

**Telemedicine Guidelines
for
Registered Medical Practitioners in Nepal**



Nepal Medical Council
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1. DEFINITIONS

1.a Health Care: Health Care means to provide promotive, preventive, diagnostic, curative, rehabilitative and palliative care through Modern Medicine and Alternative medicine.

1.b Telemedicine: Telemedicine is the delivery of healthcare services from distance, a benefit brought about by the use of Information and communication technology, overcoming the geographical barrier, thus increasing access to the healthcare services. Telemedicine also can be an effective tool for exchange of medical knowledge among healthcare workers and as a tool of medical education to the general population.

1.c Health care worker: For the purpose of this document health care worker (HCW) can be a doctor, nurse, allied health professional, mid-level health practitioner, ANM or any other health worker designated by appropriate authority.

1.d Medical Practitioner: For the purpose of this document a 'Medical Practitioner' is defined as person who is registered under Nepal Medical Council Act 2020 (1964).

1.e Service seeker or clients: Service seekers or clients are the one who seek telemedicine service through service provider. Service seekers are the patients or healthy individual who seek health care.

1.f Health Institute/Medical Institute: Health Institute or medical institute is the institute that provides healthcare which is registered to local, provincial or federal health authority of Nepal government according to the present act and legislations. These include all governmental, non-governmental, private or cooperative health institutions.

1.g In-person care: In-person care is defined as the care provided by registered medical practitioner meeting face to face to the patient as in the conventional way.

1.h Information communication and technology (ICT): Technology to provide communication of information is referred as information communication technology. These provide access to information through telecommunication. This includes the telephone, internet, wireless networks, cell phones, and other communication mediums.

2. INTRODUCTION

Nepal is a country with a large variety of geographical regions, ranging from low plains to the high Himalayas. Access to Health care is severely affected due to geographic, supply chain and human resource issues. Retention of health care workers in remote areas has always been a major problem.

Telemedicine is the use of information and communication technology (ICT) in healthcare. In the recent years, Nepal has seen a significant development and modernization in the field of ICT. Different devices and equipment have been developed recently for effective distant real time monitoring of the patient, access to the diagnostic images, and virtual examination of the patients. Tools can be of either real time or store and forward approach. Nepal now has many ICT experts who have special interest in its use in Health and Health Informatics. There are innovations taking place to make the technology more affordable and user friendly. In the last decades, electricity had been a major barrier in the use of ICT in rural areas which slowed down the development of telemedicine. But with increased availability of electricity in the rural areas, use of ICT in health will be easier.

Continuous Professional Development (CPD) is a challenge for the health care professional working in rural areas and at times, frustrating. Remote medical education, remote specialist consultation and proper referrals can be an important tool to improve overall health care of the nation. Proper and appropriate use of information and communication technology in healthcare can prove to be a 'game changer' in health status of the country. All registered medical practitioners in Nepal should have adequate knowledge of telemedicine.

Telemedicine has been one of the effective tools for continuity of care. Many patients at remote and rural areas need follow up and continuity of care. Effective and proper use of telemedicine, may also increase the quality and safety of healthcare. Healthcare can be made affordable and accessible to all parts of Nepal and thus ensure equity.

Telemedicine may be the only practical means of reaching out to difficult places for emergency care. It comes particularly handy while taking care of patients or guiding coworkers during the times of epidemic or pandemic like COVID-19, where maintaining safe physical distance and yet have all vital health information in real time to be able to make right clinical decisions.

Teleconsultation and practices of telemedicine should be incorporated with EMR and EHR as a part of digitization in health.

Lack of proper guideline for the use of telemedicine has been a barrier for its development. The current guidelines are expected to guide the professionals through the norms so that the service is felt safe both by service seeker and service provider.

3. SCOPE OF THE DOCUMENT

The need for setting standards and protocols of telemedicine in Nepal prompted development of these guidelines. The guidelines are meant for registered medical practitioners under the Nepal Medical Council Act 1964. The guidelines cover norms and standards of the registered medical practitioner to consult patients via telemedicine. Scope also includes standards and guidelines for clinical use of telemedicine in health education, telemedicine Infrastructure, connectivity, data management and data security, data privacy.

