consultation

The patient is consulting with the RAP for the first time OR the patient has consulted with the RAP earlier, but has discontinued consultation and was in consultation with another practitioner for the same condition comes for re-consultation OR the patient has consulted with the RAP earlier, but for a different health condition.

8.5.2 Follow-Up Consultation

Follow up consultation occurs when the client is consulting with the same RAP for the continuation of care of the same health condition. However, it will not be considered a follow up if there are new symptoms that are not in the spectrum of the same health condition.

8.6 Patient management

If the RAP decides that the condition can be appropriately managed via telemedicine, based on the type of consultation, then the RAP may proceed either to provide health education, counseling or prescribe medicines.

8.6.1 Health education: An RAP may impart health promotion and disease prevention messages. These could be related to diet, physical activities, *dinacharya*, *ritucharya*, lifestyle modifications, personal hygiene, contagious infection etc.

8.6.2 Counseling: This is specific advice given to patient and it may, for instance, include *pathya-apathya* (do's and don'ts), yoga, process of applying *upanaha* etc. to mitigate the underlying conditions. This may also include advice for new investigations that need to be carried out before the next consult.

8.6.3 Prescribing medicines: Prescribing medications via telemedicine is at the professional discretion of the RAP. It entails the same professional accountability as in traditional in-person consultation.

It is mandatory to mention the diagnosis or provisional diagnosis of the disease in the prescription. It is mandatory for the RAP to disclose all the ingredients of combined formulations. It is also essential that the RAP prescribe medicines manufactured and registered under Drug Act 2035.

RAP may prescribe medicines via telemedicine ONLY when RAP is satisfied that he/she has gathered adequate and relevant information about the patient's medical condition and prescribed medicines are in the best interest of the patient.

Prescribing medicine without appropriate diagnosis/provisional diagnosis will amount to professional misconduct.

8.6.4 Issue of prescription and transmit

- If the RAP has prescribed medicine, the RAP shall issue a prescription by abiding to the code of ethics mentioned in Rule 5.1 of Nepal Ayurveda Medical Council Regulation 2058.
- The RAP shall provide photo, scan or digital copy of a signed prescription or e-prescription to the patient via email or any messaging platform.
- The prescription should contain the full name and qualification of the consulting RAP along with the NAMC registration number and address of the associated hospital, clinic or institution.
- Issuing of the prescription shall be regulated by Article 5.2.2 of Ayurveda Medical Council Act 2045.

9. Duties and responsibilities of RAP

9.1 Privacy and confidentiality

One of the major issues of telemedicine is the protection of patient privacy and confidentiality. Privacy and confidentiality of patient information will not be different from in-person care and every measure should be taken to preserve and protect patient privacy and confidentiality. Help from information and communication technology experts will help to review and maintain privacy according to Consumer Protection Act 1998, Electronic Transaction Act 2004, National Information and Communication Technology Policy 2015, Privacy Act 2018. RAP must comply with the applicable existing legislation and regulations to ensure that the patient's healthcare information is protected. Providers will not be held responsible for breach of confidentiality if there is a reasonable evidence to believe that patient's privacy and confidentiality has been compromised by a technology breach.

9.2 Medical ethics in telemedicine

The RAP must fully abide by the Ayurveda Medical Council Act 2045, Code of Ethics mentioned in Rule 5.1 of Ayurveda Medical Council Regulation 2058, Consumer Protection Act 1998 and other new law and legislation on protecting the privacy and confidentiality of individual patient and regarding the handling and transfer of such information regarding the patient.

9.3 Maintain digital trail/documentation of consultation

It is incumbent on RAP to maintain the following records/ documents for the period as prescribed from time to time:

- 9.3.1** Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).
- 9.3.2** Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-digital) utilized in the telemedicine consultation should be retained by the RAP.
- 9.3.3** Specifically, in case a prescription is shared with the patient, the RAP is required to maintain the prescription records as required for in-person consultation.
- 9.3.4** The consulting RAP should submit the records of the consultations to the concerned authorities as per the prevailing law and also should be able to produce to the concerned authorities when asked for.

