



## Standard of Practice Virtual Medicine

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Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

### 1. DEFINITION AND APPLICATION

- 1.1. Virtual Medicine means the provision of medical care by means of electronic communication (telephone, video, email, text, or other internet hosted service or app) where the patient and the registrant are at different locations, including but not limited to treating, advising, interviewing or examining the patient. [CPSM Standards of Practice Regulation](#), s. 1.
- 1.2. This Standard does not apply to medical consultations or communications between CPSM registrants, nor to communications between CPSM registrants and other regulated health professionals.

### 2. ETHICAL, PROFESSIONAL, AND LEGAL OBLIGATIONS

- 2.1. Providing care by virtual medicine does not alter the ethical, professional, and legal obligations of registrants to provide good medical care.
- 2.2. CPSM recognizes the importance of virtual medicine in providing care and access to care, especially for patients in remote and underserved areas, patients with disabilities, patients in institutional settings, limited psychosocial supports or economic means, and in a pandemic, or state of emergency.
- 2.3. Virtual medicine is to be used to optimize and complement in-person patient care.
- 2.4. The role of CPSM is to regulate registrants and their use of technology, not technology itself.
- 2.5. Registrants must provide virtual medicine in accordance with this Standard of Practice.

### 3. GENERAL PROVISIONS

- 3.1. 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.<sup>1</sup> **A blended care model balancing in-person and virtual medicine is required if providing virtual medicine.**
- 3.2. The Standard has general principles which must be applied reasonably to every patient encounter using registrant's knowledge, skill, and judgment to determine if virtual medicine for that patient encounter is appropriate and in the best interest of the patient.

### 4. PRIOR TO ENGAGING IN VIRTUAL MEDICINE

- 4.1. Licensure
  - 4.1.1. Physicians providing virtual medicine to Manitoba patients located in Manitoba must be registered with CPSM.
  - 4.1.2. Registrants must be aware of and comply with the licensing requirements in the Canadian jurisdiction in which the patient is located. Many jurisdictions require physicians to hold a license and have liability protection to treat a patient located in that jurisdiction.
  - 4.1.3. If providing care across the Manitoba border, physicians must be familiar and comply with the legalities of licensure as outlined in the Contextual Information and Resources document following this Standard.
- 4.2. Establishing the Patient-Physician Relationship
  - 4.2.1. Registrants using virtual medicine to provide medical care to patients must:
    - 4.2.1.i. Disclose their identity to the patient and confirm confidentiality of the encounter;
    - 4.2.1.ii. Take reasonable steps to confirm the patient's identity and that the patient is located in Manitoba<sup>2</sup>;
    - 4.2.1.iii. Ask the patient if the physical setting is appropriate given the context of the encounter and ensure consent to proceed;
    - 4.2.1.iv. Offer the patient the opportunity for in-person care.

### 5. DURING AND AFTER ENGAGING IN VIRTUAL MEDICINE

- 5.1 Assess the Appropriateness and Patient's best interest of the Use of Virtual Medicine for Each Patient Encounter. Registrants must:

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<sup>1</sup> Registrants providing virtual medicine exclusively in remote communities may do so if part of the institutional health care system.

<sup>2</sup> See the attached document, [Information Sheet on Virtual Medicine Across Provincial and International Borders](#) and relevant question in FAQs attached to this Standard.

- 5.1.1 Use professional judgment to determine if virtual medicine is **appropriate and in the patient's best interest**. This means only providing virtual care when
  - 5.1.1.i The quality of the care will not be compromised; or
  - 5.1.1.ii The potential benefits of providing virtual care outweigh the risks to the patient.
- 5.1.2 When determining whether virtual medicine is appropriate and in the patient's best interest the following must be considered:
  - 5.1.2.i The nature of the presenting condition and care required, including whether a physical examination is required to meet the standard of care
  - 5.1.2.ii The patient's existing health status and specific health-care needs;
  - 5.1.2.iii The patient's specific circumstances and preferences (eg. financial hardship, mobility limitations, distance required to travel to an in-person appointment, language/communication barriers);
- 5.1.3 Ensure they have sufficient knowledge, skill, judgment, and competency (including technological) to manage patient care through virtual medicine;
- 5.1.4 Ensure they have satisfactory technology to provide virtual medicine;
- 5.1.5 Based upon the nature of the clinical encounter use video technology if available, if in the best interest of the patient, and if preferred by the patient.

