

## RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



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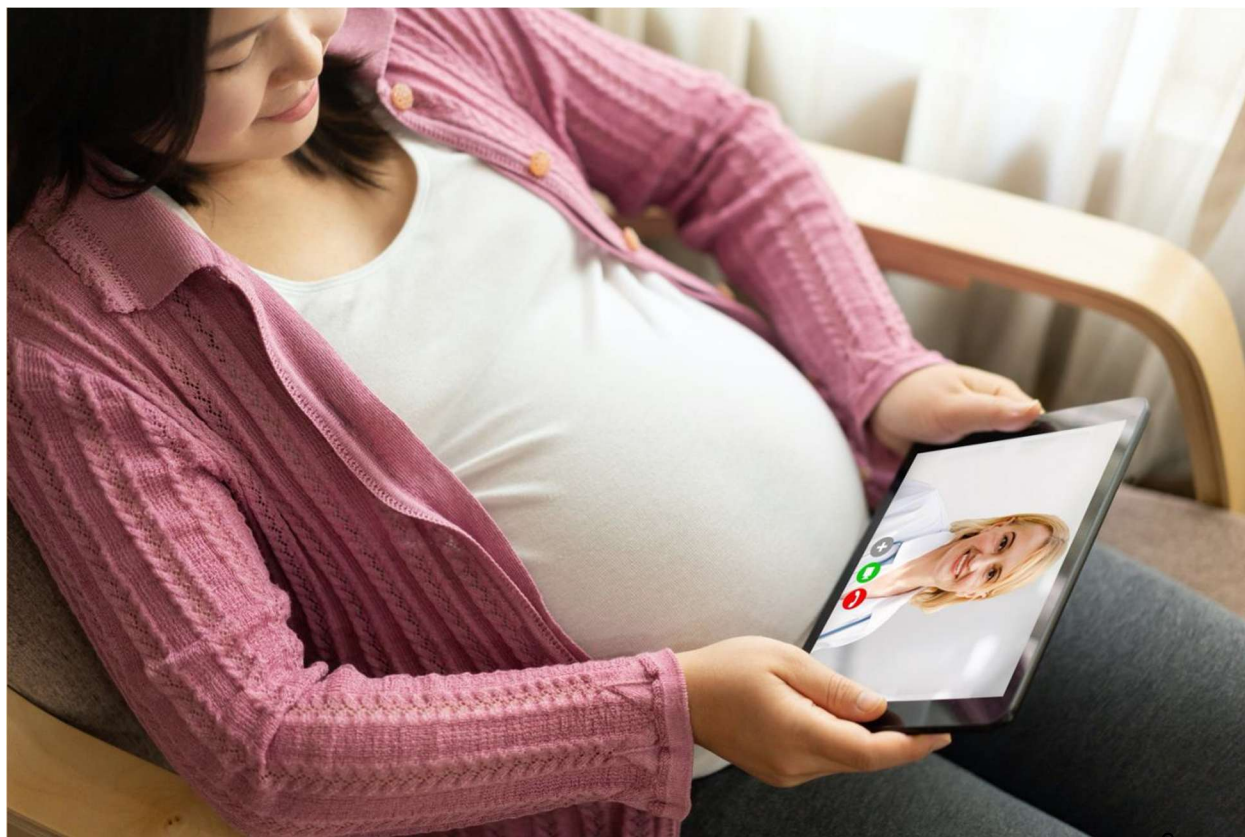
# Virtual Care Guide

Updated March 2025





# Acknowledgement



This document has been adapted to suit the British Columbia regulatory context, with thanks and with permission from Physiotherapy Alberta College and Association, and the College of Physiotherapists of Manitoba.

