

Bangladesh Medical & Dental Council

Telemedicine Guidelines

July 2020

TABLE OF CONTENTS

Sl. No.	Description	Page No.
1.	Definition	3
2.	<p>Background</p> <p>Scope of Telemedicine</p> <p>Registered Medical Doctors are entitled to Practice Telemedicine</p> <p>Telemedicine Applications</p> <ul style="list-style-type: none"> • Mode of Communication • Timing of Information Transmitted • Purpose of the consultation • Individuals involved 	4
3.	<p>Technology Used/ Mode of Communications</p> <ul style="list-style-type: none"> • Video, Audio, Text 	10
4.	<p>Guidelines for Telemedicine in Bangladesh</p> <p><i>Elements specific to Telemedicine</i></p> <ul style="list-style-type: none"> • Appropriateness of Telemedicine • Identification of Registered Medical Doctors and the patient • Appropriateness of technology/Mode of Telemedicine • Patient Consent • Patient Evaluation • Patient Management: Health education, counseling and medication <p><i>Duties and responsibilities of Registered Medical Doctors in general</i></p> <ul style="list-style-type: none"> • Medical Ethics, Data Privacy & Confidentiality • Documentation and Digital Records of Consultation • Fee for Telemedicine 	11
5.	<p>Framework for Telemedicine</p> <ul style="list-style-type: none"> • Patient to Registered Medical Registered Medical Doctors • Patient to Registered Medical Doctors through Health Worker at a Sub-Center or any peripheral center • Registered Medical Practitioner to another Registered Medical Doctor /Specialist 	17
6.	Guidelines for Technology Platforms enabling Telemedicine	25
7.	Special Responsibilities of BM&DC	26
8.	Figures (Teleconsultation flow charts 1-3)	(27-30)
9.	<p>Annexures</p> <ul style="list-style-type: none"> 1. Consent for Telemedicine Services 2. Medicine Lists 	31 32 34

1. Definition

Telemedicine

World Health Organization (WHO) has defined telemedicine as, “the delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently and without travel and thereby offers a reduced cost solution to delivering remote care when and where it is needed.

Telehealth

The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services and self-care via telecommunications and digital communication technologies. It is also termed as e-health and m-health.

Telemedicine is sometimes used as a synonym to telehealth. Although WHO uses telemedicine to describe all aspects of health care including preventive care, many organizations use the term ‘telemedicine’ only to describe remote clinical services and ‘telehealth’ to include non-clinical applications like administration and provider education and health information for the common people.

Registered Medical Doctor

A registered medical doctor is a person who holds the degree – MBBS / BDS and is registered with Bangladesh Medical and Dental Council in accordance with the Bangladesh Medical and Dental Council Act 61, 2010.

2. Background

Access, equality, quality and cost-effectiveness are key issues facing health care in both economically developed and less developed countries. Modern information and communication technologies such as computers, internet and cell phones are revolutionizing how individuals communicate with each other, seek and exchange information and enriching their lives. It has already been proved that these technologies have great potential to help address contemporary global health problems.

Historically, telemedicine can be traced back to the mid to late 19th century with one of the first published accounts occurring in the early 20th century when electrocardiograph data were transmitted over telephone wires. Telemedicine, in its modern form, started in the 1960s in large part driven by the military and space technology sectors, as well as a few individuals using readily available commercial equipment.

Telemedicine can be beneficial to patients in isolated communities and hard to reach locations, who can receive care from doctors far away without having to travel to visit them. It is very much helpful for the vulnerable and old age group of people specially the bedridden patients whose mobilization is a difficult job. Remote patient monitoring through mobile technology can reduce the need for outpatient visits and enable remote prescription verification and drug administration oversight, significantly reducing the overall cost of medical care. Telemedicine also allows family physicians/general practitioners to consult with their peers and clinical experts when needed.

In Bangladesh, providing in-person health care is challenging, particularly given the existing financial constraints, limited number of specialist doctor, limited resources and hard to reach locations particularly in the hilly areas and islands. One of the major advantages of telemedicine can be for saving of cost and effort especially of rural patients, as they need not travel long distances for obtaining consultation and treatment. Additionally, it will reduce the inconvenience and bad impact to family and social factors. Telemedicine can play a particularly important role in cases where there is no need for the patient to physically see the doctor for regular routine check-ups or continuous monitoring. It can also reduce the burden on the secondary and tertiary hospitals.

With telemedicine, there is higher likelihood of maintenance of records and documentation hence minimizes the likelihood of missing out advice from the doctor. Conversely, the doctor has an exact document of the advice provided via tele-consultation. Written documentation increases the legal protection of both parties. There are a number of technologies that can be used in telemedicine, which can help patients adhere better to their medication regimens and manage their diseases better. It can also enable the availability of vital parameters of the patient

to the physician with the help of medical devices such as electronic blood pressure, blood glucose measuring device etc.

Disasters and pandemics pose unique challenges to providing health care. Though telemedicine will not solve them all, it is well suited for scenarios in which medical practitioners can evaluate and manage patients. A telemedicine visit can be conducted without exposing staff to virus/infection in times of such outbreaks. It can provide rapid access to medical practitioners who may not be immediately available in person.

The government of Bangladesh is committed to providing equal access to quality care to all. Digital health is a critical enabler for the overall transformation of the health system. Hence, mainstreaming telemedicine in health system will minimize inequality and barriers to access that exist in terms of hard to reach area and non-availability of both general physician and specialist doctors, wherein a mid-level healthcare provider can connect the patients to the doctors through technology platforms in providing timely and best possible care.

In Bangladesh, till now there is no legislation or guidelines on the practice of telemedicine. Gaps in legislation and the uncertainty of rules pose a risk for both the doctors and the patients.

As telemedicine will continue to grow and be adopted by more healthcare practitioners and patients in a wide variety of forms, this guideline will be a key enabler in fostering its growth.

3. Telemedicine applications

3.1 Objectives

1. To assist the medical doctors in pursuing a sound course of action to provide effective and safe medical care founded on current information, available resources and patient needs to ensure patient and provider safety.
2. To provide norms and protocols relating to physician-patient relationship, issues of liability and negligence, evaluation, management and treatment, informed consent, continuity of care, referral for emergency services, medical records, privacy and security of the patient records and exchange of information, prescribing and reimbursement, health education and counselling etc.
3. To provide information on various aspects of telemedicine including information on technology platforms and tools available to medical practitioners and integration of these technologies to provide healthcare delivery.

4. To assist the doctors to find out the way to prevent and remain safe from abuse of technology that telemedicine services bring out.

3.2 Scope

Within the broad paradigm of telemedicine, these guidelines will be published in accordance with the BM&DC Act, 2010 and will have privileged access only. These guidelines are designed to serve as an aid and tool to enable registered medical doctors to effectively leverage telemedicine to enhance healthcare service and access to all.

The guidelines cover norms and standards of the medical doctors to consult patients via telemedicine.

Telemedicine includes all channels of communication with the patient that leverage information technology platforms including video, audio, text and digital data exchange.

3.3 Exclusions

The guidelines specifically exclude the following :

- Specifications for hardware or software, infrastructure of building and maintenance.
- Data management systems involved; standards and interoperability
- Other aspects of telehealth such as research and evaluation and continuing education of healthcare workers.

3.4 Jurisdiction

The practice of telemedicine is limited within the territory of Bangladesh only.

3.5 Online Training on telemedicine

Medical doctors using telemedicine shall uphold the same professional and ethical norms and standards as applicable to traditional in-person care, within the intrinsic limitations of telemedicine.

To enable all those doctors, who would want to practice telemedicine, to get familiar with these guidelines as well as with the process and limitations of telemedicine practice -

- An online program will be developed and made available by BM&DC.
- All doctors intending to provide consultation through telemedicine must complete an online course on telemedicine.