## 5.2 Provide Good Medical Care

- 5.2.1. Registrants providing virtual medical care must:
  - 5.2.1.i. Provide all elements of good medical care as required. [\*CPSM Standard of Practice Regulation\*](#), s. 3
  - 5.2.1.ii. **Have the ability themselves<sup>3</sup> to provide a timely physical assessment of the patient.** A limited exemption applies for patients in distant rural, remote, or institutional locations if this will hinder access to care.<sup>4</sup> Directing patients to another healthcare facility, a walk-in clinic, or the Urgent Care or Emergency Department in non-urgent or non-emergent circumstances in lieu of an in-person assessment is not appropriate care. This exemption permits registrants to use an on-line platform company that has an agreement with the health authority, hospital, or government institution providing health care if the virtual medical care is integrated into the health care system;
  - 5.2.1.iii. Ensure continuity of care and have the same obligations for patient follow-up as in in-person care;
  - 5.2.1.iv. Ensure patients referred to specialists are appropriately investigated and treated before referral. If an assessment of the patient's presentation requires a physical before referral, the referring registrant must ensure that one is done. It is unacceptable to defer

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<sup>3</sup> In a true group shared primary care practice in a physical clinic with shared medical records, then the timely physical assessment of your own patient whom you usually see in person, may be performed by another member of that group practice.

<sup>4</sup> Specialists have a greater latitude in providing timely care, usually due to health care system waits or the difficulties for many patients to travel distances.

such a physical assessment to the specialist unless agreed to in advance. An exemption applies for patients in distant rural, remote, or institutional locations if this will hinder access to care;

5.2.1.v. Pay additional attention to ensuring the patient understands the information exchanged and is not hindered by the technology;

5.2.1.vi. Adapt the technology for virtual medicine for patients who are deaf, hard of hearing, or visually impaired.

5.2.2 Registrants providing care for Ongomiizwin Health Services and Northern Manitoba, CancerCare Manitoba, or other public organizations supporting medical care including hospitals or long-term care facilities, may rely upon institutional supports and systems for the delivery of virtual medicine.<sup>5</sup>

### 5.3 Medical Records and the Privacy, Confidentiality, Security of, and Access to Patient Records

5.3.1 Registrants providing virtual medicine are required to create and maintain patient records the same as in in-person care and adhere to that Standard of Practice.

5.3.2 Registrants should usually have active access to the patient's medical record while providing virtual medicine.

5.3.3 Registrants must carefully consider the appropriateness of obtaining photo or video from patients by electronic means and ensure the consent, lawful viewing, and confidential storage of such patient records.

## 6. PRESCRIBING AND AUTHORIZING

### 6.1. Registrants using virtual medicine must:

6.1.1. Conduct an assessment in accordance with the standard of care before prescribing or authorizing a drug, substance, or device, and only proceed to do so if appropriate;

6.1.2. Exercise caution when providing prescriptions or other treatment recommendations to patients they have not personally examined;

6.1.3. Not prescribe opioids or benzodiazepines or Z-Drugs or authorize cannabis for medical purposes 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 healthcare professional who has examined the patient.

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<sup>5</sup> For instance, if safe to the patient, a physician providing care to a remote community may rely upon a nurse practitioner in the community to perform a physical assessment, or a specialist may rely upon a family doctor in a rural area to perform a physical assessment. These institutions might also have special alternate arrangements for delivery of care to distant rural and remote patients.

