

## **PUBLIC NOTICE**

F.No. 7-3/2003-CCH (Pt.-I)

Date: 10<sup>th</sup> April, 2020

### **Sub: Telemedicine Practice Guidelines - Amendment in Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982.**

The Board of Governors, CCH has adopted the “Telemedicine Practice Guidelines” for homoeopathic practitioners. These guidelines have been prepared to combat the current need in the wake of COVID19 outbreak but the overarching principles would remain common to all future reference.

2. To provide statutory basis to the “Telemedicine Practice Guidelines”, the same is required to be included as an amendment to the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982, by adding Regulation 29A titled as “Consultation by Telemedicine” in the said Regulations. The “Telemedicine Practice Guidelines” will be included as “Appendix 3” to the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982, as these Regulations have two Appendices already included.

3. The draft notification of the proposed amendment in the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982, along with the BoG, CCH approved “Telemedicine Practice Guidelines” was placed for the approval of Central Government in the Ministry of AYUSH. The competent authority in the Ministry of AYUSH, Government of India has accorded approval for issuance of guidelines.

4. In view of the urgency, for providing statutory basis to the “Telemedicine Practice Guidelines”, it is being placed on the website of the Central Council of Homoeopathy for information and usage by the Registered Homoeopathic Practitioners under the HCC Act, 1973, the patients and other healthcare professionals.

**Sd/-**  
**(Dr. Kumar Vivekanand)**  
Secretary

**CENTRAL COUNCIL OF HOMOEOPATHY**

No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110 058.

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# CENTRAL COUNCIL OF HOMOEOPATHY

*(A Statutory Body under the Ministry of AYUSH, Govt. of India)*

## TELEMEDICINE PRACTICE GUIDELINES

Enabling Registered Homoeopathic Practitioners to Provide Healthcare Using Telemedicine

**10<sup>TH</sup> APRIL 2020**

Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhavan  
No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110 058.

## TABLE OF CONTENTS

S. No.	Description	Page No.
	<b>Background</b>	04
1.	<b>Definitions</b> <ul style="list-style-type: none"> <li>• Definition of Telemedicine</li> <li>• Definition of Telehealth</li> <li>• Definition of Registered Homoeopathic Practitioner</li> </ul> <b>Scope of Telemedicine</b> <b>Registered Homoeopathic Practitioners are entitled to Practice Telemedicine</b> <b>Applications</b> <ul style="list-style-type: none"> <li>• Mode of Communication</li> <li>• Timing of Information Transmitted</li> <li>• Purpose of the consultation</li> <li>• Individuals involved</li> </ul>	06
2.	<b>Technology Used/ Mode of Communications</b> <ul style="list-style-type: none"> <li>• Video, Audio, Text</li> </ul>	10
3.	<b>Guidelines for Telemedicine in India</b> <b>Elements specific to Telemedicine</b> <ul style="list-style-type: none"> <li>• Appropriateness of Telemedicine</li> <li>• Identification of RMP/RHP and the patient</li> <li>• Appropriateness of technology/Mode of Telemedicine</li> <li>• Patient Consent</li> <li>• Patient Evaluation</li> <li>• Types of Consultation</li> <li>• Patient Management: Health education, counseling and medication</li> </ul> <b>Duties and responsibilities of Registered Homoeopathic Practitioners in General</b> <ul style="list-style-type: none"> <li>• Medical Ethics, Data Privacy &amp; Confidentiality</li> <li>• Documentation and Digital Records of Consultation</li> <li>• Fee for Telemedicine</li> </ul>	12
4.	<b>Framework for Telemedicine</b> <ul style="list-style-type: none"> <li>• Patient to Registered Homoeopathic Practitioners</li> <li>• Care Giver to Registered Homoeopathic Practitioners</li> <li>• Patient to Registered Homoeopathic Practitioners through Health Worker at a Sub Center or any peripheral center</li> <li>• Registered Homoeopathic Practitioners to another Registered Homoeopathic Practitioners /Specialist</li> </ul>	19
5.	<b>Guidelines for Technology Platforms enabling Telemedicine</b>	26
6.	<b>Special responsibilities of Central Council of Homoeopathy</b>	27
7.	<b>Annexures</b> <ul style="list-style-type: none"> <li>• Flowchart for teleconsultation</li> <li>• Sample Prescription Format</li> </ul>	28



## BACKGROUND

Homoeopathy being a wholistic system of medicine has been benefiting people for their health problems. Telemedicine can help to increase the availability of homoeopathy to the level where health care is difficult to reach. Telemedicine can play a particularly important role in cases where there is no need for the patient to physically see the RHP (or other medical professional), e.g. for regular, routine check-ups or continuous monitoring. Homoeopathy Telemedicine / Teleconsultation will enhance primary health care immensely.

India's digital health policy advocates use of digital tools for improving the efficiency and outcome of Healthcare system and lays significant focus on the use of telemedicine services especially in the Health and Wellness centres at the grass root level wherein a mid-level health care provider / health worker can connect the patient to the doctor through Technology platforms for providing timely and best possible care.

In spite of this policy till now there is no legislation or guidelines for Homoeopathic practitioners on the practice of telemedicine through video, phone and internet based platforms (webchat, apps etc). Lack of clear guidelines has created significant ambiguity for registered medical professionals of the Homoeopathic systems raising doubts on the practice of telemedicine. The 2018 judgment of the Honourable High Court of Bombay has created uncertainty about the place and legitimacy of telemedicine as an appropriate Framework does not exist.

In India the practice of Homoeopathic medicine is mainly governed by concerned State Acts along with The Homoeopathy Central Council Act 1973, the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982; Drugs & Cosmetics Act 1940 & rules 1945; and Clinical Establishment (Registration and Regulation) Act, 2010. Information technology is governed by IT Act 2000, and the information technology (reasonable security practices and procedure and sensitive personal data or information) rules 2011. Gaps in legislation and the uncertainty of rules force a risk for both the doctors and their patients.

It is the need of the hour to bridge the gaps in legislation and the uncertainty of rules. These guidelines will serve as a step forward to be treated as professional norms that need to be followed by RHPs to enable them to regulate the practice of telemedicine.

## PURPOSE

- The purpose of these guidelines is to enable Homoeopathic practitioners to use telemedicine tools. This will be done by providing information as well as training which will be updated from time to time in the coming years. Telemedicine will continue to grow and be adopted by more health care practitioners and patients in a wide variety of forms.
- These guidelines will give practical advice to registered homoeopathic practitioners regarding telemedicine to encourage them to consider the use of telemedicine as a part of their normal practice as well as in disasters and pandemics which pose unique challenges to provide Healthcare.
- Practice of Telemedicine can prevent transmission of infectious diseases reducing the risk to both doctors and patients by avoiding social contact. These guidelines will provide norms and protocols relating to doctor 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 patient records and exchange of information, describing and reimbursement, health education and counseling.