3.6 Telemedicine Applications

3.6.1 Tools for Telemedicine

Registered medical doctors may use any telemedicine tool suitable for carrying out technology-based patient consultation e.g. telephone, video, devices connected over LAN, WAN, internet, mobile or landline phones. Chat platforms like WhatsApp, Facebook Messenger, or mobile apps or internet based digital platforms for telemedicine or data transmission systems like e-mail/Skype/fax etc.

Irrespective of the tool of communication used, the core principles remain the same.

3.6.2 Delivery of telemedicine can come with three distinct domains:

Live video (synchronous), store and forward (asynchronous) and remote patient monitoring.

3.6.3 Telemedicine applications can be classified into four basic types:

3.6.3.1 According to the Mode of Communication

- Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Facetime etc.)
- Audio (phone, VOIP, Apps etc.)
- Text based:
 1. Telemedicine chat based applications (specialized telemedicine smartphone Apps, Websites, other internet-based systems etc.)
 2. General messaging/ text/ chat platforms (WhatsApp, Google Hangouts, Facebook Messenger etc.)
 3. E-mail, Fax etc.

3.6.3.2 According to timing of information transmitted

Real time Video/audio/text interaction	Asynchronous exchange of relevant information
Video/audio/text for exchange of relevant information for diagnosis, medication and health education and counselling	Transmission of summary of patient complaints and supplementary data including images, lab reports and/or radiological investigations between stakeholders. Such data can be forwarded to different parties at any point of time and thereafter accessed per convenience/need

3.6.3.3 According to the purpose of the consultation

For Non-Emergency consult:

<p>First consult with any Registered Medical Doctor for diagnosis/treatment/health education/counselling</p>
<p>Patients may consult with a Registered Medical Doctor for diagnosis and treatment of her condition or for health education and counseling</p>

Emergency consult for immediate assistance or first aid etc.

- In case alternative care is not present, tele-consultation might be the only way to provide timely care. In such situations, Registered Medical Doctors may provide consultation to their best judgement. Telemedicine services should however be avoided for emergency care when alternative in-person care is available, and telemedicine consultation should be limited to first aid, life-saving measure, counselling and advice on referral.
- In all cases of emergency, the patient must be advised for an in-person interaction with a Registered Medical Doctor at the earliest.

3.6.3.4 According to the individuals involved

Patient to Registered Medical Doctors
Telemedicine Services may connect patients to a Registered Medical Doctor

Registered Medical Doctor to Registered Medical Doctor
Registered Medical Doctors may use telemedicine services to discuss with other Registered Medical Doctors issues of care of one or more patients for better care which may help to disseminate knowledge as well.

Health worker to Registered Medical Doctor
A Health Worker can facilitate a consultation session for a patient with a Registered Medical Doctor. In doing so, the former can help take history, examine the patient and convey the findings. They can also explain/reinforce the advice given by the Registered Medical Doctor to the patient.

4. Technology Used & Mode of Communications

Multiple technologies can be used to deliver telemedicine consultation. There are 3 primary modes: **Video, Audio, or Text** (chat, messaging, email, fax etc.). Each one of these technology systems has their respective strengths, weaknesses and contexts, in which, they may be appropriate or inadequate to deliver a proper diagnosis.

It is therefore important to understand the strengths, benefits as well as limitations of different technologies. Broadly, though telemedicine consultation provides safety to the Registered Medical Doctors from contagious diseases, it cannot replace physical examination that may require palpation, percussion or auscultation. Newer technologies may overcome this drawback.

STRENGTHS AND LIMITATIONS OF VARIOUS MODES OF COMMUNICATION

Mode	Strengths	Limitations
VIDEO: Telemedicine Facility, Apps Videos on chat platforms, facetime etc.	<ul style="list-style-type: none"> • Closest to an in person-consult, real time interaction • Patient identification is easier • Visual cues can be perceived. Inspection of patient can be carried out 	<ul style="list-style-type: none"> • dependent on high quality internet connection at both ends, else will lead to a sub optimal exchange of information • Since there is a possibility of abuse/misuse, ensuring privacy of patients in video consults is extremely important
AUDIO: Phone, VOIP, Apps etc.	<ul style="list-style-type: none"> • Convenient and fast • Unlimited reach • Suitable for urgent cases • Suitable for urgent cases separate infrastructure required • Privacy ensured • Real-time interaction 	<ul style="list-style-type: none"> • Non-verbal cues may be missed • Not suitable for conditions that require a visual inspection (e.g. skin, eye or tongue examination) or physical touch • Patient identification needs to be clearer, greater chance of imposters representing the real patient
TEXT BASED: Specialized Chat based Telemedicine Smartphone Apps, SMS, Websites	<ul style="list-style-type: none"> • Convenient and quick Documentation & Identification may be an integral feature of the Platform. • Suitable for urgent cases, or follow-ups, second opinions provided Registered Medical Doctor has enough context from other sources 	<ul style="list-style-type: none"> • Besides the visual and physical touch, text-based interactions also miss the verbal cues • Difficult to establish rapport with the patient.
Messaging systems e.g. WhatsApp, Google Hangouts, FB Messenger	<ul style="list-style-type: none"> • No Separate infrastructure required • Can be real time 	<ul style="list-style-type: none"> • Cannot be sure of identity of the doctor or the patient
Email, Fax, recordings etc.	<ul style="list-style-type: none"> • Convenient and easy to document • No specific app or download required • Images, data, reports readily shared • No separate infrastructure required • More useful when accompanied with test reports and follow up and second opinions 	<ul style="list-style-type: none"> • Not a real time interaction, so just one-way context is available, relying solely on the articulation by the patient • Patient identification is document based only and difficult to confirm • Non-verbal cues are missed • There may be delays because the doctor may not see the mail immediately/

5. Guidelines for Telemedicine in Bangladesh

The **professional judgment of a Registered Medical Doctor should be the guiding principle for all telemedicine consultations**: A Registered Medical Doctor is well positioned to decide whether a technology-based consultation is sufficient or an in-person review is needed. Doctor shall exercise proper discretion and not compromise on the quality of care. Seven elements need to be considered before beginning any telemedicine consultation (see panel)

Seven Elements to be considered in any telemedicine consultation	
1	Context
2	Identification of Registered Medical Doctor and Patient
3	Mode of Communication
4	Consent
5	Type of Consultation
6	Patient Evaluation
7	Patient Management

5.1 Telemedicine should be appropriate and sufficient as per context

5.1.1 The Registered Medical Doctors should exercise their professional judgment to decide whether a telemedicine consultation is appropriate in a given situation or an in-person consultation is needed in the interest of the patient. They should consider the mode of technology available and its adequacy for a diagnosis before choosing to proceed with any health education or counselling or medication. They should be reasonably comfortable that telemedicine is in the patient's interest after taking a holistic view of the given situation.

5.1.2 Complexity of Patient's health condition

Every patient/case/medical condition may be different, for example, a new patient may present with a simple complaint such as headache while a known patient of Diabetes may consult for a follow-up with emergencies such as Diabetic Ketoacidosis. The Registered Medical Doctors shall uphold the same standard of care as in an in-person consultation but within the intrinsic limits of telemedicine.

5.2 Identification of the registered medical doctor and the patient is required

5.2.1 Telemedicine consultation should not be anonymous: both patient and the Registered Medical Doctor need to know each other's identity.

5.2.2 A Registered Medical Doctor should verify and confirm patient's identity by name, age, address, email ID (if any), phone number, registered ID or any other identification as may be deemed to be appropriate. The Registered Medical Doctor should ensure that there is a mechanism for a patient to verify the credentials and contact details of the Registered Medical Doctor.

5.2.3 For issuing a prescription, the Registered Medical Doctor needs to explicitly ask the age of the patient, and if there is any doubt, seek proof of age. Where the patient is a minor, after confirming the age, tele-consultation would be allowed only if the minor is consulting along with an adult whose identity needs to be ascertained.

5.2.4 A Registered Medical Doctor should begin the consultation by informing the patient about his/her name and qualifications.