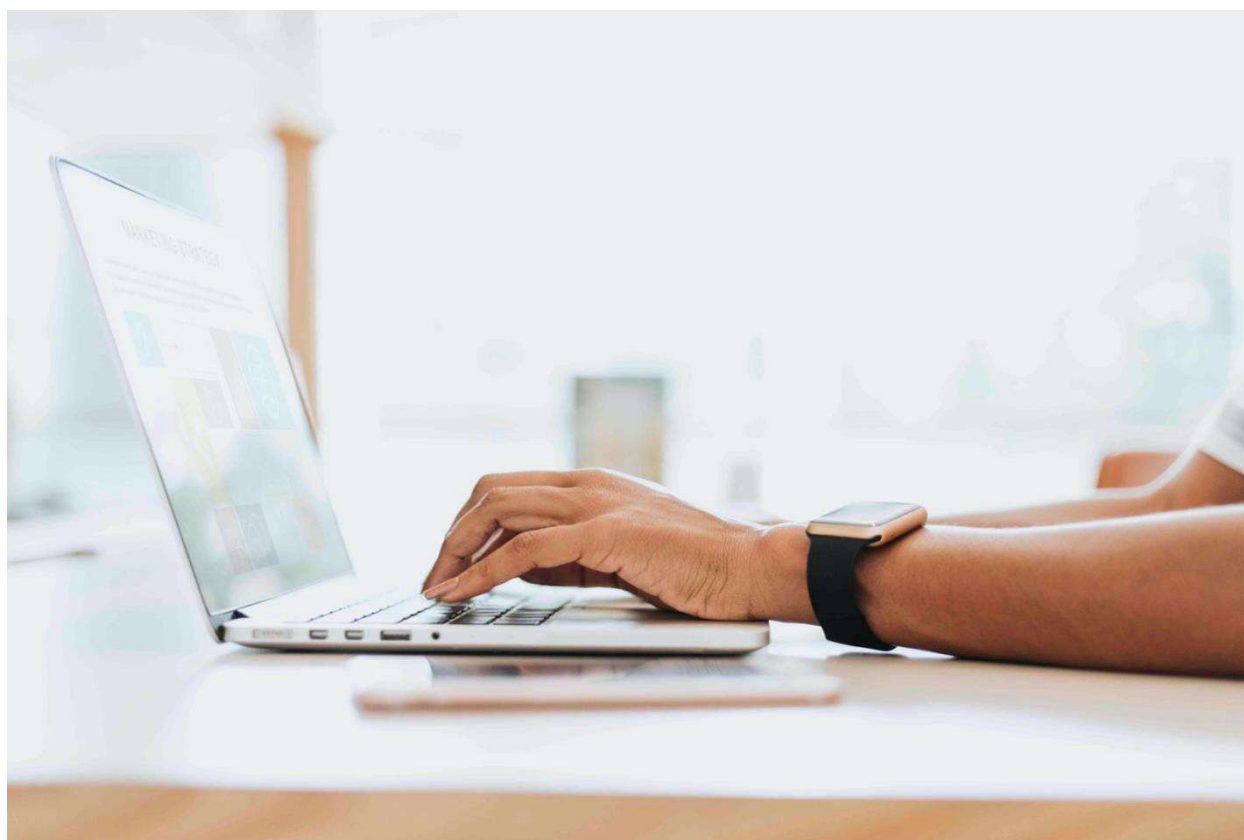


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# Introduction



**When health and care professionals engage in the provision of virtual care services, they are expected to comply with all [CHCPBC regulatory requirements, standards and legislation](#) and to deliver services that meet the same expectations for quality, competent care as services delivered in person.** The decision to provide services virtually must be made based on client need or preference, and services provided must be appropriate for virtual delivery. In addition, the service provider must be competent in virtual care delivery before providing this service.

This resource was created to enable health and care professionals engaging in technology-mediated practice, whether clients are within a single provincial jurisdiction or across jurisdictional borders, to do so safely and effectively. It focuses on how to deliver services virtually in adherence with [CHCPBC regulations, legislation and practice standards](#).

There are many external resources available that provide guidance with respect to the practical (rather than regulatory) aspects of delivering care in this way. Some of these are provided in the **Practice Resources** sections of the College's website.



