



Best practices for effective and safe virtual clinical consultations in FLS and osteoporosis.

These checklists assume that the decision to offer virtual consultations for FLS or osteoporosis outpatient clinics has already been scoped and approved locally in line with clinical governance ^{1,2} and respects the patient's wishes following the offer of a choice of face to face or virtual consultation where this is possible.

Checklists

- 1) Planning checklist³
- 2) Consultation checklist^{4,5}

Planning checklist

Practical	Make the appointment with the patient and provide written instructions and details of what to expect from the virtual appointment via email or letter
	Use a private well-lit quiet room and consider a notice on the door to prevent disturbances
Be Prepared	Ensure you have all the necessary information for the patient to hand, including telephone number, records, and notes.
	Ensure you have relevant computer and IT systems open and logged in. If using paper proforma then ensure these are ready and you have pen(s) to hand
	Test your equipment prior to each virtual clinic session
	Establish contingency process for non-response or answerphone in line with local policy

Consultation checklist

Initiation	Initiate the appointment through your agreed method (telephone, video, app etc) at the agreed time.
Introduction	Introduce yourself and confirm that the person you are speaking with is the patient and that they are expecting the call
	Check that you can be heard (and seen if using video) and confirm that you can hear/see your patient.



Identification	Introduce yourself, your professional and role- and any colleagues that are part of the appointment
	Ask patient to confirm their identity (name, address, date of birth)
Consent and expectation	Explain the purpose of the call and reassure that the virtual consultation is just like a face to face one and that your call is confidential and secure.
	Check the patient expectations of the consultation align with the purpose of the call you have explained: is that what you were expecting? Is there anything else you wanted to talk to me about?
	Ask the patient if they are alone or if they wish for someone to sit in with them. If they are accompanied, confirm the patient gives consent for the clinical discussion to occur in the presence of the 3rd party
	Take consent and record this along with the details of who may be sitting with the patient and listening in.
The clinical consultation	FLS assessments FRAX/NOGG
	Osteoporosis clinical assessment
	Falls assessments
	Explain thinking time/considerations and that you are using a computer in the background
	Explain the outcomes/results
	Explain the options for onward care or management
Teach back	Seek the patients understanding of the consultation outcomes: Just to check I have covered everything can you tell me what we discussed?
	Assess if the patients' needs are met: What are your questions? Is there anything more I can help with?
Wrap up	Summarise the next steps
Sign off	If there is nothing more I can help with today- then we can sign off.
After the consultation	Complete all paperwork and records while fresh
	Make any onward referrals
	Complete a written summary of consultation for their GP or referrer and the patient.

- 1) <https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-prescribing-high-level-principles>
- 2) <https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>



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- 3) <https://www.bartshealth.nhs.uk/video-consultations>
- 4) <https://www.sheffield.ac.uk/FRAX/>
- 5) <https://theros.org.uk/healthcare-professionals/tools-and-resources/>

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