5.2.5 Every Registered Medical Doctor shall keep records of the prescriptions and electronic receipts etc. given to his/her patients.

5.3 Mode of telemedicine

5.3.1 Multiple technologies can be used to deliver telemedicine consultations. All these technology systems have their respective strengths, weaknesses and contexts in which they may be appropriate or inadequate in order to deliver proper care.

5.3.2 Primarily there are 3 modes: Video, Audio or Text (chat, images, messaging, email, fax etc.). Their strengths, limitations and appropriateness as detailed in Section 4 need to be considered by the Registered Medical Doctors.

5.3.3 There may be situations where in order to reach a diagnosis and to understand the context better, a real-time consultation may be preferable over an asynchronous exchange of information. Similarly, there would be conditions where a Registered Medical Doctor could require hearing the patient speak, therefore, a voice interaction may be preferred than an email or text for a diagnosis. There are also situations where the Registered Medical Doctor needs to visually examine the patient and make a diagnosis. In such a case, the Registered Medical Doctor could recommend a video consultation. Considering the situation, using his/her best judgment, a Registered Medical Doctor may decide the best technology to use to diagnose and treat.

5.4 Patient consent

Patient consent is necessary for any telemedicine consultation. The consent must be explicit.

5.4.1 An Explicit consent can be recorded in any form. Patient can send an email, text or audio/video message. Patient can state his/her intent on audio/video platform to the Registered Medical Doctor (e.g. "Yes, I consent to avail consultation via telemedicine" or any such communication in simple words). The Registered Medical Doctor must record this in his patient records. A prescribed form that is given in annexure will serve the purpose better.

5.5 Exchange of information for patient evaluation

Registered Medical Doctor must make all efforts to gather sufficient medical information about the patient's condition before making any professional judgment.

5.5.1 Patient's Information

- A Registered Medical Doctor would use his/her professional discretion to gather the type and extent of patient information (history/examination findings/Investigation reports/past records etc.) required to be able to exercise proper clinical judgement.

- This information can be supplemented through conversation with a healthcare worker/provider and by any information supported by technology-based tools.
- If the Registered Medical Doctor feels that the information received is inadequate, then s/he can request for additional information from the patient. This information may be shared in real time or shared later via email/text, as per the nature of such information. For example, a Registered Medical Doctor may advise some laboratory and/or radiological tests to the patient. In such instances, the consult may be considered paused and can be resumed at the rescheduled time. A Registered Medical Doctor may provide health education as appropriate at any time.
- Telemedicine has its own set of limitations for adequate examination. If a physical examination is critical for consultation, Registered Medical Doctor should not proceed until a physical examination can be arranged through an in-person consult. Wherever necessary, depending on professional judgment of the Registered Medical Doctor s/he shall recommend:
 - Video consultation
 - Examination by another Registered Medical Doctor/ Health Worker;
 - In-person consultation
- The information required may vary from one Registered Medical Doctor to another based on his/her professional experience and discretion and for different medical conditions based on the defined clinical standards and standard treatment guidelines.
- Registered Medical Doctor shall maintain all patient records including case history, investigation reports, images, etc. as appropriate.

5.6 Types of consultation:

There are two types of patient consultations, namely, first consult and the follow-up consult.

A Registered Medical Doctor may have only a limited understanding of the patient seeking tele-consultation for the first time, when there has been no prior in-person consultation. However, if the first consult happens to be via video, Registered Medical Doctor can make a much better judgment and hence can provide much better advice including additional medicines, if indicated.

On the other hand, if a patient has been seen in-person earlier by the Registered Medical Doctor, then it is possible to be more comprehensive in managing the patient.

5.6.1 First Consult means

- The patient is consulting with the Registered Medical Doctor for the first time; or
- The patient has consulted with the Registered Medical Doctor earlier, but for a different health condition

5.6.2 Follow-Up Consult(s) means

- The patient is consulting with the same Registered Medical Doctor within 6 weeks of his/her previous in-person consultation and this is for 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; and/or
- Registered Medical Doctor does not recall the context of previous treatment and advice.

5.7 Patient management: health education, counselling & medication

5.7.1 If the condition can be appropriately managed via telemedicine, based on the type of consultation, then the Registered Medical Doctor may proceed with a professional judgement to:

- Provide Health Education as appropriate in the case; and/or
- Provide Counseling related to specific clinical condition; and/or o
Prescribe Medicines

5.7.2 Health Education: A Registered Medical Doctor may impart health promotion and disease prevention messages. These could be related to diet, physical activity, cessation of smoking, contagious infections and so on. Likewise, s/he may give advice on immunizations, exercises, hygiene practices, mosquito control etc.

5.7.3 Counselling: This is specific advice given to patients and it may, for instance, include food restrictions, do's and don't's 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.

5.7.4 Prescribing Medicines

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

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

Prescribing Medicines without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct

Specific Restrictions

There are certain limitations on prescribing medicines on consult via telemedicine depending upon the type of consultation and mode of consultation. The categories of medicines that can be prescribed via tele-consultation will be notified time to time by BM&DC.

The categories of medicines that can be prescribed are listed below:

- List O: It will comprise those medicines which are safe to be prescribed through any mode of tele-consultation. In essence they would comprise of medicines which are used for common conditions and are often available 'over the counter'. For instance, these medicines would include paracetamol, ORS, antihistamines etc.
Medicines that may be deemed necessary during public health emergencies.
- List A: These medications are those which can be prescribed during the first consult which is a video consultation and are being re-prescribed for re-fill in case of follow-up.
- This would be an inclusion list, containing relatively safe medicines with low potential for abuse. It is a list of medicines which Registered Medical Doctor can prescribe to a patient who is undergoing follow-up consult as a refill.

- List B: This Is a list of medicines which Registered Medical Doctor can prescribe in a patient who is undergoing follow-up consultation in addition to those which have been prescribed during in-person consult for the same medical condition.
- Prohibited List: A Registered Medical Doctor providing consultation via telemedicine cannot prescribe medicines included in this list. These medicines have a high potential of abuse and could harm the patient or the society at large if used improperly.

The drugs in the above mentioned list is summarized in Annexure 2

5.7.5 Issue a Prescription and Transmit

- If the Registered Medical Doctor has prescribed medicines, Registered Medical Doctor shall issue a prescription as per the Bangladesh Medical & Dental Council (Professional Conduct, Etiquette and Ethics) Regulations and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules. A sample format is suggested in Annexure 2
- Registered Medical Doctor shall provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform
- In case the Registered Medical Doctor is transmitting the prescription directly to a pharmacy, s/he must ensure explicit consent of the patient that entitles him/her to get the medicines dispensed from any pharmacy of his/ her choice

Table: Matrix of the permissible drug lists based on the type and mode of consultation

List Group	Mode of Consultation [Video/Audio/Text]	Nature of Consultation [First-consultation/ Follow-up]	List of Medicines
O	Any	Any	List O ¹
A	Video	First Consultation Follow-up for continuation of medications	List A ²
B-1	Any	Follow-up	List B-1 ³
B-2	Any	Registered Medical Doctor present at the other end	List B-2
Prohibited	Not to be prescribed	Not to be prescribed	Any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances Act
<p>1. This list included commonly used 'over-the-counter' medications such as Paracetamol, Oral Rehydration Solution (ORS) packets, Antacids etc. This list also includes medicines that may be deemed necessary during emergencies and would be notified time to time.</p> <p>2. This list includes usually prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc. and Re-fill medications for chronic diseases such as Diabetes, Hypertension, Asthma etc.</p> <p>3. This list includes 'add-on' medications which are used to optimize an existing condition. For instance, if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an ACE inhibitor such as Enalapril can be prescribed.</p>			

5.8 Duties and responsibilities of a registered medical doctor in general

5.8.1 Medical ethics, data privacy & confidentiality³

5.8.1.1 Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality as per the regulations of BM&DC shall be binding and must be upheld and practiced.

