



STANDARDS OF PRACTICE

# Virtual Care

DRAFT

Under Review: Yes

Issued By: Council: Jan. 1, 2010 (*Telemedicine*)

Reissued by Council: Jan. 1, 2022 (*Virtual Care*); 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.

**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

The regulation and provision of **virtual care**<sup>G</sup> is quickly evolving as the medical profession continues to learn about the strengths and limitations of virtual care delivery. The role of CPSA is to regulate its members’ use of virtual care technology, not the technology itself.<sup>1</sup>

This standard of practice must be read in conjunction with the [Continuity of Care](#) and [Episodic Care](#) standards of practice, as providing virtual care establishes a physician-patient relationship.

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

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

In addition, regulated members are expected to consult with the appropriate medical regulatory authorities (i.e., where both they and the patient are located) and the Canadian Medical Protective Association (CMPA) or other applicable insurance provider for unique situations that include, but are not limited to, the provision of virtual care such as when

**Commented [CD1]:** From [CPSM](#): acknowledges regulators cannot regulate technology.

**Commented [CD2]:** Moved below for flow.

**Commented [CD3]:** Deleted to avoid contradiction of previous paragraph or creating barriers to care for these patients.

<sup>1</sup> From CPSM’s [Virtual Medicine](#) standard of practice (November 1, 2021).

### Terms used in the Standards of Practice:

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either the physician or patient is temporarily<sup>9</sup> outside of Canada, medical assistance in dying, involuntary psychiatric assessment, etc.

**Note:** For the purpose of this standard, virtual care includes medical services to patients as well as inter-professional and intra-professional consultations (e.g., assessing, diagnosing, giving advice, tele-radiology, etc.).

## STANDARD

### Prior to engaging in virtual care

1. A regulated member providing virtual care **must** do so to the same standard to which they provide care in person, in accordance with the obligations of the [Code of Ethics and Professionalism](#) and CPSA's [Standards of Practice](#) and [Code of Conduct](#).
2. Physicians/physician assistants providing virtual care to Alberta patients located in Alberta **must** be registered as members of CPSA.
3. Notwithstanding clause (2), an out-of-province regulated health professional who **does not** hold a valid and active practice permit with CPSA **may** provide virtual care to a patient located in Alberta:
  - a. if the care sought is not readily available in Alberta (e.g., specialty care);
  - b. to provide follow-up care or continuity of care for which an established provider-patient relationship exists; or
  - c. if the virtual care encounter is for emergency assessment or treatment of the patient where there are no other care options available.
4. A regulated member providing virtual care **must** be aware of and comply with licensing requirements of the jurisdiction in which the patient is located.
5. A regulated member providing virtual care across the Alberta border/outside of [Canada](#) **must** ensure they have [appropriate liability protection](#)<sup>9</sup> to provide care across jurisdictions.
6. A regulated member providing virtual care **must** ensure appropriate health services are available within a reasonable time frame to physically assess the patient in person [when indicated](#)<sup>9</sup>.

**Commented [CD4]:** Added based on internal review to acknowledge differing liability dependent on members' location(s).

**Commented [CD5]:** Clause edited to remove barriers to care: when ensuring the best interests of a patient in a remote location, access to appropriate health services (e.g., providing support virtually while waiting for an air ambulance) in a timely manner are more beneficial than having a healthcare provider/physical location in proximity to the patient if that may not be possible where the patient is located.

Aligns with expectations for remote/underserved areas in CPSNL's [Virtual Care](#) standard of practice.

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7. A regulated member providing virtual care **must**:
- ensure they have **sufficient training, knowledge, judgment and competency<sup>6</sup>** (including of technology to be used) to manage patient care **virtually**;
  - consider the technologies available to the patient; and
  - adhere to best practices for privacy and **confidentiality**.
8. A regulated member who is considered the **custodian<sup>6</sup>** of their patient records **must** have a Privacy Impact Assessment (PIA)<sup>2</sup> accepted by the Office of the Information and Privacy Commissioner of Alberta prior to adopting new information and communication technologies for the purposes of virtual care.

**Commented [CD6]:** Reworded to clarify members need to be trained/competent in the technology they use vs. all technology to avoid creating barriers.

**Commented [CD7]:** Reworded as best practices for technology, platform, and infrastructure are outside CPSA's regulatory purview and that we cannot regulate technology, as in the preamble.

**Commented [CD8]:** Former subclause 7(d) made into standalone clause to clarify situations where a regulated member is not the custodian of their records and, therefore, not responsible for submitting a PIA.

### Ethical, professional and legal obligations

9. A regulated member providing virtual care **must**:
- provide the patient with their name, location and licensure status during the initial virtual care encounter;
  - take reasonable steps to confirm the identity and location of the patient when appropriate (e.g., the first virtual encounter, if the patient is outside of Alberta, **etc.**);
  - advise the patient of the importance of having a physical setting that is private and appropriate given the context of the encounter;
  - ensure the patient understands the information they are provided and that they are not hindered by the technology being used;<sup>1 3 4</sup>
  - make every effort to adapt the technology for patients who are deaf, hard of hearing or visually **impaired**;<sup>1, 3, 5</sup>
  - ensure consent to proceed is obtained, in accordance with the **Informed Consent** standard of practice;

**Commented [CD9]:** Edited to acknowledge confirming identity may not be necessary for an established patient known to the regulated member.

**Commented [CD10]:** Clarified to acknowledge there's no way for a regulated member to confirm a patient's location is appropriate.

**Commented [CD11]:** From CPSM, CPNB, and CPSS: confirms patient is able to obtain information without difficulty due to virtual care platform.

