



College of Physicians and Surgeons of British Columbia

Practice Standard

Telemedicine

Effective:	November 2013
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Version:	7.0
Next review:	April 2023
Related topic(s):	Access to Medical Care , Medical Records , Data Stewardship and Confidentiality of Personal Health Information

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians 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.

PREAMBLE

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

The Federation of Medical Regulatory Authorities of Canada (FMRAC) lists the following definitions:

Telemedicine: A medical service provided remotely via information and communication technology.

Remotely: Without physical contact and does not necessarily involve long distances.

COLLEGE'S POSITION

The role of the College is to regulate physicians, not technology. The College reminds physicians that the use of technology does not alter the ethical, professional and legal requirements around the provision of appropriate medical care.

The requirements for treating patients via telemedicine vary by jurisdiction. Physicians must be aware of and comply with the licensing requirements in British Columbia, and in the province/territory where the patient is located. Some jurisdictions require physicians to hold a licence in order to treat a patient located in that jurisdiction.

Physicians who are physically located in British Columbia must ensure that they are registered with this College and must be aware that this College may address complaints relating to the provision of medical care in other jurisdictions.

Physicians in British Columbia may advise patients that accessing medical care from a physician who is not located/registered in this province may pose risks related to uncertain medical licensure or training, and that this College may not be able to assist them in the event of a complaint.

Physicians must also be aware that practising medicine using only electronic communication or across different jurisdictions may affect their liability insurance. Physicians must ensure appropriate liability protection is in place to provide indemnity for malpractice.

In providing medical care using telecommunications technologies, physicians are advised that they must:

- ensure they have sufficient training and competency to manage patients through telemedicine
- follow all ethical and legal requirements to obtain valid informed consent from the patient
- ensure that the physician's identity, location and licensure status is known to the patient, and the identity of the patient is confirmed at each consultation
- ensure that the identities of all other participants involved in the telemedicine encounter are disclosed to and approved by the patient, and documented in the patient record
- consider whether the telemedicine medium affords adequate assessment of the presenting problem, and if it does not, arrange for a timely in-person assessment
- explain the appropriateness, limitations, and privacy issues related to telemedicine to the patient
- provide an appropriate medical assessment based on the current symptoms or condition, past history, medications and limited examination possible

- create and maintain medical records of the consultation, in accordance with professional and legal requirements
- ensure patients have enduring access to their medical records and that medical records are available to other health-care professionals for the provision of ongoing patient care
- ensure adherence to the same obligations for patient follow-up in telemedicine as is expected with in-person consultation
- communicate with referring and other treating physicians and provide follow-up and after-hours care as medically appropriate
- ensure patients referred to specialists are adequately investigated and treated before referral; if a primary care assessment of the patient presentation would normally include a physical examination before referral, the referring physician must ensure that one is done; it is unacceptable to defer a physical examination because the telemedicine medium does not allow for one
- ensure patients referred to specialists are advised about accessing primary care while awaiting their appointment with the specialist and following specialist assessment and treatment
- exercise caution when providing prescriptions or other treatment recommendations to patients whom they have not personally examined
- only prescribe opioid medications to a patient if they have
 - a longitudinal treating relationship with the patient and have examined the patient themselves, or
 - are in direct communication with another physician 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 other psychotropic 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 telemedicine 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 physician 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 physician or nurse practitioner who does have a longitudinal treating relationship, and both are in agreement with the issuance of a document for the authorization of cannabis for medical purposes

REFERENCES

Federation of Medical Regulatory Authorities of Canada. *FMRAC Framework on Telemedicine* (2019) [Internet]. Ottawa (Canada). Found at: <https://fmrac.ca/fmrac-framework-on-telemedicine/>