9.4 Fee for telemedicine

Nepal Ayurveda Medical Council is not an agency to fix the fees for a medical care in Nepal. However, NAMC recommends that Telemedicine Consultation charge should not exceed that of comparable in-person consultations.

The consulting RAP or the concerned institution should give receipt/invoice for the fee charged for providing telemedicine-based consultation.

10. General procedural guidelines

10.1 Patient to Medical Practitioner

Patient can contact Registered Ayurveda Practitioner who is practicing in a health care or medical institution recognized by Nepal Government (local, provincial or federal). Patient will provide identification and brief health issue. Medical practitioner will then decide whether the case is appropriate for management by telemedicine. If the case is appropriate for management by telemedicine, RAP will proceed with 'patient management.' If the case is not appropriate for management by telemedicine, RAP will provide appropriate health education and referral.

- 10.1.1** Patients shall provide their full name, age or date of birth, sex and contact information including telephone and/or mail contact information prior to the initial encounter, his location, temporary and permanent address. RAP may

ask patients to verify their identity more formally by providing a government issued citizenship, license or voter's identity card etc. In cases when this documentation already exists, this process may be omitted.

10.1.2 RAP will provide identification, his/her name, specialty if any and Nepal Ayurveda Medical Council registration number.

10.1.3 Patient will provide consent.

10.1.4 RAP will take detail history on his/her clinical condition and will revise investigation reports

10.1.5 RAP will offer appropriate medical advice.

10.1.6 RAP should explain potential use and limitations of telemedicine consultation.

10.1.7 RAP will assess if there is need of emergency care. If emergency care is required, RAP will prescribe immediate relief care and will guide referral as appropriate.

10.1.8 Patient will provide identification and documentation of previous visit (using same phone number, email or other identification) if this is a follow up consultation.

10.2 Registered Medical Practitioner to Registered Ayurveda Practitioner

RAP can contact with other RAP through telemedicine for specialist consultation, second opinion or referral. RAP to RAP telemedicine can take place for case discussion, medical education and continuing professional development (CPD). Code of conduct and Code of Ethics will have to be abided by as in the traditional care. All consultations and referrals have to be recorded or documented.

10.2.1 Registered Ayurveda Practitioner might use telemedicine services to consult with another RAP or a specialist for a patient under his/her care.

10.2.2 Such consultations can be initiated by a Registered Ayurveda Practitioner on his/her professional judgment.

10.2.3 The Registered Ayurveda Practitioner asking for another Registered Ayurveda Practitioner's advice remains the treating medical practitioner and shall be responsible for treatment and other recommendations given to the patient.

11. Cross-border telemedicine

For privacy, safety, quality and ethical reasons, cross border telemedicine practice should be limited only to medical tele-education among Ayurveda practitioners. The telemedicine consultations should take place only between the RAP and patients residing in the country.

12. Special responsibilities of Nepal Ayurveda Medical Council (NAMC)

12.1 The NAMC may issue necessary directions or advisories or clarifications in regard to these guidelines, as required.

12.2 The telemedicine guideline can be amended from time to time in the larger public interest with the prior approval of Ministry of Health and Population, Government of Nepal.

