



College of Physicians and Surgeons of British Columbia

# Practice Standard

## Telemedicine

|                          |  |
|--------------------------|--|
| <b>Effective:</b>        | November 2013                          |
| <b>Last revised:</b>     | March 13, 2018                         |
| <b>Version:</b>          | 3.0                                    |
| <b>Next review:</b>      | March 2021                             |
| <b>Related topic(s):</b> | <a href="#">Access to Medical Care</a> |

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.

According to the Federation of Medical Regulatory Authorities of Canada:

*“Telemedicine is the provision of medical expertise for the purpose of diagnosis and patient care by means of telecommunications and information technology where the patient and the provider are separated by distance. Telemedicine may include, but is not limited to, the provision of pathology, medical imaging and patient consultative services.”*

## COLLEGE’S POSITION

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

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

Physicians should be aware that the requirements for treating patients via telemedicine vary by jurisdiction. Some jurisdictions require physicians to hold a licence in order to treat a patient located in that jurisdiction. College registrants must acquaint themselves with the requirements in every jurisdiction where they treat patients, and must comply with those requirements.

Physicians in British Columbia should advise patients that accessing medical care from a physician who is not located/registered in this province may pose risks related to lack of appropriate medical licensure or training, and that this College may not be able to assist them with complaints relating to inappropriate medical care.

Physicians should also be aware that practising medicine using only electronic communication or across different jurisdictions may affect their liability insurance and they should disclose such information to their liability insurer.

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

- ensure that both the physician-site and the patient-site are using appropriate technology that complies with legal requirements regarding privacy and security and accreditation standards where required
- ensure that the physician’s identity is known to the patient and the identity of the patient is confirmed at each consultation
- ensure that the patient is aware of the physician’s location, licensure status and the privacy and security issues involved in accessing medical care in this manner
- follow all ethical and legal requirements to obtain valid informed consent and to protect the privacy and confidentiality of patient information
- explain the appropriateness and limitations of technology-based patient consultation and consider whether a physical examination is necessary
- create and maintain, in accordance with professional and legal requirements, medical records of the consultation

- provide an appropriate medical assessment based on the current symptoms or condition, past history, medications and limited examination possible
- communicate with referring and other treating physicians and provide follow-up and after-hours care as medically appropriate
- exercise caution when providing prescriptions or other treatment recommendations to patients whom they have not personally examined
- not prescribe narcotic or other controlled medications to patients whom they have not personally examined or with whom they do not have a longitudinal treating relationship unless they are in direct communication with another licensed health-care practitioner who has examined the patient
- not complete a document for the authorization of marijuana for medical purposes for a patient unless they have a longitudinal treating relationship with the patient or are in direct communication with another physician or nurse practitioner who has a longitudinal treating relationship and both are in agreement with the issuance of a document for the authorization of marijuana for medical purposes

## REFERENCES

Ameringer CF. State-based licensure of telemedicine: the need for uniformity but not a national scheme. *J Health Care Law Policy*. 2011;14(1):55-85.

College of Physicians & Surgeons of Alberta. Telemedicine [Internet]. Edmonton (Canada): College of Physicians & Surgeons of Alberta; [2010] [cited 2015 Mar 23]. [1 screen].

College of Physicians and Surgeons of Ontario. Policy Statement #1 – 07: Telemedicine [Internet]. Toronto (Canada): College of Physicians and Surgeons of Ontario; 2007 July [cited 2015 Mar 23]. 2 p.

Federation of Medical Regulatory Authorities of Canada. FMRAC Policy on Telemedicine (updated June 2010) [Internet]. Ottawa (Canada): The Federation of Medical Regulatory Authorities of Canada = La Federation des orders des medecins du Canada; 2010 [cited 2015 Mar 23]. [1 screen].

General Medical Council; NHS Quality Improvement Scotland. Joint statement of the GMC and NHS Quality Improvement Scotland (NHS QIS) on the regulation of doctors providing telemedicine services to patients in the UK [Internet]. London (UK): General Medical Council; 2009 December [cited 2015 Mar 23]. 1 p.

Medical Board of Australia. Technology-based patient consultations [Internet]. Melbourne (Australia): Medical Board of Australia; 2012 January [cited 2015 Mar 23]. 3 p.

Silva E 3rd, Breslau J, Barr RM, Liebscher LA, Bohl M, Hoffman T, Boland GW, Sherry C, Kim W, Shah SS, Tilkin M. ACR white paper on teleradiology practice: a report from the Task Force on Teleradiology Practice. *J Am Coll Radiol*. 2013 Aug;10(8):575-85.

The College of Physicians and Surgeons of Manitoba. Statement 166: telemedicine [Internet]. Winnipeg (Canada): The College of Physicians and Surgeons of Manitoba; 2011 [cited 2015 Mar 23]. 3 p.