The Contextual Information and Resources are provided to support registrants in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

### Importance of Physical Assessments to meet the Standard of Care

The art and science of medicine usually requires in-person care to create trust with the patient, demonstrate empathy, support patients, correctly assess the medical condition, and enhance the connection between patient and physician. In-person encounters are often critical for the non-verbal element of communication between patient and physician.

Many physicians adapted to virtual medicine immediately in March 2020 due to the COVID-19 pandemic, and Manitoba was in a state of lock-down restrictions. This permitted virtual medicine to treat medical conditions that otherwise would have required in-person care.

**CPSM encourages its registrants to provide in-person medical care in their practice because the physical assessment of patients is critical to good medical care and the patient-doctor relationship.** Prescription refills or some chronic care for long-standing patients may not require a physical assessment, nor would delivery of test results.

### Virtual Medicine – Appropriate and Patient’s Best Interest

The Standard only specifies a few circumstances where virtual care is or is not appropriate. Each patient’s needs are unique, technology is evolving, and a number of the patient’s considerations – clinical, geographic, demographic, mobility – will play into the type of care that is appropriate in each patient encounter. The Standard requires registrants to exercise their professional judgment to make these determinations on a case-by-case basis in the patient’s best interest.

A blanket virtual-first approach (ie triaging every patient with an initial virtual appointment) is to be avoided in the absence of direction from government (e.g. in relation to pandemics/public health measures). Use of a blanket virtual-first approach can delay necessary care and negatively impact patient safety as well as the system as a whole. Certain medical conditions and patients will require in-person care and consideration needs to be given to the purpose and nature of the appointment at the point of scheduling or triaging.

## Virtual Medicine Not Meeting the Standard of Care

The requirement is to provide timely in-person medical care. Examples of virtual medicine that do not meet the Standard are:

- Virtual medicine-based businesses that do not offer timely in-person appointments by the same physician (within 24-48 hours)
- Physicians not offering in-person appointments, including during a pandemic, unless advised by a health authority to not see patients in person
- Physicians restricting in-person visits with patients or having very limited in-person appointments inappropriately or without objective rationale.

Good medical care requires the ability for timely in-person assessments. The following are examples of likely failing to provide good medical care through virtual medicine:

- Complete physicals
- Assessments for return to work unless mental health
- Any concern that requires direct hands-on examinations, i.e., abdominal examination
- Any concern that requires a direct visual observation
- Independent Medical Examinations that require physical assessment.

## Referrals to a Specialist Without a Physical Examination

The general rule for good medical care is to perform a physical examination prior to referral to a specialist. There are, however, examples of referrals that can be made to specialists without having first seen the patient. These include:

- Significant or urgent medical conditions
- Referral of long-term substance use disorder to hepatology or addictions medicine
- Referrals of distant rural and remote patients if the in-person assessment will hinder or unduly delay care

## Mental Health and Psychiatry

Most psychiatry and mental health encounters can be safely provided through virtual medicine with the occasional in-person session. Again, use your knowledge, skill, and judgment to determine if your patient requires in-person care for their mental health care.

While the counseling for mental health matters might seem best suited for virtual medicine, CPSM will caution that many aspects of mental health care require in-person care to be competent care. A physical assessment might be required to assess the patient's appearance, actions, mannerisms, countenance, etc. This may or may not be achieved by video, and video is highly encouraged by CPSM for all virtual encounters in mental health.

An exemption may exist for treating those patients in rural and remote areas or living in institutions (personal care homes, group homes, hospitals, correctional centres, etc.) where in-person access may be difficult.

Psychiatric independent medical examinations may be conducted virtually in most instances.

### **Video Preferred Option**

The Standard mandates the use of video technology depending upon the nature of the clinical encounter, if available, if in the best interest of the patient, and if preferred by the patient.