NEPAL AYURVEDA MEDICAL COUNCIL

ANNEX 1

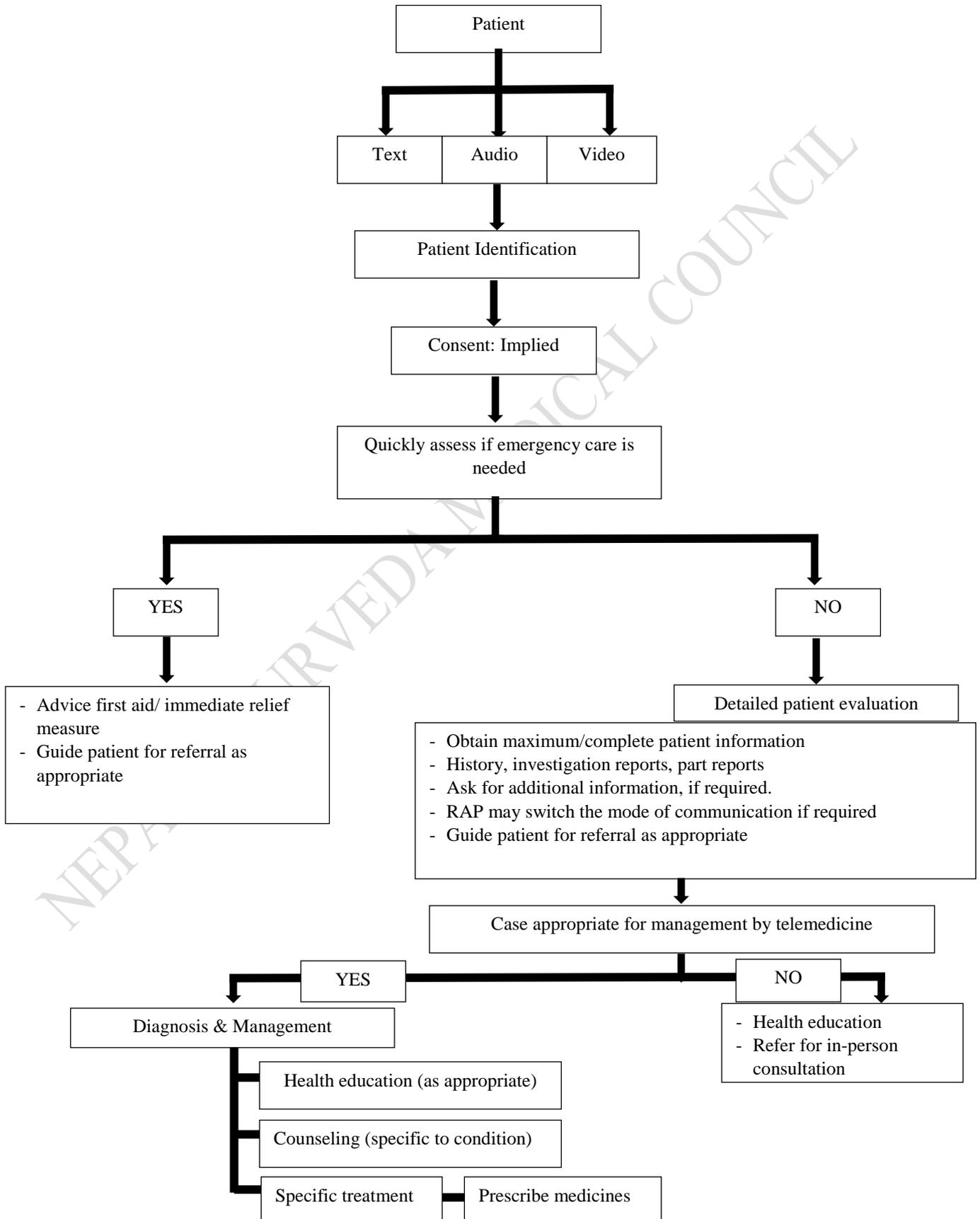
Operation Guidelines for Medical Institutions/ Health Institutions

1. Health institution or Medical institution providing telemedicine services must be recognized by local, state or federal government of Nepal.
2. Institutions providing telemedicine should have in place a systematic quality improvement and performance management process. This process should be reviewed and updated as appropriate on a regular basis by quality control authority of health through local, state or federal government.
3. Institutions providing telemedicine services shall ensure compliance with relevant local, state and federal legislation, regulations, accreditation and ethical requirements for supporting patient/client decision-making and consent, including documentation and protection of patient health information.
4. Medical/Health institutions shall respect patients' requests for in-person care whenever feasible.
5. Prior to the start of the telemedicine consultation, the provider shall inform and educate the patient in real-time of all essential information such as: discussion of the structure and timing of services, record keeping, appointment and scheduling, privacy and security, potential risks, confidentiality, mandatory reporting, billing, and any information specific to the nature of telemedicine. The information shall be provided in language that can be easily understood by the patient and/or local healthcare worker or caregiver, especially when discussing technical issues like encryption or the potential for technical failure and conditions under which telemedicine services may be terminated and a referral made to in-person care. These topics may be provided verbally or in writing.

