Quality and Accreditation Institute
Centre for Accreditation of Health & Social Care

Change   Adapt   Improve

INFORMATION BROCHURE
FOR
RECOGNITION PROGRAMME FOR TELEMEDICINE PRACTITIONER

CONTENTS

1. About Quality and Accreditation Institute (QAI)

Quality and Accreditation Institute is a private limited company incorporated by Registrar of Companies under the Companies Act 1956. QAI was set up to create an ecosystem of education, training, quality improvement and accreditation/ certification. It is believed that QAI would provide a platform to stakeholders including professionals and organisations, associated with quality in any way, to share their wisdom and knowledge in order to make its Vision fulfilled. Different activities would be initiated under different verticals in a manner that they remain independent of each other. QAI aims to operate globally. One of the verticals set up within QAI is the Centre for Accreditation of Health and Social Care (CAHSC). It is responsible to run various accreditation/ certification activities in health and social care.

QAI endeavours to operate various accreditation programmes in the space of health and social care. We are aiming to provide value addition to such organisations through a unique process of self-assessment and peer review. We would assist organisations in moving forward on a self-regulated improvement journey.

Vision
Nurturing the largest global pool of organisations and people through quality and accreditation framework.

Mission
To conceive and deliver education, training, accreditation and related programmes in partnership with stakeholders using an approach of co-design and co-creation.

Values
Listener: Seek continuous feedback from stakeholders to address their concerns
Competitive: Look for viable options to benefit users of our services
Transparency: Clearly defined policies made available in public domain
Innovation: Continuously evolve using co-design and co-creation

Membership
QAI becomes the institutional member of the International Society for Quality in Health Care (ISQua) (www.isqua.org).

QAI becomes the institutional member of the International Society for Telemedicine and eHealth (ISfTeH) (https://www.isfteh.org/).

2. Benefits of Recognition

- Enables the RMP/ASU RMP/ RHP/YN RMP in demonstrating commitment to quality and safe patient care.
- Assures community about the quality of services provided.
- Rights of patients are respected and protected.
- Demonstrates transparency in practice.
- Demonstrates that RMP functions in ethical manner.
- Provides the confidence and assurance to the practitioner himself/ herself about compliance to the prescribed telemedicine practice guidelines.
- A mechanism to ensure ease of storage and retrieval of patient information in a chronological order when needed by RMP himself or Patient or Court of Law or otherwise.
- A mechanism to safeguard RMP from potential legal liability.
- Recognition Process stimulates continual improvement.
- A mechanism of self-regulation.

3. QAI's Centre for Accreditation of Health and Social Care (CAHSC)

It is set up to operate accreditation/ certification programmes in health and social care sector. Primarily, it is targeted to launch those programmes which do not exist in India and there is a need felt by stakeholders to start such programmes. Currently, following accreditation/certification programmes have been developed: -

- Assisted Reproductive Technology (ART) including IVF Centres Accreditation Programme
- Home Health Care Accreditation Programme
- Dialysis Centres Accreditation Programme
- Green Health Care Facility Accreditation Programme
- Healthcare Facility Certification Programme
- WHO Patient Safety Friendly Hospital Standards Certification Programme
- Primary Care Clinic Accreditation Programme
- Ambulatory Care Facility Accreditation Programme
- Recognition Programme for Telemedicine Practitioners
- Accreditation Programme for Telehealth
- Accreditation Programme for Hotels and Home Stays
- Accreditation Programme for Emergency Department

Following standards have achieved ISQua accreditation, making QAI the first and only accreditation body in India to get such recognition

4. Organisation Structure

The organisation structure of QAI's Centre for Accreditation of Health and Social Care has been designed to meet the requirements of an effective and efficient accreditation/ certification system. The Centre is governed by a Board. The Board frames and approve policies and provide direction. CEO is the Member Secretary of the Board.

CAHSC operates its accreditation/ certification process through a structured framework of competent staff and pool of empanelled Lead Assessors and Assessors covering specified expertise, technical committees and accreditation committee. Membership of various committees is drawn from reputed organisations, experts in the field, experienced assessors, academic institutions, important professional bodies, regulatory agencies/ bodies etc.

