



## Block: Introduction

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### *Virtual Care: Draft Policy and Advice to the Profession*

CPSO's [Telemedicine](#) policy is currently being reviewed and a newly titled draft *Virtual Care* policy and companion *Advice to the Profession* document have been developed. These drafts are now being circulated for feedback.

We are inviting feedback at this stage to help inform future revisions to the draft policy and to ensure it is helpful, up to date, comprehensive, and provides appropriate guidance for physician conduct in this space.

The following survey asks you a few questions about the draft policy and companion *Advice to the Profession* document. It will take approximately **20 minutes** to complete.

You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all individual respondents will be kept strictly confidential.

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Are you a:

- Physician (including retired)
- Medical student
- Member of the public

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- Other health care professional (including retired)
  - Organization
  - Prefer not to say
- 

What kind of physician are you?

- Family physician
  - Specialist
- 

If applicable, please specify your area of focus in your family practice or your area of specialty:

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Please tell us which organization you are responding on behalf of:

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Do you live in:

- Ontario
  - Rest of Canada
  - Outside of Canada
  - Prefer not to say
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## **Block 2: Demographics**

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As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- Yes
  - No
- 

Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- Man
  - Woman
  - Non-binary:
  - Transgender
  - I prefer not to answer
- 

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

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- Yes, First Nations
  - Yes, Métis
  - Yes, Inuit
  - No
  - I prefer not to say
- 

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- Open-ended response:
  - I prefer not to say
- 

In our society, people are often described by their race or racial background. For example, some people are considered "White," "Black," or "East/Southeast Asian," etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- Black (African, African-Canadian, Afro-Caribbean)
- East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
- Latino (Latin-American or Hispanic descent)
- Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)

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- White (European descent)
- Not listed:
- I prefer not to say
- 

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

- Yes
- No
- I prefer not to answer
- 

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as person with a disability?

- Yes
- No
- I prefer not to answer
- 

### **Block 3: All Respondents**

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The following questions will ask you about the draft *Virtual Care* policy.

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#### **Title**

While CPSO has treated the terms *telemedicine* and *virtual care* as having the same meaning, the draft policy has been re-titled *Virtual Care* to better reflect terminology that

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is more commonly used in practice today.

Please indicate the extent to which you agree or disagree with the following statement related to the draft policy title:

*Virtual Care* is a more appropriate title than *Telemedicine*.

- Strongly agree
  - Somewhat agree
  - Neither agree nor disagree
  - Somewhat disagree
  - Strongly disagree
- 

*Optional:* Please feel free to elaborate on your answer above. For example, if you feel that *Telemedicine* is a more appropriate title, please tell us why. If you think that *Virtual Care* is a more appropriate title, please tell us why:

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## **Definition**

The draft policy defines virtual care as:

*Any interaction between patients and/or members of their circle of care that occurs remotely, 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.*

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Please indicate the extent to which you agree or disagree with the following statements related to the definition of virtual care:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear what is meant by virtual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The definition of virtual care is comprehensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Optional:* Please feel free to elaborate on your answers above. For example, if you think that the definition is clear and/or comprehensive, why? If you think that the definition is not clear and/or comprehensive, what would make it clearer and/or more comprehensive?

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### **Virtual Care is the Practice of Medicine**

A core expectation of the draft policy is that 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. The draft specifies that this includes obligations pertaining to prescribing drugs, medical recording-keeping, protecting personal health information, consent to treatment, and continuity of care.

The draft policy additionally specifies that meeting the standard of care includes conducting any assessments, tests, or investigations that are required in order to appropriately provide treatment and providing or arranging for appropriate follow-up care.

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Please indicate the extent to which you agree or disagree with the following statements related to the standard of care:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear from the draft policy what it means to meet the standard of care when providing virtual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectation that physicians who provide virtual care must continue to meet the standard of care is reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The examples provided help clarify how to meet the standard of care when providing virtual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The approach to care (virtual or in-person) does not change the standard of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Optional:* Are there other examples of how to meet the standard of care when providing virtual care that should be captured in the policy that are not currently captured? If so, what are they?

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*Optional:* Please feel free to elaborate on your answers above.