Virtual appointments can be conducted either by video or by phone. Many surveyed patients express a preference for a video appointment, and such appointments clearly provide non-verbal cues and a degree of physical assessment that cannot be duplicated with a voice-only form of communication. Accepting this premise, there are also advantages to phone appointments, including the need for less sophisticated technology, the ability for patients to be less constrained in where the “appointment” takes place, and greater ease of integrating the virtual appointments into an outpatient clinic setting that also includes in-person visits.

To best meet the expressed needs and desires of patients, virtual appointments should be scheduled as video appointments when technically feasible, if the patient desires it, and if required for good medical care. Phone appointments may be substituted if acceptable to the patient, and in particular when the patient is well known to the care provider and where visual cues are unlikely to yield additional information.

It is imperative that virtual appointments of any sort be conducted in such a fashion that a patient can be reviewed in-person at short notice as needed or requested. It is also important to reiterate that in most instances virtual appointments should be intermingled with and complement in-person appointments, so valuable close-proximity cues are not missed.

### **Considering Patient Preferences Regarding Virtual Medicine**

Considering and negotiating patient preferences is not merely an information exchange but an opportunity to initiate a dialogue between physician and patient in which both attempt to arrive at a mutually satisfactory course of action. When deciding between virtual vs. in-person visits or video vs. telephone options, the physician may use the following framework:

#### **Elicit Preferences**

What are the patient’s circumstances (convenience, mobility, financial, location, social, and communication limitations)?

### **Determine Goals**

What are the goals of this visit? For the patient? For the physician?

What are the benefits and detriments of virtual vs. in-person visit or video vs. telephone visit for that particular patient encounter?

### **Virtual Care for Distant Rural and Remote**

CPSM recognizes the importance of virtual medicine for many patients living in some distant rural and remote areas, especially those residing in First Nations. Virtual medicine has enabled these patients to access health care with greater ease which is supported by CPSM. Physicians treating patients residing in these areas are encouraged to continue using virtual medicine, so long as it is safe for the patient and provides good medical care. The Standard will be interpreted in the context of that care for patients.

For instance, CancerCare may continue to do virtual medicine without seeing these patients if safe to do so. The same for obstetricians and pediatricians conducting medical care in the North through institutional supports – which may include having a nurse practitioner in the community perform the physical assessment, or a urologist in Winnipeg may utilize photos or videos to assess and treat remote patients that would otherwise require lengthy travel to an urban centre for a quick assessment. These are just a few examples of virtual medicine that could be utilized for distant rural or remote patients.

### **Virtual Care for Opioid Agonist Treatment**

For Opioid Agonist Treatment, CPSM recognizes the importance of virtual medicine providing immediate medical care in situations where in-person care might not otherwise be possible. Access to continuous good medical care (whether virtual or in-person) is in the best interest of this unique patient group receiving opioid agonist treatment. Flexibility in the Standard is permitted for appropriate medical care when in the best interest of the patient using your knowledge, skill, and judgment for this high risk patient group.

### **Virtual Medicine and Physician Wellness**

Virtual medicine can assist your wellness and prevent burn-out by permitting the continuation of treating patients virtually. However, physicians should be cautioned in using virtual medicine while they themselves are sick. Instead, use the time to recuperate and recharge. Virtual medicine can make the physician “always available”. Set parameters for work and non-work.

### **Across Provincial and International Borders**

See [Information Sheet on Virtual Medicine Across Provincial and International Borders](#)



## Suggested Resources

- **Virtual Care Playbook** by CMA/CFPC/RCPSC. This playbook was written to help Canadian physicians introduce virtual patient encounters into their daily practices.  
<https://www.cma.ca/virtual-care-playbook-canadian-physicians>
- **Virtual Care in the Patient's Medical Home** by CFPC. The Patient's Medical Home is the model of family medicine for Canada supported by the CFPC.  
<https://www.cma.ca/virtual-care-playbook-canadian-physicians>
- **Virtual Care Guide for Patients** by CMA/CFPC/RCPSC. This has been prepared to help patients prepare for virtual visits with their physician.  
<https://www.cma.ca/sites/default/files/pdf/Patient-Virtual-Care-Guide-E.pdf>
- See **Doctors Manitoba for Resources and Tariffs**  
<https://doctorsmanitoba.ca/managing-your-practice/covid-19/virtual-care>  
<https://doctorsmanitoba.ca/managing-your-practice/covid-19/virtual-care/virtual-care-across-borders>
- **CMPA** [Protecting Patient Privacy When Delivering Care Virtually](#)