- Telemedicine will not only encourage social distancing in special situations of epidemics and pandemics but talking to doctors will also allay their anxiety in the situation of complete lockdown.

#### ADVANTAGE OF TELEMEDICINE

- Telemedicine provides patient's safety as well as doctor's & health worker's safety, especially in situations where there is a risk of contagious infections. A telemedicine visit can be conducted without exposing staff to viruses/infections at the time of such outbreaks.
- Telemedicine provides rapid access to medical practitioners who may not be available in person.
- Telemedicine will not only encourage social distancing in special situations of epidemics and pandemics but talking to doctors will also allay their anxiety in the situation of complete lockdown.
- With telemedicine there is higher likelihood of maintenance of records and documentation. Written documentation increases legal protection of doctors as well as patients.
- Telemedicine, when effectively used, reduces the burden on secondary health care system.
- Telemedicine is useful for regular routine checkup on continuous monitoring and minimizes gaps in timely follow ups.

#### IMPORTANT:

It is to be noted that unlike other technologies, the technology used for telemedicine has some risks, drawbacks & limitations, which can be mitigated through appropriate training, enforcement of standards, protocols & Guidelines from time to time. These guidelines should be used in conjunction with the other national clinical standards, protocols, policies and procedures.

## 1. TELEMEDICINE: DEFINITIONS AND APPLICATIONS

### 1.1 DEFINITIONS

#### 1.1.1 Definition of 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 communication 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.”

In view of the different situations described above, telemedicine would also take care of situations where urgency is an essence, non-availability of medical practitioner is the situation or external conditions are not conducive to direct contact between the patient and the health practitioner.

#### 1.1.2 Definition of Telehealth

NEJM Catalyst, a peer reviewed journal from the NEJM group, 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.”

In general, telemedicine is used to denote clinical service delivered by a Registered Homoeopathic practitioner while telehealth is a broader term of use of technology for health and health related services including telemedicine.

#### 1.1.3 Definition of Registered Homoeopathic Practitioner

For the purpose of this document a Registered Homoeopathic Practitioner (RHP) is defined as a person who possess any of the medical qualifications in homoeopathy included in the 2nd or 3rd Schedule of the Homoeopathy Central Council Act 1973 and enrolled in the State Register of Homoeopathy or the Central Register of Homoeopathy under the Act.

### 1.2 SCOPE

Within the broad paradigm of telemedicine, these guidelines will be issued in the light of the HCC Act and are for privileged access only. These guidelines are designed to serve as an aid and tool to enable Registered Homoeopathic Practitioners to effectively leverage Telemedicine to enhance healthcare service and access to all

- The guidelines are meant for Registered Homoeopathic Practitioners under the HCC Act 1973
- The guidelines cover norms and standards for the Registered Homoeopathic Practitioners to consult patients via telemedicine
- Telemedicine includes all channels of communication with the patient that leverage Information Technology platforms, including Voice, Audio, Text & Digital Data exchange

#### EXCLUSIONS:

The guidelines specifically explicitly **exclude** the following:

- Specifications for hardware or software, infrastructure building & maintenance
- Data management systems involved; standards and interoperability
- Other aspects of telehealth such as research and evaluation and continuing education of healthcare workers
- Does not provide for consultations outside the jurisdiction of India

### **1.3 REGISTERED HOMOEOPATHIC PRACTITIONERS ARE ENTITLED TO PRACTICE TELEMEDICINE: ALL OF THEM WILL TAKE AN ONLINE COURSE ON PRACTICE OF TELEMEDICINE**

1.3.1 **A Registered Homoeopathic Practitioner** is entitled to provide telemedicine consultation to patients from any part of India

1.3.2 RHP 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

1.3.3 To enable all those Registered Homoeopathic Practitioners desirous of practicing telemedicine 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 the Central Council of Homoeopathy.
- All registered homoeopathic practitioners intending to provide online consultation need to complete a mandatory course within 3 years of its notification.
- In the interim period, the principles mentioned in these guidelines need to be followed.
- Thereafter, undergoing and qualifying such a course, as prescribed, will be essential prior to practice of telemedicine.

### **1.4 TELEMEDICINE APPLICATIONS**

#### **1.4.1 Tools for Telemedicine**

RHP 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 etc., or Mobile App or internet based digital platforms for telemedicine or data transmission systems like Skype/ email/ fax etc.

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

1.4.2 **Telemedicine applications** can be classified into four basic types, according to the mode of communication, timing of the information transmitted, the purpose of the consultation and the interaction between the individuals involved—be it RHP-to-patient / caregiver, or RHP to RHP.

#### **1.4.2.1 According to the Mode of Communication**

- Video (Telemedicine facility, Apps, Video on chat platforms, Skype/Face time etc.)
- Audio (Phone, VOIP, Apps etc.)
- Text Based:
  - Telemedicine chat based applications (specialized telemedicine smartphone Apps, Websites, other internet-based systems etc.)
  - General messaging/ text/ chat platforms (WhatsApp, Google Hangouts, Facebook Messenger etc.)
  - Asynchronous (email/ Fax etc.)



#### 1.4.2.2 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 counseling	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

#### 1.4.2.3 According to the purpose of the consultation

*For Non-Emergency consult:*

<b>First consult with any Registered Homoeopathic Practitioners for diagnosis/treatment/health education/ counseling</b>	<b>Follow-up consult with the same Registered Homoeopathic Practitioners</b>
Patients may consult with Registered Homoeopathic Practitioners for diagnosis and treatment of their condition or for health education and counseling	Patients may use this service for follow up consultation on their ongoing treatment with the same Registered Homoeopathic Practitioners who prescribed the treatment in an earlier in-person consult.

*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 Homoeopathic Practitioners 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, counseling and advice on referral.

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

#### 1.4.2.4 According to the individuals involved

Patient to Registered Homoeopathic Practitioners	Caregiver to Registered Homoeopathic Practitioners
Telemedicine services may connect patients to Registered Homoeopathic Practitioners	Telemedicine services may connect Care givers to Registered Homoeopathic Practitioners, under certain conditions as detailed in Framework (Section 4)

RHP to RHP/RMP	Health workers to RHP
RHP may use telemedicine services to discuss with other Registered Homoeopathic Practitioners/Registered Medical Practitioners (from other systems of medicine) issues of care of one or more patients, or to disseminate knowledge	Health Workers <sup>1</sup> can facilitate a consultation session for a patient with a RHP. 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 Homoeopathic Practitioners to the patient.