ANNEX 2

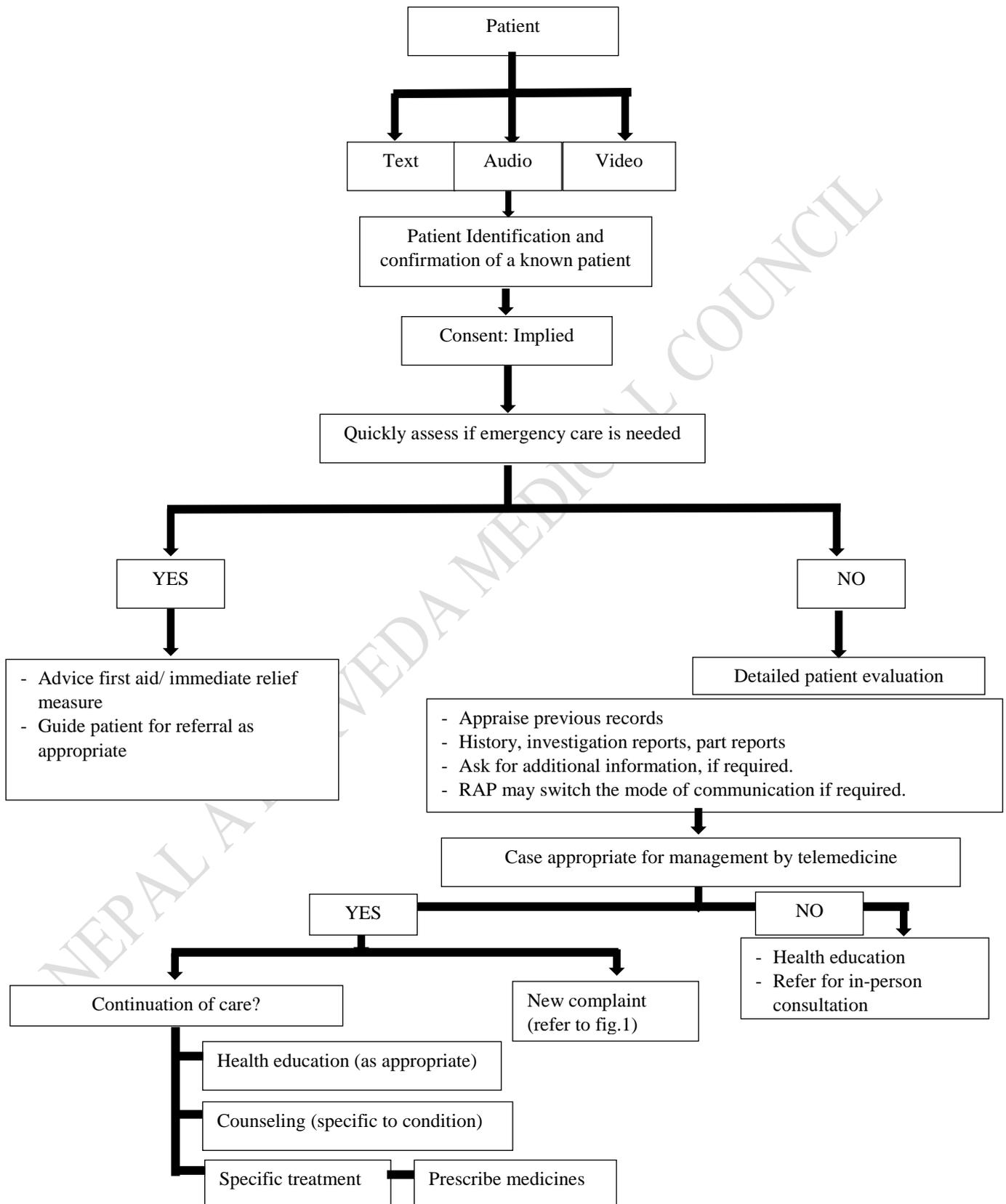
Flow Chart-1

First consultation: Patient and Registered Ayurveda Practitioners (RAP)



