

Position Statement on Teledermatology



Telemedicine is an innovative, rapidly evolving method of care delivery in the NHS which can improve the coordination of patient care and communication between medical specialties.

The British Association of Dermatologists (BAD) supports the appropriate use of telemedicine as a means of improving access to 'accredited dermatologists'¹ to provide high-quality, high-value diagnostic care when several important 'criteria' are met (see point 1 below). These criteria are essential to ensure that any commissioned dermatology care provided via teledermatology is of high quality, contributes to the management of patients (rather than fragmentation), meets NICE guidance and quality standards, and protects patient privacy and right to 'choose this type of care' when appropriate.

While teledermatology² can provide high-quality diagnostic care to patients in some circumstances, there are some skin diagnoses and investigations which may only be made in-person. Dermatology consultants and their teams have extensive knowledge and expertise in surgery, skin pathology and cutaneous medicine. Whether in-person or via teledermatology, the optimal delivery of dermatological care involves accredited dermatologists.

Teledermatology services should be commissioned as part of a whole service, whether for the community or secondary care, to avoid fragmentation and increased costs to care. Additionally, commissioners must³ not require their GP practices to use teledermatology in lieu of a referral to an in-person service where they believe is most appropriate for that patient's condition.

Criteria for High-Quality Teledermatology

- a. Teledermatology referral guidelines should conform to the published Quality Standards. Management plans will vary according to patients, and the service referred to (i.e. community versus secondary care).
- b. Dermatologists delivering teledermatology services should ideally be working in the regional area in which the patient receives services (except for tertiary services), in order to have an understanding of local and regional referral pathways.

¹ "Accredited Dermatologist" can mean a consultant, SAS doctor or GPwSI (GPwER) trained in dermatology.

² Teledermatology is a subspecialty of dermatology and probably among the most popular applications of e-health and telemedicine. Applications of teledermatology span different areas of health care management such as consultation, diagnoses, treatment and even education.

³ All use of the terms 'should', 'must' and 'recommended' are in accordance with NICE and the GMC and are relevant to the statement: "Are they mandatory? No. But they can be used to plan and deliver services to provide the best possible care. They support the government's vision for a health and care system focused on delivering the best possible health outcomes."

- c. The teledermatology service should include at a minimum, identifying the patient's existing GP and dermatologist in the teledermatology record, and providing a copy of the medical record to those existing members of the treatment team who do not have electronic access to it.
- d. Organisations and clinicians participating in teledermatology should have an active training and quality assurance programme which is documented for both the distant and receiving sites.
- e. Providers must exercise caution regarding direct prescribing for patients via electronic communications and should familiarize themselves with national UK prescribing regulations and local arrangements for patients to access their prescribed medication.

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Reference Guidance

- Quality Standards for Teledermatology: Using 'Store and Forward' Images. Primary Care Commissioning. 2013.
- UK Guidance on the use of Mobile Photographic Devices in Dermatology. Primary Care Commissioning. 2017.
- American Academy of Dermatology Teledermatology Toolkit and Compliance Guidance <https://www.aad.org/practicecenter/managing-a-practice/teledermatology>
- NHS Constitution for England - Updated 14 October 2015.
- BAD and NICE Clinical Guidelines and Service Standards
- GMC Good Medical Practice Guidance - Updated on 29 April 2014