Organogram of CAHSC

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                    ┌─────────────────┐
                    │ Governing Board │
                    └────────┬────────┘
                    ┌────────┴────────┐
                    │    Chairman     │───────────────┐
                    └────────┬────────┘      ┌─────────────────┐
                    ┌────────┴────────┐      │  Appeals Panel  │
                    │      CEO        │      └─────────────────┘
                    └────────┬────────┘
         ┌───────────────────┼───────────────────────┐
┌─────────────────┐                        ┌─────────────────────────┐
│Technical        │                        │ Accreditation Committee │
│Committees       │                        └────────────┬────────────┘
└────────┬────────┘                                     │
┌────────┴──────────────┐              ┌──────────────────────────────────┐
│Accreditation Officers │              │ Accounts & Statutory Compliances │
└────────┬──────────────┘              └──────────────────────────────────┘
┌────────┴──────────────┐
│Panel of Assessors/    │
│Experts                │
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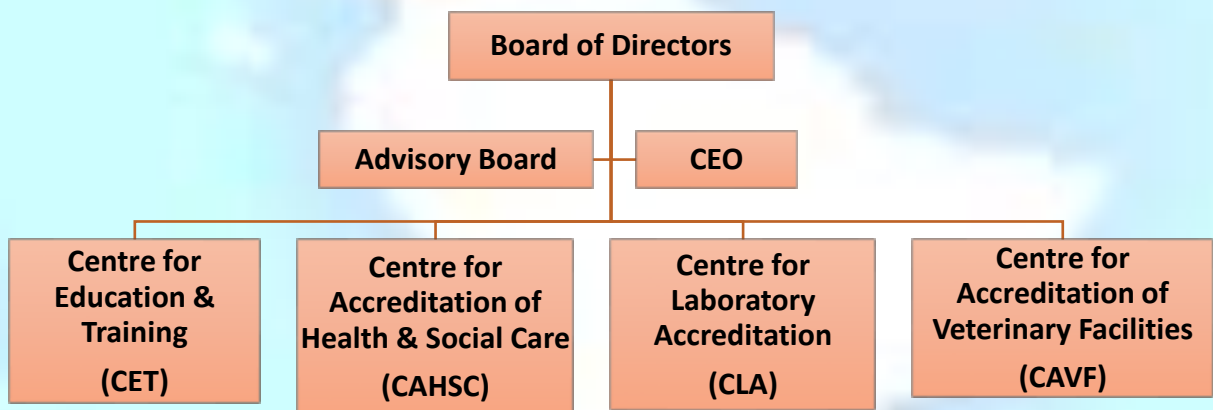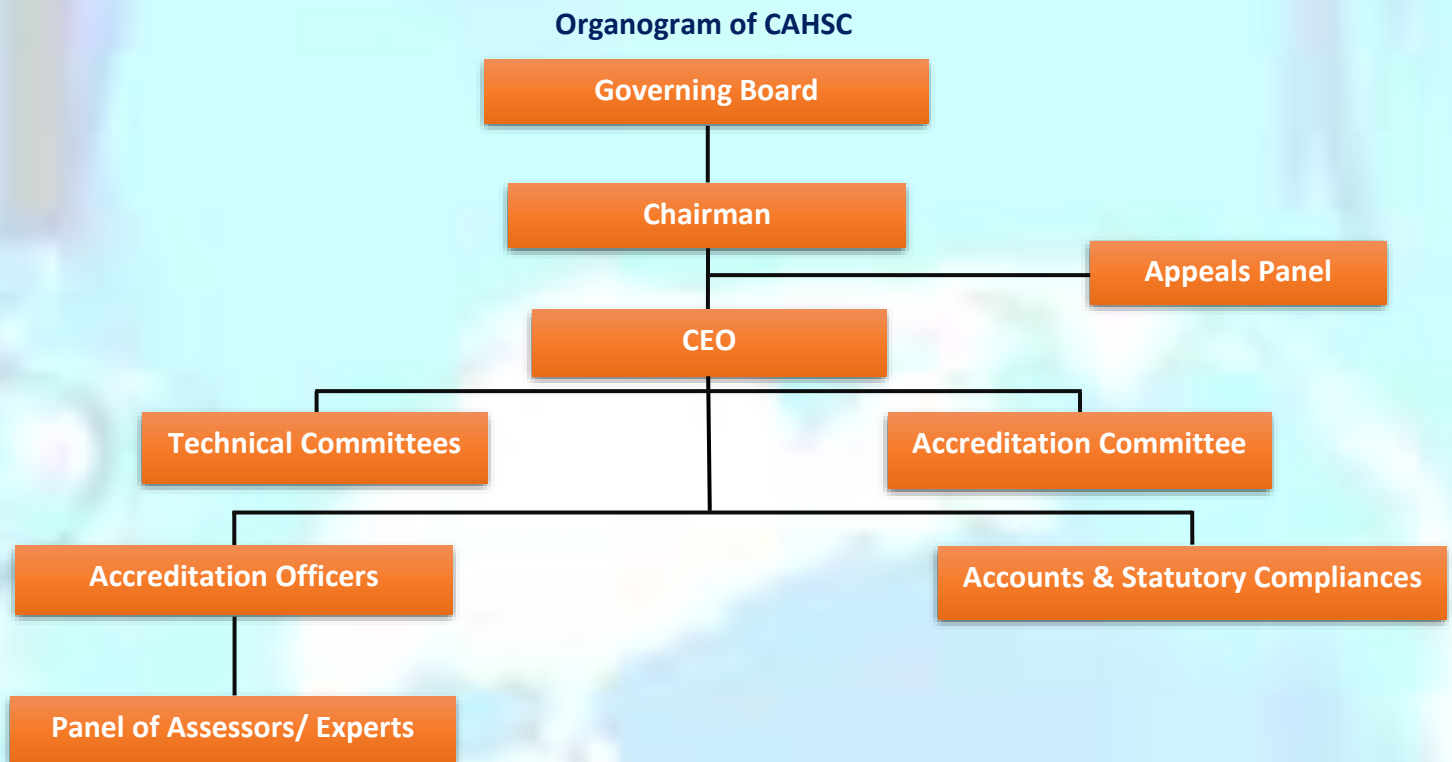
5.   **Definitions:**
   - **Telehealth -** NEJM Catalyst defines *telehealth as "The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self- care via telecommunications and digital communication technologies."*
   - **Telemedicine -** World Health Organization defines telemedicine as *"The delivery of health-care services, where distance is a critical factor, by all health-care professionals using information and communications technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities."*