## Virtual Medicine Standard of Practice FAQ

The Standard of Practice for Virtual Medicine has general principles which must be applied reasonably to each and every patient encounter and should be documented. The new Standard of Practice for Virtual Medicine has led to many questions. Here are several of the questions and answers provided.

### **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 should complement in-person 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.

### **I am a psychiatrist. Does this Standard apply to psychotherapy?**

Yes, it applies to all patient encounters. Anyone performing psychotherapy must have a blended model of care with both in-person and virtual visits. Virtual medicine is to be complementary to in-person care, not a substitute for in-person care.

The recent Standard of Practice on virtual medicine requires each physician to provide a blended model of in-person and virtual appointments depending upon the patient's clinical needs, amongst other considerations. For a psychiatrist, the CPSM expectation is that many patients can have a blended model in which the psychiatrist delivers much of their care virtually. Depending upon the patient's medical condition, the psychiatrist has the discretion to determine the frequency of the in-person encounters, unless the patient requests an in-person appointment and then a timely in-person assessment is required. The frequency of in-person appointments will vary widely on the patient's needs, but an in-person clinical encounter is required periodically.

**Many of my patients are elderly and have difficulties in travelling and want virtual visits. How can I comply with the Standard of Practice?**

CPSM recognizes the importance of virtual medicine in providing care and access to care, especially for patients in remote and underserved areas, patients with disabilities, patients in institutional settings, limited psychosocial supports or economic means, and during a pandemic, or state of emergency. This may include the elderly.

Depending upon your individual patients, a blended model balancing in-person and virtual medicine may require the patient to attend in person once every two or three visits. Other patients will require all visits to be in person. All of this depends upon your clinical judgment for each and every patient encounter and should be documented in the patient record. Your clinical judgment will also take into account that your patient may not be able to drive or have family that can bring them to an in-person appointment. Therefore, a virtual visit may be the only way the patient can access health care. Most importantly, if good care requires in-person care, then in-person care must be provided.

**Some of my elderly patients only use telephones (not smartphones) for virtual medicine. Can I meet the Standard of Practice by only using a voice?**

The Standard states to use video technology if available, if in the patient's best interest, and if preferred by the patient. It was specifically written to ensure access to care for patients such as the elderly who may not have a computer or video access and only use the traditional telephone. However, you will recognize the importance of non-verbal communication that cannot be captured by phone and so the phone can be limiting in some instances. Most visits are strongly encouraged to be in-person unless for routine filling of prescriptions or advising of non-problematic test results or as in the above question.

**Is there a percentage of visits that are required for in-person vs virtual visits?**

No. This ratio will vary by specialty and even within specialty, and even by patient, and even for that patient's particular needs. For instance, a CancerCare surgical oncologist will have to physically touch and assess lymph nodes prior to scheduling an operation, but a CancerCare medical oncologist may be able to monitor the patient by reviewing PSA levels and virtual visits. For psychiatry, psychiatric care for high-risk populations will require more in-person care than a lower risk patient population, however a suicidal patient may be treated immediately on the telephone for patient safety. For family medicine general practice, depending upon your patient population's socio-economic-health-age demographics, and individual medical conditions that percentage will change too.

**I have to provide family support for my elderly parent in Ontario for a week. Can I do some virtual visits with my Manitoba patients while I am in Ontario?**

Yes, however you cannot bill if you are outside the province. The recent Standard of Practice on Virtual Medicine requires timely in-person care when clinically indicated or requested by the patient. If there is a requirement for an in-person assessment, please arrange for a colleague to see your patients that require in-person care.