5.8.1.2 Registered Medical Doctor would be required to fully abide by Bangladesh Medical & Dental Council (Professional conduct, Etiquette and Ethics) regulations and with the relevant provisions of the IT Act, Data protection and privacy laws or any applicable rules notified time to time for protecting patient's privacy and confidentiality and regarding the handling and transfer of such personal information. This shall be binding and must be upheld and practiced.

5.8.1.3 Registered Medical Doctor 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 or by a person other than Registered Medical Doctor not related with the doctor in providing service. The Registered Medical Doctor should ensure that reasonable degree of care undertaken during hiring such services.

5.8.1.4 Misconduct (Note: Breach of Conduct should be dealt with like in person care setting)

It is specifically noted that in addition to all general requirements under the BM&DC Act for professional conduct, ethics etc., while using telemedicine, all actions that willfully compromise patient care or privacy and confidentiality, or violate any prevailing law are explicitly not permissible.

Some examples of actions that are not permissible:

- Insisting on to accept services on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation except in a pandemic situation
- Misusing patient images and data, especially private and sensitive in nature (e.g. Registered Medical Doctor uploads an explicit picture of patient on social media etc.).
- Prescribing medicines from the specific restricted list.
- Soliciting patients for telemedicine through any advertisements or inducements

5.8.1.5 Penalties: Deviation from the principles of telemedicine shall be dealt with as per BM&DC Act and regulations (professional conduct, etiquette and ethics).

³ It is the responsibility of the Registered Medical Doctor to be cognizant of the current Data Protection and Privacy laws. Registered Medical Doctor shall not breach the patient's confidentiality akin to an in-person consultation. For example: If the Registered Medical Doctor is planning to create virtual support group for disseminating health education for patients suffering from a particular disease condition then he/she shall be wary of the patient's willingness and not violate patient's privacy and confidentiality by adding them to the group without their consent.

5.8.2 Maintain digital trail/ documentation of consultation

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

5.8.2.1 Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).

5.8.2.2 Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained by the Registered Medical Doctor.

5.8.2.3 Specifically, in case a prescription is shared with the patient, the Registered Medical Doctor is required to maintain the prescription records as required for in-person consultations.

5.8.3 Fee for Telemedicine Consultation

5.8.3.1 Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective: Registered Medical Doctor may charge an appropriate fee for the Telemedicine consultation provided.

6. Framework for Telemedicine

This section lays out the framework for practicing telemedicine in 4 scenarios:

1. Patient to Registered Medical Doctor
2. Health Worker to Registered Medical Doctor
3. Registered Medical Doctor to Registered Medical Doctor
4. Emergency Situations

Essential Principles:

- The **professional judgement** of a Registered Medical Doctor should be the guiding principle: a Registered Medical Doctor is well positioned to decide whether a technology-based consultation is sufficient, or an in-person review is needed. Practitioner shall exercise proper discretion and not compromise on the quality of care
- **Same principles apply irrespective of the mode** (video, audio, text) used for a telemedicine consultation. However, the patient management and treatment can be different depending on the mode of communication used.
- Registered Medical Doctor should exercise **his/her professional discretion** for the mode of communication depending on the type of medical condition. If a case requires a video consultation for examination, Registered Medical Doctor should explicitly ask for it
- The Registered Medical Doctor **can choose not to proceed** with the consultation at any time. At any step, the Registered Medical Doctor may refer or request for an in-person consultation
- At any stage, the **patient has the right to choose to discontinue** the teleconsultation

6.1 Consultation between patient and registered medical doctor

Specifically, this section details with the key elements of the process of teleconsultation to be used in the First consults and Follow up consults when a patient consults with a Registered Medical Doctor.

6.1.1 First Consult: Patient to Registered Medical Doctor

6.1.1.1 Tele-Consultation Process

The flow of the process is summarized in the Figure 1 and the steps are detailed below.

1. Start of a Telemedicine Consultation for First Consult

- The telemedicine consultation is initiated by the patient (For example, a patient may do an audio or video call with a Registered Medical Doctor or send an email or text with a health query)
- Registered Medical Doctor accepts to undertake the consultation

2. Patient identification and consent

- Registered Medical Doctor should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID, phone number or any other identification that may be reasonable
- Telemedicine consultation should be initiated by the patient and thereafter explicit consent is to be given.

3. Quick assessment:

- The patient's condition needs to be quickly assessed by the Registered Medical Doctor based on available inputs and Registered Medical Doctor uses his professional discretion if emergency care is needed, to decide if emergency care is needed.
- If the condition of the patient merits emergency intervention, then advice for first aid/ immediate relief is provided and guidance is provided for referral, as appropriate.

If the condition does not merit an emergency intervention, the following steps are undertaken:

4. Exchange of Information for Patient Evaluation

- The Registered Medical Doctor may ask the patient to provide relevant information (complaints, information about any other consults for the same problem, available investigation and medication details, if any). The patient

shall be responsible for accuracy of information shared by him/her with the Registered Medical Doctor.

- If the Registered Medical Doctor feels that the information provided at this stage is inadequate, then s/he shall request for additional information from the patient. This information may be shared in real time or shared later via email/text, as per the nature of such information. The consultation may be resumed at a rescheduled time after receipt of the additional information (this may include some laboratory or radiological tests). In the meantime, the Registered Medical Doctor may provide health advice as appropriate.
- If the Registered Medical Doctor is satisfied that s/he has adequate patient information for offering a professional opinion, then s/he shall exercise one's professional judgment for its suitability for management via telemedicine.
- If the situation is not appropriate for further telemedicine consultation, then the Registered Medical Doctor should provide Health advice/ Education as appropriate; and/or refer for in-person consultation.

5. Patient Management

If the condition can be appropriately managed via telemedicine, then the Registered Medical Doctor may take a professional judgement to either:

- Provide *Health Education* as appropriate in the case; and/or
- Provide *Counselling* related to specific clinical condition, *including advice related to new investigations that need to be carried out before next consult* and/or
- *Provide specific treatment by prescribing medicines* as in List O (which are over the counter drugs or others as notified). Additional medicines (as per List A) can also be prescribed if the ongoing tele-consultation is on video.
- In the prescription, name of the drug must be written in capital letters. The directives may be in Bengali or English according to the choice of the patient.

6.1.2 Follow-up Consult: Patient to Registered Medical Doctor

In a follow-up consultation, since the Registered Medical Doctor - patient interaction has already taken place for the specific medical condition under follow-up, there is already an understanding of the context, with availability of previous records. This allows a more definitive and secure interaction between the Registered Medical Doctor and the patient.

6.1.2.1 Tele-Consultation Process

The flow of the process is summarized in Figure 2 and the steps are detailed below:

1. Start of a Telemedicine Consultation for Follow Up

- Patient may initiate a follow up consult with a Registered Medical Doctor for continuation of his/her ongoing treatment or for a new complaint or complication arising during the course of the ongoing treatment using any mode of communication. For e.g., the patient may do an audio or video call with a Registered Medical Doctor or send him/her an email or text message with a specific health query
- Registered Medical Doctor accepts to undertake the consultation

2. Patient identification and consent

- Registered Medical Doctor should be reasonably convinced that s/he is communicating with the known patient, for e.g. if the patient is communicating with Registered Medical Doctor through the registered phone number or registered email id
- If there is any doubt Registered Medical Doctor can request the patient to reinitiate the conversation from a registered phone number or email id or should confirm patient identity to his/her satisfaction by asking patient's name, age, address, email ID or phone number. [Details in the section 5.2]
- Patient initiates the Telemedicine consultation and thereafter explicit consent is given.

3. Quick Assessment for Emergency Condition

- If the patient presents with a complaint which the Registered Medical Doctor identifies as an emergency condition necessitating urgent care, the Registered Medical Doctor would then advice for first aid to provide immediate relief and guide for referral of the patient, as deemed necessary.

