POSTGRADUATE MEDICAL EDUCATION
SCHULICH SCHOOL OF MEDICINE AND DENTISTRY

GUIDELINES FOR DELIVERY OF VIRTUAL CARE

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Preamble

The same ethical and professional standards that apply to physicians through the College of Physicians and Surgeons of Ontario apply to virtual patient care interactions.

Postgraduate medical trainees are restricted in the provision of virtual care to a supervised learning environment (as with all clinical care that they provide).

Definition of Virtual Care

'Any interaction between patients and/or members of their circle of care that occurs remotely, using any form of communication or information technology, including telephone, video conferencing and digital messaging (e.g., secure messaging, emails, and text messaging) with the aim of facilitating or providing patient care.' From CPSO Virtual Care Policy.

Relevant Policies and Guidelines

- CPSO Obligations in Practice: Providing Virtual Care Safely and Appropriately
- CPSO Obligations in Practice: Protecting Personal Health Information (PHI)
- CPSO Obligations in Practice: Availability of Most Responsible Physicians (MRPs) and Supervisors
- Ontario Personal Health Information Protection Act (PHIPA) and Virtual Health Visits
- PGME Policy on Faculty Supervision of Postgraduate Trainees

Requirements and Responsibilities

1. Postgraduate learners must be familiar with, and comply with, the relevant policies and requirements for virtual care.
2. When providing virtual care physicians must continue to meet the standard of care, and legal and professional obligations that apply to care provided in person. A physician providing virtual care has a legal duty of care.
3. Physicians must exercise appropriate judgement on the suitability of virtual care and the choice of technology for patient encounters. The potential benefits of virtual care must be weighed against the need to see and examine patients in person.
4. The Most Responsible Physician (MRP) must provide appropriate supervision to postgraduate trainees providing virtual care; virtual care is patient care. The CPSO Policy on Professional Responsibilities in Medical Education, and the PGME Faculty Supervision Policy apply to virtual care.
5. Most Responsible Physicians (MRPs) and/or supervisors must ensure that they are identified and available to assist postgraduate trainees when they are not directly supervising them (for example not in the same room) and must ensure that an appropriate alternative supervisor is available and has agreed to provide supervision if unavailable.

6. Authentication of the patient's identity is required when providing virtual care, for example by confirming address and birth date (with video availability this would include asking for a valid photo identification).
7. Physicians providing virtual care must use technology that is fit for purpose and facilitate a quality encounter that enables the standard of care to be met.
8. The physician must use secure information and communication technology, and if using less secure technology (such as unencrypted platforms) the physician must obtain and document the patient's express consent to do so.
9. The encounter must be documented in the medical record. If a patient does not have a medical record (not previously seen) then a registration code or hospital or clinic equivalent must be created.
10. Postgraduate learners must recuse themselves from the delivery of virtual care for any patient physically located outside the province of Ontario.

Guidelines for Delivery of Virtual Care

Consent

The physician must ensure informed consent is obtained from the patient or their substitute decision maker for the delivery of care using a virtual modality and document informed consent for every virtual encounter with a patient. The limitations of virtual care and the potential need for in-person follow-up, as well as privacy and the potential for privacy breaches, must be discussed in the consent process.

Documentation

A virtual care encounter must be documented in the patient's medical record to the same standard as for a conventional visit or encounter. Documentation should reference the technology used for the virtual visit.

Privacy

Personal health information is subject to privacy and security risks on all virtual care platforms. Virtual care should not be provided on any social media platform.

For electronic transmission of personal health information postgraduate trainees must comply with the CPSO Policy on Protecting Personal Health Information and the Virtual Care Policy (for example the requirement to use encrypted e-communication when communicating personal health information to patients where possible, and if using less secure technology such as unencrypted platforms obtain and document the patient's express consent to do so).

Postgraduate trainees are encouraged to use a non-personal cell phone or landline when providing virtual care; if using a personal phone, the call display function should be turned off.

Guidelines

Choose a private space to conduct virtual care, and ensure the patient is in a private space. Provide clear introductions with confirmation of patient identity. Inquire if the patient is accompanied by another person, such as a family member or friend. Obtain information regarding patient location in case of emergency and also for licensing considerations (in province). Obtain and document patient consent.

References and Resources

- CPSO Legal Requirements: Health Care Consent Act
- CMPA Integrating Virtual Care in Practice: Medico-legal Considerations
- CMPA Learning Activities: Consent, Considerations, Pearls in Virtual Care
- Royal College Virtual Care Reports
- CMA Virtual Care Playbook 2021
- How to Navigate a Virtual Care Visit: Patient Guide
- PARO Perspective Optimizing the Virtual Care Curriculum