The following guidelines are fundamental requirements to be followed when providing medical and other healthcare services using telecommunications technologies, between patients and medical practitioners, medical practitioners to medical practitioners and medical practitioners to other healthcare workers. The guidelines apply to individual medical practitioners, group and specialty practices, hospitals and health care systems, and other providers of health-related services where there are telemedicine interactions for the purposes of health care delivery. These guidelines apply primarily to medical practitioners and patients located in Nepal.

Objectives

- 3.1 To provide Code of Conduct for registered medical practitioners regarding safe telemedicine services
- 3.2 To guide medical practitioners to provide safe, quality and effective medical care through telemedicine founded on available resources, patient needs and actual real time scenario
- 3.3 To give practical advice to doctors to promote the use of safe telemedicine practices
- 3.4 To guide and promote medical tele-education for registered medical practitioner and Health Institutes
- 3.5 To provide guidance on safety and privacy of data of the patients
- 3.6 To provide a framework for interoperability and scalability across Telemedicine services

- 3.7 To form a base for electronic documentation, electronic medical records and electronic health records
- 3.8 To provide a base for legal action against negligence, misconduct and violence of the rules to patients and providers.

4. ELIGIBILITY TO PROVIDE TELEMEDICINE SERVICE

- 4.1 Medical practitioner with a valid license of Nepal Medical Council is entitled to provide telemedicine consultation to patient from any part of Nepal.
- 4.2 MP using telemedicine shall abide by the same professional and ethical norms and standards listed in NEPAL MEDICAL COUNCIL code of ethics 2009.
- 4.3 Medical practitioner willing to provide telemedicine consultation must be well versed with the principles and the technology of Telemedicine.

5. GUIDANCE FOR REGISTERED MEDICAL PRACTITIONERS

- 5.1. Registered Medical Practitioners are expected to have been well trained in telemedicine before practicing telemedicine; Nepal Medical Council shall develop, or delegate a professional organization to develop, a defined short course on practice of telemedicine, with the help of the experts working in the field of telemedicine in Nepal.
- 5.2. A Registered Medical Practitioner is entitled to provide telemedicine consultation to patients from any part of Nepal. The registered medical practitioner shall be affiliated to a health care organization, duly registered with the government of Nepal.
- 5.3. The code of conduct and ethical codes guideline provided by Nepal Medical council shall be same for both telemedicine and in-person care, within the inherent limitations of telemedicine.
- 5.4. Medical Practitioner using telemedicine shall establish a faithful provider patient relationship within the context of a telemedicine encounter, whether interactive, store-and-forward or other mode of electronic communication/interaction is used.
- 5.5. Medical Practitioner providing telemedicine services shall have the necessary education, training/orientation in the use, technologies and limitations of telemedicine. At the same time, s/he should ensure the necessary knowledge and competencies for safe provision of quality health services in their specialty area. Health care organizations must ensure safety and privacy of the patient and the environment to provide telemedicine care.
- 5.6. Medical Practitioner should insure the privacy of the patient or client while providing the telemedicine services. Presence of other people during the communication should be made aware to the patient or client.
- 5.7. Any breach in professional code of conduct will be subject to disciplinary actions as per the Nepal Medical Council Act 1964 and bylaws.

6. CLINICAL STANDARDS

Since the health care is not provided in a traditional care setting, accountability for the care of the patient at all stages must be ensured as in the conventional in-person care. The lack of face-to-face contact raises the important question of whether Telemedicine allows health care providers to reasonably meet the standard of care where a direct analogue to the traditional mode of health care delivery may not exist. The following are some principles for Healthcare providers to adhere to, to ensure that the standard of care is maintained in Telemedicine:

- 6.1. Any Telemedicine service must be provided as part of a structured and well-organized system and the overall standard of care delivered by the system must not be any less compared to conventional in-person service.
- 6.2. Telemedicine service is encouraged where a face-to-face consult is not reasonably practical, for example remote areas, care of a highly infectious patient to lessen the physical visits to the room or to allow for remote monitoring of a patient in addition to the in-person monitoring by a competent health care worker.
- 6.3. Telemedicine should not be practiced as a substitute of conventional in-person care but should be practiced as a complementary service where traditional in-person care is not feasible, is not accessible and is not affordable. The patient and caregiver should be informed of other suitable alternatives that are available.
- 6.4. The healthcare provider must be satisfied that the clinical condition is suitable for a Telemedicine interaction and that the standard of care delivered via Telemedicine is reasonable considering the specific context.
- 6.5. The reasonableness of delivering care via Telemedicine is determined by the clinical context, the clinical objectives and the compatibility of technology to meet those objectives.
- 6.6. The literacy level of the patient and/or accompanying relative must be assessed before considering telemedicine. If the patient and/or accompanying relative is not able to understand the language, is not able to follow the guidance provided by the medical practitioner, he/she must be accompanied by the healthcare professional of the local area to interpret and guide the instructions provided by the medical practitioner.
- 6.7. The standard of care must be followed by all medical practitioner involved in the Telemedicine interaction. Telemedicine involves numerous options for referral and coordinated care. Referrals and responsibility, accountability of care will not be different than traditional in-person care. Proper documentation will be important in every step of care as in the traditional in-person care.
- 6.8. The components of Telemedicine should be incorporated in the daily clinical practices so that the care as delivered by Telemedicine is integrated within the organization's documentation process like electronic medical record (EMR) or Electronic Health Record (EHR).
- 6.9. Health care organizations must assure the safety and quality of care while delivering telemedicine service. Health care organization and medical practitioners must address the issue or informed consent, privacy/confidentiality, documentation, proper instruments, space for telemedicine practice and protocols which are discussed in different sections of this guideline.
- 6.10. Timely audit, feedback and frequent survey of the service and recommendation for improvement mechanism should be developed in the health care organizations providing telemedicine services and should be made available to the concerned authorities of Nepal.

7. TELEMEDICINE APPLICATIONS

7.1. Tools for Telemedicine

Medical practitioners may use any telemedicine tool suitable for carrying out technology-based patient consultation. Telemedicine tool can be in any of the following, but not limited to, forms:

- 7.1.a Text: Short Message Service, Fax, chat in the platforms like Facebook messenger, Viber, WhatsApp, etc.
- 7.1.b Text with other document, data or image transmission: Chat platforms, email or other internet based digital systems.
- 7.1.c Audio only: landline telephone, mobile or cell phone.
- 7.1.d Video recordings and transmission: stored and forwarded audiovisuals, real time audio visual (Skype, Viber, zoom, through other devices connected over LAN, WAN, Internet, mobile or chat platforms, etc.)
- 7.1.e Data transferred through imaging or diagnostic devices.

7.2 Devices:

Many types of devices like, computer, telephone, mobile phone or any multimedia devices through authorized application and ISP may be used for the purpose. (annex 2)

7.3 Content of communication

The content of communication can be live or recorded video message, audio message and images and text messages containing history, symptoms, images showing clinical condition, lab reports and/or radiological images that is required for diagnosis, treatment, health education and counselling.

7.4 Identification

Both patient and Medical Practitioner must know each other. None of the activities through telemedicine should be anonymous. A medical practitioner should start consultation by informing the patient about his/her name, workplace and qualification including his/her NEPAL MEDICAL COUNCIL number before starting consultation and writing prescriptions. If inquired by the patient, medical practitioner should be able provide further verification details like web page, phone number of institutions where medical practitioner is practicing, etc. A Medical Practitioner should verify and confirm patient's identity by name, age, gender, address, email address and phone number. For minor, physically disabled or mentally challenged patients, consultation should be done only with an adult attendant after identity and relationship with the patient is ascertained. Attendant can be allowed in consultation only if the patient needs assistance and with the consent from of the patient. If attendant is present, his/her name, age, gender, address, email address, phone number and relationship with the patient must be kept in record.