4. In case of routine follow-up consultation, the following would be undertaken:

- If the Registered Medical Doctor has access to previous records of the patient, s/he may proceed with continuation of care.
- Registered Medical Doctor shall apply his/her professional discretion for type of consultation based on the adequacy of patient information (history/examination findings/Investigation reports/past records).
- If the Registered Medical Doctor needs additional information, s/he should seek the information before proceeding and resume tele-consultation for later point in time.

5. Patient Management

- If Registered Medical Doctor is satisfied that s/he has access to adequate patient information and if the condition can be appropriately managed by tele-consultation, s/he would go ahead with the tele-management of the patient.
- If the follow-up is for continuation of care, then the Registered Medical Doctor may take a professional judgement to either:
 - Provide health education as appropriate in the case; or
 - Provide counselling related to specific clinical condition including advice related to new investigations that need to be carried out before next consult;
 - And/or Prescribe Medications. The medications could be either of the below:
 - If the follow up is for *continuation of care for the same medical condition*, the Registered Medical Doctor would re-prescribe original set of medications for a refill (List A of medications, which has been previously prescribed for the patient).
 - If the Registered Medical Doctor considers addition of a new drug, as an 'add-on' medication to optimize the underlying medical condition, then the Registered Medical Doctor can prescribe medications listed under List B.
 - If the follow-up consult is for a new minor ailment necessitating only 'over the counter' medications or those notified for this purpose, medications under List O can be prescribed.
 - If the follow-up consult reveals new symptom pertaining to a different spectrum of disease, then the Registered Medical Doctor would proceed with the condition as enunciated in the scenario for a first-time consultation (4.1.1).

6.2 Consultation between health worker and registered medical doctor

For the purpose of these guidelines, “Health worker” could be a Nurse, Allied Health Professional, Mid-Level Health Practitioner, or any other health worker designated by an appropriate authority

Proposed Set up

- o This sub section will cover interaction between a Health Worker seeking consultation for a patient in a public or private health facility.
- o In a public health facility, the mid-level health practitioner at a Union Sub-center or Upazilla Health complex can initiate and coordinate the telemedicine consultation for the patient with a Registered Medical Doctor at a higher center at upazilla, district or National level.
- o This setting will also include health camps, home visits, mobile medical units or any community-based interaction.

Tele-Consultation Process

The flow of the process is summarized in Figure 3 and the steps are detailed below:

1. Start of a Telemedicine Consultation through a Health Worker/ Registered Medical Doctor

- o The premise of this consultation is that a patient has been seen by the Health worker
- o In the judgment of the health worker, a tele-consultation with a Registered Medical Doctor is required
- o Health Worker should obtain the patient’s informed consent
- o Health worker should explain potential use and limitations of a telemedicine consultation
- o S/he should also confirm the patient identity by asking patient’s name, age, address, email ID, phone number or any other identification that may be reasonable
- o Health Worker initiates and facilitates the telemedicine consultation.

2. Patient Identification by Registered Medical Doctor:

- o Registered Medical Doctor should confirm patient identity to his/her satisfaction by asking patient’s name, age, address, email ID, phone number or any other identification that may be reasonable

- o Registered Medical Doctor should also make their identity known to the patient

3. Patient Consent:

- o Registered Medical Doctor should confirm the patient's consent to continue the consultation

4. In case of Emergency,

- o The Health Worker would urgently communicate about the underlying medical condition of the patient to the Registered Medical Doctor.
- o If based on information provided, if the Registered Medical Doctor identifies it as an emergency condition necessitating urgent care, s/he should advise for first aid to be provided by the Health Worker for immediate relief and guide for referral of the patient, as deemed necessary.

In case, the condition is not an emergency, the following steps would be taken:

5. Exchange of Information for Patient Evaluation (by Registered Medical Doctor)

- o The Health Worker must give a detailed explanation of their health problems to the Registered Medical Doctor which can be supplemented by additional information by the patient, if required.
- o The Registered Medical Doctor shall apply his professional discretion for type and extent of patient information (history/examination findings/Investigation reports/past records) required to be able to exercise proper clinical judgement.
- o If the Registered Medical Doctor feels that the information provided is inadequate, then s/he shall request for additional information. This information may be shared in real time or shared later via email/text, as per the nature of such information. For e.g., Registered Medical Doctor may advise some laboratory and/or radiological tests for the patient. For such instances, the consult may be considered paused and can be resumed at the rescheduled time. Registered Medical Doctor may provide health education as appropriate at any time.

6. Patient Management

- Once the Registered Medical Doctor is satisfied that the available patient information is adequate and that the case is appropriate for management via telemedicine, then s/he would proceed with the management. Health worker should document the same in his/her records.

The Registered Medical Doctor may take a professional judgement to either:

- Provide health education as appropriate in the case,
- Provide counselling related to specific clinical condition including advice related to new investigations that need to be carried out before next consult;
- And/or prescribe medications.

7. Role of Health Worker:

In all cases of emergency, the Health Worker must seek measures for immediate relief and first-aid from the Registered Medical Doctor who is being tele-consulted. Health worker must provide the immediate relief/first aid as advised by the Registered Medical Doctor and facilitate the referral of the patient for appropriate care. The Health Worker must ensure that the patient is advised for an in-person interaction with a Registered Medical Doctor, at the earliest.

For patients who can be suitably managed via telemedicine, the Health Worker plays a vital role of reinforcing the health education and counselling provided by the Registered Medical Doctor.

6.3 Registered medical doctor to another registered medical doctor/specialist

- Registered Medical Doctor might use telemedicine services to consult with another Registered Medical Doctor or a specialist for a patient under his/her care. Such consultations can be initiated by a Registered Medical Doctor on his/her professional judgments.
- The Registered Medical Doctor asking for another Registered Medical Doctor's advice remains the treating Registered Medical Doctor and shall be responsible for treatment and other recommendations given to the patient.
- It is acknowledged that many medical specialties like cardiology, ophthalmology, dermatology, rehabilitation, radiology, pathology, psychotherapy etc. may be at advanced stages of adoption of technology for exchange of information or some may be at early stage. Guidelines support and encourage interaction between family medicine doctors/general practitioners and specialists using information technology for diagnosis, management and prevention of disease.

- **Tele-cardiology:** Electronic stethoscope can be used as recording devices. Tele transmission of ECG using wireless system or telephone lines can be of great use.
- **Tele-ophthalmology** access to eye specialists for patients in remote areas, ophthalmic disease screening, diagnosis and monitoring.
- **Tele-radiology** is the ability to send radiographic images (x-rays, CT, MRI, PET/CT, Ultrasound etc.) from one location to another.
- **Tele-pathology** is the use of technology to transfer image-rich pathology data between distant locations for the purposes of diagnosis, education, and research.
- **Tele-rehabilitation:** Two important areas of tele-rehabilitation research are (1) demonstrating equivalence of assessment and therapy to in-person assessment and therapy and (2) building new data collection systems to digitize information that a therapist can use in practice.
Ground breaking research in telehaptics (computer generated tactile sensations over a network between physically distant human beings) is going on for a greater help for the patient.

6.4 EMERGENCY SITUATIONS

In all telemedicine consultations, as per the judgment of the Registered Medical Doctor, if it is an emergency situation, the goal and objective should be to provide in-person care at the soonest. However critical steps could be life-saving and guidance and counselling could be critical. For example, in cases involving trauma, right advice and guidance around maintaining the neck position might protect the spine in some cases. The guidelines are designed to provide a balanced approach in such conditions. The Registered Medical Doctor, based on his/ her professional discretion may

- Advise first aid
- Counselling
- Facilitate referral

In all cases of emergency, the patient must be advised for an in-person interaction with a Registered Medical Doctor at the earliest.

7. Guidelines for Technology Platforms enabling Telemedicine

This specifically covers those technology platforms which work across a network of Registered medical practitioners and enable patients to consult with Registered Medical Doctors through the platform.

