

STANDARDS OF PRACTICE

Virtual Care

Commented [CD1]: Title changed to reflect more current terminology and growing use of a variety of virtual technologies.

Under Review: Yes
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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.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

PREAMBLE

CPSA strongly recommends this standard of practice be read in conjunction with the **Continuity of Care** and **Episodic Care** standards of practice.

This standard applies to all regulated members who provide primary care, including those working in urgent care, walk-in/episodic care clinics; virtual care services (e.g., healthcare apps, teleconference, virtual meeting platforms, etc.); locum coverage; and specialists or consultants.

The regulation and provision of virtual care is quickly evolving as the medical profession continues to learn about the strengths and limitations of virtual care delivery. CPSA will revisit this standard on a regular basis to keep pace with this evolution.

For the purpose of this standard, “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 with the aim of facilitating or maximizing the quality of patient care.

Regulated members who provide virtual care are held to the same ethical and professional standards and legal obligations as they are in the provision of in-person care. Ideally, virtual care is a modality that should be thoughtfully used to promote continuity of care within the context of a **therapeutic relationship**^G. Regulated members providing virtual care need to be realistic about their ability to provide safe and **effective care**^G.

Commented [CD2]: Added to emphasize that the requirements of the *Continuity of Care* and *Episodic Care* SOPs are also applicable in the *Virtual Care* environment.

Commented [CD3]: From CPSBC: added to ensure expectations are clear.

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.
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STANDARD

Requirements for cross-border virtual care

1. A regulated member providing virtual care **must** be aware of and comply with the licensing requirements of CPSA **and** the regulatory authority in the jurisdiction where the patient is located.
2. A regulated member providing virtual care **must** ensure they have appropriate liability coverage to provide care across jurisdictions.
3. A regulated member temporarily located outside of Alberta **may** continue to provide virtual care to their patients who are located in Alberta **when appropriate**^G.
4. A regulated member temporarily located outside of Alberta who continues to provide virtual care **must** have a formal agreement with another healthcare provider where the patient is located, who is willing to accept referrals to see the patient in person if required^H.
5. An out-of-province physician who is licensed outside of Alberta **must** obtain a license^G with CPSA to provide care to Alberta patients.
6. Notwithstanding clause (5), an out-of-province physician who **does not** hold a valid and active practice permit with CPSA **may** provide virtual care to a patient located in Alberta if the virtual care encounter is for emergency assessment or treatment of the patient where there are no other care options available.

Commented [CD4]: Headings added to call immediate attention to requirements for cross-border care.

Commented [CD5]: Clauses added to address situations where regulated members are out of Alberta for extended periods of time in which their CMPA coverage may not apply.

Commented [CD6]: Added to ensure patients receive prompt, appropriate care.

Commented [CD7]: The limitation of 5 encounters per year has been removed, as there is no way to track or enforce this requirement. (No other College of Physicians in Canada has a similar numeric limitation.)

General requirements for virtual care

7. A regulated member providing virtual care to patients located in Alberta **must** do so in the same manner in which they apply to care provided in person, in accordance with the obligations of the [Code of Ethics and Professionalism](#) and CPSA's [Standards of Practice](#) and [Code of Conduct](#).
8. A regulated member providing virtual care **must** consider whether virtual care allows **appropriate assessment**^G of the presenting problem and, if it does not, **must** personally arrange for a **timely**^G in-person assessment, when required, done by themselves or another healthcare provider with whom the regulated member has a pre-established agreement^H.

Commented [CD8]: Since out-of-province physicians providing virtual care (on a non-emergency basis) are required to register with CPSA, the remainder of the clauses in this standard apply as well.

Commented [CD9]: Added to clarify expectation that appropriate colleague-to-colleague transfers are arranged: blanket practices to send all patients to the emergency department are not appropriate (will be further addressed in the AtP).

Commented [CD10]: From CPSBC: added to signify need for this to be well-thought out and prepared for.

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9. A regulated member providing virtual care **must**:
- complete a Privacy Impact Assessment (PIA)¹ prior to adopting new information and communication technologies for the purposes of virtual care;
 - provide the patient with their name, location and licensure status;
 - confirm the identity of the patient during the initial virtual care visit;
 - create, maintain and provide a copy of the patient's medical record in accordance with the [Patient Record Content](#) and [Patient Record Retention](#) standards of practice;
 - perform an appropriate assessment of the patient, including ordering necessary investigations, prior to initiating treatment or making a referral to another healthcare provider;
 - communicate with other treating or referring healthcare providers and provide follow-up and after-hours care as medically appropriate, including informing the patient of appropriate follow-up, in accordance with the [Continuity of Care](#) and [Referral Consultation](#) standards of practice;
 - this includes having arrangements in place for receiving and responding to abnormal test results reported by a laboratory or imaging facility after regular working hours or in the regulated member's absence; and
 - provide details of their findings, assessments, advice or treatment given when requested in accordance with the [Responding to Third Party Requests](#) standard of practice.
10. A regulated member who requests a diagnostic test, performs a procedure, provides treatment that requires follow-up or makes a referral and copies another healthcare provider **remains** responsible for any necessary follow-up care **unless** the healthcare provider to whom the copy is directed formally agrees to accept responsibility for follow-up care arising from the test results.
- Where another healthcare provider agrees to accept responsibility for follow-up care, the regulated member **must** document the transfer of care in the patient's record.