7.5 Consent

It is essential that the patient, as in a traditional face-to-face consultation or in-person care, be given all the necessary details regarding his/her care and that informed consent is obtained in accordance with applicable laws and regulations. The following principles are to be considered:

- 7.5a Healthcare providers should obtain informed consent (which may be implied or expressed in simple words like 'I give consent for telemedicine consultation.') before starting any service or intervention following principles and processes like standard practice for the healthcare service.
- 7.5b Explicit consent should be obtained from the patient for medical acts that would normally require explicit consent in the traditional health care setting (e.g. video or audio recording of the sessions, use of data for research or educational purposes).
- 7.5c Healthcare providers should share relevant information with the patient and caregiver, as appropriate, before the beginning of any Telemedicine interaction. This information

includes informing the patient of the objective of the Telemedicine interaction, the role and responsibility of the provider and the patient during the Telemedicine interaction, other people participating in the interaction, care documentation requirements, risks and benefits, and that he/she has the choice to decline to participate in the Telemedicine interaction.

- 7.5d Patients and caregivers should be informed of cost of using telemedicine in their care, if applicable, including charges of the specific services. As far as possible, the consent process should be integrated with the existing routine care processes.

7.6 Exchange of information for patient evaluation

- 7.6a Medical practitioner must gather enough information to guide the investigation, diagnosis and management.
- 7.6b If further information is required by medical practitioner then he/she can request it in real time or recorded via different or same mode of communication that is being used.
- 7.6c If physical examination is necessary for investigation, diagnosis and management, medical practitioner should hold the decision until a physical examination can be arranged through in-person consultation.
- 7.6d Whenever necessary medical practitioner can recommend video consultation, examination by another medical practitioner or health worker or in person consultation.
- 7.6d Medical practitioner shall maintain all patient records as appropriate.
- 7.6e The information required may vary from one medical practitioner to another based on his/her professional experience and discretion and for different medical conditions based on defined clinical standards and standard treatment guidelines.

7.7 Types of consultation

- 7.7a First consultation: The first consultation occurs when the client is consulting medical practitioner for the first time; when the client who had discontinued consultation and was in consultation with another medical practitioner with the continuity of care comes for re consultation OR when the client is consulting medical practitioner for any new symptoms
- 7.7b Follow-up consultation: The follow-up consultation occurs when the client is consulting with the same medical practitioner for the continuation of care for the same health condition.
- 7.7c Emergency consultation includes first aid, life-saving measure, counseling and advice on referral only when traditional in-person care is not feasible. The emergency consultation occurs when a consultation is done for the symptoms that started after taking medicine or upon discharge from hospital admission or after discharge from any procedures.

7.8 Application of Telemedicine in patient management:

The management through telemedicine includes health education, counselling and prescribing medication.

- 7.8a Health Education: Medical practitioner may impart health promotion and disease prevention messages. These could be related to diet, physical activity, cessation of smoking, contagious infections etc.
- 7.8b Counseling: This is specific advice given to patients and it may, for instance, include food restrictions, do's and don'ts for a patient on anticancer drugs, proper use of a hearing aid, home physiotherapy, etc. to mitigate the underlying condition. This may also include advice for new investigations that need to be carried out before the next consult.

- 7.8c Prescribing Medicines: Prescribing medications, via telemedicine consultation is at the professional discretion of the medical practitioner. It entails the same professional accountability as in the traditional in-person consult. If a medical condition requires a protocol to diagnose and prescribe as in a case of in-person consult, then same prevailing principle will be applicable to a telemedicine consult.

Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct. Under any circumstances, medical practitioner should NOT prescribe drugs listed under category 'A' under drug category rules 2043 (1986) using telemedicine. Prescription should include name of medicine in capital letters and in generic name), drug form, strength, frequency of administration and duration.