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## Patient Best Interest

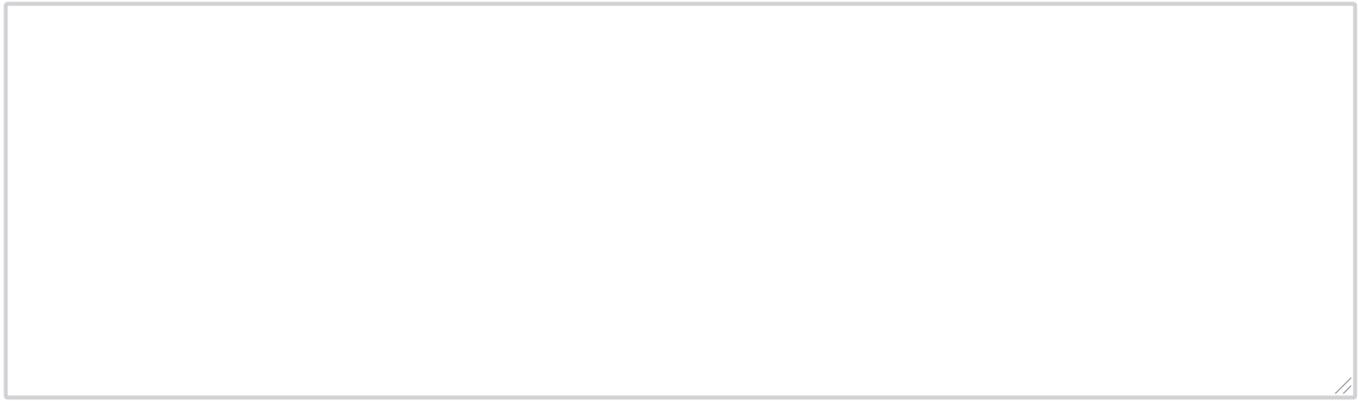
The draft policy requires that physicians only provide virtual care when it's in a patient's best interest to do so and defines best interest as when the quality of care will not be compromised or when the potential benefits of providing virtual care outweigh the risks to the patient.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear from the definition in the draft policy when it would be in the patient's best interest to provide virtual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectation that physicians only provide virtual care when it is in the patient's best interest is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Optional:* Please feel free to elaborate on your answers above or touch on other issues related to "patient best interest."



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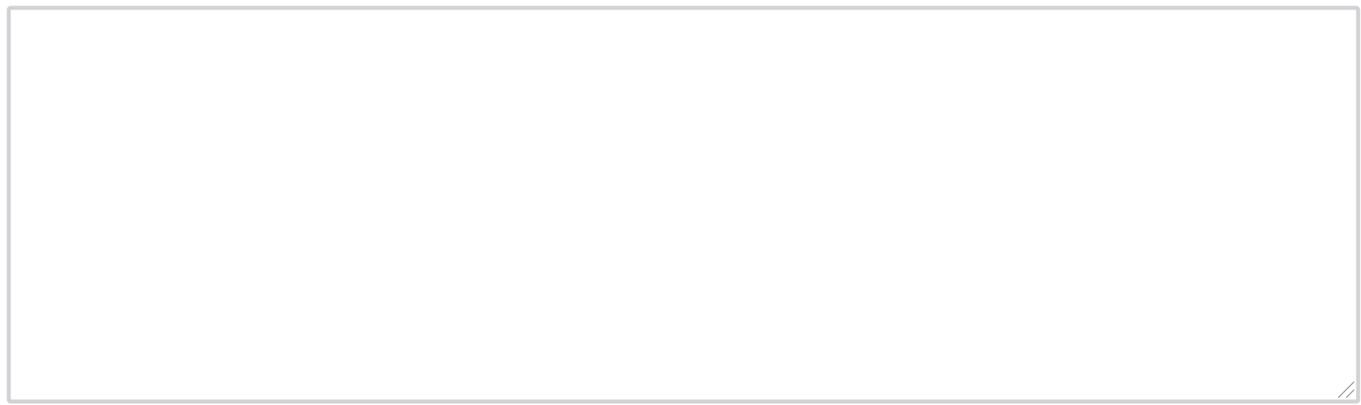
A number of factors can influence whether virtual care is in a patient's best interest. The draft policy requires that when considering whether virtual care is in the patient's best interest, physicians use their professional judgment and ensure their decisions reflect a number of clinical and socio-economic factors.