**I am travelling outside of Canada. Can I do some virtual visits with my Manitoba patients while I am outside Canada?**

No. There are privacy considerations and possible legal impediments to your patients' personal health information being accessed anywhere outside of Canada (including the United States). The requirements of the Standard of Practice and providing good medical care cannot be met if there are privacy and legal impediments to accessing and creating your patients' medical records outside Canada. Furthermore, many jurisdictions will consider you to be practicing medicine – without a licence!

**I am registered in another province. Can I conduct virtual medicine visits for Manitoba patients?**

No. The patient's location in Manitoba means that you are practicing medicine in Manitoba without a licence. There are a few limited exemptions for federal jurisdictions such as federal prisons, military, airline transportation. There are also exemptions for complex care that is organized through Shared Health such as transplant surgeries and follow-up care and pediatric cardiac surgeries through Children's Hospital.

**My patient moved out of the province. Can I continue to provide care through virtual medicine?**

No. The Standard requires a blended model of in-person and virtual visits in a timely manner, so this will not be possible. Furthermore, if the patient has moved, they are a resident of another province and must seek healthcare within that province. The patient is to have a local prescriber, and should they require the care of a specialist or scheduled procedures, these are to be performed in their home province. Note – Patients living in Northwestern Ontario may be treated via virtual medicine for acute care follow-up or cancer care. However, depending upon the nature of the care being provided you may continue to treat your patient while they establish residency in another province (for instance the 90-days while they obtain another health card) if you have a license to practice medicine in that province or that province allows virtual medicine

based upon your Manitoba registration. However, you cannot submit billings to Manitoba Health for care provided to patients who are located outside of Manitoba.

**Why is it important to confirm that the patient is in Manitoba?**

Five reasons.

1. You may not be able to order tests, prescribe drugs, refer to a specialist, or undertake a timely in-person assessment if required. This does not constitute good medical care.
2. Depending upon where that patient is located, you may be considered by that location to be practicing medicine in that jurisdiction and will need to be licensed there. The rules are different for every jurisdiction, both within Canada, amongst the 50 different US states, and in other countries worldwide.
3. You may not have CMPA coverage. “The CMPA is structured to assist members who encounter medical-legal difficulties arising in Canada from their medical professional work done in Canada. The CMPA does not generally assist with difficulties that arise outside of Canada or that result from care provided outside of Canada, owing to the potential for prohibitively expensive legal actions in other jurisdictions, particularly the United States.”  
<https://www.cmpa-acpm.ca/en/membership/protection-for-members/principles-of-assistance/practising-telehealth>.
4. CPSM is informed by Doctors Manitoba that the virtual care tariff is only to be charged for patients located in Manitoba, NorthWestern Ontario, and Nunavut.
5. Health care is provincial, not federal, and it is governed by Manitoba legislation. Different legislation exists in other provinces and countries and governs the practice of medicine there.

**My patients are snowbirds. Can I provide virtual medicine visits while they are south?**

No. See Above.

**There is a snowstorm warning. Can I close my clinic and offer virtual medicine to those scheduled patients?**

Yes overall, depending upon your practice. This is a benefit of virtual medicine both for the patients and registrants. However, some of those patients will likely have to be seen in-person, and some immediately after the storm. Similarly, if a physician can not travel in the North or rural areas due to weather or airplane delays then virtual medicine may be used to provide care if appropriate. Again, some of those patients may require in-person care soon.

**I want to provide virtual medicine only. Can I have an arrangement with a physical clinic to refer patients who require in-person care?**

No. You yourself have to provide timely in-person care and this care has to be in reasonable geographic proximity to the patients.

**Can I move to another province, continue to be registered with CPSM, and just see my Manitoba patients virtually?**

No. Again, you yourself must provide timely in-person care and this care has to be in reasonable geographic proximity to the patients. That timely in-person care might be required within 24-48 hours.