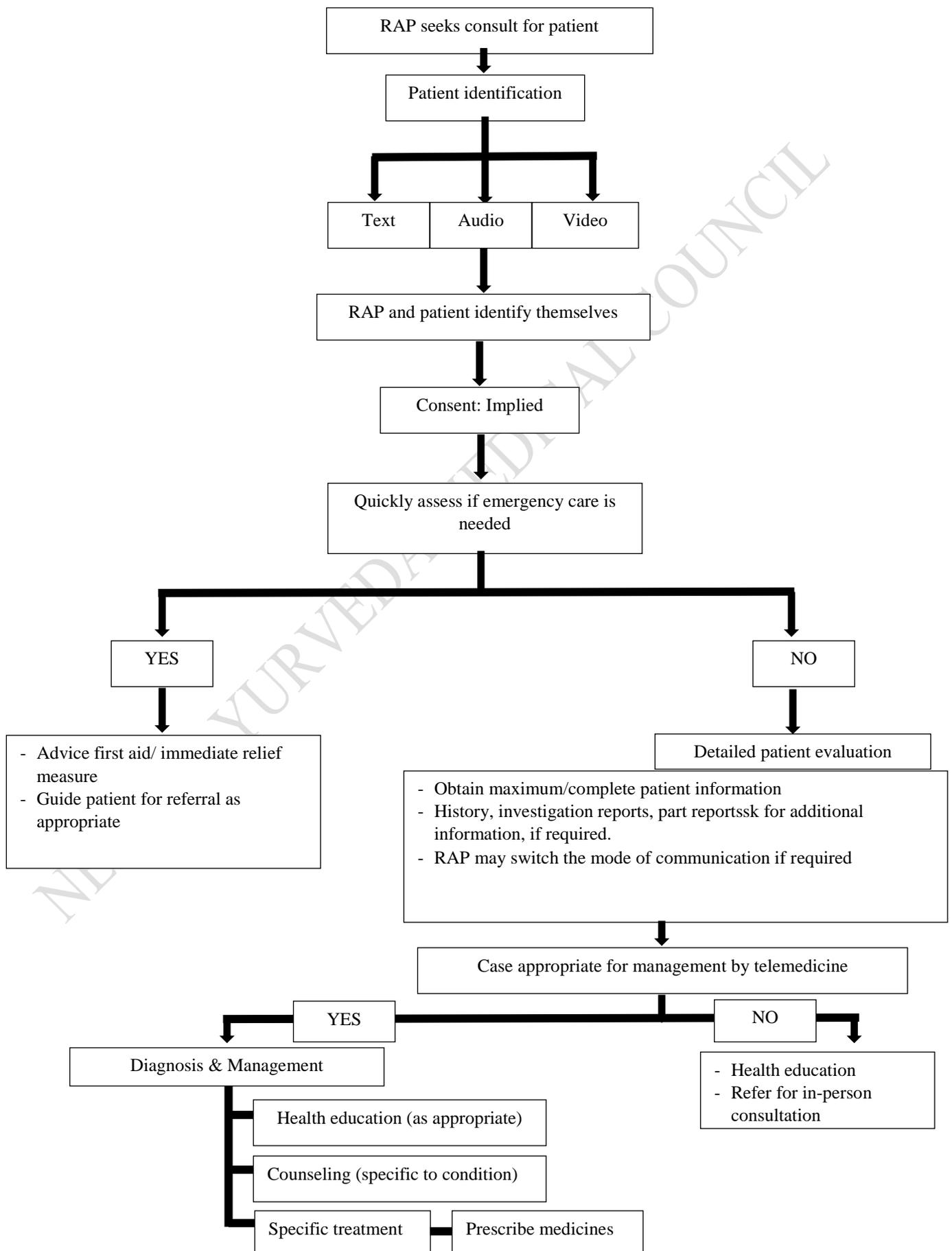
Flow chart-2

Follow up consult: Patient and Registered Ayurveda Practitioner



Flow chart-3

Registered Ayurveda Practitioner to Registered Ayurveda Practitioner



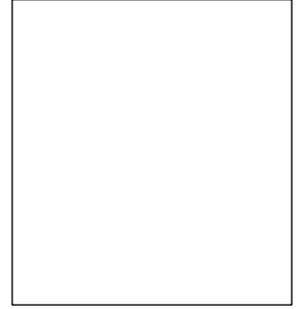


NEPAL AYURVEDA MEDICAL COUNCIL

Naradevi, Kathmandu

Tel- +977-1-4259678

Application for Enlisting in Telemedicine Registry



Name:

