



# Virtual Care

## Applies to Audiologists, Hearing Instrument Practitioners, and Speech-Language Pathologists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Speech and Hearing Health Professionals of British Columbia and will be updated to reflect the amalgamation.



Standard Category:	Standard Title:	Standard #:
Clinical Practice Standard	Virtual Care	SOP-PRAC-03
Regulation   Bylaw Reference:		HPA Reference:
Bylaws: Part 13		
Authorization:	Date Approved:	Last Revised:
CSHBC Board	June 21, 2019	December 2, 2022

## DEFINITIONS

**“Asynchronous virtual care”** means communication methods which are not real time interactions. These may include email, audio- or video-streaming, or non-real time documents sharing (e.g., Google documents).

**“Synchronous virtual care”** means communication methods which are in real time. These may include, but are not limited to, text-based chat, voice-based chat, including phone conversations, audio- or videoconferencing, web-conferencing, virtual worlds, whiteboard, and real time document sharing.

**“Traditional care”** means face to face, in person services provided by registrants to clients.

**“Virtual Care”** means the provision of health care services at a distance, using information and digital communications technologies and processes. Virtual care may include interactions between health professionals and clients, and interactions between health care providers. Virtual care may be used in combination with traditional (in-person) provision of care and services and may include aspects of asynchronous virtual care and synchronous virtual care.

**NOTE:** The word **client** is used in this document to represent all: patients, clients and residents who may be receiving speech and hearing services.

## SCOPE

### *British Columbia*

This standard applies to registrants who provide speech and hearing services by virtual care to clients located in British Columbia. Clients are located within British Columbia where they are physically present in BC at the time a registrant delivers services to them.

### *Other Canadian Provinces & Territories*

This standard applies to registrants who provide speech and hearing services by virtual care to clients located in another Canadian province or territory. Registrants must be registered with a regulator, where applicable, to provide interjurisdictional speech and hearing services elsewhere in Canada.

Clients are located in another province or territory, where they are physically present in that location, at the time a registrant delivers services to them.

### ***International***

This standard applies to registrants who provide speech and hearing services by virtual care to clients located outside Canada. Registrants must be registered with a regulator, where applicable, to provide interjurisdictional speech and hearing services outside Canada. Clients are located in a region or county outside of Canada, where they are physically present in that location, at the time a registrant delivers services to them.

## **STANDARD**

Virtual care is intended to support the continuity of care by ensuring effective, safe, and consistent approaches to providing care to clients. Virtual care may be advantageous to clients to increase accessibility to services, ensure continuity of care, improve communication between clients and health professionals; improve timeliness of care, and allow clients to access services in a convenient way. It is recognized that the delivery of virtual care is evolving and will change over time.

Delivery of effective, efficient, and safe virtual care, alone or in combination with traditional care, must be within the CSHBC established standards and policies. Registrants must also understand and comply with the requirements of other jurisdictions they provide virtual care in, including registration requirements.

### ***Registrant Responsibilities***

All registrants who provide virtual care must:

1. Comply with applicable Bylaws and legislation pertaining to virtual care;
2. Provide virtual care to a client only where it is clinically appropriate and safe to do so.
3. Inform clients of
  - a. consent requirements, including the risks and benefits of virtual care;
  - b. the scope and limitations of virtual care;
  - c. alternate intervention methods and treatment options to virtual care; and
  - d. the complaints process (if applicable);
4. Assess the clinical appropriateness and safety of providing virtual services to a client on an ongoing basis and in light of any new information about a client;
5. Maintain appropriate technical resources to provide a given virtual service safely and consistently;
6. Comply with documentation and privacy requirements and understand how those may apply to virtual care services; and
7. Ensure that a person assisting a client's virtual care has the necessary qualifications, competencies and skills (e.g., Communication Health Assistants).

All registrants who provide virtual care to clients interjurisdictionally must, in addition:

1. Comply with all relevant enactments governing their practice for the province(s), regions, or countries they are registered in;
2. Practice within their legislated scope of practice for the province(s), regions, or countries they are registered in; and
3. Understand the complaints process for the provinces(s), regions, or countries they practice in and that they may be subject to a complaint in those provinces, regions, or countries.

Registrants practicing in two or more provinces, regions, or countries may encounter a conflict between requirements in those jurisdictions. A registrant who discovers a conflict is advised to contact and consult with CSHBC and the other regulator. A 'conflict' in this context means a situation where it is impossible for a registrant to simultaneously comply with the requirements of BC and another jurisdiction in which they practice. For greater certainty, it does not mean a situation where BC and another jurisdiction set different, but non-contradictory, requirements for a registrant.

***Clinical Activities which are unsuited for Virtual Care:***

Registrants must adhere all applicable standards when applying them to virtual care including:

1. Activities which cannot be delegated to a Communication Health Assistant (CHA) for in person services must not be delegated virtually;
2. Restricted activities which may be delegated to CHAs under supervision, must not be delegated virtually to unqualified persons (this would include otoscopy);
3. Certified practice activities must not be provided virtually by unqualified persons at the client's location (e.g., cerumen management, diagnostic testing for hearing, hearing instrument or tests to assist in determining diagnosis);
4. Registrants must not allow diagnostic decisions or decisions regarding candidacy (e.g., for amplification or instrumental procedures) to be based on screenings that were conducted virtually;
5. Registrants must not compromise client care by relying on services that cannot be reliably and accurately delivered through virtual practice (e.g., hearing aid verification).

## **RELATED CSHBC RESOURCES**

*Client Consent (SOP-PRAC-06)*

*Communication Health Assistants (Delegation & Assignment) (SOP-PRAC-04)*

*Documentation & Records Management (CPG-04)*

*Documentation & Records Management (SOP-PRAC-01)*

*Inter-professional Collaborative Practice (SOP-PROF-01)*



*Supervision (SOP-PRAC-07)*

## **REFERENCES**

BC Ministry of Health Information Privacy, Security, and Legislation (HIPSL) Branch: *Guidelines for Virtual Care*.

ACSLPA Advisory Statement: Virtual Audiology Practice 2021