- 7.1** Technology platforms (mobile apps, websites etc.) providing telemedicine services to consumers shall be **obligated to ensure** that the consumers are consulting with **Registered Medical Doctor** duly registered with BM&DC and comply with relevant provisions.

- 7.2 Technology Platforms shall conduct their **due diligence** before listing any Registered Medical Doctor on its online portal. Platform must provide the **name, qualification and registration number, contact details of every Registered Medical Doctor** listed on the platform.
- 7.3 In the event some non-compliance is noted, the technology platform shall be required to **report** the same to Executive Committee BM&DC which may take appropriate action.
- 7.4 Technology platforms based on **Artificial Intelligence/Machine Learning are not allowed to counsel the patients or prescribe any medicines** to a patient. Only a Registered Medical Doctor is entitled to counsel or prescribe and has to directly communicate with the patient in this regard. While new technologies such as Artificial Intelligence, Internet of Things, advanced data science-based decision support systems etc. could **assist and support a Registered Medical Doctor** on patient evaluation, diagnosis or management, the final prescription or counselling has to be directly delivered by the Registered Medical Doctor.
- 7.5 Technology Platform must ensure that there is a proper mechanism in place to address any queries or grievances that the end-customer may have.
- 7.6 In case any specific technology platform is found in violation, BM&DC may designate the technology platform as blacklisted, and no Registered Medical Doctor may then use that platform to provide telemedicine.

8. Special responsibilities of BM&DC

- 8.1 Any of the drug lists contained in Telemedicine Guidelines can be modified by Bangladesh Medical & Dental Council from time to time as required.
- 8.2 Bangladesh Medical & Dental Council may issue necessary directions or advisories or clarifications in regard to these Guidelines as required.
- 8.3 The Telemedicine Guidelines can be amended from time to time in larger public interest.
-

Flow charts

Registered Medical Doctors can choose not to proceed with the consultation at any time
 At any step, the Registered Medical Doctors may refer or request for an in-person consultation
 At any stage, the patient has the right to choose to discontinue the teleconsultation

**First Consult
 Patient and Registered Medical Doctors**

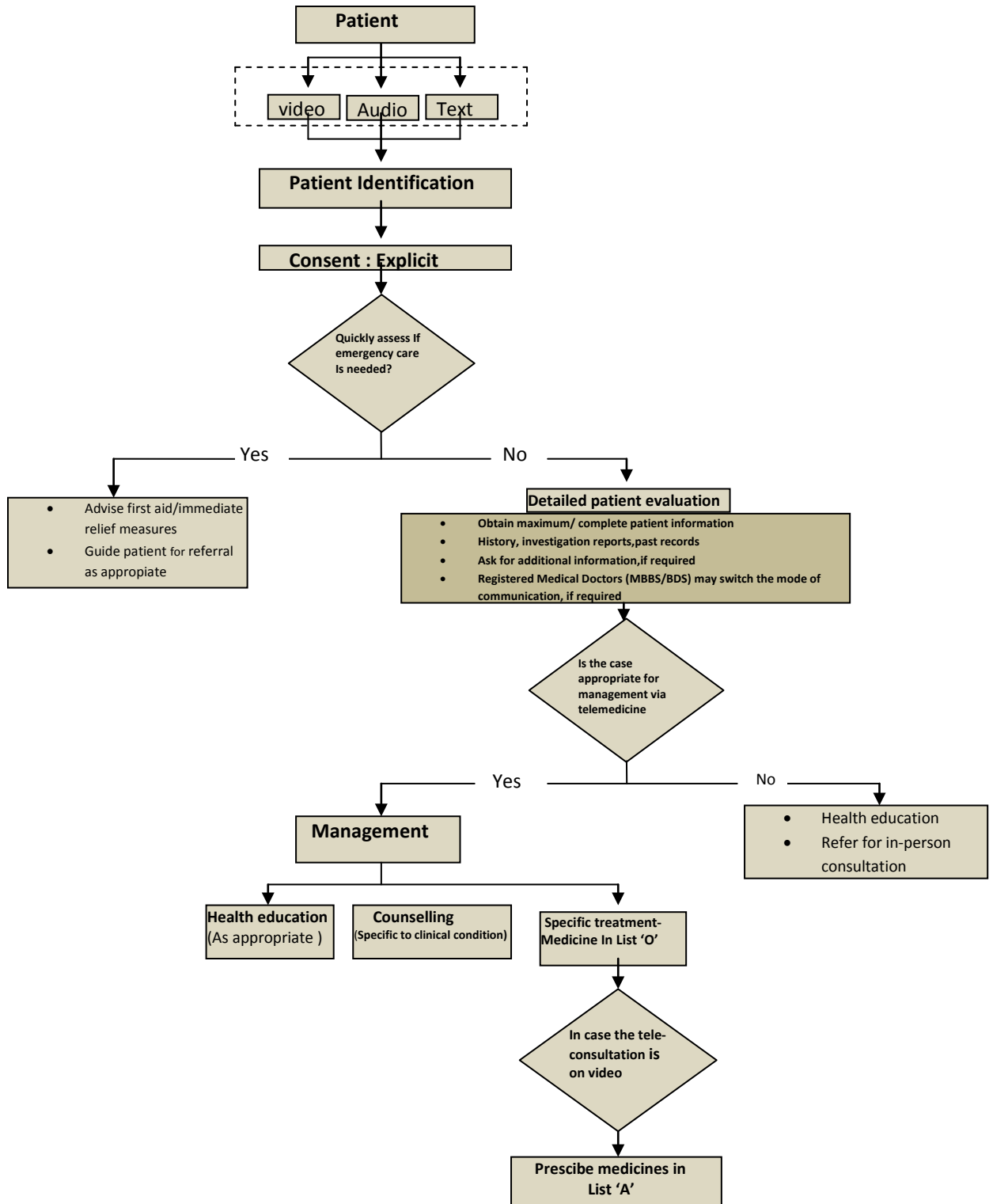


Figure 1 : Flow chart for teleconsultation for first consult

Registered Medical Doctors choose not to proceed not with the consultation at any time At any step, the Registered Medical Doctors may refer or request for an in-person consultation

At any stage , the patient has the right to choose to discontinue the teleconsultation

