

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA *Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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CPSA’s Advice to the Profession documents cannot capture every potential scenario a member may encounter. Regulated members are expected to consider standards of practice and advice documents in the context of individual patients in each care encounter. Regulated members are expected to do their best to meet the spirit and intent of the standards and advice, while focusing on providing the best quality care possible.

NOTE: For the purpose of this Advice to the Profession document, “regulated member” includes physicians registered in other provinces who provide virtual care to Alberta residents.

Preamble

For the purpose of the [Virtual Care standard of practice](#) and this advice document, “virtual care” is defined as any interaction between patients and members of their circle of care occurring remotely, using any form of communication or information technology – including phone calls – with the aim of facilitating or maximizing the quality of patient care.

CPSA recognizes the importance of virtual medicine in providing care and access to care, especially for patients in remote and underserved areas, patients with disabilities, patients in institutional settings, limited psychosocial supports or economic means, and in a

pandemic, or other state of emergency. Virtual medicine is to be used to optimize and complement in-person patient care¹.

Regulated members are not obligated to provide virtual care. However, it's important to ensure understanding of the requirements in the standard in the event a patient asks to be seen virtually or prior to seeing a patient virtually.

PRINCIPLES

The standard and the advice in this document are based on the following principles:

1. High-quality patient care is the first priority.
2. The use of virtual care does not alter the ethical, professional or legal obligations of regulated members; regardless of how the physician-patient interaction occurs, regulated members **must** comply with the [Code of Ethics & Professionalism](#), [CPSA's Standards of Practice](#) and [CPSA's Code of Conduct](#).
3. Regulated members are responsible for determining the appropriateness of virtual care to support the best outcome for their patients, considering the context of their patients' care needs.
4. Patient privacy and confidentiality of personal health information must be protected at all times.

Prior to engaging in virtual care

IN-PERSON CARE

Regulated members are expected to provide all elements of good medical care: the standard of care is the same regardless of whether a patient is seen in-person or virtually.

Regulated members who provide virtual care must ensure they are able to provide in-person care when indicated or have an agreement (e.g., communicated via letter, email, etc.) with a physical clinic within a reasonable distance to the patient to fulfill the need for in-person care when indicated. This requirement ensures there is a process in place to facilitate an exam when a patient needs to be seen in person and that patients are not directed to urgent care or an emergency department as a default.

¹ From CPSM's [Virtual Medicine](#) standard of practice (Nov., 2021).

A “reasonable” distance is based on the patient’s location, clinical context and care needs, and available healthcare services.

In circumstances where such an agreement has not yet been established for patients to whom they have been providing virtual care prior to the standard coming into effect, regulated members must ensure they comply with this requirement for their patients as soon as in-person care is indicated.

In locations where a physical clinic may not be available for in-person care, it may be appropriate to direct patients to a family physician, if they have one, or to urgent care or an emergency department if they do not. In such circumstances, the patient must be directed in accordance with the [Referral Consultation standard of practice](#) (i.e., the healthcare provider, urgent care or emergency department is notified in advance of the patient attending the location with all appropriate information necessary to provide care).

Regulated members who provide tele-radiology services virtually must continue to ensure compliance with all related Accreditation standards. For more information, please contact accreditation@cpsa.ab.ca or 1-800-561-3899 (toll-free in Canada).

REGISTRATION & LICENSING

A regulated member who has been issued an independent practice permit can provide virtual care to Albertans as part of their registration with CPSA: there are no additional licensing or registration requirements for CPSA members to provide virtual care to patients who reside in Alberta.

Regulated members registered on the provisional education register can only provide virtual care [under supervision](#). As is the case with in-person care, the supervising physician is responsible for the (virtual) care provided.

Those registered on the limited practice register (i.e., clinical assistants) cannot provide virtual care.

Regulated members who wish to provide virtual care to patients residing in a province or jurisdiction other than Alberta must consult with the medical regulator of that province or jurisdiction to determine and comply with its requirements prior to providing virtual care.

Out-of-province physicians (i.e., physicians who are registered in a jurisdiction outside Alberta) are able to provide virtual care to patients who reside in the jurisdiction in which the out-of-province physician is registered and who are in Alberta on a temporary basis

(e.g., on vacation, working or going to school in Alberta) without registering with CPSA in order to ensure continuity of care.

