The electronic version is the official version of this policy.
Preamble

Virtual care is any interaction between patients and/or members of their circle of care, occurring remotely, using any form of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care. *(Report of the Virtual Care Task Force, Feb 2020)*

Technological options for virtual care include telephone, text messaging, video conferencing (using a smart phone or computer), email and website portal.

Virtual care reduces geographical, physical and resource constraints and offers the potential to improve patient care and patient access to care.

Principles

The same ethical and professional standards that apply to physicians through provincial regulatory authorities or employers still apply to virtual patient care interactions.

Postgraduate Medical trainees have multiple professional relationships in their capacity as students at the University of Calgary, employees of Alberta Health Services, and regulated members of the College of Physicians and Surgeons of Alberta. With respect to appropriate use of virtual patient care, Resident Physicians are bound by the policies set forth by all these institutions.

An educational licence issued by the College of Physicians and Surgeons of Alberta restricts the provision of virtual care to a supervised teaching environment. Provision of virtual care by Residents outside this context is not within the scope of an educational license.

Scope

This Operating Standard applies to all learners in all training programs under the umbrella of Postgraduate Medical Education.

Definitions

4.1 “Alberta Health Services” *(AHS)* means the health authority for Alberta that delivers medical care on behalf of the Government of Alberta’s Ministry of Health.

4.2 “CMPA” means the Canadian Medical Protective Association.

4.3 “CPSA” means the College of Physicians and Surgeons of Alberta, the provincial regulatory authority responsible for the registration, regulation, and discipline of physicians in Alberta, Canada.

4.4 “Most Responsible Health Practitioner” *(MRHP)* means the physician who has overall responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.
4.5 “Medical Learner” refers to Residents and Fellows participating in a PGME Training Program.

4.6 “Social Media” means an internet website or internal or external platform which allows for the creation and exchange of user-generated content. Social Media includes, but is not limited to, social networking, blogging, microblogging, video hosting, wikis, and social bookmarking.

From AHS Social Media Policy – Document 1139

Operating Standard Statement

Appropriateness of Virtual Care

5.1 Physicians must exercise appropriate judgement on the suitability of virtual care and the choice of a particular technology in facilitating the medical encounter for any given patient.

5.2 Standards of medical care should not be duly compromised using virtual platforms. The potential benefits of virtual care should be weighed against the need to see and examine a patient in person.

5.3 Patient consent must be obtained for all recordings. Audio or video recordings containing health information must be managed on AHS/University of Calgary-owned devices or those devices that comply with the requirements of the Office of the Information and Privacy Commissioner of Alberta.

5.4 The Most Responsible Health Practitioner is responsible for the security, storage and disclosure of the recording.

Guidelines for Delivery of Virtual Care

6.1 Choose private space to conduct the virtual care visit and ensure the patient is also in a private space.

6.2 Consider the space that the patient will view during a virtual visit and consider each of the following factors:
   - Clear introductions with confirmation of patient identity
   - Ask if the patient is accompanied by another person ie. family member, friend
   - Obtain information regarding the patient location - in case of an emergency and for licensing considerations
   - Obtain patient consent – disclose risks and limitations of virtual encounter
6.3 Details of the virtual care visit including written/verbal patient consent must be documented in the patient medical record.

6.4 Photographs associated with a virtual visit should be documented in the patient’s medical record and then deleted from all devices (phone, email).

Consent

7.1 Physician (or designate) must obtain and document informed consent from a patient for every virtual encounter.

7.2 The limitations of virtual care as well as privacy and confidentiality considerations should be discussed in the consent process. (CPSA guidelines on consent and/or the CMPA virtual care consent form may be used to guide the discussion) Consent may be obtained verbally.

Licensing

8.1 Individuals providing virtual care to patients outside of Alberta must meet the licencing or registration requirements of the regulatory authority in the territory or province where the patient is located.

8.2 Medical learners must recuse themselves from the delivery of virtual care for any patient physically located outside the province of Alberta.

Documentation

9.1 A virtual care encounter should be documented in the patient medical record to the same standard as for a conventional visit.

9.2 Documentation should reference the technology used for the virtual visit.

Privacy

10.1 Personal health care information is subject to privacy and security risks on all virtual care platforms.

10.2 Provision of virtual care is not permitted on any social media platform.

10.3 For electronic transmission of personal health information including but not limited to email, text messaging and website portal, residents must comply with accountabilities defined by the Alberta Health Information Act.

10.4 Individuals 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.
10.5 Videoconferencing must be performed on a platform that has met the requirements set out by the Office of the Information and Privacy Commissioner of Alberta.

Recording

11

11.1 Recordings of virtual visits are only appropriate if there is a specific purpose for the recording (e.g., to monitor and document treatment progress, student supervision, staff education, special projects, or quality assurance).

Learner Responsibilities

12

12.1 Medical learners must be familiar with and comply with AHS Virtual Care Policies or, when relevant, the virtual care policies and procedures of the non-AHS learning site.

Virtual Care During a Medical Emergency

13

13.1 If a medical emergency occurs during a virtual appointment, then the clinician should remain connected with the patient, call 911 (or ensure delegate calls 911) and follow AHS guidelines. Or, when relevant, those guidelines of the non-AHS learning site until Emergency Medical Services arrives.

Approved by PGME Committee:

References:

AHS guidelines for response to a medical emergency during virtual visit.


AHS policy for electronic transmission of personal health information


CMPA Telehealth and Virtual Care


CPSA Advice to Profession-Telemedicine


AMA Virtual Care

https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care
CMA Virtual Care Playbook

AHS Healthcare Professional Considerations in Virtual Care

Approved by PGME Committee: September 2, 2021