**Follow up Consult
Patient and Registered Medical Doctors**

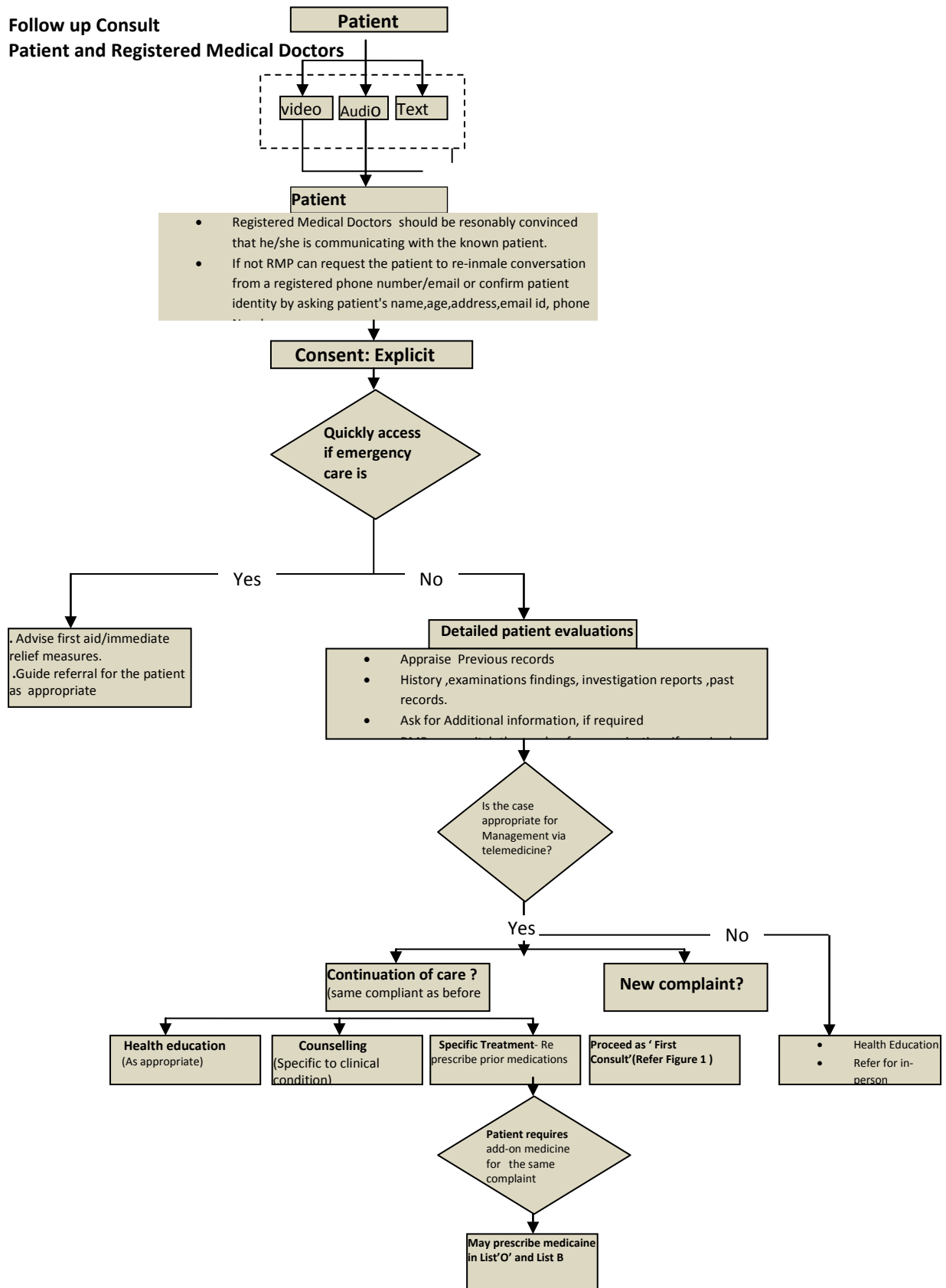


Figure 2 : Flow Chat for teleconsultation on follow-up Consult

Health Worker and Registered Medical Doctor

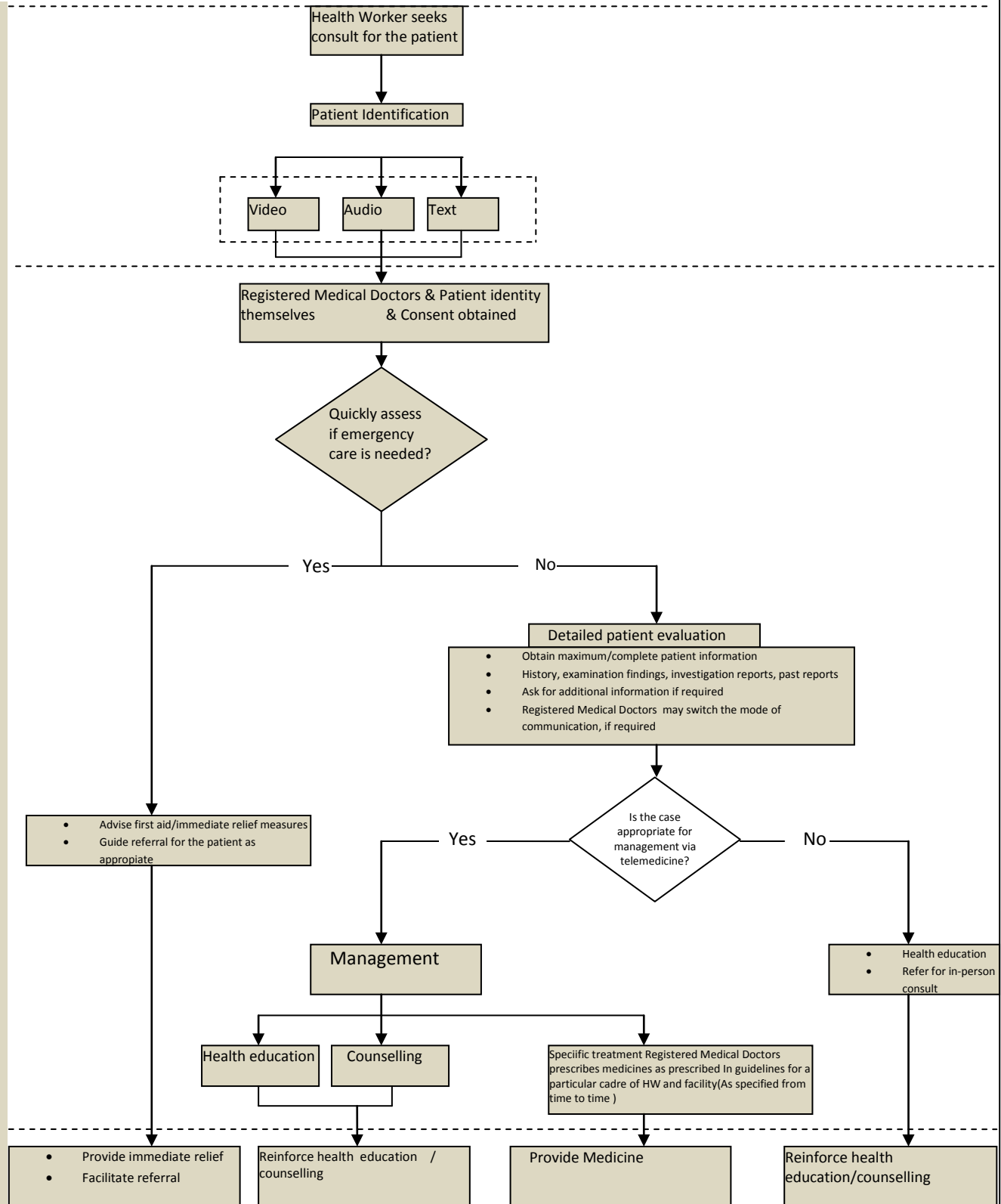


Figure 3: Flow chart for a teleconsultation between a Health Worker and a Registered Medical Doctor

Annexures

Informed Consent for Telemedicine Services

PATIENT NAME: _____ LOCATION OF PATIENT : _____	DATE OF BIRTH: _____ _____	MEDICAL RECORD #: _____
PHYSICIAN NAME: _____ LOCATION: _____ CONSULTANT NAME: _____ LOCATION: _____ CONSULTANT NAME: _____ LOCATION: _____		DATE CONSENT DISCUSSED: _____

Introduction

Telemedicine involves the use of electronic communications to enable Registered Medical Doctors to consult patients at a distant place and to share individual patient medical information with other peer or specialist for the purpose of improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

1. Patient medical records
2. Medical images
3. Live two-way audio and video
4. Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her place at a remote site thereby improving access, equity and efficiency in the health system. It helps the vulnerable group of people specially the bedridden patient where mobilization and travel is a difficult job.
- More efficient medical evaluation and management.
- Utilizing expertise of a specialist at a distant place..

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors;

Please initial after reading this page: _____

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My physician has explained the alternatives to my satisfaction.
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas of the country.
6. I understand that it is my duty to inform my physician of electronic interactions regarding my care that I may have with other healthcare providers.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

Patient Consent To The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize _____ (*name of the Physician*) to use telemedicine in the course of my diagnosis and treatment.