Out-of-province physicians who wish to provide virtual care to patients who are considered residents of Alberta [must register with CPSA](#) unless:

- the care sought is not readily available in Alberta (e.g., specialty care);
- the care is being provided to ensure follow-up or continuity of care to a patient, with whom an established physician-patient relationship exists, who has relocated to Alberta, until the patient finds a local primary care provider; or
- the virtual care encounter is for emergency assessment or treatment of the patient where there are no other care options available.

Out-of-province physicians who provide virtual care to Alberta residents under the above-noted circumstances must comply with other requirements of the standard.

LIABILITY PROTECTION

Liability protection is a condition of registration with CPSA. Regulated members registered with the CPSA providing virtual care to patients outside of Alberta and out-of-province physicians providing virtual care to Alberta patients must take extra care to confirm their liability protection with the organization providing their coverage (e.g., the [Canadian Medical Protective Association \(CMPA\)](#)) to ensure it is sufficient to provide virtual care across borders to a patient based on both the regulated member's and the patient's location(s).

CONTINUOUS PROFESSIONAL DEVELOPMENT: TECHNOLOGY

CPSA members who provide virtual care are expected to be knowledgeable of and maintain competence in the technologies they use in order to provide safe, effective and secure virtual care to their patients. Related training can be part of the regulated member's plan to meet mandatory [Continuing Professional Development \(CPD\) requirements](#).

PRIVACY IMPACT ASSESSMENTS

Virtual care is subject to section 64 of the [Health Information Act \(HIA\)](#), which requires a Privacy Impact Assessment (PIA) of administrative practices and information systems relating to the collection, use and disclosure of individually identifying health information be submitted to the Office of the Information and Privacy Commissioner of Alberta (OIPC).

Regulated members who wish to provide virtual care must ensure the PIA is updated whenever a change to a practice or system, as identified above, including introducing a new tool or technology (e.g., app, software, etc.).

The purpose of the PIA is to demonstrate due diligence in identifying and addressing privacy and security risks as a custodian of patient health information, including:

- foreseeable security risks;
- likelihood of loss/damage;
- seriousness of the potential harm; and
- reasonable (not exhaustive) measures taken to address the risks.

Privacy and security measures for health information must be sufficient and demonstrable to assure the confidentiality of all identifiable patient information, including information transmitted electronically (e.g., prescriptions, diagnostic test requisitions and results, consultation reports and so on).

CPSA is aware of delays in the processing of PIAs by OIPC. Regulated members must be able to demonstrate they have submitted their PIA and made reasonable efforts to follow up, as necessary.

For detailed information on PIA requirements, go to <https://www.oipc.ab.ca/>.

Ethical, professional & legal obligations

Regulated members need to confirm their name, current location and licensure status during the initial virtual care encounter with any patient. It's also important to attempt to confirm the patient's location during each virtual care visit to ensure liability protection will extend to the patient at the time of each encounter.

VERIFYING IDENTITY

If there is no pre-existing professional relationship, a regulated member providing virtual care must, on first contact with a patient, disclose their name, practice location, registration status and credentials, and be able to produce supporting documentation on request (i.e., practice permit). How this information is disclosed depends on the technology used. For example, it may be posted to the regulated member's website or in an app, or voiced if using phone or videoconference. On first contact, regulated members must also

request the patient confirm their name, contact information and Personal Health Number (PHN), both for safety and privacy reasons.

Once a professional relationship has been established, verification of identity may be less formal; however, a higher threshold is appropriate in some circumstances, such as when [prescribing drugs associated with substance use disorders or substance-related harm](#).

RESPONSIBILITY FOR A MEDICAL PRACTICE

The [Responsibility for a Medical Practice](#) standard of practice recognizes the full scope of medical practice extends beyond the provision of patient care to the professional and administrative activities which support that care. While some responsibilities may be delegated to a non-physician, CPSA will always hold regulated members accountable for all aspects of medical practice (with the exception of administrative responsibilities that clearly fall under the jurisdiction of Alberta Health Services (AHS) or the provincial or federal government).

Even in the virtual care environment, regulated members remain responsible for taking direction and control of their practice where patient care and compliance with applicable laws, regulations, and standards are concerned.

For more information, please refer to the [Responsibility for a Medical Practice](#) Advice to the Profession document.

ESTABLISHING THE PHYSICIAN-PATIENT RELATIONSHIP

A [physician-patient relationship is formed](#) whenever a physician gathers clinical information to assess a patient, provides a diagnosis and/or offers medical advice, treatment or support to a patient, including in the virtual care environment. The ease of virtual communication calls for a note of caution: beware of appearing to provide medical advice to non-patients and inadvertently establishing a physician-patient relationship through an online exchange of information. The Canadian Medical Association (CMA) advises regulated members can address this risk on an open website by posting a notice describing who the information is for, using a password-protected site and sending a standard, automated response to non-patients.