Drug Category	Drug Category Description*
A	Category 'A' consists of narcotic and poisonous drugs and
B	Category 'B'; consists Antibiotics, Hormones etc. The drugs under these categories shall be sold only on the prescription of a Doctor and these drugs shall be sold by a pharmacist or professional own self or only in the presence of any one out of either a pharmacist or a professional.
C	The drugs under category 'C' may be sold by any seller based on experience and even without the prescription of doctor and the presence of a pharmacist or a professional shall not be compulsory while selling the drug.

**As per Drug category rules 2043(1986)*

8. GENERAL PROCEDURAL GUIDELINES

8.1 Patient to Medical Practitioner

Patient can contact Registered Medical 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 medical practitioner will proceed with 'patient management.' If the case is not appropriate for management by telemedicine, Medical practitioner will provide appropriate health education and referral.

- 8.1a 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. Medical practitioner 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.
- 8.1b Medical Practitioner will provide identification, his/her name, specialty if any and Nepal Medical Council registration number.
- 8.1c Patient will provide consent.
- 8.1d Medical practitioner will take detail history on his/her clinical condition and will revise investigation reports
- 8.1e Medical practitioner will offer appropriate medical advise
- 8.1f Medical practitioner should explain potential use and limitations of telemedicine consultation
- 8.1g Medical practitioner will assess if there is need of emergency care. If emergency care is required, Medical practitioner will prescribe immediate relief care and will guide referral as appropriate

8.1h Patient will provide identification and documentation of previous visit (using same phone number, email or other identification) if this is a follow up.

8.2 Local healthcare professional to medical practitioner: Local healthcare professional based on local health care or medical institution can use telemedicine to consult medical practitioner of another medical institution for specialist consultation, second opinion or referral. Patient history, cause for consultation or referral, proper channel of referral and contact person/institute of referral, timing of referral must be well documented in both institutions. The responsibility of treatment will be vested in the medical practitioner offering telemedicine service. All the procedures of telemedicine for client to Medical practitioner through health care worker will be similar to the consultation by client to registered medical practitioner.

8.3 Medical Practitioner to Medical Practitioner: Registered medical practitioner can contact with other medical practitioner through telemedicine for specialist consultation, second opinion or referral. Medical practitioner to medical practitioner 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.

8.3a Medical Practitioner might use telemedicine services to consult with another medical practitioner or a specialist for a patient under his/her care.

8.3b Such consultations can be initiated by a registered medical practitioner on his/her professional judgment.

8.3c The medical practitioner asking for another medical practitioner's advice remains the treating medical practitioner and shall be responsible for treatment and other recommendations given to the patient.

8.3d It is acknowledged that many medical specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. may be at advanced stages of adoption of technology for exchange of information or some may be at early stage.

9. CROSS BORDER TELEMEDICINE

Telemedicine can be a promising medium for medical information exchange, cross border specialist consultation. For privacy, safety, quality and ethical reasons, cross border telemedicine practice should be limited to medical tele-education among medical practitioner. Consultation should take place only in the presence of local registered medical practitioner in Nepal with the ethical and legal liabilities to be borne by medical practitioner in Nepal.

10. PRIVACY AND PATIENT CONFIDENTIALITY

Confidentiality and privacy of the patient and his/her information is one of the major concerns while using telemedicine. Breach in privacy may occur at any phases of delivery of telemedicine. These may include privacy during consultation, confidentiality of the reports, privacy during transmission and networking and privacy at storage. Privacy and confidentiality of patient information will not be different from in-person care and every measure should be taken to preserve this 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. Healthcare organizations must ensure that patient information and records are protected by having a confidentiality policy in place. Medical Practitioners 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.

11. MEDICAL ETHICS IN TELEMEDICINE

The provider would be required to fully abide by Nepal Medical Council Act 2020 and Consumer Protection Act, other new law on protecting the privacy and confidentiality of individual (patient) and regarding the handling and transfer of such personal information regarding the patient.

12. CPD AND MEDICAL EDUCATION IN TELEMEDICINE

Relevant education, training, and orientation is necessary to ensure that health care providers stay abreast with the latest advances in the field and deliver safe and quality services. Healthcare professionals providing Telemedicine services should also have the necessary education on the delivery of tele-education. The training records should be properly maintained for audit purposes.

