
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 and asynchronous 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 providing virtual care, physicians must continue to meet the standard of care and the legal and professional obligations that apply to care delivered in person, including those pertaining to prescribing, medical record keeping, protecting personal health information, consent to treatment, and continuity of care.

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. If unable or unwilling to provide in-person care themselves, physicians providing virtual care must have an arrangement in place with another physician or health care practitioner to provide in-person care to patients who require or request it in a reasonable timeframe;
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. where the virtual encounter is synchronous (i.e., involves real-time interaction with the patient), physicians must confirm the physical setting where the patient is receiving virtual care is appropriate and safe in the circumstances (i.e., taking into account the nature and purpose of the intended interaction);
 - a. physicians must take appropriate action if they determine that it is not appropriate or safe to proceed, such as explaining that they will be unable to proceed at that time and re-scheduling the appointment in a timely manner;
9. must use technology that is fit for purpose, can facilitate a quality encounter, and enables the standard of care to be met, including technology that:
 - a. allows physicians to gather the information needed to provide the care; and
 - b. supports the sharing of high quality and reliable patient health information (e.g., diagnostic or other images that are of sufficient quality);
10. take reasonable steps to protect PHI, including protection against theft, loss, and unauthorized access, use, and disclosure of PHI. When providing virtual care, physicians must:
 - a. take reasonable steps to accurately identify the patient (e.g., verify their name and date of birth);
 - b. conduct the encounter in a private setting, where applicable;
 - c. disclose the identities of all participants that will be present during the encounter;
 - d. ask the patient whether they are in a reasonably private setting and are comfortable discussing or sharing their PHI at that time; and
 - e. 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, taking into account:
 - i. the nature and purpose of the encounter, including the degree of sensitivity of the PHI being shared;
 - ii. the availability (or lack thereof) of alternative technology;
 - iii. the volume of information and frequency of use;
 - iv. patient expectations; and
 - v. any emergency or other urgent circumstances;
11. if using less secure technology (e.g., unencrypted platforms), physicians must obtain and document the patient's express (i.e., verbal or written) consent to do so;

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:

12. if the physician determines that an in-person assessment is required, the physician must schedule an in-person assessment with themselves or with another specific care provider as soon as the patient requires; and
13. If the physician determines that an in-person assessment is required by a health care provider in a different scope of practice, the physician must make the referral, inform the patient and document the reasoning. If the virtual visit was the result of a referral from another physician, then the original referring physician must also be informed.

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.

Resources

College of Physicians and Surgeons of Nova Scotia

- [Professional Standard Patient Consent to Treatment](#)

Doctors Nova Scotia

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

Canadian Medical Protective Association

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

Canadian Medical Association

- [Virtual Care Playbook March 2020](#)

Nova Scotia Department of Health and Wellness

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

Nova Scotia Health

- [Virtual Care Information](#)
- [Virtual Care Patient Information Guide](#)

Canada Health Infoway

- [Providing safe and high-quality virtual care: A guide for new and experienced users](#)

Acknowledgements

The development of this College standard was informed by the College of Physicians and Surgeons of Ontario's document [Virtual Care](#).

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**. Re-approved with revisions on **December 8, 2023**.

Date of next review: **TBD**

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