Just as for an in-person encounter, a physician providing virtual care to a patient is expected to perform clinically relevant tasks that may include taking a relevant history, conducting an appropriate examination, requesting diagnostic tests as indicated, referring the patient for consultation as necessary, making a diagnosis, explaining the benefits and

risks of treatment options, obtaining the patient's informed consent and ensuring appropriate follow-up and continuity of care.

CONTINUITY OF CARE

Regulated members providing virtual care must ensure appropriate follow-up, even if the virtual care is [episodic in nature](#). A physician who orders an investigation or makes a referral is responsible for following up with the patient until the matter is reasonably resolved or care is transferred appropriately. Defaulting to deferring to a patient's primary care provider to provide follow up care is inappropriate, unless arrangements have been made with the primary care provider and the patient for this purpose.

All referrals to another healthcare provider must be done in accordance with the [Referral Consultation](#) standard.

All transfers of care must be done in accordance with the [Transfer of Care](#) standard.

DUTY OF CARE, LIABILITY & COMPLAINTS

Once a physician-patient relationship has been established, the physician has a duty of care. This applies as much in the virtual environment as in the physician's office and may extend to consultants involved in the patient's care, even if they have not seen or interacted directly with the patient.

As previously stated, CPSA expects regulated members to provide the same level of care in the virtual environment as they would when seeing a patient face-to-face, as outlined in the [Code of Ethics & Professionalism](#), [CPSA's Standards of Practice](#) and [Code of Conduct](#).

An Alberta regulated member who does not meet an acceptable standard of care in the virtual environment, whether for an Alberta resident or a patient who is a resident of another jurisdiction, may be subject to the complaints and disciplinary processes of CPSA. CPSA will respond to a concern about the provision of virtual care just as it would respond to a concern about the provision of in-person care. While CPSA does not have authority to investigate complaints from Alberta patients about the virtual care they receive from out-of-province physicians, CPSA will provide the complainant with contact information for the applicable medical regulator.

The CMPA further advises civil action may result from any injury a patient suffers due to a regulated member's failure to provide virtual care to the same standard to which they are expected to provide care in person. Regulated members are cautioned that the risk of

litigation may be higher in some jurisdictions (e.g., United States), and additional liability protection may be required. [Contact the CMPA](#) for advice.

PRIVACY & CONFIDENTIALITY

Regulated members must meet or exceed applicable federal and provincial requirements for the privacy and confidentiality of personal health information. In Alberta, regulated members are custodians under the [HIA](#) and subject to its regulations.

OIPC advises that patient consent to use electronic transmission does not relieve a custodian of their legal duty to protect the confidentiality of patient information. For detailed guidance and resources, refer to www.oipc.ab.ca

CPSA does not provide recommendations of acceptable virtual health platforms.

Inter-jurisdictional communications may also be subject to the federal [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#) and/or provincial or territorial privacy legislation. For more information, contact the privacy commissioners and Colleges in applicable jurisdictions or the CMPA.

RECORD KEEPING

Regulated members are obligated to comply with the [Patient Record Content](#) standard of practice for the provision of virtual care. The patient's medical record must include documentation of all patient-related communications, including virtual communication. In general, when the patient interaction occurs with video, a summary of the interaction that includes all the relevant clinical information will satisfy record keeping requirements.

As well as supporting continuity of care, the [CMPA](#) advises thorough medical records can provide invaluable evidence in the event a question arises about a patient's care. Legal proceedings often start long after consultation is provided, and these records may be regulated members' only source of information to refresh their memory or support their testimony.

Patient recordings: Regulated members should understand patients may record virtual encounters to help them review the physician's advice or instructions at a later time. Under Canadian law, it is legal for individuals to record conversations they are involved in without informing the other party (one-party consent). See [Smartphone recordings by patients: Be prepared, it's happening](#) (CMPA)

PROFITING FROM VIRTUAL CARE TECHNOLOGY

Regulated members who use, develop or market virtual care technology products must comply with the [Conflict of Interest](#), [Advertising](#) and [Sale of Products by Physicians](#) standards of practice.

USE OF SOCIAL MEDIA

Regulated members must be very careful not to provide what may be perceived as medical advice on social media platforms, as this may be considered virtual care.