   Note: Section 6, 7 & 8 in this document are referenced from Telemedicine Practice Guidelines issued by Board of Governors in super-session of MCI/MCI (25 March 2020), Central Council of Homeopathy (10 April 2020) and Central Council of Indian Medicine (7 April 2020).

6.   **Types of Consultation**

 A.   **Teleconsultation between Patient and Registered Medical Practitioner (RMP)/ Registered Homeopathic Practitioner (RHP)/ Registered Ayurveda, Siddha, Unani RMP (ASU RMP) / Registered Yoga & Naturopathy RMP (YN RMP) for the First time.**

First Consultation means:

- The patient is consulting with the RMP/RHP/ASU RMP/ YN RMP for the first time; or
- The patient has consulted with the RMP/RHP/ASU RMP/ YN RMP earlier, but more than 6 months have lapsed since the previous consultation; or
- The patient has consulted with the RMP/RHP/ASU RMP/ YN RMP earlier, but for a different health condition

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                          ┌─────────────┐
                          │   Patient   │
                          └─────────────┘
                    ┌───────────┼───────────┐
                ┌───────┐   ┌───────┐   ┌───────┐
                │ Video │   │ Audio │   │ Text  │
                └───────┘   └───────┘   └───────┘
                    └───────────┼───────────┘
                    ┌───────────────────────┐
                    │ Patient Identification │
                    └───────────────────────┘
                    ┌───────────────────────┐
                    │   Consent: Implied     │
                    └───────────────────────┘
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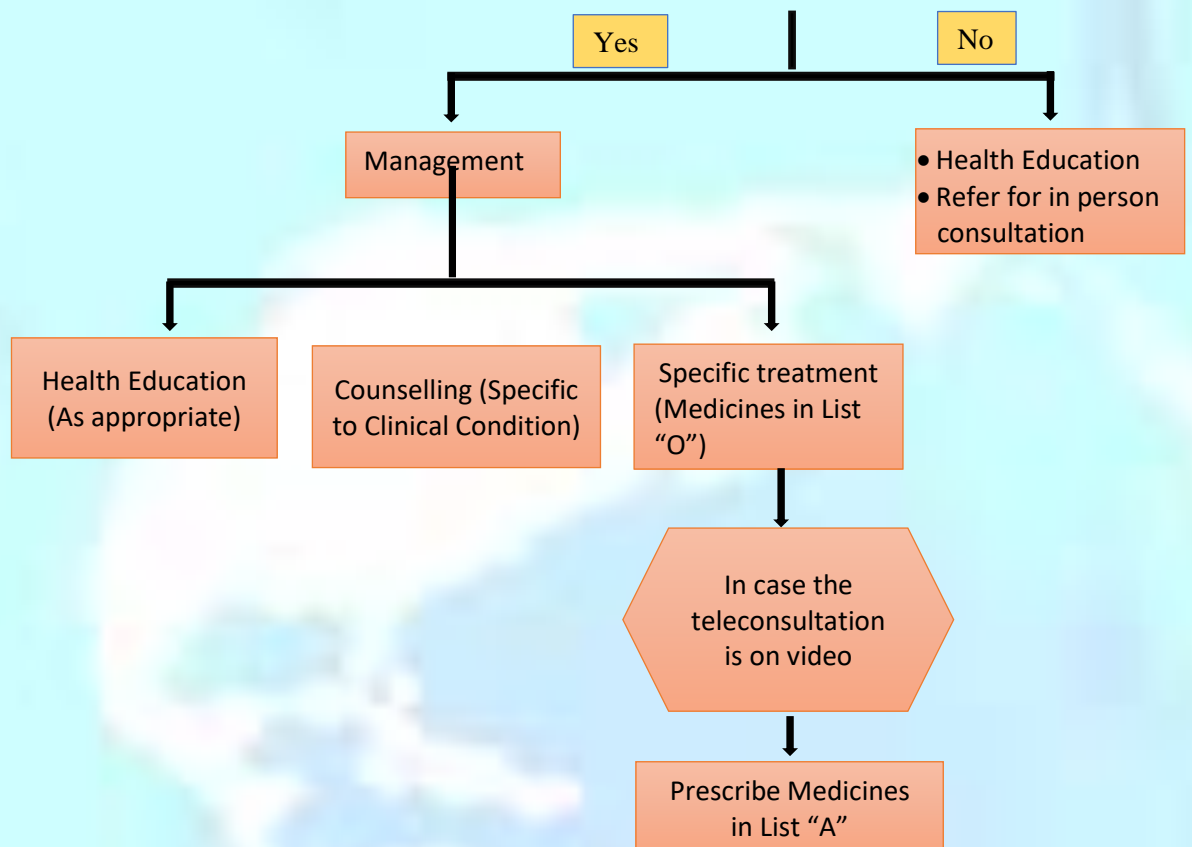
Quickly assess if emergency care is needed?

