



Standard of Practice:

Virtual Care (2023)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

Virtual Care

Preamble

The College recognizes the importance of virtual care in the provision of care to patients in Newfoundland and Labrador, particularly for patients in remote and underserved areas, patients with disabilities, limited supports, or means to travel, as well as in states of emergency.

The medical profession continues to explore the strengths and limitations of virtual care and its role in a rapidly evolving regulatory and care environment. Given the accelerated pace of change in health care across the province and country, the College will regularly review this Standard of Practice to ensure appropriate and reasonable expectations.

Definitions

Virtual Care: any interaction between a patient (or their substitute decision maker) and their physician that occurs remotely, using any forms of communication or information technology, to facilitate or maximize the quality and effectiveness of patient care,¹ e.g., telephone, video conferencing and digital messaging.

¹ Adapted from Shaw J., et al. Virtual care policy recommendations for patient-centered primary care: findings of a consensus policy dialogue using a nominal group technique. *J. Telemed Telecare* 2018;24(9):608-15.

Standard of Practice

Physicians using virtual care in the delivery of health care are held to the same legal, ethical, competency, and professional standards as when providing in-person medical care. The use of virtual care must maintain the standard of practice.

Physicians decide when it is appropriate to use virtual care in consultation with their patient. In making this decision, physicians must always consider the well-being of and benefit to their patient. As such, physicians must consider the patient's health status, needs, and circumstances, and provide virtual care only in cases where an appropriate assessment of the patient's presenting health issue can be conducted virtually.

In most circumstances, virtual care is best utilized as a tool to optimize and complement in-person patient care. Physicians providing virtual care must always consider how they can deliver safe and effective care to their patients.

The College recognizes the importance of virtual care for patients living in remote and underserved areas where in-person care is not readily accessible. As such, a limited exception to full compliance with this standard is detailed below under the subheading "Providing Virtual Care in Remote and Underserved Areas".

When practising virtual care, physicians are expected to:

1. Provide virtual care in conjunction with in-person care, not as an absolute alternative to in-person care. As such, all physicians providing virtual care are expected to either:
 - a. offer in-person care as a part of their usual practice of medicine in Newfoundland and Labrador; or
 - b. have an arrangement, through agreement or policy, with another regulated healthcare provider or health authority, which allows the patient the ability to access in-person care from a regulated healthcare provider.
2. Ensure that they have sufficient knowledge, skills, judgment, and competency (including technological) to manage patient care through virtual means².
3. Use their clinical judgement to determine whether virtual care is appropriate in each instance its use is contemplated.
4. Take reasonable steps to protect personal health information, including protection against theft, loss, and unauthorized access, use, and disclosure.

² See CMA's Virtual Care Playbook

5. Disclose their identity and ensure that all new patients are provided with their contact information.
6. Ensure that the identities of all other participants involved in the virtual care assessment are disclosed to and approved by the patient.
7. Take appropriate steps to confirm the identity and location of the patient.
8. Ask the patient if the physical setting is appropriate, safe, private, and secure given the context of the encounter.
9. Explain the appropriateness, any limitations and any privacy risks related to virtual care to the patient and obtain the patient's consent to proceed.
10. Ensure patient's health issues are appropriately assessed before referring them for specialty care or diagnostic imaging (e.g., if the primary assessment normally includes a physical examination, the referring physician must complete one).
11. When it is both clinically appropriate and available as an option, prioritize patient preference for in-person evaluation and care.
12. Ensure a plan is in place to manage adverse events or emergencies and inform patients of appropriate steps to take.
13. Document their rationale for referring patients to another healthcare facility, a walk-in clinic, or the urgent care or emergency department.
14. Only prescribe opioids or controlled medications through virtual care in circumstances where one or more of the following criteria can be met:
 - i. the physician has examined the patient in person;
 - ii. the physician has an ongoing treating relationship with the patient;
 - iii. the physician is in direct communication with another regulated health professional who has examined the patient; or
 - iv. the physician is satisfied, following a review of the patient's medical records, that the patient has a consistent history of renewed prescriptions from another healthcare provider for the medication.
15. Meet all other obligations to their patients including, but not limited to, referrals, follow-up, medical record-keeping, access to medical records, and prescribing.

If a physician cannot meet the above requirements, they must explain to the patient (and document) the limitations of virtual care and the need for the patient to access in-person care. They must then take steps which are reasonable in the circumstances to facilitate access to in-

person care (e.g., schedule the patient for an in-person assessment, encourage the patient to obtain an in-person assessment from a local healthcare provider).

Exceptions for Providing Virtual Care in Remote and Underserved Areas

The College recognizes the importance of virtual care for patients living in remote and underserved areas where in-person care is not readily accessible. Each patient's needs are unique and several considerations – clinical, geographic, demographic, mobility – will play into the type of care that is appropriate for the patient encounter. When providing virtual care to a patient living in a remote and underserved area, physicians are expected to exercise their professional judgment on a case-by-case basis to determine whether providing virtual care is in that patient's best interest.

Licensing Requirement

Physicians providing virtual care to patients in Newfoundland and Labrador must hold a Licence to Practise Medicine from the College³. In the interest of ensuring continuity of and access to care, the College will permit a physician licensed outside of Newfoundland and Labrador to provide virtual care in the following circumstances:

- providing specialty care that is not available in Newfoundland and Labrador;
- providing care within an existing physician-patient relationship (e.g., patient has temporarily relocated to NL); or
- providing care in consultation with a physician who holds a licence issued by the College and has an ongoing relationship with the patient.

Complaints arising from service provided by an out-of-province physician will be passed along to the medical regulatory authority where the physician is licensed.

Providing Virtual Care to a Patient outside of Newfoundland and Labrador

Physicians licensed by the College who intend to provide virtual care to a patient in another province, territory, or country must comply with the licensing requirements of that jurisdiction. The College recommends that physicians contact the medical regulatory authority in the jurisdiction where the potential patient is located to obtain information about any licensing requirements.

Referring Patients for out-of-province Virtual Care

When consulting with or referring a patient to an out-of-province physician for virtual care, physicians should inform the patient that the out-of-province physician might not be subject to regulation by the College.

³ Includes licenses issued through the Atlantic Registry.

Allegations relating to Virtual Care

The College will accept allegations involving virtual care provided by physicians who are (or were formerly) licensed by the College.

The College cannot accept allegations involving virtual care provided by physicians who are not licensed by the College but will share any information brought to its attention with the medical regulatory authority that has jurisdiction over the physician.

Acknowledgements

CPSA (2022) Virtual Care

CPSBC (2022) Virtual Care

CPSO (2022) Virtual Care

CPSMB (2021) Virtual Medicine

CPSNS (2021) Virtual Care

Shaw J., et al. Virtual care policy recommendations for patient-centered primary care: findings of a consensus policy dialogue using a nominal group technique. *J. Telemed Telecare* 2018;24(9):608-15.

Related Documents

FMRAC (2022). Framework on Virtual Care

CMA (2021). Virtual Care Playbook

Document History

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