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## Professional Standards Regarding Virtual Care

### Preamble

The College recognizes the role virtual care plays and will continue to play in the provision of medical care to Nova Scotians.

The medical profession is still learning about the strengths and limitations of virtual care. The decision by a physician to provide virtual care requires an exercise of professional judgement considering the circumstances and condition of the patient.

The regulation and provision of virtual care is quickly evolving. The College will be revisiting this standard on a regular basis to keep pace with this evolution.

This Standard applies to synchronous virtual care.

### Regarding jurisdiction

Physicians licensed in Nova Scotia who deliver virtual care to Nova Scotians are subject to the regulation of the College, irrespective of where the physician is located.

Physicians licensed in Nova Scotia who deliver care into other jurisdictions in Canada will be held to the standards of that jurisdiction, while subject to the regulation of this College.

Physicians licensed elsewhere in Canada who deliver virtual care into Nova Scotia will be held to Nova Scotia standards but subject to the regulation of their licensing authority.

### Professional Standards

#### When arranging their clinical schedules, physicians must:

1. offer virtual care to patients only in conjunction with in-person care, not as an absolute alternative to in-person care;
2. coordinate their clinical schedules so that patients have reasonable access to either in-person care or virtual care as required;

**When offering or providing virtual care to patients, physicians must:**

3. apply professional judgment to determine if, when and how to use virtual care;
4. provide virtual care with the informed consent of the patient;

Physicians are encouraged to review the College's [Professional Standards and Guidelines Regarding Informed Patient Consent to Treatment](#). In addition to the requirements of this document, the patient-consent process for virtual care services must ensure the following information is reviewed by the patient:

- i. Where the physician is located and licensed to practice medicine; and
- ii. How the privacy of the patient's personal health information will be managed.

5. document their logic as to why virtual care was appropriate for the particular patient;

**In reference to the new Nova Scotia Department of Health and Wellness policy, "Provision of Publicly Funded Virtual Health Services":**

*"Patients have the right to choose an in-person visit and/or refuse a virtual appointment. Health professionals will work with patients to determine the best modality for the patient encounter (in-person or virtual) while adhering to practice standards, protocols, and Public Health guidelines outlined by relevant health profession regulatory bodies/DHW/NSH/IWK and using professional judgement, while also prioritizing patients' preferences and needs for virtual or in-person encounters. Offering virtual visits should not contribute to increased patient isolation."*

**During the course of a virtual visit, physicians must:**

6. provide care consistent with accepted standards of practice. Virtual care must not compromise the standard of care;
7. not prescribe opioids or other controlled medications to patients whom they have not examined in person, or with whom they do not have a longitudinal treating relationship, unless they are in direct communication with another regulated health professional who has examined the patient;
8. ensure reasonable processes are in place to confirm the identity of the patient;
9. inquire whether the physical setting in which the care is provided is safe, appropriate and provides for confidentiality;
10. use virtual care systems that ensure confidentiality. If not possible, inform the patient that the method of virtual care does not guarantee confidentiality. Disclose the risks of a virtual visit and obtain verbal consent and record in the chart;

Physicians must review the [Nova Scotia Personal Health Information Act](#). Note that certain communication technologies may not adequately protect the security of personal-health information. Physicians may wish to consult with the [Canadian Medical Protective Association](#).

**When virtual care identifies the need for an in-person assessment:**

11. if the physician determines that an in-person assessment is required, the physician must schedule an in-person assessment as soon as the patient's presentation requires; and
12. if the physician determines that the patient needs to be seen in-person by another physician or discipline, the physician must advise the patient, direct the patient accordingly and document their reasoning.

**What types of conditions/care are appropriate for virtual care?**

- assess and treat mental health issues, e.g., anxiety
- assess and treat many skin conditions (helpful to have pre-submitted photo or video if not possible to send actual picture)
- assess and treat urinary, sinus and minor skin infections
- provide sexual health care including screening and treatment of STI and hormonal contraception
- provide travel medicine
- assess and treat conditions monitored with home devices and/or lab tests, e.g., monitoring chronic conditions such as hypertension, diabetes
- review lab, imaging and specialist reports
- lifestyle coaching, e.g., smoking cessation, weight reduction
- checking in after an in-person visit, responding to questions about diagnosis or treatment plan
- conduct other assessments that do not require palpation or auscultation

**Sources**

1. [CMA - Virtual Care Playbook March 2020](#)
2. [Chiron Health - Which Types of Visits are Perfect for Virtual Care?](#)

### **What types of conditions are not always appropriate for virtual care?**

- If a patient seen virtually provides a history that indicates a physical examination is necessary, the physician must redirect the patient for an in-person assessment
- Any new and significant emergency symptoms, e.g., chest pain, shortness of breath requiring an in-depth assessment, diagnosis and treatment
- Ear pain
- Cough
- Abdominal/gastrointestinal symptoms
- Musculoskeletal injuries
- Most neurological symptoms including loss of neurologic function
- Congestive heart failure
- Any symptom that requires palpation or auscultation

#### **Source**

[CMA - Virtual Care Playbook March 2020](#)

### **Definitions**

**Virtual Care** encompasses all means by which healthcare providers remotely interact with their patients using communications and digital technology. Synchronous virtual care refers to interactions in real-time through telephone or video platforms. Asynchronous virtual care refers to interactions that do not take place in real-time, such as through email or message boards.

### **Recommended Reading**

College of Physicians and Surgeons of Nova Scotia

- [Professional Standard Patient Consent to Treatment](#)
- [Resumption of Services in Medical Practices during COVID-19](#)

Canadian Medical Association

- [Virtual Care Playbook March 2020](#)

Canadian Medical Protective Association

- [Providing Virtual Care during the COVID-19 Pandemic](#)

Doctors Nova Scotia

- [Getting Started with Virtual Care: Everything you need to know to provide synchronous virtual care.](#)
- [E-health Privacy and Security Guide \(January 2021\)](#)

Nova Scotia Department of Health and Wellness

- [Provision of Publicly Funded Virtual Health Services \(Dec. 16, 2020\)](#)

### Document History

First approved by the Council of the College of Physicians and Surgeons of Nova Scotia as *Professional Standards Regarding the Provision of Telemedicine Services* on **February 2, 2001**. Re-approved on **June 2, 2006**. Re-approved with revisions on **October 14, 2011**, **December 13, 2013** and again on **December 14, 2018**.

Approved by the Council of the College of Physicians and Surgeons of Nova Scotia as *Professional Standards Regarding Virtual Care* on **May 28, 2021**.

Date of next review: **TBD**

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