Remote delivery allows for access to care by those clients whose needs are well-served remotely by removing some barriers associated with in-person care (for example, those with mobility, transportation, childcare or other barriers). Clients can access health and care professionals with unique competencies, regardless of where the client or health and care professional is physically located. Additionally, there are challenges in recruiting health and care professionals to work in rural and remote areas. The use of virtual care provides an innovative means to address this disparity.

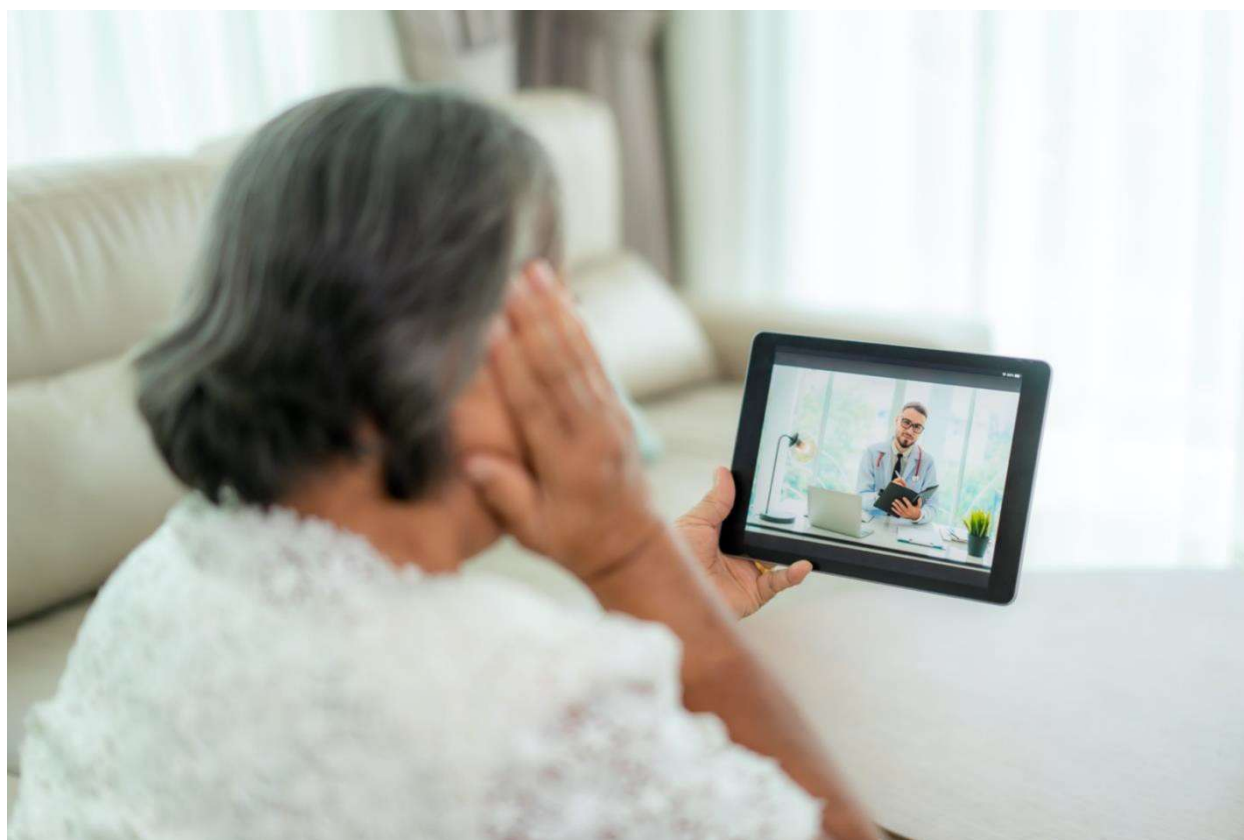
Broadly speaking, virtual care relates to the services delivered by a number of health and care professionals, through any form of technology as an alternative to face-to-face interventions. It encompasses all aspects of client care including the client interview, assessment and diagnosis, treatment, maintenance activities, education, and training. This use of electronically-mediated communication to deliver health services can occur over large or small distances or across jurisdictional borders<sup>2</sup>.