**I am a specialist scheduled to provide in-person consultation services. Can I perform the initial assessment to interview the patient virtually and subsequently perform the in-person assessment?**

Yes, for the most part. For instance, as a neurologist travelling to a distant rural or remote area to treat a number of neurology patients, you can interview your patients virtually first and then perform the in-person assessment later as scheduled when you travel to treat them. This applies whether you are a specialist living in Winnipeg or another province and travelling to the distant rural or remote area.



## Information on Virtual Medicine Across Provincial & International Borders

This **Information on Virtual Medicine Across Provincial and International Borders** is provided to support registrants in implementing this Standard of Practice. The **Information on Virtual Medicine Across Provincial and International Borders** does not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The **Information on Virtual Medicine Across Provincial and International Borders** is dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

**Virtual Medicine** refers to the provision of medical care by means of electronic communication (telephone, video, email, or text) where the patient and the Registrant are at different locations, including but not limited to treating, advising, interviewing, or examining the patient.

This document is CPSM's interpretation of the legislation regarding virtual medicine across provincial and international borders. **CPSM considers the location of the patient determinative to where the practice of medicine occurs. CPSM regulates every person practicing medicine, whether virtual or in-person, on any patient located in Manitoba.**

This document is separate from the [Standard of Practice for Virtual Medicine](#) (effective November 1, 2021) which applies to all CPSM Registrants engaging in virtual medicine.

### Physicians Not Registered with CPSM and Seeking to Practice Virtual Medicine in Manitoba

Full (practicing) class registration in Manitoba is required for those physicians registered in another province or a jurisdiction outside of Canada who are seeking to practice virtual medicine for any patient located in Manitoba. This applies whether treating Manitoba patients for insured or non-insured services.

Currently, there is no separate virtual medicine registration in Manitoba for treating Manitoba patients.

### CPSM Registrants Delivering Critical Test Results or Urgent Information

CPSM Registrants must deliver critical test results or other urgent information to the patient regardless of the patient's or registrant's location worldwide and may do so by virtual medicine; however, you cannot submit billings to Manitoba Health for care provided to patients located outside of Manitoba.

## CPSM Registrants Practicing Virtual Medicine in Another Province

When practicing virtual medicine to patients located in another province, Manitoba physicians must be aware of and comply with the licensing requirements in the Canadian jurisdiction in which the patient is located. As is the case with Manitoba, many Canadian provinces require physicians to hold a license and have liability insurance to treat a patient located in that jurisdiction.

CPSM registered physicians can practice medicine and treat patients virtually in Nunavut without obtaining a license to practice medicine in Nunavut. This is under an agreement made with the Government of Nunavut. There is an agreement between Ontario and Manitoba for Manitoba to provide acute medical care to NW Ontario residents including follow-up. In addition to acute care, CancerCare Manitoba offers care to NW Ontario residents. The position of the College of Physicians and Surgeons of Ontario as set out in its [Virtual Care Policy](#);

### **Licensing Requirements when Providing Virtual Care to Ontario Patients**

Physicians providing virtual care to Ontario patients located in Ontario **must** hold a valid and active certificate of registration with the CPSO, unless the provision of virtual care from a physician licensed elsewhere is in the patient's best interest; for example, the care sought is:

- not readily available in Ontario (e.g., specialty care);
- provided within an existing physician-patient relationship and intended to bridge a gap in care; or
- for urgent or emergency assessment or treatment of a patient.

## Manitoba Health Tariff

CPSM is advised by Doctors Manitoba that the Manitoba Health [tariff for virtual care](#) may be claimed by physicians only when the patient is physically located in Manitoba. During the pandemic, this has been extended to patients located in Saskatchewan, NW Ontario, and Nunavut.