Please indicate the extent to which you feel the following factors are important considerations when determining whether virtual care is in a patient's best interest:

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
The nature of the presenting complaint and care required, including whether a physical examination is required in order to meet the standard of care.	<input type="radio"/>				
The patient's existing health status and specific health-care needs.	<input type="radio"/>				
The patient's specific circumstances and preferences (e.g., distance required to travel to an in-person appointment or ability to take time off from work).	<input type="radio"/>				
The technology available to the patient and their ability to effectively utilize the technology available to them.	<input type="radio"/>				

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*Optional:* Please feel free to elaborate on your answers above. For example, are there any factors that are not currently captured in the draft policy that should be? Are there any factors that are captured, that should *not* be? If so, what are they?



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We heard during early engagement activities that physicians want more guidance to help them determine when virtual care is appropriate. In an effort to provide clarity, the draft policy:

- Requires only providing virtual care when it is in a patient’s best interest and defines best interest (see above),
- Requires consideration of a number of clinical and socio-economic factors (see above), and
- Directs physicians to the [Virtual Care Playbook](#) for additional guidance regarding clinical conditions which can be appropriately treated virtually.

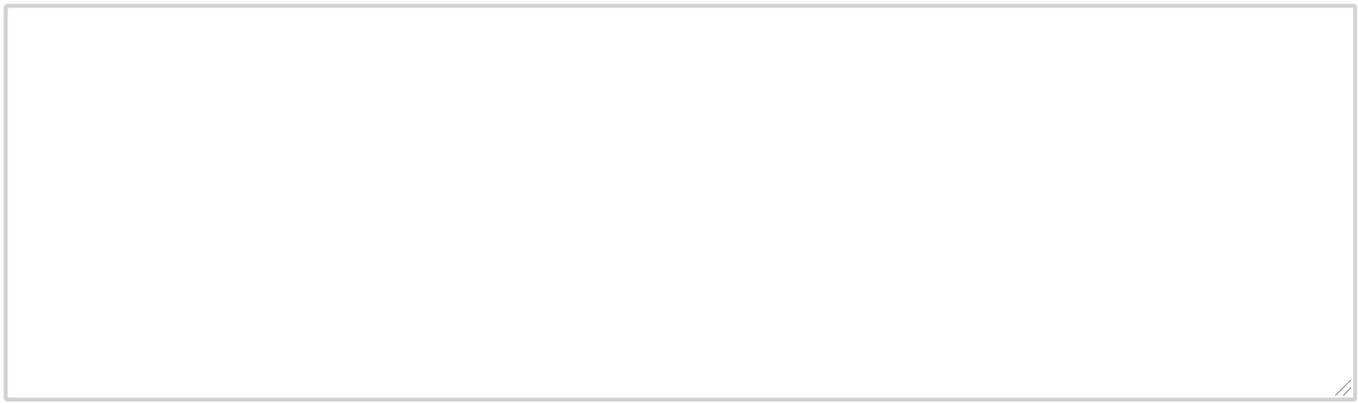
Please indicate the extent to which you agree or disagree that the draft policy provides sufficient guidance to help physicians determine when virtual care is appropriate:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

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*Optional:* Please feel free to elaborate on your answer above. For example, if you do not feel there is sufficient guidance in the draft policy and/or *Advice*, what additional guidance would be helpful? If you do feel that this is sufficient guidance, please tell us why:

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The draft policy sets out new expectations to help guide appropriate conduct when it is discovered during the virtual encounter, that appropriate care cannot be provided virtually. The draft policy requires that physicians are mindful of the limitations of virtual care, and requires taking appropriate action if it is determined during the encounter that in-person care is needed, or if the quality of the encounter becomes compromised (e.g., as a result of a failure of security or technology).

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is important to set out expectations to address scenarios where in-person care is required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to set out expectations to address scenarios where a virtual encounter becomes compromised; for example where technology fails or security is compromised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree or disagree that physicians should take the following actions when they discover during the virtual encounter, that appropriate care cannot be provided virtually:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
<i>Where it is determined that in person care is required: informing patients of the need for in-person care.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Where it is determined that in person care is required: arranging a timely in-person assessment or assisting patients in seeking appropriate care, where possible and necessary.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Where the quality of the encounter becomes compromised (e.g., as a result of a failure of security or technology): ensuring the patient is followed-up with in a timely manner.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Where the quality of the encounter becomes compromised (e.g., as a result of a failure of security or technology): re-scheduling the appointment, where necessary.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Optional:* Please feel free to elaborate on your answers above. For example, if you agree with the expectations, please tell us why. If you disagree with any of the expectations, please tell us why:

Are there any other actions that a physician should take if it is determined that in person care is needed or if the quality of the encounter becomes compromised? If so, what are

they?