When health and care professionals engage in the provision of virtual care services, they are **expected to comply with all CHCPBC regulatory requirements, standards and legislation** and to deliver services that meet the same expectations for quality, competent care as services delivered in person.

This guide will assist health and care professionals to understand these expectations and to develop policies and procedures to support quality, effective care using technology. This document should be read in conjunction with the CHCPBC Standards of Practice and other regulatory requirements. Health and care professionals who wish to deliver services across jurisdictional borders within Canada must comply with the requirements of both the client's jurisdiction and the provider's jurisdiction, and be aware of all regulatory requirements related to the delivery of cross-border services. Health and care professionals wishing to deliver services in other countries are advised to contact the regulatory body in the jurisdiction in which the client resides.



## General Performance



Health and care professionals must remember that their practice remains the same regardless of the modality used to deliver the service. Health and care professionals must always act in the client's best interest by providing high-quality, client-centred care with the objective of achieving the same outcomes when clients are treated remotely as would be expected when providing services face-to-face<sup>4</sup>.

When entering a therapeutic relationship, the first consideration should be whether it is appropriate to incorporate virtual care into service delivery. This decision must be made with a focus on the individual client's needs, rather than the availability of technology to deliver the services or other factors. The decision to provide virtual care should be determined on a case-by-case basis using clinical judgment, and include client preference, safety/appropriateness of technology, risks and benefits, and the ability to provide appropriate care.



