

Registrar's message: recently published Virtual Care practice standard clarifies post-pandemic expectations



The use of virtual care was accelerated by both providers and patients during the COVID-19 pandemic. The pandemic has helped expand virtual care opportunities in the province and underscore numerous areas for improvement—both in practice and in policy. Key learnings from the pandemic, along with feedback gathered from 1,265 registrants (376 specialists and 889 family practitioners), 379 members of the public and numerous key health partners, have informed the College's recently revised [Virtual Care](#) practice standard. Along with the updated practice standard, a [short video](#) outlining the changes to the standard, and a revised [Virtual Care: What to Expect](#) patient resource have been published.

In addition to updating the title from *Telemedicine* to *Virtual Care*, the revised standard reminds registrants that while virtual care can be highly beneficial to patients, it can also exacerbate disparities for those who lack access to technology, have limited digital literacy or face other barriers to virtual communication. Additionally, the standard has been revised to include a more relaxed consent process to reflect realistic expectations, to increase access to patients on opioid agonist therapy, and to outline clearer expectations on cross-border virtual care.

Perhaps the most significant revision to the updated practice standard is around the appropriate use of virtual care. Through the pandemic, there was a remarkable coming together across populations, health

professions, educators, regulators, governments, and learners to ensure patients continued to receive care. However, significant concerns were also raised, including the inappropriate referral of patients to specialists or emergency departments prior to completing a necessary in-person assessment. Another notable concern raised is the provision of virtual care by registrants based far away from the patient's location without an established relationship with local providers to whom the patient could be referred to for necessary in-person care.

To address these issues, a new section has been added which acknowledges the benefits of using virtual care to screen patients during pandemics and epidemics, while highlighting the importance of integrating virtual care with comprehensive longitudinal primary care. In the context of episodic care, the College specifies that access to longitudinal care must be provided as indicated and required by patients. If a registrant is not near the patient's location, they must have a formal affiliation with in-person providers in the patient's home community, so that a timely in-person assessment can be arranged for when necessary. This is an important clarification intended to reduce fragmented care and inappropriate use of services, and emphasize the importance of using virtual care as a complementary component of the health-care system that is integrated into comprehensive longitudinal primary care and specialty care.

The College thanks all those who helped shape the updated practice standard and commends the physician leaders, system leaders, and communities who continue to help move the needle on patient-centred, quality care in our province. We look forward to continuing to play our part in ensuring virtual care is maximized in the best interest of BC patients.

Questions related to the revised *Virtual Care* practice standard may be directed to communications@cpsbc.ca.

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