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<sup>1</sup>Nurse, Allied Health Professional, Mid-level health provider, ANM or any other health worker designated by an appropriate authority.

## 2. TECHNOLOGY USED & MODE OF COMMUNICATION

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 Homoeopathic Practitioners from contagious conditions, it cannot replace physical examination that may require palpation, percussion or auscultation that requires physical touch and feel. Newer technologies may improve this drawback.

### STRENGTHS AND LIMITATIONS OF VARIOUS MODES OF COMMUNICATION

MODE	STRENGTHS	LIMITATIONS
<b>VIDEO:</b> Telemedicine facility, Apps, Video on chat platforms, Facetime etc.	<ul style="list-style-type: none"> <li>• Closest to an in person-consult, real time interaction</li> <li>• Patient identification is easier</li> <li>• Registered Homoeopathic Practitioners can see the patient and discuss with the caregiver</li> <li>• Visual cues can be perceived</li> <li>• Inspection of patient can be carried out</li> </ul>	<ul style="list-style-type: none"> <li>• Is dependent on high quality internet connection at both ends, else will lead to a sub optimal exchange of information</li> <li>• Since there is a possibility of abuse/misuse, ensuring privacy of patients in video consults is extremely important</li> </ul>
<b>AUDIO:</b> Phone, VOIP, Apps etc.	<ul style="list-style-type: none"> <li>• Convenient and fast</li> <li>• Unlimited reach</li> <li>• Suitable for urgent cases</li> <li>• No separate infrastructure required</li> <li>• Privacy ensured</li> <li>• Real-time interaction.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-verbal cues may be missed</li> <li>• Not suitable for conditions that require a visual inspection (e.g. skin, eye or tongue examination, facial gestures or movements), or physical touch</li> <li>• Patient identification needs to be clearer, greater chance of imposters representing the real patient</li> </ul>
<b>TEXT BASED:</b> Specialized Chat based Telemedicine Smartphone Apps, SMS, Websites, Messaging systems e.g. WhatsApp, Google Hangouts, FB Messenger	<ul style="list-style-type: none"> <li>• Convenient and quick</li> <li>• Documentation &amp; Identification may be an integral feature of the platform</li> <li>• Suitable for urgent cases, or follow-ups, second opinions provided</li> <li>• Registered Homoeopathic Practitioners has enough context from other sources,</li> <li>• No separate infrastructure required,</li> <li>• Can be realtime</li> </ul>	<ul style="list-style-type: none"> <li>• Besides the visual and physical touch, text-based interactions also miss the verbal cues</li> <li>• Difficult to establish rapport with the patient.</li> <li>• Cannot be sure of identity of the doctor or the patient</li> </ul>

MODE	STRENGTHS	LIMITATIONS
<b>ASYNCHRONOUS:</b> Email Fax, recordings etc.	<ul style="list-style-type: none"> <li>• Convenient and easy to document</li> <li>• No specific app or download requirement</li> <li>• Images, data, reports readily shared</li> <li>• No separate infrastructure required</li> <li>• More useful when accompanied with test reports and follow up and second opinions</li> </ul>	<ul style="list-style-type: none"> <li>• Not a real time interaction, so just one-way context is available, relying solely on the articulation by the patient</li> <li>• Patient identification is document based only and difficult to confirm</li> <li>• Non-verbal cues are missed</li> <li>• There may be delays because the Doctor may not see the mail immediately</li> </ul>

### 3. GUIDELINES FOR TELEMEDICINE IN INDIA

**The professional judgment of a Registered Homoeopathic Practitioner should be the guiding principle for all telemedicine consultations:** A Registered Homoeopathic Practitioner 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. Seven elements need to be considered before beginning any telemedicine consultation (see panel).

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

#### 3.1 TELEMEDICINE SHOULD BE APPROPRIATE AND SUFFICIENT AS PER CONTEXT

**3.1.1** Registered Homoeopathic Practitioners 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/technologies available and their adequacy for a diagnosis before choosing to proceed with any health education or counseling or medication. They should be reasonably comfortable that telemedicine is in the patient's interest after taking a holistic view of the given situation.

#### 3.1.2 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 RHP shall uphold the same standard of care as in an in-person consultation but within the intrinsic limits of telemedicine.

#### 3.2 IDENTIFICATION OF THE REGISTERED HOMOEOPATHIC PRACTITIONER AND THE PATIENT IS REQUIRED

**3.2.1** Telemedicine consultation should not be anonymous: both patient and the Registered Homoeopathic Practitioner need to know each other's identity.

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

- 3.2.3** For issuing a prescription, the Registered Homoeopathic Practitioners needs to explicitly ask the age of the patient, and if there is any doubt, seek age proof. 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.
- 3.2.4** ARegistered Homoeopathic Practitioner should begin the consultation by informing the patient about his/her name and qualifications.
- 3.2.5** Every Registered Homoeopathic Practitioner shall *display the registration number* accorded to him/her by the State Register of Homoeopathy/Central Register of Homoeopathy, on prescriptions, website, electronic communication (WhatsApp/email etc.) and receipts etc. given to his/herpatients.

### **3.3 MODE OF TELEMEDICINETELEMEDICINE**

- 3.3.1** 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.
- 3.3.2** *Primarily there are 3 modes: Video, Audio or Text (chat, images, messaging, email, fax etc.).* Their strengths, limitations and appropriateness as detailed in Section 2 need to be considered by the Registered Homoeopathic Practitioner.
- 3.3.3** 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 Homoeopathic Practitioner could require hearing the patients peak, therefore, a voice interaction may be preferred than an email or text for a diagnosis. There are also situations where the Registered Homoeopathic Practitioner needs to visually examine the patient and make a diagnosis. In such a case, the Registered Homoeopathic Practitioner could recommend a video consultation. Considering the situation, using his/her best judgment, a Registered Homoeopathic Practitioner may decide the best technology to use to diagnose andtreat.

### **3.4 PATIENTCONSENT**

Patient consent is necessary for any telemedicine consultation. The consent can be Implied or explicit depending on the following situations:

**3.4.1** If the patient initiates the telemedicine consultation, then the consent is **implied<sup>2</sup>**.

**3.4.2** An **Explicit patient** consent is needed if:

**A Health worker, Registered Homoeopathic Practitioner or a Caregiver** initiates a Telemedicine consultation.

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<sup>2</sup> Implied Consent: In an in-person consultation, it is assumed the patient has consented to the consult by his/her actions. When the patient walks in an OPD, the consent for the consultation is taken as implied. Like an in-person consultation, for most of the tele-consultations the consent can be assumed to be implied because the patient has initiated the consultation.