For more information, please review the [Social Media](#) Advice to the Profession document.

During & after providing virtual care

ASSESSING APPROPRIATENESS

The best interests of the patient must be foremost in any decision about the delivery of care. Virtual care is not exclusive to physician-patient interactions; for example, virtual care between regulated members may enable timely consultation about the management of a patient's care.

Virtual care is appropriate when it will facilitate a good outcome, and is context-specific. The value of virtual care in achieving a quality outcome will differ depending on the circumstances of a clinical case. A quality outcome is defined as safe, timely, effective, efficient, equitable and patient-centered.

The key to supporting the rationale for providing virtual care lies in the best interest of the patient and not solely determined by the design of the health care setting or the convenience of the healthcare provider. In determining if virtual care is appropriate, regulated members should consider the following:

- the patient's presenting condition and clinical history;
- the need for a physical examination;
- the location of a patient (remote, rural, urban);
- clinical urgency of the patient presentation;
- patient safety;
- access to other relevant patient clinical information;

- access to other available healthcare resources; and
- the patient’s ability to access virtual care (e.g., familiarity with the technology to be used).

If a patient is unable to navigate the technology, members will need to consider another format or determine if in-person care is most appropriate.

When the regulated member determines virtual care is not appropriate, they are expected to see the patient in person or arrange an alternative form of care in the patient’s best interest (e.g., office visit, referral, etc.).

It’s important to recognize the value of virtual care can change over time in any given clinical situation. An iterative reassessment of the most appropriate mode of care is essential. For example, if the patient’s symptoms continue or worsen, the regulated member may ask the patient to see them in their office, or direct them to another in-person provider.

OBTAIN PATIENT CONSENT

The same principles and requirements of the [Informed Consent](#) standard of practice apply in virtual care and extend to discussing the following with the patient in plain language:

- the appropriateness and limitations of virtual encounters for their care, as noted above;
- the security and privacy risks of the virtual technologies being used (email, videoconferencing, apps, etc.);
- measures taken to mitigate those risks; and
- whether encounters will be recorded and recordings maintained in the patient record.

Regulated members providing virtual care are expected to be knowledgeable in the technologies they use and ensure their patients are also well-informed. Conducting a [Privacy Impact Assessment](#) will help the regulated member identify and mitigate security and privacy risks and must be done any time a new technology or procedure is introduced that impacts how patient health information is shared or stored.

To help patients protect their own privacy and optimize their virtual care experience, regulated members should also advise them to:

- use only a secure connection, either a landline or password-protected, preferably encrypted Wi-Fi (public hotspots are not protected and could compromise their privacy);
- check for adequate bandwidth and screen resolution if using videoconferencing technology; and
- find a quiet, private space to avoid interruptions and the potential for others to overhear.

A summary of the discussion and the patient’s consent, including explicit consent to communicate sensitive health information using virtual technologies should be maintained in the patient record.

Regulated members may wish to direct patients to the Virtual Care Advice to Albertans on our website.

(Also see [Privacy and Confidentiality](#), above.)

MANAGE EXPECTATIONS

Regulated members providing virtual care are responsible for ensuring their patients understand:

- the care that will be provided virtually and how [referrals](#) and [continuity of care](#) will be managed;
- how the patient can contact them between encounters, if necessary;
- how quickly they can expect a response to their messages;
- what to do in an emergency situation;
- to whom their health information might be disclosed and for what purpose; and
- fees for any uninsured services.

Patients need to be able to discuss fees for uninsured services with the regulated member providing virtual care in accordance with the [Charging for Uninsured Professional Services](#) standard.

If the regulated member is [not the patient's primary care physician](#), for the purpose of ensuring continuity of care, they should also ask for the name of the patient's primary care provider and any other healthcare providers involved in their care.

AFTER-HOURS CARE

While most people do not expect to contact a virtual care provider after hours, virtual care does not absolve a regulated member from being available for critical test results, adverse medication reactions, etc. All members, regardless of practice specialty, must have an after-hours service to triage patients effectively to the appropriate services and before being sent to ER. Patients cannot be sent to ER as the default without an agreement with the ER: members would need to send patients in accordance with the [Referral Consultation](#) standard (i.e., call ahead with pertinent information).

For guidance on how to manage after-hours availability, please refer to the [Continuity of Care](#) Advice to the Profession document.