Yes

No

- Advise First aid / immediate relief measures
- Guide patient for referral as appropriate

Detailed patient evaluation
- Obtain maximum/ complete patient information
- History, investigation reports, past records
- Ask for additional information, if required
- RMP/RHP/ASU RMP may switch the mode of communication, if required

Is the case appropriate for management via telemedicine?

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                    [Yes]                    [No]
                      |                        |
                 ┌────┴────┐                   |
              Management          • Health Education
                   |              • Refer for in person
         ┌─────────┼─────────┐       consultation
         |         |         |
  Health Education   Counselling (Specific   Specific treatment
  (As appropriate)   to Clinical Condition)  (Medicines in List "O")
                                                    |
                                          In case the
                                          teleconsultation
                                          is on video
                                                    |
                                          Prescribe Medicines
                                          in List "A"
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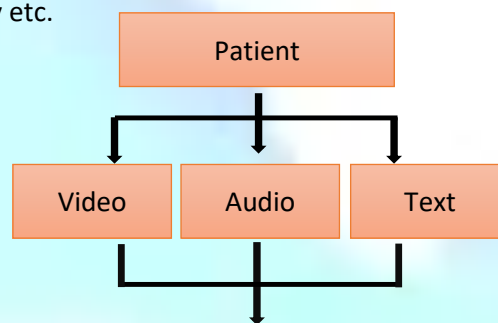
B. Teleconsultation between Patient and Registered Medical Practitioner (RMP)/ Registered Homeopathic Practitioner (RHP)/ Registered Ayurveda, Siddha, Unani RMP (ASU RMP)/ Registered Yoga & Naturopathy RMP (YN RMP)
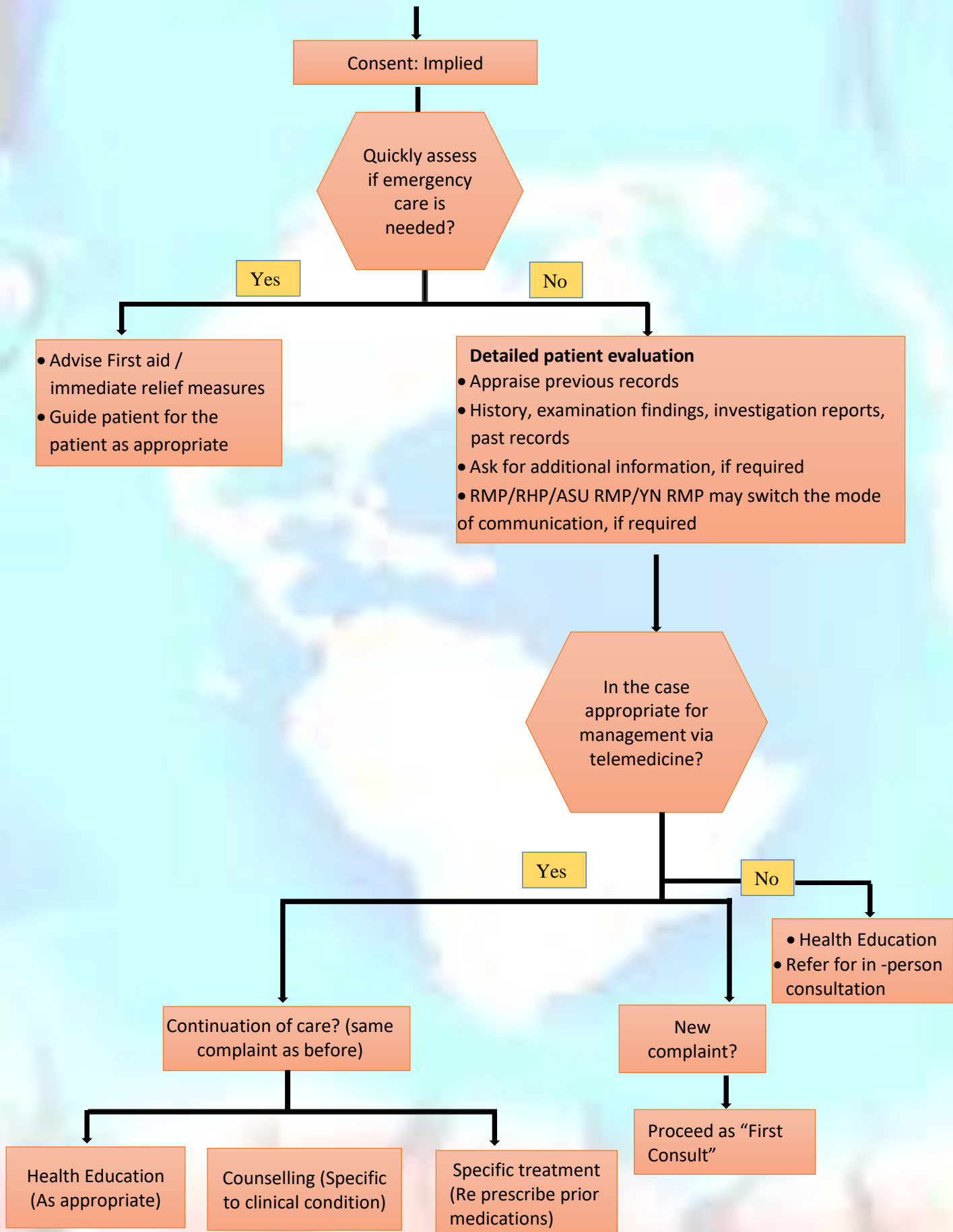**Follow-up Consultation means:**

