

Virtual Care

Policies of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Virtual Care: Any interaction between patients and/or members of their circle of care¹ that occurs remotely², using any form of communication or information technology, including telephone, video conferencing, and digital messaging (e.g., secure messaging, emails, and text messaging) with the aim of facilitating or providing patient care.

Policy

Virtual care is the practice of medicine

1. When providing virtual care, physicians **must** continue to meet the standard of care and the existing legal and professional obligations that apply to care that is provided in person, including those pertaining to prescribing drugs, medical record-keeping, protecting personal health information, consent to treatment, and continuity of care.³
 - a. For example, physicians providing virtual care **must** conduct any assessments, tests, or investigations that are required in order for them to

¹ For more information about who is included in the circle of care, please see CPSO’s [Protecting Personal Health Information](#) policy.

² Remotely means without physical contact and does not necessarily involve long distances. Patients, patient information and/or physicians may be separated by space (e.g. not in the same physical location) and/or time (e.g. not in real time).

³ Relevant legal obligations include privacy and confidentiality requirements as set out in the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A (hereinafter *PHIPA*), and General, Ontario Regulation 329/04, enacted under *PHIPA*, consent requirements in the [Health Care Consent Act, 1996](#), S.O. 1996, c. 2, Sched. A, and mandatory liability coverage in s. 50.2 of the [General By-Law](#). Professional obligations are set out in CPSO’s [Practice Guide](#) and policies.

27 appropriately provide treatment and **must** provide or arrange for appropriate
28 follow-up care.

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30 2. Due to the distinct skillset required to provide safe and effective virtual care,
31 physicians **must** ensure they have the competence to provide care virtually, including
32 effectively using the technology.

33 ***Virtual Care and Patients' Best Interests***

34 Virtual care is not appropriate in every instance as not all conditions can be effectively
35 treated virtually and not every patient has access to or will be comfortable using virtual
36 care technology.

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38 3. Physicians **must**:

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- 40 a. use their professional judgment to determine whether virtual care is
41 appropriate in each instance its use is contemplated; and
- 42 b. only provide virtual care if it is in the patient's best interest to do so. This
43 means only providing virtual care when:
 - 44 i. the quality of care will not be compromised; or
 - 45 ii. the potential benefits of providing virtual care outweigh the risks to the
46 patient (e.g., during contagious disease outbreaks, or for a patient who
47 has limited mobility or lack of transportation and whose access might
48 be otherwise limited to the point of risking patient harm).⁴

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50 4. When considering whether virtual care is in the patient's best interest, physicians
51 **must** ensure their decisions reflect the following factors:

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- 53 a. the nature of the presenting complaint and care required, including whether a
54 physical examination is required in order to meet the standard of care;
- 55 b. the patient's existing health status and specific health-care needs;
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⁴ In some exceptional circumstances it may be appropriate to provide virtual care even when the quality of care may be compromised by the virtual mode of delivery. These circumstances are generally limited to instances where the virtual care promotes patient or public safety. In these circumstances the potential benefits of patient or public safety override the potential risk to quality of care.

- 57 c. the patient's specific circumstances and preferences (e.g., distance required
58 to travel to an in-person appointment or ability to take time off from work);
59 and
60 d. the technology available to the patient and their ability to effectively utilize the
61 technology available to them.
- 62 5. Physicians **must**:
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- 64 a. be mindful of the limitations of virtual care; and
65 b. take appropriate action if, during the course of a virtual encounter it is
66 determined that a patient requires in-person care, including:
67 i. informing patients of the need for in-person care; and
68 ii. arranging a timely in-person assessment or assisting patients in
69 seeking appropriate care, where possible and necessary.
70
- 71 6. Physicians **must** take appropriate action if, during the course of a virtual encounter
72 the quality of the encounter becomes compromised (e.g., technology fails or
73 security is compromised) and the patient's best interests will no longer be served by
74 continuing with the virtual encounter, including:
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- 76 a. ensuring the patient is followed-up with in a timely manner; and/or
77 b. rescheduling the appointment, where necessary.

78 ***Appropriate Setting and Technology***

- 79 7. Where the virtual encounter is synchronous (i.e., involves real-time interaction with
80 the patient), physicians **must** confirm the physical setting where the patient is
81 receiving virtual care is appropriate and safe.
- 82 8. Physicians providing virtual care **must** use technology that is fit for purpose, can
83 facilitate a quality encounter, and enables the standard of care to be met, including
84 technology that:
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- 86 a. supports the sharing of high quality and reliable patient health information
87 (e.g., diagnostic or other images that are of sufficient quality); and
88 b. allows physicians to gather the information needed to provide the care.