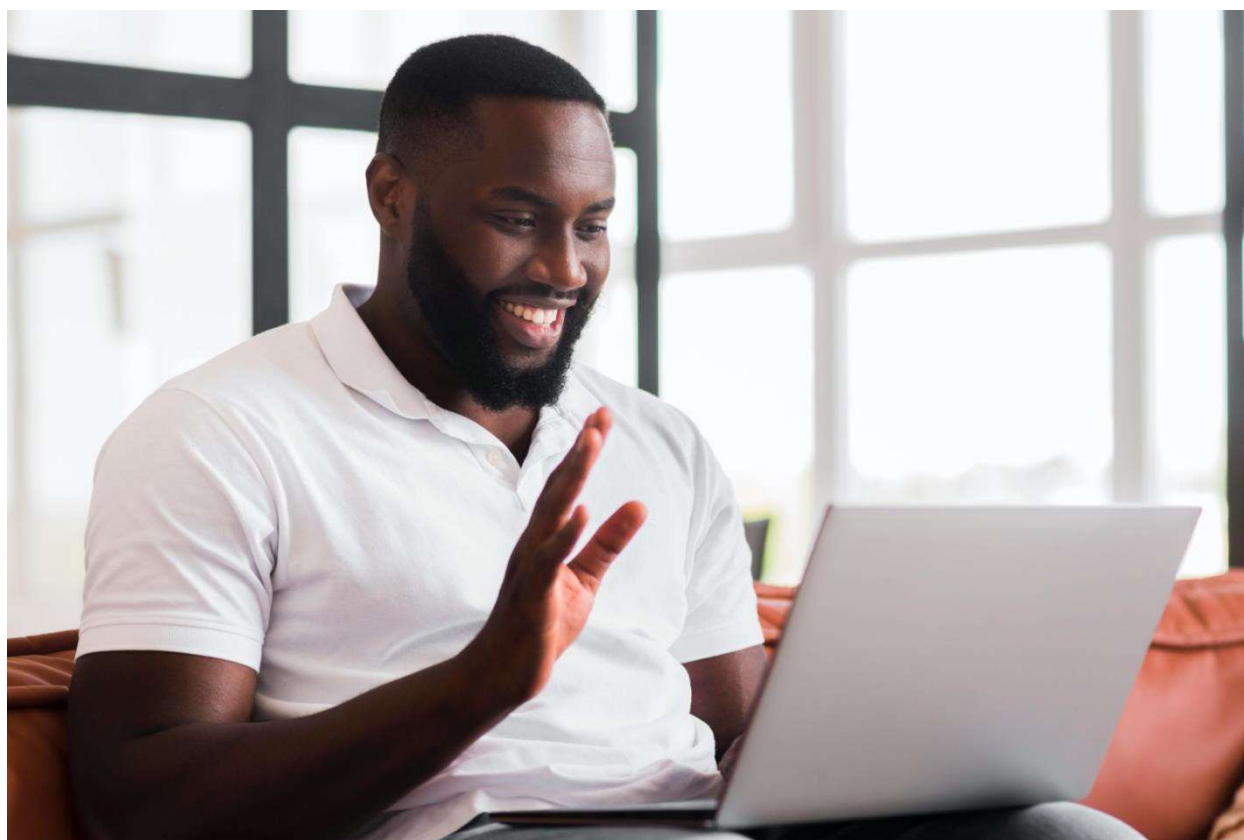
## General Expectations

### The health and care professional:

- Complies with applicable regulatory requirements, including registration and insurance requirements. When providing care virtually across borders within Canada, the health and care professional must comply with the requirements of both the client's jurisdiction and the provider's jurisdiction.
- Complies with expectations defined in the CHCPBC Standards of Practice and other regulatory requirements (in particular, those related to Virtual Care and Codes of Ethical Conduct). Assessment, intervention, consultations or treatment delivered using virtual technologies are held to the same standards and expectations as those delivered in person.
- Uses their professional judgment to determine if virtual care is appropriate, taking into consideration:
  - Whether virtual care is the **most appropriate** available method to deliver services.
  - Whether an in-person physical examination is required to complete the assessment and determine a treatment plan.
  - The ability to deliver substantively similar care as that delivered face-to-face.
  - Whether client factors such as physical, sensory, or cognitive deficits may impact the ability to deliver appropriate care virtually<sup>4</sup>.
- Ensures that virtual care does not expose the client to greater risk than other possible service delivery methods. This can include risks to the privacy of the client's health information or client safety depending on the physical environment and context in which services are provided.
- If a client has a concern or complaint about their care, the health and care professional informs the client of the process to follow, including their ability to file a complaint in either or both jurisdictions if they choose (when services are provided across jurisdictional borders).



## Informed Consent



As with all health and care professional services, for consent to be valid it must first be informed. The general requirements for consent to treatment are outlined in the CHCPBC Standards of Practice and in related documents and resources. When the health and care professional is providing virtual care services, the client must consent to receiving care virtually, after clearly demonstrating an understanding of the limitations in virtual service delivery compared to in-person treatment and any differences between in-person care and virtual care<sup>6</sup>, such as, for example, additional risks to privacy and confidentiality.

Clients must be aware of available treatment options, including options to receive in-person care if available, and the unique risks and benefits that virtual care provides.