**3.4.3** 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 phone/video to the Registered Homoeopathic Practitioner (e.g. “Yes, I consent to avail consultation via telemedicine” or any such communication in simple words). The Registered Homoeopathic Practitioner must record this in his/her patientrecords.

### **3.5 EXCHANGE OF INFORMATION FOR PATIENT EVALUATION**

**Registered Homoeopathic Practitioners** must make all efforts to gather sufficient medical information about the patient’s condition before making any professional judgment.

#### **3.5.1 Patient’s Information**

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

### **3.6 TYPES OF CONSULTATION: FIRST CONSULT/FOLLOW-UP CONSULT**

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

An RHP may have only a limited understanding of the patient seeking teleconsultation for the first time, when there has been no prior in-person consultation. However, if the first consult happens to be via video, Registered Homoeopathic Practitioner 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 Homoeopathic Practitioner, then it is possible to be more comprehensive in managing the patient.

#### **3.6.1 First Consult means**

- The patient is consulting with the Registered Homoeopathic Practitioner for the first time; or
- The patient has consulted with the Registered Homoeopathic Practitioner earlier, but more than 6 months have lapsed since the previous consultation; or
- The patient has consulted with the Registered Homoeopathic Practitioner earlier, but for a different health condition

#### **3.6.2 Follow-Up Consult(s) means**

- The patient is consulting with the same Registered Homoeopathic Practitioner within 6 months 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 Homoeopathic Practitioner does not recall the context of previous treatment and advice

### **3.7 PATIENT MANAGEMENT: HEALTH EDUCATION, COUNSELING AND MEDICATION**

**3.7.1** If the condition can be appropriately managed via telemedicine, based on the type of consultation, then the Registered Homoeopathic Practitioner may proceed with a professional judgment to:

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

**3.7.2 Health Education:** An RHP 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, he/ she may give advice on immunizations, exercises, hygiene practices, mosquito control etc.

**3.7.3 Counseling:** This is specific advice given to patients and it may, for instance, include food restrictions, individual specific regimen, dos and don'ts with homoeopathic medication, etc to mitigate the underlying condition. This may also include advice for new investigations that need to be carried out before the next consult.



### 3.7.4 Prescribing Medicines

Prescribing medications, via telemedicine consultation is at the professional discretion of the Registered Homoeopathic Practitioner. 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 same prevailing principle will be applicable to a telemedicine consult.

Manufacturing and right to prescribe medicine are governed by State acts, hence varies from state to state. Homoeopathic practitioners should always keep in mind this variation in State Act while prescribing the medicines, even though these guidelines allow him to practice telemedicine all over India.

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

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

#### 3.7.4.1 Specific Restrictions: Practitioner of Homoeopathy shall refer to the provisions of 12A.

There are certain limitations on prescribing medicines on consult via telemedicine depending upon the type of consultation and mode of consultation.

**Prohibited Medicines:** An RHP providing consultation via telemedicine cannot prescribe medicines in this category. These medicines have a high potential of abuse and could harm the patient or the society at large if used improperly. All homoeopathic medicines containing Poisonous Substances in crude doses including any Narcotic and Psychotropic substances listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985 are not allowed to prescribe through telemedicine.

#### 3.7.4.2 Issue a Prescription and Transmit

- If the Registered Homoeopathic Practitioner has prescribed medicines, Registered Homoeopathic Practitioner shall issue a prescription as per the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982 and shall not contravene the provisions of the Drugs and Cosmetics Act and Rules. A sample format is suggested in Annexure.
- Registered Homoeopathic Practitioner 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 Homoeopathic Practitioner is transmitting the prescription directly to a pharmacy, he/she must **ensure explicit consent** of the patient that entitles him/her to get the medicines dispensed from any pharmacy of his/ her choice.

### **3.8 DUTIES AND RESPONSIBILITIES OF A RHP IN GENERAL**

#### **3.8.1 Medical Ethics, Data Privacy & Confidentiality<sup>3</sup>**

**3.8.1.1** Principles of medical ethics, including professional norms for protecting patient privacy and confidentiality as per HCC Act shall be binding and must be upheld and practiced.

**3.8.1.2** Registered Homoeopathic Practitioner would be required to fully abide by the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulation 1982 and with the relevant provisions of the IT Act, Data protection and privacy laws or any applicable rules notified from time to time for protecting patient privacy and confidentiality and regarding the handling and transfer of such personal information regarding the patient. This shall be binding and must be upheld and practiced.

**3.8.1.3 Registered Homoeopathic Practitioner** 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 Homoeopathic Practitioner. The Registered Homoeopathic Practitioner should ensure that reasonable degree of care undertaken during such services.

#### **3.8.1.4 Misconduct**

It is specifically noted that in addition to all general requirements under the HCC 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:

- Registered Homoeopathic Practitioners insisting on Telemedicine, when the patient is willing to travel to a facility and/or requests an in-person consultation
- Registered Homoeopathic Practitioners misusing patient images and data, especially private and sensitive in nature (e.g. Registered Homoeopathic Practitioner uploads an explicit picture of patient on social media etc.)
- Registered Homoeopathic Practitioners who use telemedicine to prescribe medicines from the specific restricted list.
- Registered Homoeopathic Practitioners are not permitted to solicit patients for telemedicine through any advertisements or inducements.

**3.8.1.5 Penalties:** As per HCC Act, ethics and other prevailing laws.

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<sup>3</sup> It is the responsibility of the **Registered Homoeopathic Practitioner** to be cognizant of the current Data Protection and Privacy laws. **Registered Homoeopathic Practitioner** shall not breach the patient's confidentiality akin to an in-person consultation. For example: If the RMP 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.

### **3.8.2 MAINTAIN DIGITAL TRAIL/ DOCUMENTATION OF CONSULTATION**

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

- 3.8.2.1** Log or record of Telemedicine interaction (e.g. Phone logs, email records, chat/ text record, video interaction logs etc.).
- 3.8.2.2** Patient records, reports, documents, images, diagnostics, data etc. (Digital or non-Digital) utilized in the telemedicine consultation should be retained by the Registered Homoeopathic Practitioner.
- 3.8.2.3** Specifically, in case a prescription is shared with the patient, the Registered Homoeopathic Practitioner is required to maintain the prescription records as required for in-person consultations.

### **3.8.3 FEE FOR TELEMEDICINE CONSULTATION**

- 3.8.3.1** Telemedicine consultations should be treated the same way as in-person consultations from a fee perspective: Registered Homoeopathic Practitioner may charge an appropriate fee for the Telemedicine consultation provided.
- 3.8.3.2** A Registered Homoeopathic Practitioner should also give a receipt/invoice for the fee charged for providing telemedicine- based consultation.