Nepal Medical Council has been trying to implement Continuing Professional Development (CPD) for all of its Medical Practitioners. Through telemedicine many such CPD programs, shall be made feasible, accessible and affordable to all medical Practitioners in rural and remote areas of Nepal

13. FEE FOR TELEMEDICINE

Nepal Medical Council is not an agency to fix the fees for medical care in Nepal. However, Nepal Medical Council recommends that the fee for telemedicine should take into consideration the value of telemedicine consultation, saving of hidden costs like transportation and accommodation, cost of equipment, level of consultation, location of the patient and economic condition of the patient, inclusion of services in insurance policy, etc. In general, Nepal Medical Council recommends that the fees for tele-services shall not exceed that of comparable in-person care.

Annex1.

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.

Guidelines for technology in telemedicine

Medical practitioner and Health/Medical institutions shall be aware of the technology availability, cost effectiveness and practicality of its use. Medical practitioner must seek help of ICT expert in terms of guideline for technology in telemedicine. Technology standards for telemedicine must include interoperability, compatibility, scalability, reliability and portability.

Medical practitioners may use any telemedicine tool suitable for carrying out technology-based patient consultation. Telemedicine tool can be in the form of text (short message service, fax, chat in the platforms like Facebook messenger, Viber, WhatsApp, etc.), text with other document, data or image transmission (chat platforms, email or other internet based digital systems), audio only (landline telephone, mobile or cell phone), video recordings and transmission, stored and forwarded audiovisuals, real time audio visual (skype, Viber, zoom, through other devices connected over LAN, WAN, Internet, mobile or chat platforms, etc.), data transferred through imaging or diagnostic devices.

High accuracy, low-cost point of care test (POCT) devices and strip tests based on novel technologies such as nano, IoT, data can be used. quality assurance and monitoring should be done by government authority. there are POCT devices create digital files for transfer and remote consultation, and in open format. digital stethoscope, digital monitors for blood pressure, pulse meter, pulse oxy-meter, digital thermometer, digital glucometer, digital urine analyzer, digital ultrasonography (USG), digital electrocardiogram (ECG), digital echocardiograph, digital dermatoscope, digital otoscope, digital ophthalmoscope, digital microscope, digital x-ray, etc.

1. Medical Practitioner and Health institution must ensure the environment is safe, quality of technology for the purpose of telemedicine is adequate, privacy is maintained and data is secured.
2. Data security may be secured by recognized standard encryption of data like audio, video, text and all other data transmission.
3. Patient's identification, history details, other documented data, data transmission, data storage, etc. must be encrypted with adequate restriction for others to prevent from using. Data privacy is the right of the patient or client. Multi-factor authentication, inactivity timeout function and a passphrase or re-authentication to access the device should be practiced wherever possible.
4. All equipment used must comply with all relevant laws, regulations, and codes for technology and technical safety.
5. Adequate bandwidth at both downlink and uplink directions must be ensured before telemedicine procedure takes place. Consultation with technology experts, quality checkup and multiple pre-testing must first assure the effective and efficient health care delivery through the appropriate tools of telemedicine.
6. Providers may recommend preferred software and/or hardware to the patient, as well as provide any relevant software and/or hardware configuration considerations.
7. Each party should use the most reliable connection method to access the Internet.
8. The videoconference software should be flexible to the bandwidth of connectivity. Appropriate redundant systems may be needed in critical connectivity.
9. All data and information thus obtained must be protected and stored in a secure location. These data should be interoperable, should follow EMR/EHR. Only compliance cloud services may be used and regular monitoring of data storage and data transmission should be done.
10. Medical institutions and medical practitioners should provide information to patients about the potential for inadvertently storing data and patient information, and they should provide guidance about how best to protect privacy. Patients should be informed and get permission if any intention to record services, how this information will be stored, and how privacy will be protected. Only patient should get access to those recorded data and consent should be taken from the patient before using such data for study, consultation or research.

Annex 3.

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