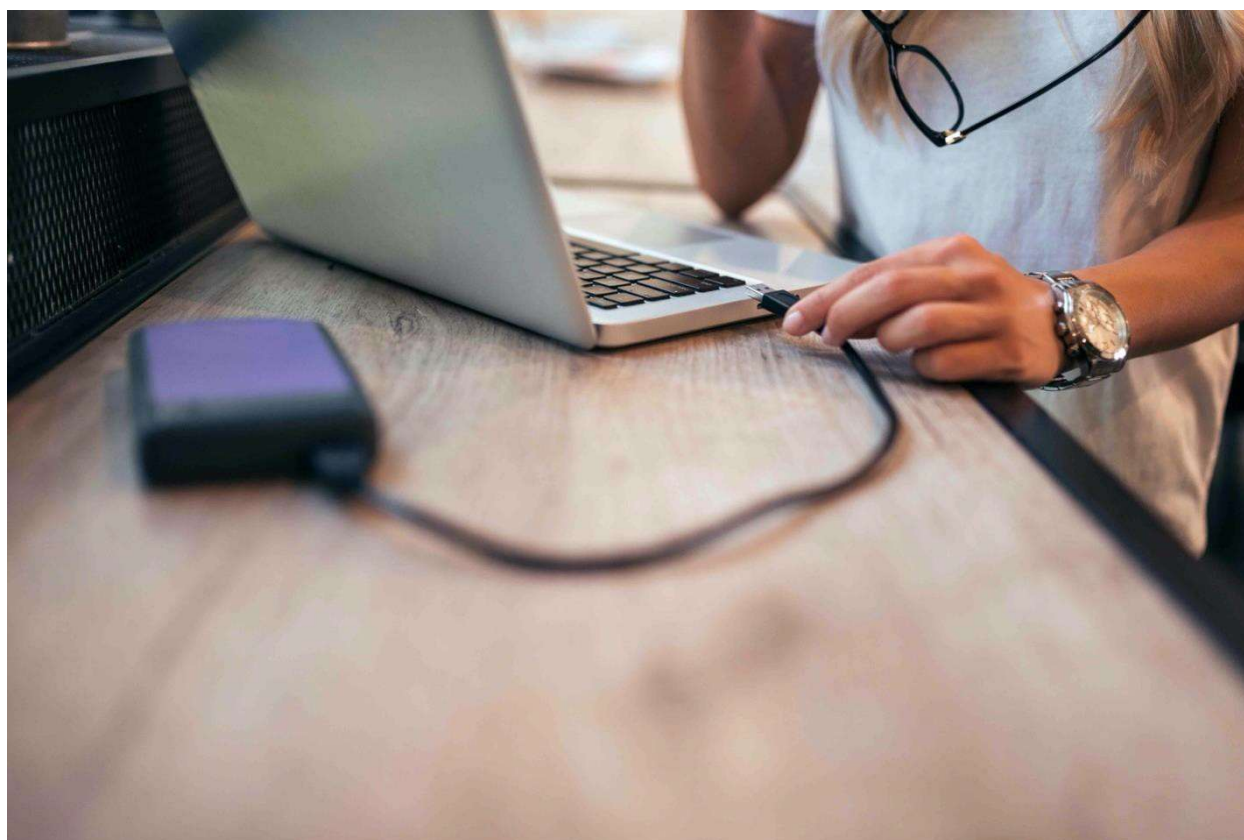
## Informed Consent Expectations

### **The health and care professional:**

- Augments routine informed consent to treatment processes as required to support virtual care delivery. This may include consent:
  - To receive services virtually rather than in person.
  - For videotaping, recording or otherwise storing information and data from the virtual session.
  - For the transmission of information via virtual technologies.
  - For the participation of other healthcare providers or the client's family in the provision of care.
- Develops policies and procedures to:
  - Verify their identity to clients.
  - Verify the identity of the clients whom they serve (to the extent possible).
  - Document the verification policy and processes used.
- Develops policies and procedures to verify the identity of any third parties who may be observers or engaged in the delivery of care (i.e., family members, other regulated or unregulated health professionals, support workers) and obtains client consent for the presence of these individuals while delivering services.
- Informs clients of any limitations that virtual care services impose on services, such as the inability to apply hands-on assessment and treatment (if applicable).
- Informs clients of the risks inherent in virtual delivery of services, including risks to privacy of client information, the risks of information loss due to technology, and the safeguards employed to address these risks.



# Privacy



Health and care professionals are expected to practice in compliance with all CHCPBC legislative and regulatory requirements; practice using virtual technologies is no exception. Health and care professionals need to be aware of, and comply with, the privacy legislation that is relevant to their practice.

For those in private practice, health and care professionals must comply with the *Personal Information Protection Act*. For those in public practice, health and care professionals must comply with the *Freedom of Information and Protection of Privacy Act*. Providers must be aware that when providing services to clients located in a different province or territory of Canada, the privacy legislation of both jurisdictions applies. In addition, the [\*Personal Information Protection and Electronic Documents Act \(PIPEDA\)\*](#) applies when transmitting information across provincial or territorial borders.

