STANDARDS OF PRACTICE

Telemedicine

Under Review: No
Issued By: Council: January 1, 2010
Reissued by Council: June 5, 2014
The Standards of Practice of the College of Physicians & Surgeons of Alberta (“CPSA”) are the minimum standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the Health Professions Act and will be referenced in the management of complaints and in discipline hearings. CPSA also provides Advice to the Profession to support the implementation of the Standards of Practice.

1. For the purpose of this Standard, “telemedicine” means the provision of medical diagnosis and patient care through electronic communication where the patient and the provider are in different locations.

2. A regulated member who practises telemedicine for a patient located within Alberta must:

   a. hold a valid and active Alberta practice permit with CPSA; and
   b. adhere to CPSA’s Standards of Practice, Code of Conduct and Code of Ethics.

3. Notwithstanding subclause 2(a), a regulated member who does not hold a valid and active Alberta practice permit may practise telemedicine for a patient located within Alberta if:

   a. the total number of telemedicine events are limited to five (5) times per year; or
   b. the telemedicine event is for emergency assessment or treatment of a patient.

4. A regulated member who holds a valid and active Alberta practice permit and practises telemedicine for a patient located outside Alberta must comply with the licensing or registration requirements of the jurisdiction in which the patient is located.

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.
5. A regulated member **must not** issue or sign a prescription, by electronic or other means, unless the regulated member:
   
a. obtains a medical history and conducts an appropriate examination of the patient adequate to establish a diagnosis and identify underlying conditions;

b. ensures there are no absolute contraindications to the treatment recommended or provided; and

c. has an appropriate, informed discussion to ensure the patient understands the risks, benefits and course of action if concerns are identified.

6. Notwithstanding clause (5), a regulated member **may** issue a prescription without meeting the full scope of the requirements listed above in the following circumstances:
   
a. for emergency treatment of a patient;

b. in consultation with another regulated member who has an ongoing relationship with the patient and who has agreed to provide ongoing supervision of the patient’s treatment; or

c. in an on-call or cross-coverage situation in which the prescribing regulated member has access to the [patient’s medical records](#).
RELATED STANDARDS OF PRACTICE

- Cannabis for Medical Purposes
- Continuity of Care
- Establishing the Physician-Patient Relationship
- Informed Consent
- Patient Record Content
- Prescribing: Administration
- Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms

COMPANION RESOURCES

- Advice to the Profession:
  - Telemmedicine
  - Electronic Communications & Security of Mobile Devices
  - Cannabis for Medical Purposes
  - Continuity of Care
  - Informed Consent for Adults
  - Informed Consent for Minors
  - Physicians as Custodians
  - Prescribing: Administration
  - Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms

- Patient FAQs: Telemedicine
- CMPA's The Most Responsible Physician
- OIPC's Privacy Impact Assessment

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