Prescribing & authorizing

As with all prescribing, diligence is required when prescribing virtually for a patient: an online questionnaire does not provide sufficient information for issuing a prescription.

Regulated members must be able to support their prescribing decisions, including documentation of the patient's history and their assessment, other medications the patient is taking and known allergies. Regulated members also need to employ a high degree of caution when prescribing opioids or other medications associated with substance use disorders or substance-related harm.

As long as follow up will be arranged or provided going forward, an urgent assessment/induction for Schedule 1 or 2 drugs (e.g., treatment of substance use disorder requiring OAT, long acting stimulants, antiviral medication, etc.) would generally meet the criteria for a longitudinal relationship: it is understood that management is not a one-time interaction without follow up.

Secure transmission of prescriptions is essential to maintain patient safety and reduce the risk of diversion. The most secure method is system-to-system messaging between a secure EMR and the patient's pharmacy; faxing directly to the pharmacy is also acceptable. Prescriptions cannot be provided electronically to the patient for printing.

Refer to the [Prescribing: Administration](#), [Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harm](#) and [Cannabis for Medical Purposes](#) standards of practice and advice documents for further guidance.

When providing virtual care for out-of-province patients, regulated members are expected to comply with jurisdictional requirements pertaining to controlled substances and the authorization of cannabis for medical purposes.

Healthcare apps²

The use of healthcare apps is becoming commonplace. These apps can provide a convenient way for patients to access care in many different situations.

The [HIA](#) makes custodians responsible for health information they collect, use and disclose when providing health services, whether virtually or in person. Only entities listed in the [Health Information Regulation](#) (HIR) are considered custodians of patient information.

Ultimately, the HIA makes the regulated member-custodians responsible and accountable for the health information of their patients, including when they engage technology service providers both within and outside of Canada.

However, as custodians under the [HIA](#), regulated members must consider a number of matters before they use a healthcare app for the provision of service:

- Ensure the policies and procedures of the health app are compliant with the HIA and aligned with applicable regulations.
- Review and sign-off the [Privacy Impact Assessment](#) (PIA) that has been prepared and submitted to the [Office of the Information and Privacy Commissioner](#) (OIPC): if no PIA is available, one **must** be prepared and submitted to OIPC prior to use of the app.
- Enter into agreement(s) with an information manager, as required by Section 66 of the HIA and 7.2 of the [HIR](#).

² The “Healthcare apps” section is from OIPC’s [Investigation into the use of Babylon by TELUS Health by Alberta Physicians](#) (July 2021)

- Ensure the requirements of Section 8.4 of the HIR, with respect to health information that is stored or used by a person in a jurisdiction outside Alberta, are met.
- Maintain administrative and technical safeguards to protect health information as required by Sections 60 and 63 of the HIA, and Section 8 of the HIR.
- Only collect the limited information necessary to provide health services in accordance with Section 58 of the HIA (e.g., collecting and retaining government-issued ID, “selfie” pictures, or using audio/video recordings as a default are not required to provide health services).

Whether regulated members are self-employed, employees, or contractors of a healthcare app, they are still responsible for complying with all relevant legislation and standards of practice. If a business’s policies or procedures do not allow a regulated member to abide by legislation and standards, CPSA would not recommend they work with that healthcare app.

For more information, please contact [OIPC](#) or the [Health Information Act Help Desk](#).

Resources

CPSA team members are available to speak with regulated members who have questions or concerns. Please contact the Standards of Practice Advisor at standardsofpractice@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- [Cannabis for Medical Purposes](#)
- [Conflict of Interest](#)
- [Continuity of Care](#)
- [Episodic Care](#)
- [Establishing the Physician-Patient Relationship](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Prescribing: Administration](#)

- [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)
- [Safe Prescribing for Opioid Use Disorder](#)

COMPANION RESOURCES

- Advice to the Profession:
 - [Virtual Care](#)
 - [Cannabis for Medical Purposes](#)
 - [Conflict of Interest](#)
 - [Continuity of Care](#)
 - [Electronic Communications & Security of Mobile Devices](#)
 - [Episodic Care](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)
 - [Physicians as Custodians of Patient Records](#)
 - [Prescribing: Administration](#)
 - [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
 - [Responsibility for a Medical Practice](#)
 - [Safe Prescribing for Opioid Use Disorder](#)
- [Advice to Albertans: Virtual Care](#)
- [CMA's Virtual Care Playbook](#)
- [CMPA's The Most Responsible Physician](#)
- [OIPC's Privacy Impact Assessment](#)