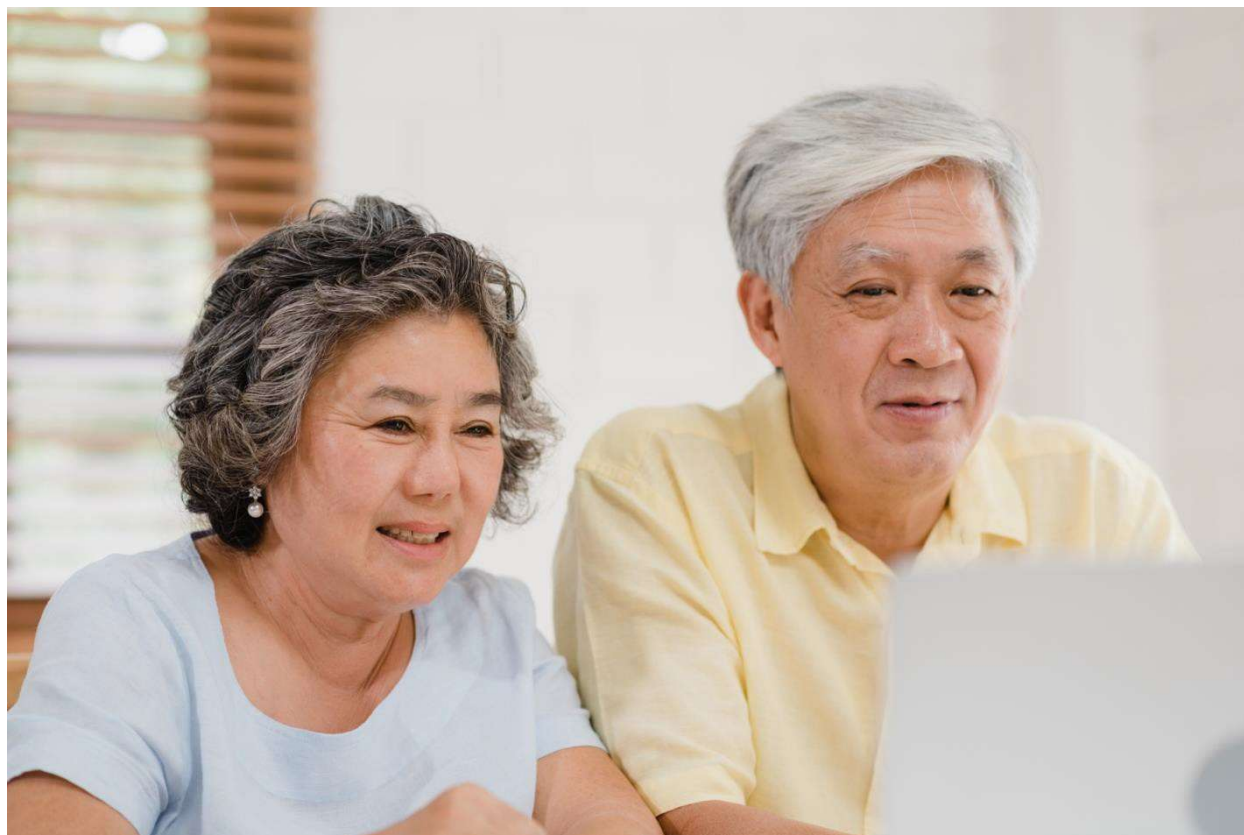


## Privacy Expectations

### **The health and care professional:**

- Complies with all privacy and security requirements both during virtual care sessions and when in contact with the client through other electronic means, such as arranging appointments via email or text.
- Documents privacy and security measures used to protect the client's private information.
- Employs authentication technologies, encryption technologies and secure transmission systems and storage mechanisms in accordance with provincial and national privacy legislation.
- Develops policies and practices to ensure that client records cannot be accessed by unauthorized users, tampered with or destroyed, and are protected at both the originating and remote sites.
- Secures all physical devices (laptops, desktops, tablets, cell phones, servers) used in provision of virtual care and when storing client information related to virtual services.
- Complies with any employer policies for privacy and security related to virtual care.
- Maintains awareness of current and emerging risks to client privacy inherent in virtual practice and employs technical, administrative, and physical controls to address these risks.