Signature of the patient (or person authorized to sign for patient): _____ *Date:* _____

Relationship of the authorized signer to the patient: _____

MEDICINE LISTS

Telemedicine Drugs
(Medicine related to the same group can be prescribed by the doctor considering the efficacy and safety)

List 0

(medicines can be prescribed through any mode of tele-consultation)

Sl. No.	Name of Medicine	Dosage Form
1	Albendazole	Chewable Tablet
2	Antacid	Chewable Tablet/Suspension
3	Aspirin	Tablet
4	Benzyl Benzoate	Lotion
5	Calcium	Tablet
6	Chloramphenicol	Eye/Ear Ointment/Drops
7	Chlorhexidine	Lotion/Cream
8	Chloroxylenol	Lotion/Cream
9	Chlorpheniramine Maleate	Tablet/Syrup
10	Diclofenac	Gel
11	Dextromethorphan	Syrup
12	Fexofenadine	Tablet/Suspension
13	Ferrous Sulphate, Gluconate & Fumarate	Tablet/Capsule/ Syrup
14	Folic acid	Tablet
15	Gentian Violet	Lotion
16	Glycerin	Suppository
17	Loratadine	Tablet/Suspension
18	Low Dose Contraceptive	Pills
19	Mebendazole	Tablet/Suspension
20	Methyl Salicylate	Gel
21	Milk of Magnesia	Suspension
22	Multivitamin	Tablet/Capsule/ Drops
23	Neomycin/Gentamycin	Ointment/Cream/ Dusting Powder

24	Omeprazole	Capsule
25	Oral Rehydration Salt (ORS)	Sachets
26	Paracetamol	Tablet/Syrup/ Suspension/ Suppository
27	Permethrin	Ointment/Cream
28	Potassium Permanganate	Granules for Gargle
29	Povidone Iodine	Ointment/ Mouthwash/ Solution
30	Promethazine Theoclate	Tablet
31	Ranitidine	Tablet
32	Riboflavin	Tablet
33	Salbutamol	Tablet/Inhaler
34	Salicylic Acid + Benzoic Acid	Ointment
35	Silver Sulphadiazine	Ointment
36	Vitamin A	Capsule
37	Vitamin B Complex (individual or combination)	Tablet/Syrup/ Drops
38	Vitamin C	Chewable Tablet/Syrup
39	Vitamin D	Tablet
40	Xylometazoline 0.1%	Nasal Drops
41	Zinc	Tablet/Syrup
42	Clotrimazole	cream
43	Muconazole	Ointment
44	Muconazole with Hydrocortisone	ointment
45	Fenticonazole	VT
46	Flucionide	VT
47	Norethisterone	Tablet
48	Tranexamic acid	Capsule
49	Mephenemic acid	
50	Sodium valproate	Tablet/suspension
51	Tiemonium	Tablet/suspension
52	Beclomethasone	inhaler
53	Budesonide	inhaler

54	Artificial tear	Solution/gel
55	Ondansetron	Tablet
56	Haloperidol	Tablet
57	Chlorpromazine	Tablet
58	Risperidone	Tablet/Syrup
59	Quetiapine	Tablet/syrup
70	Olanzapine	Tablet/syrup
71	Amitriptyline	Tablet/Syrup
72	Maprotiline	Tablet/Syrup
73	Clofranil	Tablet/Syrup
74	Fluoxetine	Tablet
75	Sertraline	tablet
76	Escitalopram	Tablet
77	Mirtazapine	Tablet
78	Venlafaxine	Tablet
79	Procyclidine	Tablet
80	Trihexyphenidyl	Tablet

List A (List O plus)

(medicines to be prescribed only on video consultation)

Sl. No.	Name of Medicine	Dosage Form
1	Amitriptyline	Tablet
2	Amoxicillin	Capsule/Suspension/Pead drop
3	Azithromycin	Tablet/Capsule/ Suspension
4	Calamine	Lotion
5	Chloroquine	Tablet
6	Cholera fluid	IV Fluid
7	Ciprofloxacin/Moxifloxacin	Eye drop
8	Clotrimazole	Ointment/cream
9	Cloxacillin	Capsule/Suspension
10	Cotrimoxazole	Tablet/Suspension
11	Domperidone	Tablet/Suspension
12	Doxycycline	Capsule
13	Emergency Pill	Tablet
14	Griseofulvin	Tablet/Suspension
15	Hydroxychloroquine	Tablet
16	Hyoscine-N-butyl bromide	Tablet
17	Ibuprofen	Tablet/Suspension
18	Lactulose	Oral Solution
19	Mebeverine	Tablet/Capsule
20	Meclizine	Tablet
21	Metronidazole	Tablet/Suspension
22	Mupirocin	Lotion/ Cream
23	Nitazoxanide	Tablet/Suspension
24	Phenoxy Methyl Penicillin	Tablet
25	Sunscreen preparations	Cream
26	Fluconazole	Tab/capsule

27	Econazole	Tablet
28	Ceftriaxone	Injection
29	Cephradine	Capsule
30	Cefaclor	Capsule
31	Cefixime	Capsule
32	Naproxen	Tablet
33	Indomethacin	Capsule
34	Diclofenac	Tab/suppository
35	Allystrenol	Tablet
36	Hydroxyprogesterone	tablet
37	Medroxyprogesterone	tablet
38	Mifepristone	tablet
39	Misoprostol	tablet
40	Clomiphene citrate	tablet
41	Letrozole	Tablet
42	Micronised Progesterone	Tablet
43	Oestradiol valerate	Tablet
44	Labetalol	Tablet
45	Nifedipine	Tablet
46	Divalproate sodium	Tablet
47	Lithium	Tablet

48	Zolpidem	Tablet
49	Clonidine	Tablet
50	Methylphenidate	Tablet
51	Phenobarbitone	Tablet
52	Tramadol	Capsule/Injectable
53	Pregabalin	Capsule/Injectable
54	Ketorolac	Tablet/Injectable
55	Magestrol Acetate	Tablet/Injectable
56	Tamoxifen	Tablet
57	Letrozole	Tablet
58	Flutamide	Tablet
59	Bicalutamide	Tablet
60	Cyclophosphamide	Tablet
61	Etoposide	Tablet
62	Capecitabine	Tablet
63	Lomustin	Tablet
64	Melphalan	Tablet
65	Chlorambucil	Tablet
66	Procarbazine	Tablet
67	Thalidomide	Tablet
68	Temozolomide	Tablet

69	Erlotinib	Tablet
70	Olaparib	Tablet
71	Sorafenib	Tablet
72	Levatinib	Tablet
73	Palibociclib	Tablet

List B-1 (List O plus A plus)

(Re-prescribe/Refill: Medicines can be prescribed to a patient who is undergoing follow-up consultation in addition to those which have been prescribed during in-person consult for the same medical condition)

Sl. No.	Name of Medicine	Dosage Form
1	Aceclofenac	Tablet
2	Acyclovir	Tablet
3	Amlodipine	Tablet
4	Atenolol	Tablet
5	Carbamazepine	Tablet
6	Carbidopa plus Levodopa	Tablet
7	Carbimazole	Tablet
8	Clonazepam	Tablet
9	Diazepam	Tablet
10	Doxophylline	Inhaler
11	Enalapril	Tablet
12	Fruzemide	Tablet
13	Glibenclamide	Tablet
14	Insulin	Different preparations
15	Levothyroxine	Tablet
16	Linagliptin	Tablet
17	Losartan	Tablet
18	Metformin	Tablet
19	Methotrexate	Tablet
20	Methyldopa	Tablet

21	Naproxen	Tablet/Suppository/ Suspension/Gel
22	Prednisolone	Tablet
23	Ramipril	Tablet
24	Salmeterol plus Fluticasone	Inhaler
25	Sulfasalazine	Tablet
26	Thiazide	Tablet
27	Tolperisone	Tablet
28	Chlorpromazine	Injectable
29	Haloperidol	Injectable
30	Fluphenazine	Injectable
31	Zuclopenthixol	Injectable
32	Risperidone	Injectable
33	Clozapine	Tablet
34	Lamotrigine	Tablet

List B-2 (List 0 plus A plus B-1 plus)

(Video consultation supported by the presence of another competent registered medical graduate trained on Telemedicine on the other side with the patient).

All approved modern (allopathic) medicines considering the safety and efficacy except those are prohibited by law.