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## Privacy and Security

The draft policy retains the general requirement for physicians to protect the privacy and confidentiality of patients' personal health information (PHI), while updates have been made to clarify the reasonable steps that must be taken to do so in a virtual setting, including:

- taking reasonable steps to accurately identify the patient,
- conducting the encounter in a private setting, and
- confirming the patient is in a reasonably private setting and is comfortable discussing or sharing their PHI during the appointment.

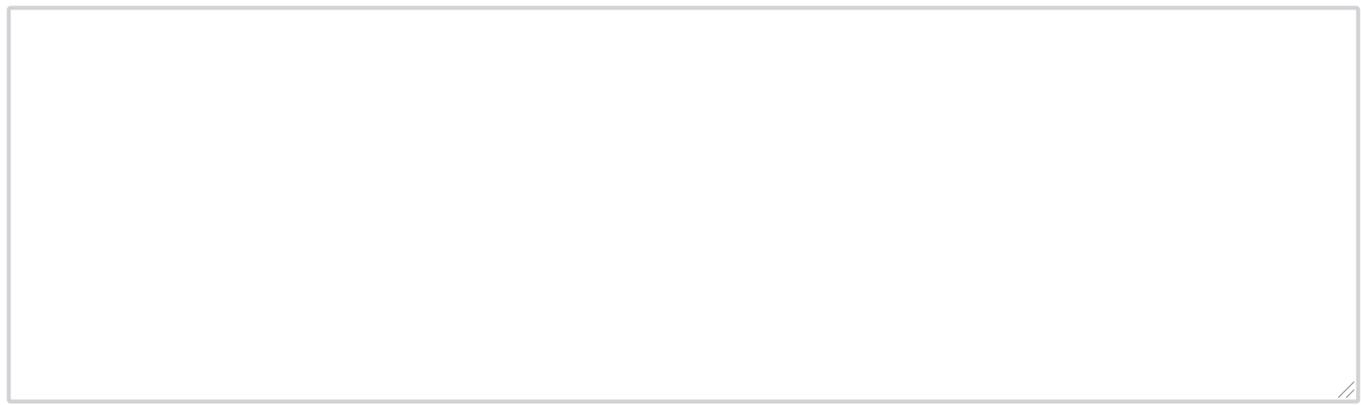
Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The expectations related to privacy and security are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectations related to privacy and security are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

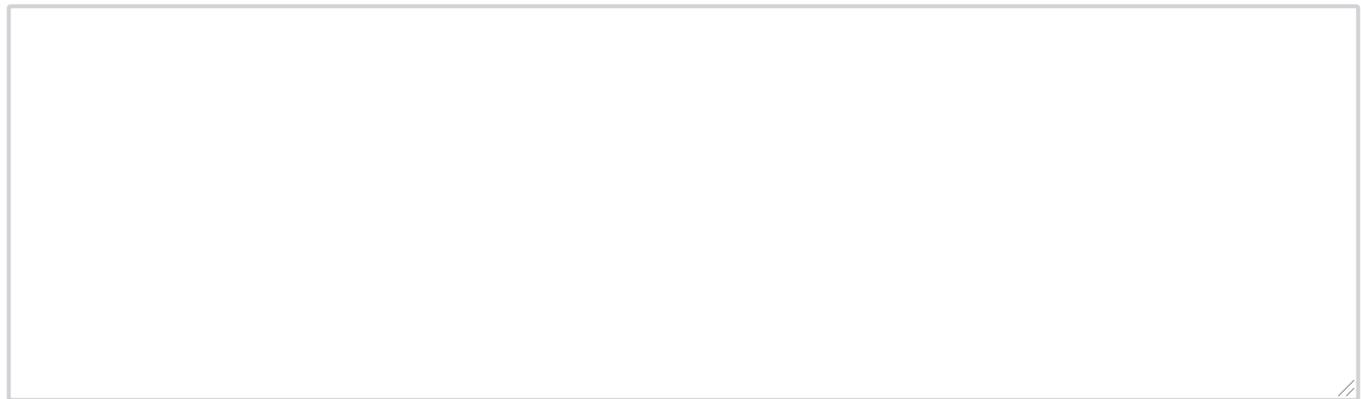
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*Optional:* Please feel free to elaborate on your answers above:

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Are there issues related to privacy and security that are not addressed in the draft that should be? If so, what are they?