The patient is consulting with the RMP/RHP/ASU RMP/ YN RMP within 6 months of his/her previous in-person, and this consultation is for continuation of care of the same health condition. Follow-up can be in situations of a chronic disease or a treatment (e.g. renewal or change in medications) when a face-to-face consultation is not necessary. Examples of such chronic diseases are: asthma, diabetes, hypertension and epilepsy etc.

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                      Patient
           ┌────────────┼────────────┐
        Video        Audio         Text
           └────────────┼────────────┘
                        |
              Patient Identification
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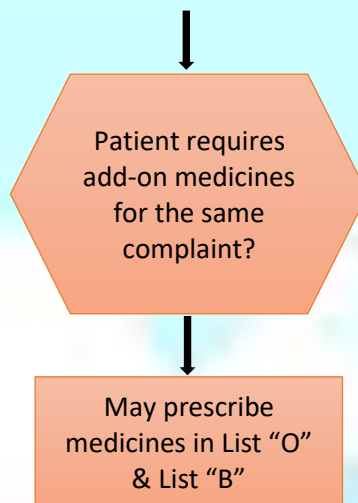
Patient Identification
- RMP/RHP/ASU RMP should be reasonably convinced that he/she is communicating with the known patient.
- If not, RMP/RHP/ASU RMP can request the patient to re-initiate conversation from a registered phone number/ email or confirm patient identity by asking patient's name, age, address, email id or phone
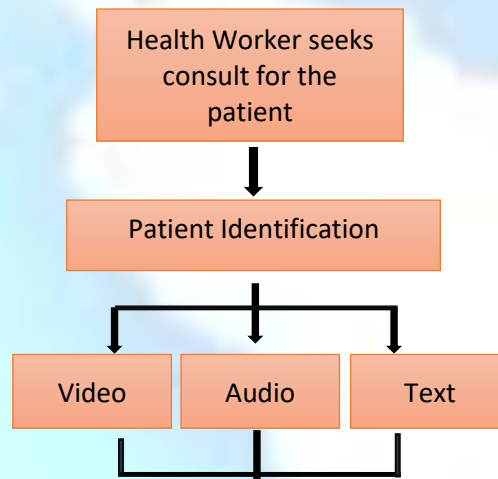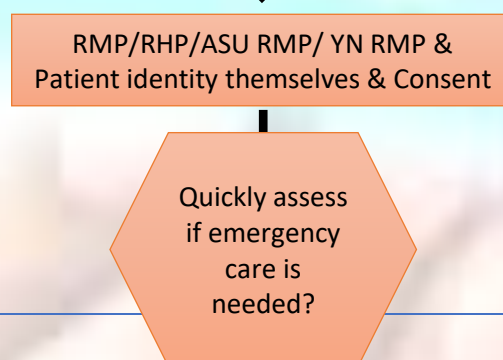
```
                          Consent: Implied

                          Quickly assess
                          if emergency
                          care is
                          needed?

         Yes                                    No

• Advise First aid /                 Detailed patient evaluation
  immediate relief measures          • Appraise previous records
• Guide patient for the              • History, examination findings, investigation reports,
  patient as appropriate               past records
                                     • Ask for additional information, if required
                                     • RMP/RHP/ASU RMP/YN RMP may switch the mode
                                     of communication, if required


                                          In the case
                                          appropriate for
                                          management via
                                          telemedicine?

                          Yes                              No

                                                      • Health Education
                                                      • Refer for in -person
                                                        consultation

Continuation of care? (same              New
complaint as before)                     complaint?

                                                      Proceed as "First
                                                      Consult"

Health Education    Counselling (Specific    Specific treatment
(As appropriate)    to clinical condition)   (Re prescribe prior
                                             medications)
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```
                    │
                    ▼
          ╱─────────────────╲
         ╱  Patient requires  ╲
        │   add-on medicines    │
        │    for the same       │
         ╲    complaint?        ╱
          ╲─────────────────╱
                    │
                    ▼
          ┌─────────────────┐
          │  May prescribe    │
          │ medicines in List "O" │
          │    & List "B"     │
          └─────────────────┘
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C. Consultation between Health worker and Registered Medical Practitioner (RMP)/ Registered Homeopathic Practitioner (RHP)/ Registered Ayurveda, Siddha, Unani RMP (ASU RMP)/ Registered Yoga & Naturopathy RMP (YN RMP):

"Health worker" could be a Nurse, Allied Health Professional, Mid- Level Health Practitioner, ANM or any other health worker **designated by an appropriate authority.**

Health Worker

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          ┌─────────────────┐
          │ Health Worker seeks │
          │  consult for the   │
          │     patient        │
          └─────────────────┘
                    │
                    ▼
          ┌─────────────────┐
          │ Patient Identification │
          └─────────────────┘
                    │
         ┌──────────┼──────────┐
         ▼          ▼          ▼
     ┌───────┐  ┌───────┐  ┌───────┐
     │ Video │  │ Audio │  │ Text  │
     └───────┘  └───────┘  └───────┘
         └──────────┼──────────┘
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RMP/RHP/ASU RMP/ YN RMP

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                    │
                    ▼
          ┌─────────────────────┐
          │ RMP/RHP/ASU RMP/ YN RMP & │
          │ Patient identity themselves & Consent │
          └─────────────────────┘
                    │
                    ▼
          ╱─────────────────╲
         ╱   Quickly assess   ╲
        │    if emergency       │
        │      care is          │
         ╲     needed?         ╱
          ╲─────────────────╱
```

