

# Practice Standard

## Virtual Care

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<b>Related topic(s):</b>	<a href="#">Access to Medical Care</a> ; <a href="#">Care Coverage Outside Regular Office Hours</a> ; <a href="#">Charging for Uninsured Services</a> ; <a href="#">Medical Records, Data Stewardship and Confidentiality of Personal Health Information</a> ; <a href="#">Medical Certificates and Other Third-party Reports</a> ; <a href="#">Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics</a> ; <a href="#">Referral-Consultation Process</a>

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

**Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA or other entity.**

## PREAMBLE

This document is a standard of the Board of the College of Physicians and Surgeons of British Columbia.

For the purposes of this practice standard, virtual care is defined as any interaction between patients and registrants, occurring remotely, using any mode of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.<sup>1</sup>

## COLLEGE'S POSITION

Virtual care is a core component of medical care. Registrants who provide virtual care are held to the same ethical and professional standards, and legal obligations related to in-person care.

The use of virtual care can address access issues and increase both effectiveness and efficiency in delivering medical services. Virtual care can be highly beneficial to patients (e.g. for those living in remote communities or who have mobility issues); however, it can also exacerbate disparities for those who lack access to technology, have limited digital literacy and/or face other challenges with participating in virtual communication. Registrants are reminded to use an equity-oriented approach and seek to understand and address any barriers their patients may face in participating in virtual care.

### Appropriate use of virtual care

The appropriate use of virtual care includes access to in-person care and is ultimately a professional decision of the registrant made in conjunction with their patients. The use of virtual care to screen patients prior to attendance at an office setting is critical during pandemics and epidemics to ensure those who may be suffering from contagious diseases are appropriately triaged. Virtual care is most appropriately used when integrated with comprehensive longitudinal primary care. In the context of episodic care, access to in-person care must be provided to patients as required and longitudinal care must be provided as indicated and required by patients. This requires formal affiliation with in-person providers where the patient resides. Virtual episodic care providers must be realistic about their ability to provide safe and effective services to patients in distant communities.

### Appropriate provision of virtual care

When providing virtual care, registrants must:

- ensure they have sufficient training and competency to manage patients through virtual care
- ensure that the patient is aware of their name, location, and licensure status, and that they confirm the identity of the patient at the initial consultation if the patient is not known to the registrant
- ensure that the identities of all other participants involved in the virtual care encounter are disclosed to and approved by the patient, and documented in the patient record
- explain the appropriateness, limitations, and privacy risks related to virtual care to the patient in plain language during the initial virtual care visit, and document their consent

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<sup>1</sup> Shaw J, Jamieson T, Agarwal P, et al. Virtual care policy recommendations for patient-centred primary care: findings of a consensus policy dialogue using a nominal group technique. *J Telemed Telecare* 2018;24(9):608-15.

- consider whether the virtual care medium affords adequate assessment of the presenting problem, and if it does not, arrange for a timely in-person assessment done by themselves, or another registrant or nurse practitioner with whom the registrant has a pre-established agreement
- create, maintain, and provide a copy of the medical record in accordance with professional and legal requirements and the College's *Medical Records, Data Stewardship and Confidentiality of Personal Health Information* and *Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics* practice standards
- communicate with referring and other treating physicians and provide follow-up and after-hours care as medically appropriate, including informing the patient of appropriate follow-up in accordance with the *Referral-Consultation Process* professional guideline and *Care Coverage Outside Regular Office Hours* practice standard
- provide medical certificates and other third-party reports on patients in compliance with the *Medical Certificates and Other Third-party Reports* practice standard
- ensure patients referred to specialists are adequately investigated before referral; if a primary care assessment of the patient presentation would normally include a physical examination before referral, the referring registrant must ensure that one is done; it is unacceptable to defer a physical examination because the virtual care medium does not allow for one
- exercise caution when providing prescriptions or other treatment recommendations to patients whom they have not personally examined
- only prescribe opioid medications to a patient for the treatment of pain if they have
  - a longitudinal treating relationship with the patient and have examined the patient themselves, or
  - are in direct communication with another registrant or nurse practitioner who does have a longitudinal relationship, has examined the patient and agrees that opioids are indicated, or
  - the patient is receiving palliative end-of-life care, is established on opioid analgesics and is at risk of running out in extraordinary circumstances where the usual prescriber is temporarily unavailable (all registrants are expected to be responsive to all end-of-life care crises)
- only prescribe opioid agonist treatment (OAT) for the treatment of opioid use disorder (OUD) if they have
  - a longitudinal treating relationship with the patient, or
  - performed and documented a comprehensive assessment themselves (either by virtual care or in-person) and will be available to the patient for follow-up and are able to provide ongoing care that includes comprehensive management of the OUD

- only prescribe psychotropic medications (e.g. antidepressants, mood stabilizers, anti-psychotic medications) to a patient if they have
  - a longitudinal treating relationship with the patient, or
  - performed and documented a comprehensive mental status assessment themselves (either by virtual care or in-person) and will be available to the patient, providing ongoing care including monitoring of drug therapy, or
  - are in direct communication with another registrant or nurse practitioner who does have a longitudinal relationship, agrees with the prescribing and will be available to the patient
- only complete a document for the authorization of cannabis for medical purposes to a patient if they have
  - a longitudinal treating relationship with the patient, or
  - are in direct communication with another registrant or nurse practitioner who does have a longitudinal treating relationship, and both agree with issuing a document for the authorization of cannabis for medical purposes
- not charge for insured services; if charging for uninsured services, do so in accordance with the *Charging for Uninsured Services* practice standard

### CROSS-BORDER VIRTUAL CARE

The requirements for virtual care vary by jurisdiction. Registrants must be aware of and comply with the licensing requirements in British Columbia, and in the jurisdiction where the patient is located. Some jurisdictions require physicians to hold a licence to treat a patient located in that jurisdiction.

#### **Expectations of registrants providing virtual care to patients located outside of BC**

Physicians and surgeons who practise in BC must be registered with the College and be aware that the College may address complaints relating to their provision of medical care in other jurisdictions.

Physicians licensed in another province are accountable in that province. As such, in the event of a complaint, a physician licensed in BC would continue to be held accountable to the College of Physicians and Surgeons of British Columbia. When providing virtual care in another province, territory, or country, registrants must comply with the licensing requirements of that jurisdiction.

Registrants must also be aware that practising virtual care in a different jurisdiction may affect their insurance and/or liability protection. Registrants must ensure that they have appropriate liability protection for cross-border virtual care.

#### **Expectations of registrants providing virtual care while temporarily located outside of BC**

College registrants who are temporarily located outside of BC may continue to provide virtual care to patients who are located in BC, when appropriate. When doing so, registrants must ensure that they have a pre-existing relationship established with another registrant or group of registrants and/or nurse practitioners where the patient is located, who are willing to accept referrals to see patients in-person, should this be required.

**Expectations of non-registrants providing virtual care to patients in BC**

The College does not regulate physicians who are located outside of the province and providing virtual care to patients located in BC. Complaints arising out of such services are passed on to the regulatory authority where the physician is licenced. Physicians who are located outside of BC and hold an active licence with another regulatory body do not need to obtain an additional licence to provide care to patients in BC.

**RESOURCES**

Federation of Medical Regulatory Authorities of Canada. *FMRAC Framework on Virtual care* (2019) [Internet]. Ottawa (Canada). [cited 2021 June 16]. Available from: <https://fmrac.ca/fmrac-framework-on-telemedicine/>