



College of Physicians and Surgeons of British Columbia

Serving the public by regulating physicians and surgeons

Update on telemedicine

Dear registrant,

The challenges associated with responding to patient demand in the context of the COVID-19 pandemic have prompted a spike in interest in making greater use of telephone and video communication as substitutes for in-person visits. An emailed Doctors of BC President's Letter recently announced billing changes to facilitate this.

In light of recent events and in response to an increasing number of inquiries, the College practice standard [Telemedicine](#) was recently reviewed and revised to clarify expectations of physicians who prescribe opioid and psychotropic medications, and ensure there are no regulatory barriers to the clinically appropriate use of distance technologies for patient care.

The practice standard is premised on this statement:

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

Physicians have been using the telephone to enhance productivity and responsiveness in their care of patients for a century. Foundational considerations, as always, include clinical judgement and professional discretion. If an audio or video interface is adequate to the task, it is acceptable. In the event of a complaint arising out of a virtual visit, physicians are accountable for the judgement they applied in the context of the information available at the time, as they are in all aspects of clinical practice.

The College remains skeptical about the appropriateness of stand-alone telemedicine in the form of virtual walk-in care (see an article published in the [College Connector](#)) and urges physicians to employ technology as an adjunct to their in-person services. If a patient requires an examination, for example, the telemedicine provider must be in a position to offer or direct them to one.

More generally, it may be considered substandard to refer a patient to a specialist without ensuring that they are examined as part of the primary care assessment. Specialist referral without first completing a comprehensive primary care assessment is disruptive, wasteful and potentially hazardous to the patient.

I hope this message will assist physicians in employing telemedicine tools in their practices.



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Thank you for all that you are doing to ensure BC patients are cared for during this challenging time. Please continue to take good care of yourself and your family too.

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Registrar and CEO