In response to requests for greater clarity on which technology (e.g., platforms, etc.) can be used to provide virtual care, the draft policy requires that physicians use secure information and communication technology (e.g., platforms that are protected by encryption), unless it is in the patient's best interest to do otherwise. If using less secure technology physicians are required to obtain and document the patient's express consent to do so.

The draft policy recognizes that there are some instances where use of less secure technology may be in a patient's best interest and lists a number of factors for consideration to help physicians in making this determination, including:

- the nature and purpose of the encounter, including the degree of sensitivity of the personal health information being shared;
- the availability (or lack thereof) of alternative technology,
- the volume of information and frequency of use,

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- patient expectations, and
- any emergency or other urgent circumstances.

Please choose the statement that you feel most accurately describes how you feel about the use of secure technology when delivering virtual care:

- It is never appropriate for physicians to use less secure technology (e.g., unencrypted platforms) when delivering virtual care.
- There are situations when it is appropriate for physicians to use less secure technology (unencrypted platforms) to deliver virtual care.

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Please indicate the extent to which you agree or disagree that a patient's best interest should drive decisions about whether it is appropriate to use less secure technology:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

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*Optional:* Please feel free to elaborate on your answers above:

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## **Informed Consent**

The draft policy includes a new expectation that physicians must ensure informed consent is obtained from patients or their substitute decision maker (SDM) for the provision of virtual care and specifies that this includes informing patients of the risks,

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limitations, and benefits of virtual care (i.e., those related to privacy and clinical limitations).

The draft *Advice* provides additional guidance regarding consent, including when to document consent, obtaining express versus implied consent, and the frequency of reviewing the benefits, risks, and limitations of virtual care with patients.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The expectations related to obtaining informed consent are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectations related to obtaining informed consent are comprehensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Licensing requirements when providing virtual care to Ontario patients

CPSO's current [Telemedicine](#) policy does not address requirements for licensure when providing virtual care to Ontario patients. As a result, rules around licensure have been a common source of confusion with many requests for clarity.

The draft policy now clarifies that physicians must have an active CPSO license when providing virtual care to Ontario patients who are located in Ontario, while it allows some exceptions where it is in the patient's best interest.

Examples of circumstances that would be in a patient's best interest include care that is:

- not readily available in Ontario (e.g., specialty care),
- provided within an existing physician-patient relationship and intended to bridge a gap in care, or
- for urgent or emergency assessment or treatment of a patient.

Please indicate the extent to which you agree or disagree with the following statements related to the expectations around licensure when providing virtual care to Ontario patients:

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The expectations are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expectations are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to allow some flexibility regarding licensure for circumstances that serve a patient's best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Optional:* Please feel free to elaborate on your answers above. For example, if you think the expectations lack clarity or reasonableness please us why. If you think these expectations are clear and reasonable, please tell us why:

#### Block 4: Draft Policy & Advice

In order to answer the next few questions, it is important that you have read the draft [Virtual Care](#) policy.

If you have not read the draft policy, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted. If you would like, you may take a moment to read the draft policy by clicking [here](#).

Have you read the draft [Virtual Care](#) policy?

- Yes
- No

We'd like to understand whether the draft policy is clear and comprehensive.

Please indicate the extent to which you agree or disagree with each of the following statements regarding the draft policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is comprehensive and addresses all of the relevant or important issues related to virtual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy includes definitions of all essential terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Optional:* Please feel free to elaborate on your answers above. For example, how can we improve the policy's clarity? How can we make the policy more comprehensive?

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*Optional:* Does the draft policy contain content or expectations that you feel are unnecessary and should be removed?

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The following questions will ask you about the companion [Advice to the Profession](#) document.

The draft [Virtual Care](#) policy has a companion document called [Advice to the Profession: Virtual Care](#). The purpose of this [Advice](#) document is to clarify and further explain the draft policy content.