89 ***Maintaining Privacy and Security***

90 The legal obligations to protect the privacy and confidentiality of patients' personal
91 health information (PHI) also exist when delivering virtual care.

- 92 9. All physicians **must** take reasonable steps to protect PHI, including protection
93 against theft, loss, and unauthorized access, use, and disclosure of PHI.⁵ When
94 providing virtual care, physicians **must**:
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- 96 a. take reasonable steps to accurately identify the patient (e.g., verify their name
97 and date of birth);⁶
 - 98 b. conduct the encounter in a private setting, where applicable;
 - 99 c. confirm that the patient is in a reasonably private setting and is comfortable
100 discussing or sharing their PHI during the appointment; and
 - 101 d. use secure information and communication technology (e.g., platforms that
102 are protected by encryption), unless it is in the patient's best interest to do
103 otherwise, taking into account:
 - 104 • the nature and purpose of the encounter, including the degree of
 - 105 sensitivity of the personal health information being shared;
 - 106 • the availability (or lack thereof) of alternative technology;
 - 107 • the volume of information and frequency of use;
 - 108 • patient expectations; and
 - 109 • any emergency or other urgent circumstances.
- 110 10. If using less secure technology (e.g., unencrypted platforms), physicians **must**
111 obtain and document the patient's express consent to do so.

112 ***Obtaining Informed Consent for Virtual Care***

- 113 11. Physicians **must** ensure informed consent is obtained from the patient or their
114 substitute decision maker (SDM) for the provision of virtual care, which will require
115 informing patients or their SDM of the benefits, limitations, and potential risks of a
116 virtual encounter, including:
- 117 a. those related to privacy (e.g., potential for privacy breaches); and
 - 118 b. any clinical limitations to providing virtual care and the potential requirement
119 for in-person follow-up.⁷

⁵ PHIPA, s. 12 (1).

⁶ What is reasonable will differ if the encounter takes place within the context of an existing physician-patient relationship compared with a new patient.

⁷ For more information about obtaining informed consent see the *Advice to the Profession: Virtual Care* document.

120 ***Providing Virtual Care to Patients located Outside of Ontario***⁸

121 12. When providing or assisting in the provision of virtual care to a patient in another
122 province, territory, or country, physicians **must**:

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- 124 a. comply with the licensing requirements of that jurisdiction; and
 - 125 b. ensure their identity, location, and licensure status (i.e., where they hold a
126 medical licence) are disclosed to the patient.⁹

127 ***Licensing Requirements when Providing Virtual Care to Ontario Patients***

128 13. Physicians providing virtual care to Ontario patients located in Ontario **must** hold a
129 valid and active certificate of registration with the CPSO, unless the provision of
130 virtual care from an unregistered physician is in the patient's best interest;¹⁰ for
131 example, the care sought is:

- 132
- 133 a. not readily available in Ontario (e.g., specialty care);
 - 134 b. provided within an existing physician-patient relationship and intended to
135 bridge a gap in care; or
 - 136 c. for urgent or emergency assessment or treatment of a patient.¹¹

⁸ CPSO maintains jurisdiction over its members regardless of where (i.e. physical location) or how (i.e. in-person or virtually) they practise medicine, and will investigate any complaints made about a member, regardless of whether the member or patient is physically located in Ontario.

⁹ The medical regulatory authority of the jurisdiction where the physician and/or patient are physically located may also require that physicians hold an appropriate medical licence in that jurisdiction.

¹⁰ This provision does not permit physicians licensed in other jurisdictions to circumvent Ontario licensing requirements and primarily practise in Ontario. It is intended to allow the provision of limited virtual care by physicians licensed in other jurisdictions in circumstances where it may serve a patient's best interests.

¹¹ CPSO reserves the right to take action against physicians who are providing virtual care to Ontario patients in accordance with Provision #13 if they are not meeting the standard of practice. If CPSO becomes aware of concerns about virtual care provided to an Ontario patient by a physician who is not licensed in Ontario it may share that information with the regulatory authority that has jurisdiction over the member, so that appropriate action can be taken by that regulatory authority.