View [Doctors Manitoba Advice on Virtual Care Across Borders](#), which brings together licensing, insurance, and billing considerations. See their [Virtual Care Resource Centre](#), for guides, articles, and billing advice.

CPSM is advised that certain drugs may only be covered by Manitoba Health if prescribed by certain practitioners in Manitoba or elsewhere (for instance, some drugs can only be covered if prescribed by physicians affiliated with the MS Clinic or CancerCare).



### **CPSM Registrants Practicing Virtual Medicine in the USA or Another Country**

If the Standard of Practice can be met, CPSM will permit Manitoba registrants to treat Manitoba patients who are temporarily located outside of Canada if required for patient safety – such as follow up of tests results or other urgent information. There is to be no ongoing care and treatment.

However, many jurisdictions consider the care to occur where the patient is physically located, and registrants will need to be aware of and comply with the licensing requirements of the jurisdiction where the patient is receiving virtual care. There may be specific rules regarding liability protection and billing in these circumstances, so registrants may wish to check with CMPA or Doctors Manitoba.

### **CPSM Registrants Temporarily Away from Manitoba Treating Manitoba Patients**

Can there be virtual care in this scenario? It depends on the jurisdiction. Licensing requirements vary between jurisdictions. Providing virtual care that supports continuity of care, patient safety, or the patient's best interest to existing patients while the CPSM registrant is temporarily outside of Manitoba is permissible from CPSM's perspective – if this is allowed by the jurisdiction where the physician is located at the time AND the expectations in the CPSM Standard of Practice can be met.

There may be specific rules regarding liability protection and billing in these circumstances, so registrants may wish to check with CMPA or Doctors Manitoba.

### **Physicians Not Registered with CPSM – Virtual Medicine Not Permitted**

The following are examples of situations where care using virtual medicine is Not Permitted under Manitoba Legislation by physicians who are not registered in Manitoba and where the patient is located in Manitoba:

- Medical care provided under a commercial telemedicine business venture
- Medical care provided as part of an employee benefits plan
- Independent psychiatric examination
- Medical care provided for employees of a company while working in Manitoba, including an assessment of fitness to work
- Patient has moved to Manitoba but has not yet arranged for a Manitoba family physician
- Patient travels to another province and pays for a non-insured treatment and requires pre- and post-treatment medical care
- Patient is visiting Manitoba

- Pre-assessment and post-medical treatment for uninsured medical services at the Mayo Clinic or other such medical facility
- Pre-assessment and post-medical treatment for patients at a residential treatment facility for eating disorders or addictions (unless done in conjunction with CPSM registered physician)
- Any ongoing active practice that is to be conducted by solely virtual medicine without a regular physician presence in Manitoba

### Physicians Not Registered with CPSM – Virtual Medicine is Permitted

Examples of virtual medicine permitted by Physicians Registered in Other Provinces to a patient located in Manitoba:

- A specialist consultant providing care to a Manitoba patient residing in Manitoba if the general care of that condition is managed and coordinated through a specialist physician in Manitoba. Examples of these are:
  - Pediatric cardiac surgeon in Edmonton's Stollery Children's Hospital providing pre- and post-medical care along with a pediatric cardiologist at the HSC Children's Hospital
  - Transplant surgeon in Toronto providing pre- and post-transplant medical care along with the transplant team at HSC
  - Oncologist in Montreal providing medical treatment through CancerCare Manitoba.
  - Physician providing continuity of care for a patient for whom Manitoba Health has approved out-of-province health care as an insured benefit and approves reimbursement of travel for such care
  - Dermatologist that treats all patients across provinces for a rare skin condition
- Providing medical care as part of the Canadian Armed Forces on bases
- Providing care to inmates in federal correctional facilities which are beyond provincial jurisdiction
- Other federal undertakings
- Providing very brief continuity of care when a patient moves from one province to Manitoba; however, you cannot submit billings to Manitoba Health for care provided to patients located outside of Manitoba.
- Providing urgent or emergency assessment or treatment for a patient