Yes **No**

Detailed patient evaluation
- Obtain maximum/ complete patient information
- History, examination findings, investigation reports, past records
- Ask for additional information, if required
- RMP/RHP/ASU RMP/ YN RMP may switch the mode of communication, if required

Yes **No**

In case appropriate for management via telemedicine?

- Advise First aid / immediate relief measures
- Guide patient for referral as appropriate

Management

- Health Education
- Refer for in person consult

Health Education

Counselling

Specific treatment RMP/RHP/ASU RMP/ YN RMP prescribes medicines as prescribed in guidelines for a particular cadre of HW and facility (as specified from time

Health Worker

- Provide immediate relief
- Facilitate referral

Reinforce health education/ counselling

Provide medicine

Reinforce health education/ counselling

7. Prescribed Medication List

List O

- **Common over-the counter medications such as**
    - Antipyretics: Paracetamol
    - Cough Supplements: Lozenges,
    - Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
    - ORS Packets
    - Syrup Zinc
    - Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements Etc.

Medications notified by Government of India in case from time to time on an Emergency basis
    - Such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

List A

- **First Consult Medications (Diagnosis done on video mode of consultation) such as**
    - Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion,
      Benzyl Benzoate Lotion etc
    - Local Ophthalmological drops such as: Ciprofloxacillin for Conjunctivitis, etc
    - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc.
    - Follow-up consult for above medications

- **Follow-up medications for chronic illnesses for 're-fill' (on any mode of consultation) such as medications for**
    - Hypertension: Enalapril, Atenolol etc
    - Diabetes: Metformin, Glibenclamide etc
    - Asthma: Salmetrol inhaler etc

List B

- **On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management such as for** hypertension: E.g., add-on of Thiazide diuretic with Atenolol
    - Diabetes: Addition of Sitagliptin to Metformin Etc.

8. Sample Prescription Format

RMP/RHP/ASU RMP/ YN RMP NAME
QUALIFICATION
REGISTRATION NUMBER
ADDRESS
CONTACT DETAILS (EMAIL AND PH. NUMBER)

DATE OF CONSULTATION   AGE   GENDER

NAME OF PATIENT   HEIGHT
(wherever applicable)

ADDRESS   WEIGHT
(wherever applicable)

LMP
(wherever applicable)

CHIEF COMPLAINTS	DIAGNOSIS OR PROVISIONAL DIAGNOSIS
RELEVANT POINTS FROM HISTORY	
EXAMINATION/LAB FINDINGS	**Px** 1. Name of medicine (in capital letters only with generic name) drug form, strength, frequency of administration and duration. 2. Name of medicine (in capital letters only with generic name) drug form, strength, frequency of administration and duration
SUGGESTED INVESTIGATIONS	3. Name of medicine (in capital letters only with generic name) drug form, strength, frequency of administration and duration

SPECIAL INSTRUCTIONS

RMP/RHP/ASU RMP/ YN RMP (s) Signature & Stamp

Note: This prescription is generated on a teleconsultation

9. Eligibility and Preparation for Recognition

9.1 Eligibility for Recognition

An RMP/RHP/ASU RMP/ YN RMP having a valid registration certificate of relevant Council is eligible to apply. For the purpose, the applicant should get enrol in respective State Medical Register or Central Register under respective Acts. The RMP/RHP/ASU RMP/ YN RMP are advised to be well versed with and follow the principles of the Telemedicine Practice Guidelines issued by Board of Governors in super-session of MCI/MCI (25 March 2020) or Central Council of Homeopathy (10 April 2020) or Central Council of Indian Medicine (7 April 2020) or Central Council for Research in Yoga and Naturopathy (as and when notified), as applicable. RMP/RHP/ASU RMP/ YN RMP has undergone and successfully completed an online training to practice telemedicine developed by or approved by the respective council or approved by the organisation authorised by the respective council to conduct on-line training programme.