**Commented [CD12]:** From CPSM, CPSNB, and CPSO: ensures accommodations for patients with accessibility needs.

<sup>2</sup> Per Section 64 of the [Health Information Act](#).

<sup>3</sup> From CPSNB's [Virtual Medicine](#) Professional Standard (Feb. 2022).

<sup>4</sup> From CPSS's [Virtual Care](#) Policy (Sep. 2023).

<sup>5</sup> From CPSO's [Virtual Care](#) Policy (June 2022).

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- g. when appropriate, offer the opportunity for in-person care and decide in conjunction with the patient<sup>6</sup>, using virtual care if it is preferred by the patient<sup>1, 3, 4</sup>,  
**Error! Bookmark not defined.**<sup>7</sup> and
- h. ensure there is a plan in place to manage adverse events or emergencies and that the patient is aware of appropriate steps to take in these instances.

**Commented [CD13]:** From CPSM, CPSNB, CPSS, CPSO, and CPSNL: requires regulated members to take patient choice into consideration when appropriate.

**During & after providing virtual care**

- 10. A regulated member providing virtual care **must** ensure virtual care allows appropriate care<sup>6</sup> based on the clinical situation.
- 11. A regulated member **must** take appropriate action if the quality of a virtual encounter becomes compromised (e.g., technology fails, security is compromised, etc.) and the patient’s best interests will no longer be served by continuing with the virtual encounter, including:
  - a. ensuring the patient is followed up with in a timely manner; or
  - b. rescheduling the appointment, where necessary.<sup>5</sup>
- 12. A regulated member providing virtual care **must**:
  - a. 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;
  - b. prior to initiating treatment or making a referral to another healthcare provider, perform an appropriate assessment of the patient, including ordering necessary investigations;
  - c. 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; and

**Commented [CD14]:** Reworded to acknowledge that virtual care is comprehensive and involves all care – plan, treatment, follow-up – not just the assessment.

**Commented [CD15]:** From CPSO: ensures appropriate patient care is maintained with clear expectations as to how this is fulfilled.

**Commented [CD16]:** Subclause (i) included in clause (c); subclause (ii) deleted as it is addressed in clause (c)’s reference to the *Continuity of Care* standard.

<sup>6</sup> From CPSBC’s [Virtual Care](#) Practice Standard (June 2023).  
<sup>7</sup> From CPSNL’s [Virtual Care](#) Standard of Practice (2023).

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- d. provide details of their findings, assessments, advice or treatment given when requested in accordance with the [Responding to Third Party Requests](#) standard of practice.
13. A regulated member, including those involved in a team-based care environment, who copies another healthcare provider (e.g., when requesting an investigation, performing a procedure, providing treatment requiring follow-up, making a referral, etc.) **must** do so in accordance with the [Continuity of Care](#) standard of practice.

**Prescribing & authorizing**

14. 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.
15. A regulated member **must not** prescribe opioids or other **controlled medications<sup>g</sup>** to patients **unless**:
- a. they have examined the patient in person; or
  - b. they, or the **health service team<sup>g</sup>**, have a longitudinal treating relationship with the patient; or
  - c. they are in direct communication with another regulated-health professional who has examined the patient.

**Commented [CD17]:** Term added to acknowledge programs (e.g., Virtual Opioid Dependency Program) that may prescribe to patients after a single video consultation as care is ongoing with follow-up with the patient (not a one-and-done prescribing scenario), where it would be considered a longitudinal relationship.

**GLOSSARY**

**Appropriate care:** based on the patient’s presenting concern, appropriate care may include, but is not limited to, taking a patient history, performing a physical exam or ordering any necessary diagnostic tests, investigations or procedures, determining follow-up care needs, etc. that is required to help establish a diagnosis and/or guide management. For example, providing virtual care to a patient with chest pain in a remote location waiting for transportation would be considered appropriate care.

Care needs will evolve with/based on the clinical **situation**.

**Commented [CD18]:** Adjusted to align with change to clause 10.

**Appropriate liability protection:** CMPA protection may not apply depending on where the regulated member is located and how long they have been/will be there and where the

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patient is located and how long they have been/will be there. Regulated members are expected to confirm coverage with their liability provider (e.g., the [Canadian Medical Protective Association](#)) or employer (if applicable) prior to providing virtual care.

**Controlled medications:** for the purpose of this standard, includes medications identified in [Schedule I](#) or [Schedule II](#) of the [Controlled Drugs and Substances Act](#) (Canada – June 2024).

**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).

**Health service team:**

**Temporarily:** refers to situations where the person is out of the country but retains residence in the province of Alberta the majority of the time (e.g., vacation, school, etc.).

**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.

**Sufficient training, knowledge, judgment 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.

**Virtual care:** 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.

**When appropriate:** physicians must use their clinical judgment when considering whether virtual care is appropriate based on the patient’s location, presenting health concern, need for physical examination and the physician’s ability to arrange same, access to relevant patient information (e.g., pharmaceutical, laboratory, diagnostic imaging, etc.), and other available resources (e.g., technology, support staff, other healthcare services, etc.) while the physician is out of the province.

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

## COMPANION RESOURCES

- Advice to the Profession:
  - [Virtual Care](#)
  - [Artificial Intelligence in Generated Patient Record Content](#)
  - [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](#)
- [Advice to Albertans: Virtual Care](#)
- [CMA's Virtual Care Playbook](#)
- [CMPA's The Most Responsible Physician](#)
- [OIPC's Privacy Impact Assessment](#)

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