Are there topics or issues that you think could benefit from additional detail, explanation, or examples that should be addressed in the [Advice](#) document?

- Yes
- No
- I don't know

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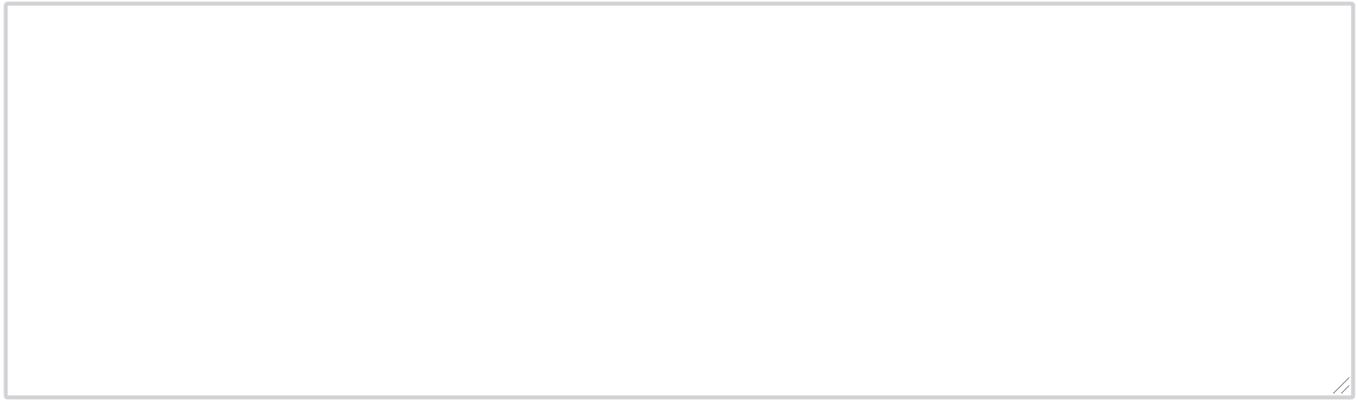
*Optional:* Please feel free to elaborate:

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*Optional:* Does the draft [Advice](#) document contain content that you feel is unnecessary and should be removed?

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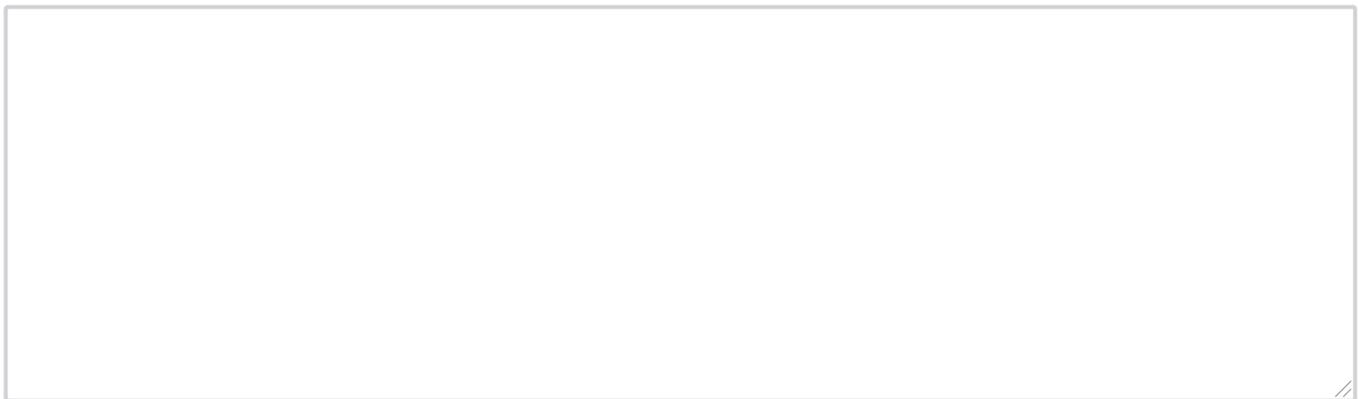


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**Block: End**

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*Optional:* If you have any additional comments that you have not yet provided on the draft policy or [Advice](#) document, please provide them below, by [email](#) or through our [online discussion forum](#):



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