9.2 Preparing for Recognition

RMP/RHP/ASU RMP/ YN RMP (s) shall first decide about getting recognition from QAI. It is important for them to make a definite plan of action for obtaining recognition.

RMP/RHP/ASU RMP/ YN RMP must obtain a copy of the relevant QAI Recognition requirements available on the website. The applicant seeking recognition shall understand the QAI assessment process. The applicant shall ensure that all the requirements of the recognition programme are implemented.

10. Recognition Process

Recognition process which is simple and efficient is shown below:
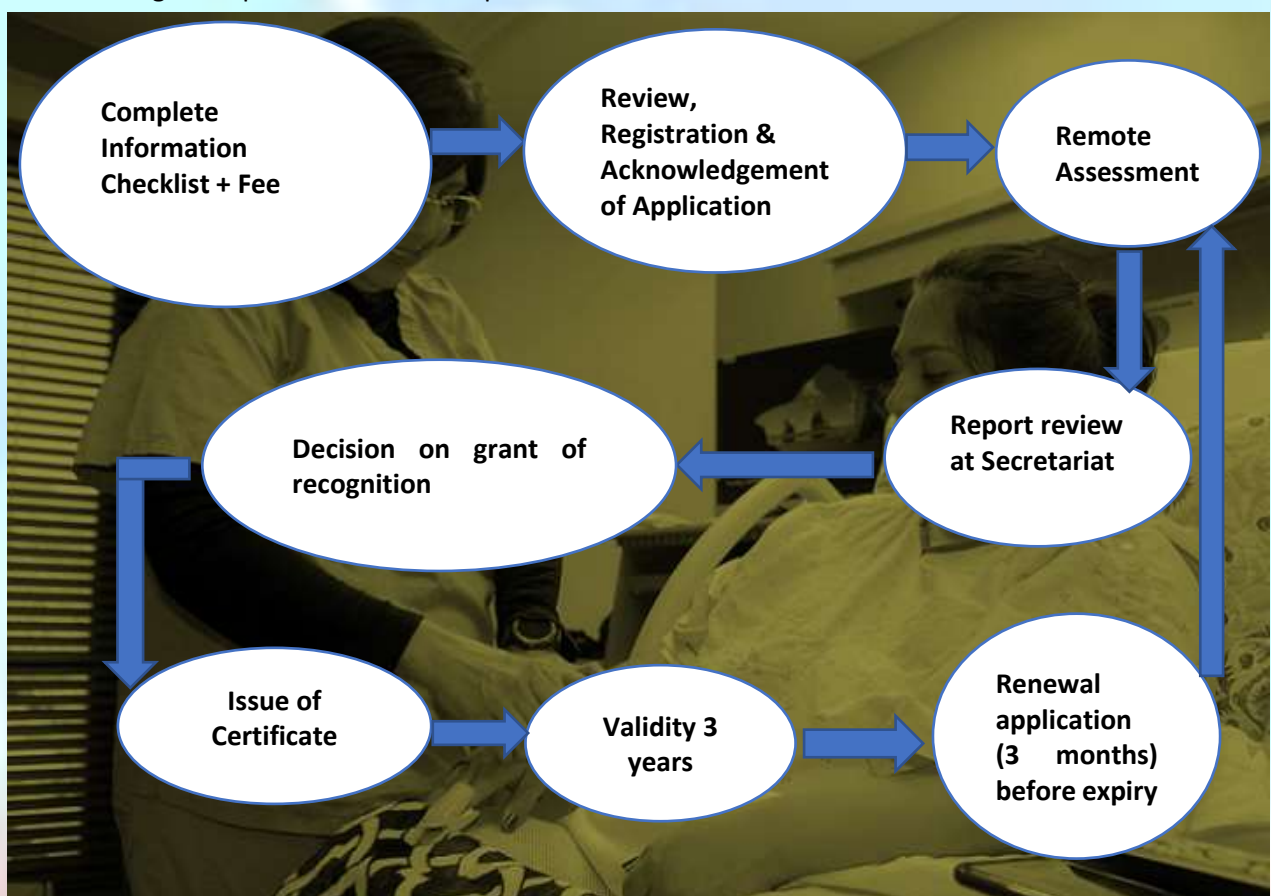
10.1   Checklist
RMP/RHP/ASU RMP/ YN RMP shall first provide detailed information in the checklist document which is based on the requirements of the Telemedicine Practice Guidelines issued by Board of Governors in super-session of MCI/MCI (25 March 2020) or Central Council of Homeopathy (10 April 2020) or Central Council of Indian Medicine (7 April 2020) or Central Council for Research in Yoga and Naturopathy (as and when notified), as applicable. It gives an opportunity to the applicant to examine all its documentation and their compliance. It will also give a comprehensive view of its compliance status to assessor.