Gender: Male / Female

Date of birth: (AD) Year..... Month..... Day.....

(BS) Year..... Month..... Day.....

Address:

**Permanent: Province:.....District:.....
Municipality/ Rural Municipality..... Ward No.....**

**Temporary: Province:..... District:.....
Municipality/ Rural Municipality..... Ward No.....**

Contact number:..... Email:

NAMC Registration number: Date of Permanent Registration:

Highest Qualification: Specialty with Reg. No:

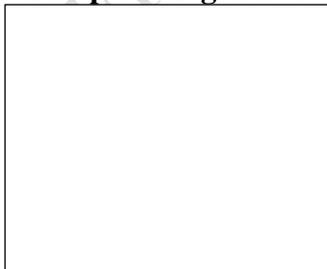
Employer:.....Designation:.....Since:.....

Details of the medium to be used for Telemedicine:

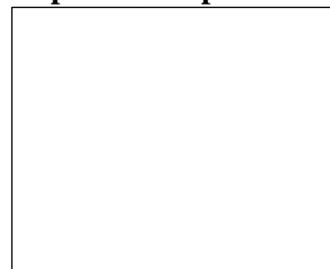
Phone number: Email:.....

Others:.....

Sample of Signature



Sample of stamp to be used



Applicant's Signature.....

Date:.....

Checklist: 1. Duly filled application form 2. Photocopy of NAMC registration Certificate

*Self-employed applicant/ Private Practitioner should mention so in employer's name.

Contributors:

1. Dr. Santosh Kumar Thakur, Chairman, Nepal Ayurveda Medical Council, Naradevi, Kathmandu.
2. Dr. Vasudev Upadhyaya, Director General, Department of Ayurveda and Alternate Medicine, Ministry of Health and Population, Government of Nepal, Teku, Kathmandu, Nepal.
3. Dr. Shiv Mangal Prasad, Campus Chief and Associate Professor, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kirtipur, Nepal.
4. Dr. Pradeep KC, Medical Superintendent, Naradevi Ayurveda Hospital, Naradevi, Kathmandu, Nepal.
5. Dr. Baburaja Amatya, Chairman, Singha Durbar Vaidyakhana Vikas Samiti, Anamnagar, Kathmandu, Nepal.
6. Dr. Manglakant Jha, Campus Chief, Central Ayurveda Campus, Institute of Ayurveda, Nepal Sanskrit University, Dang, Nepal.
7. Dr. Kashiraj Sharma Subedi, Assistant Professor, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kirtipur, Nepal.
8. Dr. Ram Kameshwor Thakur, Senior Consultant Physician, Naradevi Ayurveda Hospital, Naradevi, Kathmandu, Nepal.
9. Dr. Munakarna Thapa, Senior Ayurveda Consultant, Department of Ayurveda and Alternate Medicine, Ministry of Health and Population, Government of Nepal.
10. Dr. Siddhartha Kumar Thakur, Ayurveda Physician, Department of Drug Administration, Bijulibazaar, Kathmandu, Nepal.
11. Dr. Prakash Gyawali, President, Ayurveda Doctors' Association-Nepal, Kathmandu, Nepal.
12. Dr. Umesh Kumar Mehta, Ayurveda Physician, District Ayurveda Health Center, Dhankuta, Pradesh 1, Nepal.
13. Mr. Kshitiz Banzade, IT Officer, Department of Drug Administration, Kathmandu, Nepal.
14. Mr. Raju Katuwal, Advocate, Kathmandu, Nepal.