Commented [CD11]: Ensures patients are aware when the physician is not located in the same province as them.

Commented [CD12]: From CPSBC and our Telemedicine ATP.

Commented [CD13]: Added to be clear after-hours expectations extend to virtual care, per Council.

Commented [CD14]: Added to ensure expectations are clear (e.g., virtual care apps).

Commented [CD15]: Added to address a common issue/recurring question.

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11. A regulated member issuing a prescription, electronically or by other means, **must** do so in accordance with the [Prescribing: Administration](#), [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#), [Safe Prescribing for Opioid Use Disorder](#) and [Cannabis for Medical Purposes](#) standards of practice.
12. Notwithstanding clause (11), a regulated member **may** issue a prescription without meeting the full scope of the requirements 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 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.
13. A regulated member **must not**:
 - a. refuse a patient based on any prohibited grounds of discrimination or the circumstances or complexity of the patient's medical condition;
 - b. charge for insured services; if charging for uninsured services, the regulated member **must** do so in accordance with the [Charging for Uninsured Professional Services](#) standard of practice;
 - c. order an investigation or make a referral request in another healthcare provider's name;

Commented [CD16]: Added to address a common issue/query.

Commented [CD17]: From CPSBC.

Commented [CD18]: Added to address common issue/query.

GLOSSARY

Appropriate assessment: includes, but is not limited to, taking a patient history, visual inspection (if applicable) and performing/ordering any necessary diagnostic tests, investigations or procedures that are required to help establish a diagnosis and/or guide management.

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Appropriateness, limitations and privacy risks: virtual care is appropriate when it will facilitate a good outcome and, in some cases, may be the best option; however, some health concerns cannot be managed virtually (e.g., the patient requires in-person assessment). Regulated members must also ensure their patients are well-informed of the potential privacy risks (e.g., not using an unsecured public network; finding a quiet, private space so others don't overhear; etc.).

Effective care: regulated members will need to consider the appropriateness of virtual care within the context of that particular patient's health care (e.g., abnormal or critical investigation results that, if not addressed, could result in patient harm).

Established physician-patient relationship: formed when both the regulated member and patient have a reasonable expectation the care provided will extend beyond a single encounter. These relationships include, but are not limited to:

- a. longitudinal relationships, based on the identification of a regular attending physician or clinic; and
- b. sessional relationships for a defined period of time, based on a presenting concern(s), referred consultation or identified medical condition.

Obtain a license: once an out-of-province physician obtains a license from CPSA, they are considered a regulated member of CPSA and must comply with the requirements of this standard.

Therapeutic relationship: a trust-based relationship between a patient and directed healthcare provider that is caring, positive and advances the best interests of the patient.

Timely: a timeframe commensurate with the urgency of the presenting issue.

Sufficient training and competency: regulated members providing virtual care are expected to be knowledgeable of and maintain competence in the technologies they use. Related training can be part of the regulated member's plan to meet mandatory [Continuing Professional Development \(CPD\) requirements](#). Contact [MainPro+](#) or the [Maintenance of Certification Program](#) (as applicable) to determine credit eligibility for specific courses or programs.

When appropriate: CMPA coverage may not apply depending on where the regulated member is located and how long they have been/will be there; regulated members are expected to confirm coverage with CMPA prior to providing virtual care when they are

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ACKNOWLEDGEMENTS

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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](#)
- [Safe Prescribing for Opioid Use Disorder](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)

COMPANION RESOURCES

- Advice to the Profession:
 - [Virtual Care](#)
 - [Electronic Communications & Security of Mobile Devices](#)
 - [Cannabis for Medical Purposes](#)
 - [Conflict of Interest](#)
 - [Continuity of Care](#)
 - [Episodic Care](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)
 - [Physicians as Custodians of Patient Records](#)
 - [Prescribing: Administration](#)

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- [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
- [Safe Prescribing for Opioid Use Disorder](#)
- [Responsibility for a Medical Practice](#)
- [Patient FAQs: Virtual Care](#)
- [CMPA's The Most Responsible Physician](#)
- [OIPC's Privacy Impact Assessment](#)

¹ Per Section 64 of the *Health Information Act*.

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