10.2   Application
RMP/RHP/ASU RMP/ YN RMP is requested to submit the following:
- Soft copy of checklist (available on website)
- Prescribed application fees
- Soft copy of signed QAI-CAHSC 904 'Terms & Conditions for Maintaining QAI Recognition for Telemedicine Practitioner (available on website)

10.3   Review, Registration and Acknowledgement of Application
CAHSC Secretariat on receipt of checklist and the fees reviews the application for its completeness, and a unique ID number is allocated which is used for correspondence with the applicant. Secretariat may ask for additional information/ clarification(s) at this stage, if found necessary.

10.4   Remote Assessment
A remote assessment is conducted by an Assessor to assess compliance with requirements and the report is submitted to the Secretariat.

10.5   Review of Assessment Report and Decision Making
The assessment report is reviewed by the Secretariat for its completeness, and non-compliances, if any. However, if there were non-compliances, the applicant is requested to work to address those non-compliances. Based on the assessment report, a decision to grant 'recognition' is taken.

10.6   Issue of Certificate
When a decision to grant certificate is taken, QAI-Secretariat processes for issue of certificate. Certificate has a unique number, name of recognition standard, and period of recognition i.e. dates of validity. The certificate is valid for three years.

10.7   Recognition Mark

The RMP/RHP/ASU RMP/ YN RMP recognised under this recognition programme is authorised to use following recognition mark subject to requirements specified in QAI CAHSC 904- Terms & Conditions for Maintaining QAI Recognition for Telemedicine Practitioner.

QAI/CAHSC/TMP/2020/0000

10.8   Maintaining Recognition Status

Compliance to applicable standards and other requirements

The RMP/RHP/ASU RMP/ YN RMP recognised under this recognition programme shall comply with the requirements of the recognition programme as well as any other laid down requirements by the government at all times. It is the responsibility of individual to comply with applicable requirements laid down by the Government.

Terms and Conditions

The recognised RMP/RHP/ASU RMP/ YN RMP is required to comply at all times with the terms and conditions given in CAHSC 904 'Terms & Conditions for Maintaining QAI Recognition for Telemedicine Practitioner'. The Applicant is required to submit a signed soft copy of the same before issue of the certificate.

Adverse Decision against the Recognised RMP/RHP/ASU RMP/ YN RMP under the scheme

If the recognised RMP/RHP/ASU RMP/ YN RMP at any point of time found not to comply with the applicable standards and/ or does not maintain the terms and conditions; or is not able to align himself/herself to the modified criteria, CAHSC may take adverse decision like warning, suspension or withdrawal.

10.9   Reassessment

The recognised RMP/RHP/ASU RMP/ YN RMP is subjected to re-assessment every three years for renewal of certification. The RMP/RHP/ASU RMP/ YN RMP has to apply three months before the expiry of certificate in order to complete all formalities for renewal before the expiry of the current certificate so that continuity is maintained. The renewal checklist is submitted in the prescribed form along with required information as mentioned in the checklist.

11.   Assessment Criteria and Fee Structure

A uniform fee structure is maintained for all applicants and the charges are maintained at a reasonable level so that RMP/RHP/ASU RMP/ YN RMP are not denied participation in the certification process because of unreasonable financial conditions. The fee structure is kept simple and economical to facilitate maximum number of participations, less invoices and bank transactions. The information about the fee structure for Recognition Programme is given below:

Assessment criteria and fee structure for Recognition Programme for Telemedicine Practitioner

Applicant	Recognition Fee	
	Application cum Annual Recognition Fee (Rs.)	Facilitation Fee
RMP/RHP/ASU RMP/ YN RMP	**3000**	Complimentary support throughout the process

In addition to the above-mentioned fee, GST@18.0 % or as applicable from time to time to Be paid.

Fee Payment:

All payments through Bank Transfer shall be made as per following details:

Bank Transfer details are:

Beneficiary name: Quality and Accreditation Institute Pvt. Ltd.
Bank Account number: 003105031612
Bank Details: ICICI Bank Limited, K-1, Senior Mall, Sector 18, Noida-201301, India
Bank IFSC Code: ICIC0000031
Bank Swift Code: ICICINBBNRI
PAN No.: AADCI3230L
GSTIN: 09AADCI3230L1ZK

Note: Any bank charges for transfer of fee is to be paid by the Applicant

12.   QAI-CAHSC Publications

All relevant publications are available on our website www.qai.org.in

Quality and Accreditation Institute
Centre for Accreditation of Health & Social Care

Website: www.qai.org.in
Twitter@QAI2017