## 4. FRAMEWORK FOR TELEMEDICINE

This section lays out the framework for practicing telemedicine in 5 scenarios:

1. Patient to Registered Homoeopathic Practitioner
2. Caregiver to Registered Homoeopathic Practitioner
3. Health Worker to Registered Homoeopathic Practitioner
4. Registered Homoeopathic Practitioner to Registered Homoeopathic Practitioner
5. Emergency Situations

### **Essential Principles:**

- The **professional judgment** of a Registered Homoeopathic Practitioner should be the guiding principle: an RHP 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 Homoeopathic Practitioner 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 Homoeopathic Practitioner should explicitly ask for it.
- The Registered Homoeopathic Practitioner **can choose not to proceed** with the consultation at any time.
- The Registered Homoeopathic Practitioner may refer or request for an in-person consultation.
- At any stage, the **patient has the right to choose to discontinue** the tele-consultation.

### **4.1 CONSULTATION BETWEEN PATIENT AND REGISTERED HOMOEOPATHIC PRACTITIONER**

Specifically, this section details with the key elements of the process of tele-consultation to be used in the First consults and Follow up consults when a patient consults with an RHP.

***In these 2 situations, the patient initiates telemedicine consultation and thereby consent is implied***

#### **4.1.1 First Consult: Patient to Registered Homoeopathic Practitioner**

##### **4.1.1.1 First Consult means**

1. The patient is consulting with the Registered Homoeopathic Practitioner for the first time; or
2. The patient has consulted with the Registered Homoeopathic Practitioner earlier, but more than 6 months have lapsed since the previous consultation; or
3. The patient has consulted with the Registered Homoeopathic Practitioner earlier, but for a different health condition.

#### **4.1.1.2 Tele-Consultation Process**

The flow of the process is summarized in the Figure 1 at Annexure 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 give an audio or video call with a Registered Homoeopathic Practitioner or send an email or text with a health query)
- Registered Homoeopathic Practitioner accepts to undertake the consultation

##### **2. Patient identification and consent**

- Registered Homoeopathic Practitioner should confirm patient's 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 thereby consent is implied

##### **3. Quick assessment:**

- The patient's condition needs to be quickly assessed by the Registered Homoeopathic Practitioner based on available inputs and Registered Homoeopathic Practitioner uses his professional discretion 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 Homoeopathic Practitioner 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 Homoeopathic Practitioner.
- If the Registered Homoeopathic Practitioner feels that the information provided at this stage is inadequate, then he/she 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 Homoeopathic Practitioner may provide health advice as appropriate.
- If the Registered Homoeopathic Practitioner is satisfied that he/she has adequate patient information for offering a professional opinion, then he/she 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 Homoeopathic Practitioner 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 RHP may take a professional judgment to either:

- Provide Health Education as appropriate in the case; and/or
- Provide Counseling 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 considering the case totality.

#### **4.1.2 Follow-up Consult: Patient to Registered Homoeopathic Practitioner**

In a follow-up consultation, since the Registered Homoeopathic Practitioner-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 Homoeopathic Practitioner and the patient.

##### **4.1.2.1 Follow-Up Consult means**

The patient is consulting with the Registered Homoeopathic Practitioner 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.

##### **4.1.2.2 Tele-Consultation Process**

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

#### **1. Start of a Telemedicine Consultation for FollowUp**

- Patient may initiate a follow up consult with a Registered Homoeopathic Practitioner 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 give an audio or video call with a Registered Homoeopathic Practitioner or send him/her an email or text message with a specific health query.
- Registered Homoeopathic Practitioner accepts to undertake the consultation

#### **2. Patient identification and consent**

- Registered Homoeopathic Practitioner should be reasonably convinced that he/she is communicating with the known patient, for e.g. if the patient is communicating with Registered Homoeopathic Practitioner through the registered phone number or registered email Id
- If there is any doubt Registered Homoeopathic Practitioner 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 3.2]
- Patient initiates the Telemedicine consultation and thereby consent is implied

#### **3. Quick Assessment for Emergency Condition**

- If the patient presents with a complaint which the Registered Homoeopathic Practitioner identifies as an emergency condition necessitating urgent care, the Registered Homoeopathic Practitioner would then advise 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 Homoeopathic Practitioner has access to previous records of the patient, he/she may proceed with continuation of care.
- Registered Homoeopathic Practitioner shall apply his/her professional discretion for type of consultation based on the adequacy of patient information (case history/examination/findings/Investigation reports/past records etc.).
- If the Registered Homoeopathic Practitioner needs additional information, he/she should seek the information before proceeding and resume tele-consultation for later point in time.

5. ***Patient Management***

- If a Registered Homoeopathic Practitioner is satisfied that he/she has access to adequate patient information and if the condition can be appropriately managed by tele-consultation, he/she would go ahead with the tele-management of the patient.
- If the follow-up is for continuation of care, then the Registered Homoeopathic Practitioner may take a professional judgment to either provide health education as appropriate in the case;
- provide counseling related to specific clinical condition including advice related to new investigations that need to be carried out before nextconsult; and/or
- prescribe medications.
- If the follow up is for continuation of care for the same medical condition, the Registered Homoeopathic Practitioner would prescribe medicine according to the laws of Homoeopathy.
- If the follow-up consult reveals new symptom pertaining to a different spectrum of disease, then the RHP would proceed with the condition as enunciated in the scenario for a first-time consultation (4.1.1).

#### **4.2 CONSULTATION BETWEEN PATIENT AND RMP THROUGH A CAREGIVER**

4.2.1 For the purpose of these guidelines “**Caregiver**” could be a family member, or any person authorized by the patient to represent thepatient.

4.2.2 There could be two possible settings:

1. Patient **is present** with the **Caregiver** during theconsultation.
2. Patient **is not present** with the **Caregiver**. This may be the case in thefollowing:
  - 2a. Patient is a minor (aged 16 or less) or the patient is incapacitated, for example, in medical conditions like dementia or physical disability etc. The caregiver is deemed to be authorized to consult on behalf of the patient.
  - 2b. **Caregiver** has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult (explicit consult).

