

CPSM Council held a meeting on September 29; below is a summary of updates from the meeting.

Standard of Practice –Episodic Visits, House Calls, and Walk-in Primary Care

Council approved the Standard of Practice – Episodic Visits, House Calls, and Walk-in Primary Care. The Standard contains provisions on:

- The appropriate standard of care
- Provisions to advise the primary care provider of episodic care
- Supporting patients
- Continuity of care and/or follow up care
- Prescribing

CPSM received feedback from the public, CPSM registrants, and other stakeholders during the public consultation period. Input was also provided by physicians practicing in sports medicine and other specialized clinics. Based on feedback, revisions were made to the Standard. As always, patient safety is the focus.

The Standard recognizes episodic, house calls, and walk-in clinic primary care plays an important role in the delivery of medical care and provides additional guidance for the profession to ensure continuity in medical care for the public.

The Standard of Practice –Episodic Visits, House Calls, and Walk-in Primary Care will be effective November 1, 2022. [View the Standard HERE.](#)

Standard of Practice Virtual Medicine

Council approved revisions to the Standard of Practice for Virtual Medicine.

While it is unusual to review a Standard do soon after it has gone into effect, given the widespread nature of virtual medicine, the wide range of risks and benefits of virtual medicine, and the varying uses of virtual medicine, the working group for the Standard met with some department heads and Chief Medical Officers to review the Standard.

The General Provision has not been altered in any way and remains:

Each registrant’s practice of medicine **must include timely in-person care** when clinically indicated or requested by the patient. It is not an acceptable standard of care to solely practice virtual medicine. **A blended care model balancing in-person and virtual medicine is required if providing virtual medicine.**

Note this FAQ:

I sometimes pick up calls for a virtual online platform. Can I continue to do so with the new Standard?

Generally, no, unless you yourself can provide in-person care to that patient. Fundamentally, virtual medicine is to be used to optimize and complement in-person patient care – it is not a substitute for in-person care. This means that the physician-patient relationship is to be in-person and virtual medicine is to be used to enhance in-person care. There is a requirement for a blended model of care requiring each registrant to see their patient in person in a timely manner if needed. Digital platforms in which patients contact physicians virtually, on-demand do not conform to the requirements of the Standard unless that individual physician themselves can provide in-person care within 24-48 hours in a geographic location close to the patient’s location. This might be in the same city, or if rural/remote within the usual distance for rural/remote health care.

The updates are effective immediately. [View the Standard here.](#)

Truth & Reconciliation Commission: Addressing Indigenous Racism in Medical Practice – Advisory Circle Recommendations

Addressing Indigenous-specific racism in the medical profession is a CPSM Strategic Organizational Priority. CPSM has formed a Truth and Reconciliation Advisory Circle, which meets regularly. We are grateful for the Indigenous physicians, scholars, Elders, and Knowledge Keepers who share their stories, experiences, knowledge, and guidance.

CPSM cannot move forward with our reconciliation efforts until all practitioners recognize how medical care is impacted by Indigenous-specific racism. CPSM will act on the seven recommendations from the TRC Advisory Circle, which Council has endorsed.

1. CPSM to issue an Apology and Statement to Indigenous People about the harms caused by Indigenous-Specific Racism by Medical Practitioners
2. CPSM Land Acknowledgment
3. Standard of Practice–Practicing Medicine to Prevent Indigenous-Specific Racism
4. Restorative Justice Approach to Complaints and Investigations (including creating a culture for receiving and addressing complaints from Indigenous patients)
5. Mandatory Indigenous-Specific Anti-Racism Training for CPSM Registrants and Staff
6. Mentorship/Leadership at CPSM (Includes Creating an Open Culture to Support Indigenous Physicians)
7. Definition of Indigenous-Specific Racism

For expanded details, including background information and a description of each action, see the email from the Registrar sent to all CPSM registrants on September 28.

Fast Track Registration

Currently, CPSM collects and verifies all information and records required for registration. Fast Track Registration will eliminate requirements that duplicate extensive gathering and verification of information and documents previously validated and verified by another Canadian College of Physicians & Surgeons.

Qualifications for registration will remain the same and Fast Track Registration will apply to physicians with a full, unrestricted license for independent practice in good standing with another Canadian college.

This will be implemented in October.

[Seatbelt/Helmet Exemptions – Standard of Practice](#) – was revised

[Female Genital Cutting/Mutilation - Standard of Practice](#) – was revised and a helpful resource provided.