POLICY FOR
TELEMEDICINE
IN PAKISTAN

CALL FOR COMMENTS

The document defines telemedicine and elaborates draft policy guidelines for practicing telemedicine in Pakistan. M/o NHSR&C being the parent entity responsible for regulations and coordination is calling for comments and reviews which can be sent at policycomments@nhsrc.gov.pk. The comment period will end on July 10, 2021.
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1.0 Definitions

1.1 Telemedicine

Telemedicine is the provision of medical expertise for the purpose of diagnosis and patient care by means of telecommunications and information technology where the patient and the provider are separated by distance. Telemedicine may include, but is not limited to, the provision of pathology, medical imaging and patient consultative services.

A consultation and/or an interaction is classified as Telemedicine as long as it is driven by following objectives:

- To provide clinical support
- To overcome geographical barriers, connecting users who are not in the same physical location
- To use various forms of Information and Communications Technology (ICT) with the perspective to enhance user experience and patient journey
- To improve health outcomes

1.2 Licensed Telemedicine Practitioner (LTP)

The “Licensed Telemedicine Practitioner” is defined as a person;

a. who has a valid Full License to practice medicine in Pakistan and has obtained a Temporary Telemedicine License issued by the Pakistan Medical Commission (PMC), or

b. who has a valid licence to practice medicine issued by any international regulatory authority recognised by PMC and has obtained a Temporary Telemedicine License issued by PMC.
1.3 Certified Telemedicine Practitioner (CTP)

Every LTP to practice telemedicine in Pakistan shall be required to obtain the prescribed telemedicine certification by completing the required mandatory online training offered by the authorized training institutes. Every LTP completing the training shall be recorded as a Certified Telemedicine Practitioner and shall be represented on their license.

The certification training shall be recognized by the PMC as a CME.

1.4 Telemedicine Certification Training

i. Telemedicine Certification Training shall be provided by entities authorized and accredited by the Ministry of National Health Services, Regulations and Coordination (M/o NHSR&C) as per Appendix I to be issued and as may be modified by the M/o NHSR&C.

ii. The certification program shall be conducted as per curriculum approved by M/o NHSR&C.

iii. The result of the training exit exam shall be notified by M/o NHSR&C and shall be communicated to PMC for updated status of CTP.

iv. To be eligible for certification training a person must have acquired a Temporary Telemedicine License from PMC.

v. An LTP shall have six months to complete their training and obtain certification from the date of registering for a provisional temporary telemedicine license.

vi. An LTP on having obtained their CTP status shall have their temporary telemedicine license automatically extended for 1 (one) year and renewable thereafter for similar one-year term.
3.0 Telemedicine Tools and Platforms

Telemedicine Tools are categorized into following broader sets

- Video
- Audio

Anything short of one on one conversation between patient and doctor may not be practised by LTP or CTP and cannot be categorized as telemedicine.

Where there are no restrictions on usage of telemedicine applications following will have to be ensured:

- Application platform is secure and hosted at least in ISO27001 certified environment and tier III compliant data centre with logs available at least for last six months at all points of time.
- Complimentary mechanism for logging consultation in Electronic Medical Record (EMR) with at least following features:
  - Patient Identification Information
  - Patient Demographics
  - Chief Complaint
  - Disease
  - Procedure – if applicable
  - Lab Results – if applicable
  - Radiology Images – if applicable
  - Prescription
  - Referral to emergency services
- Application Platform must have the capability to collate all visits of a particular patient for the ease of practitioner.
- Only formulary names of the medicine can be prescribed using telemedicine.
- Following bare minimum parameters referred as patient chart will be submitted to the Ministry of National Health Services, Regulations and Coordination (M/o NHSR&C) in real-time and/or batches whichever is appropriate, and shall be shared by M/o NHSR&C to PMC. Personal Identification Information (PII) may also be shared in an anonymized manner if the patient has refused to provide consent.
  - Patient Name
  - Contact Information
  - Residential Address
  - Chief Complaint
  - Disease
  - Prescription
  - Referral intimations
- The information shared herein will be used to run service delivery centric analytics only and not for any other purposes.

4.0 Accredited Telemedicine Application Platform (ATAP)

Telemedicine Application Platform (TAP) means the application being used by the doctors to provide consultations. TAP’s shall be required to register with the M/o NHSR&C in the prescribed manner.

All ATAP Registrations upto Oct 30, 2021 shall be free of cost. Registration fee of USD 1800 shall be applicable from November 1, 2021.

The M/o NHSR&C shall publicize the registered ATAPs on its website and PMC online and by other means.