In all of the above, the consult shall proceed as in the case of Registered Homoeopathic Practitioner and the patient (first or follow up consult, vide 4.1)

### **4.3 CONSULTATION BETWEEN HEALTH WORKER AND RHP**

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

#### **Proposed Set up**

- This subsection will cover interaction between a Health Worker seeking consultation for a patient in a public or private health facility.
- In a public health facility, the mid-level health practitioner at a Sub-center or Health and Wellness center can initiate and coordinate the telemedicine consultation for the patient with a Registered Homoeopathic Practitioner at a higher center at district or State or National level. Health and Wellness centers are an integral part of comprehensive primary healthcare.
- 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 at Annexure and the steps are detailed below:

##### **1. *Start of a Telemedicine Consultation through a Health Worker/Registered Homoeopathic Practitioner***

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

##### **2. *Patient Identification (by RHP)***

- RHP 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
- Registered Homoeopathic Practitioner should also make their identity known to the patient

##### **3. *Patient Consent (by RHP):***

- RHP should confirm the patient’s consent to continue the consultation

##### **4. *In case of Emergency***

- The Health Worker would urgently communicate about the underlying medical condition of the patient to the Registered Homoeopathic Practitioner.
- If based on information provided, the Registered Homoeopathic Practitioner identifies it as an emergency condition necessitating urgent care, he/she 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 RHP)**

- The Health Worker must give a detailed explanation of the health problems to the Registered Homoeopathic Practitioner which can be supplemented by additional information by the patient, if required.
- The Registered Homoeopathic Practitioner shall apply his/her professional discretion for type and extent of patient information (history/examination findings/Investigation reports/past records) required to be able to exercise proper clinical judgment.
- If the Registered Homoeopathic Practitioner feels that the information provided is inadequate, then he/she 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 Homoeopathic Practitioner may advise some laboratory or/and radiological tests for the patient. For such instances, the consult may be considered paused and can be resumed at the rescheduled time. Registered Homoeopathic Practitioner may provide health education as appropriate at anytime.

#### **6. Patient Management**

- Once the RHP is satisfied that the available patient information is adequate and that the case is appropriate for management via telemedicine, then he/she would proceed with the management. Health worker should document the same in his/her records.
- The Registered Homoeopathic Practitioner may take a professional judgment to either:
  - Provide health education as appropriate in the case,
  - Provide counseling related to specific clinical condition *including advice related to new investigations that need to be carried out before next consult*;
  - And/or prescribe medications.

#### **Role of Health Worker**

In all cases of emergency, the Health Worker must seek measures for immediate relief and first-aid from the Registered Homoeopathic Practitioner who is being tele-consulted. Health worker must provide immediate relief/first aid as advised by the Registered Homoeopathic Practitioner and facilitate the referral of the patient for appropriate care. The Health Worker must ensure that patient is advised for an in-person interaction with a Registered Homoeopathic Practitioner, 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 counseling provided by the Registered Homoeopathic Practitioner
- Providing the medicine prescribed by the Registered Homoeopathic Practitioner and
- Providing patient counseling on his/her treatment.

#### **4.4 REGISTERED HOMOEOPATHIC PRACTITIONER TO ANOTHER RHP/SPECIALIST**

- Registered Homoeopathic Practitioner might use telemedicine services to consult with another RHP or a Registered Medical specialist for a patient under his/her care. Such consultations can be initiated by a RHP on his/her professional judgment.
  - The Registered Homoeopathic Practitioner asking for another Registered Homoeopathic Practitioner's advice remains the treating Registered Homoeopathic Practitioner and shall

be responsible for treatment and other recommendations given to the patient except for those recommended by Registered medical specialist from other discipline of medicine.

- It is acknowledged that many medical specialties like radiology, pathology, ophthalmology, cardiology, dermatology etc. may be at advanced stages of adoption of technology for exchange of information or some may be at early stage. Guidelines support and encourage interaction between Registered Homoeopathic Practitioners/ specialists using information technology for diagnosis, management and prevention of disease.
  - *Tele-radiology* is the ability to send radiographic images (x-rays, CT, MRI, PET/CT, SPECT/CT, MG, Ultrasound) 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-ophthalmology* provides eye specialists access to patients in remote areas, ophthalmic disease screening, diagnosis and monitoring.

#### **4.5 EMERGENCY SITUATIONS**

In all telemedicine consultations, as per the judgment of the RHP, if it is an emergency, the goal and objective should be to provide in-person care at the earliest. However critical steps could be life-saving and guidance and counseling 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 Homoeopathic Practitioner, based on his/ her professional discretion may

- Advise first aid
- Counseling
- Facilitate referral

In all cases of emergency, the patient **MUST** be advised for an in-person interaction with a Registered Medical Practitioner at the earliest

## 5. GUIDELINES FOR TECHNOLOGY PLATFORMS ENABLING TELEMEDICINE

This specifically covers those technology platforms which work across a network of **Registered Homoeopathic Practitioners** and enable patients to consult with **Registered Homoeopathic Practitioners** through the platform.

- 5.1 Technology platforms (mobile apps, websites etc.) providing telemedicine services to consumers shall be **obligated to ensure** that the consumers are consulting with Registered Homoeopathic Practitioner duly registered with Central Register of Homoeopathy or respective state homoeopathic board/council and comply with relevant provisions.
- 5.2 Technology Platforms shall conduct their **due diligence** before listing any **Registered Homoeopathic Practitioner** on its online portal. Platform must provide the **name, qualification and registration number, contact details of every** Registered Homoeopathic Practitioner listed on the platform.
- 5.3 In the event some non-compliance is noted, the technology platform shall be required to **report** the same to the Chairman, Board of Governors (BoG) of Central Council of Homoeopathy who may take appropriate action.
- 5.4 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 Homoeopathic Practitioner** 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 Homoeopathic Practitioner** on patient evaluation, diagnosis or management, the final prescription or counseling has to be directly delivered by the Registered Homoeopathic Practitioner.
- 5.5 Technology Platform must ensure that there is a proper mechanism in place to address any queries or grievances that the end-customer may have.
- 5.6 In case any specific technology platform is found in violation, BoG, CCH may designate the technology platform as blacklisted, and no Registered Homoeopathic Practitioner may then use that platform to provide telemedicine.

## **6. SPECIAL RESPONSIBILITIES OF BOARD OF GOVERNORS OF CENTRAL COUNCIL OF HOMOEOPATHY**

- 6.1 Any of the drug-lists for Telemedicine Practice Guidelines can be issued/modified by the CCH/Govt. of India from time to time, as and when required.
- 6.2 The Central Council of Homoeopathy may issue necessary directions or advisories or clarifications in regard to these Guidelines, as required.
- 6.3 The Telemedicine Practice Guidelines can be amended from time to time in larger public interest with the prior approval of Central Government [Ministry of AYUSH, Government of India].
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# ***ANNEXURES***

# First Consult: Patient and Registered Homoeopathic Practitioner

RHP can choose not to proceed with the consultation at any time. At any step, the RHP may refer or request for an in-person consultation.

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

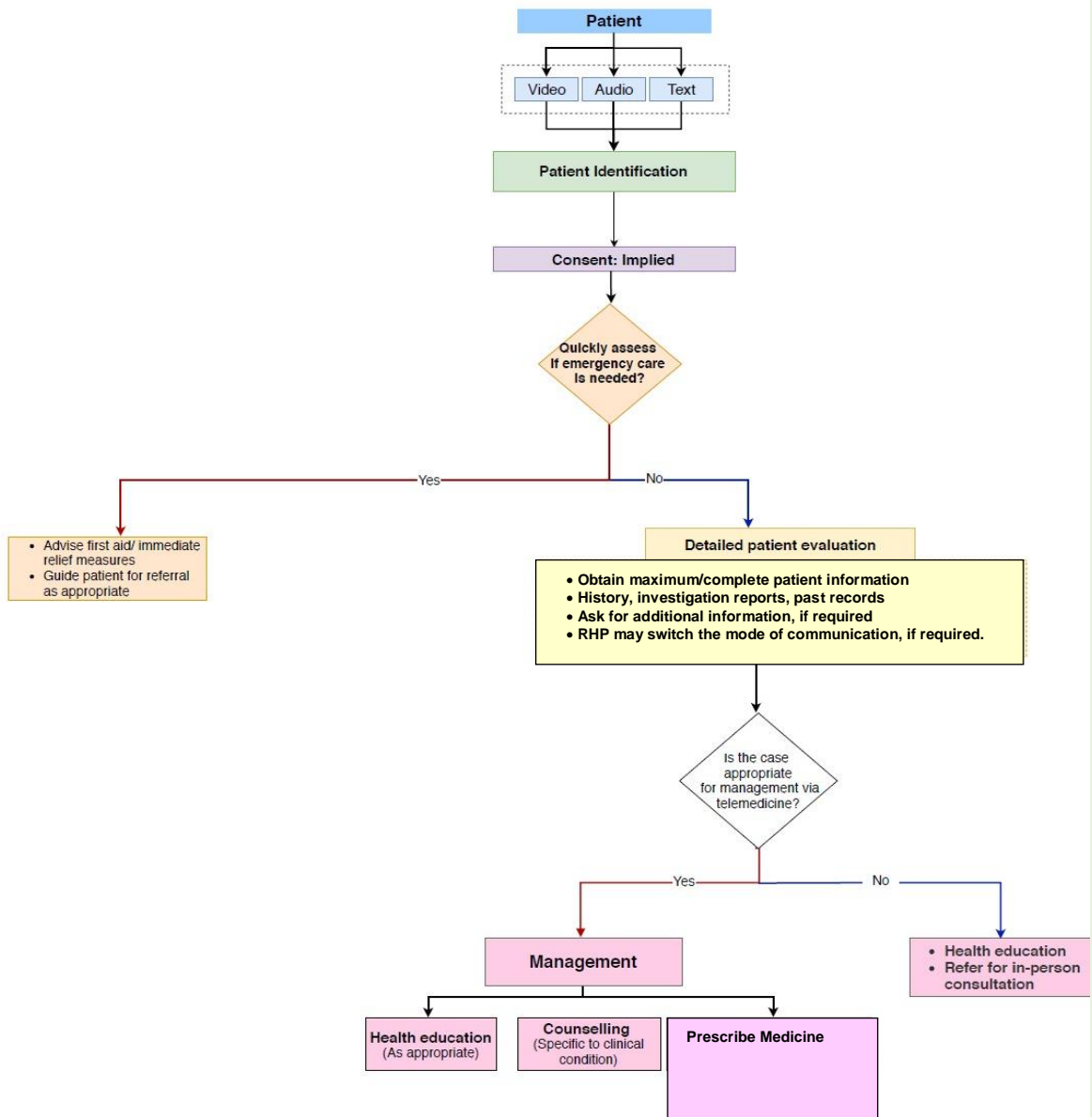


Figure 1 Flowchart for teleconsultation for first consult

## Follow up Consult: Patient and Registered Homoeopathic Practitioner

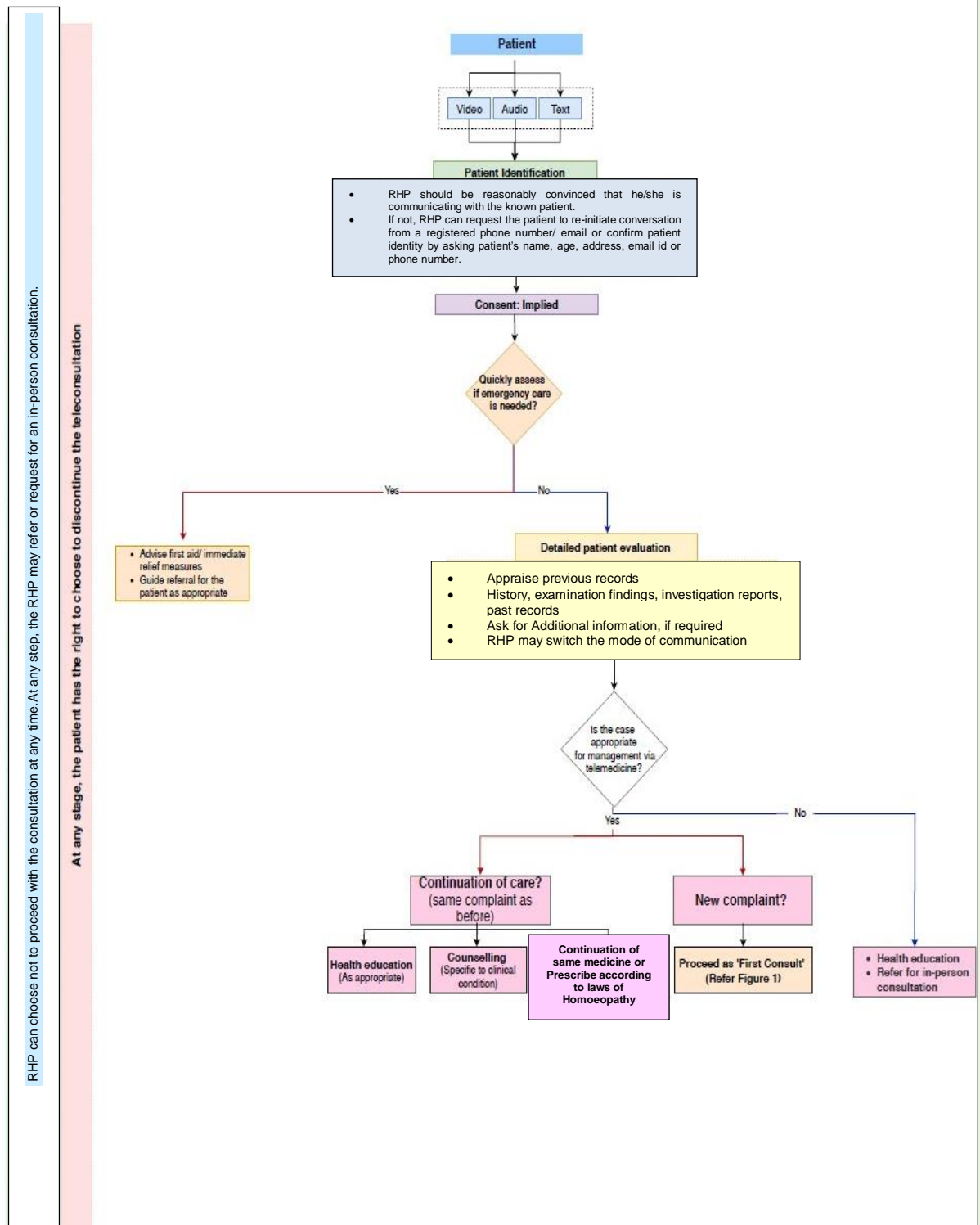


Figure 2 Flowchart for teleconsultation on follow-up consult

Health worker (HW) & Registered Homoeopathic Practitioner (RHP)

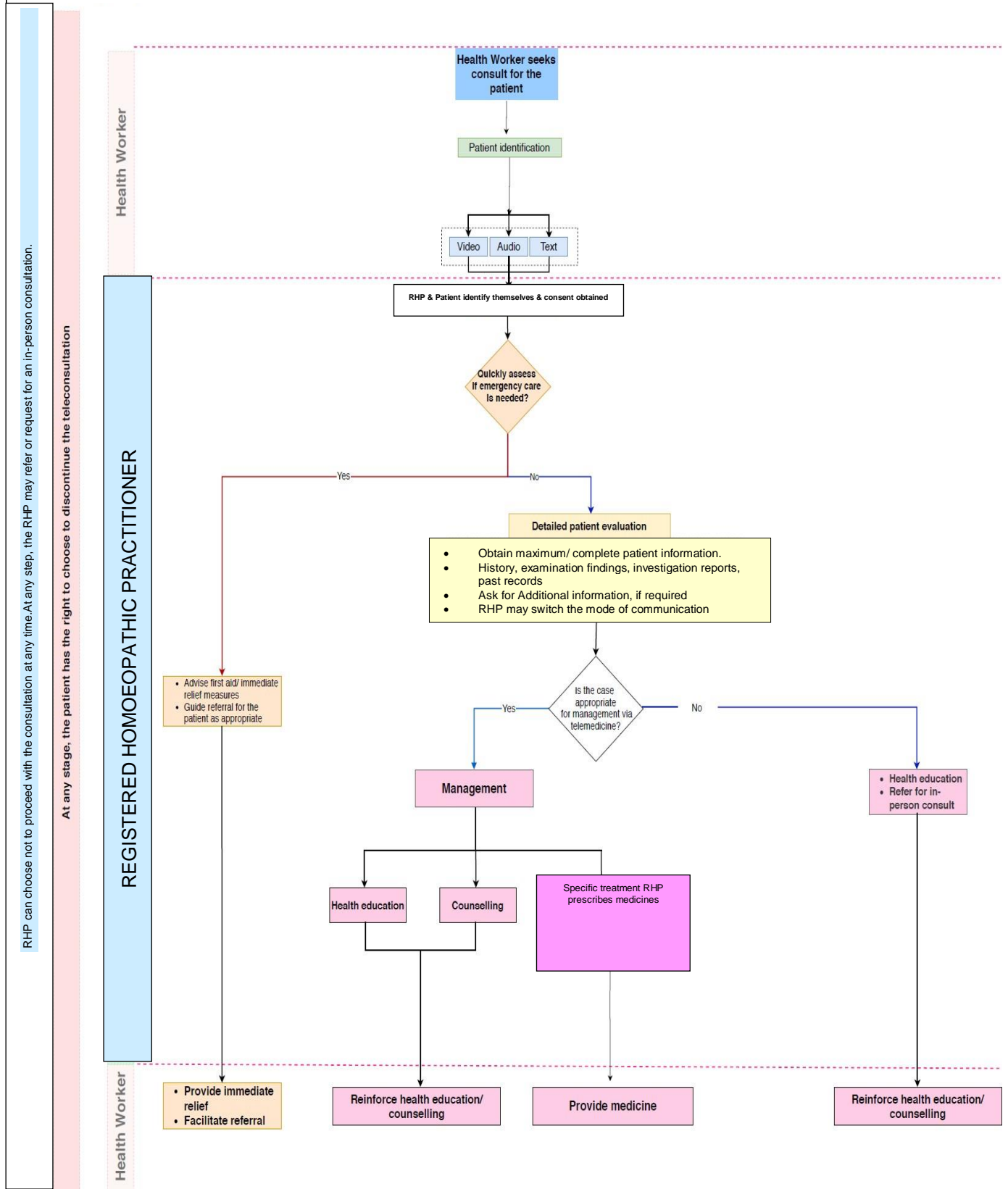


Figure 3: Flowchart for teleconsultation on Health worker (HW) & Registered Homoeopathic Practitioner (RHP)



## SAMPLE PRESCRIPTION FORMAT

**REGISTERED HOMOEOPATHIC PRACTITIONER'S NAME**

**QUALIFICATION**

**REGISTRATION NUMBER**

**ADDRESS**

**CONTACT DETAILS (PHONE AND E-MAIL ID)**

**PATIENT ID:**

Date Of Consultation	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
Name of Patient	<input type="text"/>	Height	<input type="text"/>		
Address	<input type="text"/>	<small>(wherever applicable)</small>			
		Weight	<input type="text"/>		
		<small>(wherever applicable)</small>			
		LMP	<input type="text"/>		
		<small>(wherever applicable)</small>			

**CHIEF COMPLAINTS**

**DIAGNOSIS OR PROVISIONAL DIAGNOSIS**

**RELEVANT POINTS FROM HISTORY**

**Rx**

**EXAMINATION / LAB FINDINGS**

1. Name of Medicine (potency and its quantity)
2. Name of vehicle and its quantity

**SUGGESTED INVESTIGATIONS**

**SPECIAL INSTRUCTIONS**

1. Direction to the dispenser about dispensing medicine.
2. Direction to the patient about taking medicine, diet and regimen, when to report.

RHP's Signature & Stamp