## Client Safety



Clients expect to be safe in the care of the health and care professional and in the practice environment. That over-arching expectation seems obvious; however, the question of how to achieve this in virtual practice is less so. The first step is to consider the various potential safety issues inherent in this practice, which may include:

- Failure of the communication technologies used to provide services.
- Client medical emergencies (e.g., falls, injuries, heart attack, stroke).
- Other emergencies (e.g., fire).

All health and care professionals are responsible to consider the potential critical events that they may be faced with in their practice and to develop plans to manage such events.

**At no time should health and care professionals compromise the quality and safety of physical therapy services by delivering virtual care services that are inappropriate or unsafe.**

## Safety Expectations

**The health and care professional:**



- Obtains access to appropriate technical support for trouble shooting in the event of technical difficulties.
- Tests all technologies prior to client appointments to ensure the system is functioning well.
- Has an alternative method of contacting the client and provides the client with an alternate way of contacting the physical therapist. For example, in the case of an internet failure the health and care professional must be able to telephone the client.
- Has a safety protocol in place in the event of an emergency or adverse event, including:
  - Contact information for first responders in the client's location, using designated phone numbers local to the client. Calling 911 from the health and care professionals location will not connect to emergency services in the client's location.
  - Contact information for others within the client's environment (care providers, family members), and client consent to contact these individuals in the event of an emergency or adverse event.
  - Plans and procedures to follow to manage adverse events while waiting for assistance to arrive.
  - Plans and procedures for managing adverse events that do not require assistance from a first responder.
- Should be aware of other service providers in the client's area that they may refer the client to in the event of a client adverse event or complication.
- Facilitates the transfer of care to another treatment provider if the health and care professional or client determines that virtual care is not appropriate.



# Competence



The use of virtual care is a relatively new way to deliver services for many health and care professionals. As with any other new or unfamiliar practice, providers must ensure they have the competence (knowledge, skills, and abilities) to safely and effectively engage in the practice. They should also actively seek further education to ensure they are using these technologies appropriately and effectively and to further develop their competence.

## Competence Expectations

### **The health and care professional:**

- Ensures their competence to use the technology.
  - Understands the system’s capabilities and limitations, including privacy, security and storage options.
  - Has technology supports available if needed.
  - Evaluates and develops individual competencies to support the use of these technologies.
- Develops skills related to the delivery of services using virtual technologies.
  - Availability and use of assessment tools and outcome measures.
  - Development of rapport and therapeutic relationship.
  - Provision of interventions using a third party (family member or support worker) at the direction of the health and care professional.





# Documentation



Services delivered virtually are subject to the same expectation of adherence to documentation standards as in-person as in person care; however, several additional documentation and record-keeping requirements must be addressed.

## Documentation Expectations

### **The health and care professional:**

- Complies with the documentation standards of both jurisdictions when virtual care is delivered across borders.
  - If the clinical or financial record retention periods differ between jurisdictions, the health and care professional must retain the record for the longer period of time required
- Retains accountability for evaluating any information gathered from a third-party source (such as a health provider physically co-located with the client), to determine its reliability and accuracy, and the ability to incorporate the information into the assessment or treatment.
- Maintains written records of all interactions and interventions, consistent with professional Standards of Practice.
- If any part of the virtual session is recorded (video or audio), retains those recordings/images in the client record in accordance with provincial and national privacy legislation and regulatory practice standards.
- Ensures that the requirements related to clinical record retention are met such that there is enduring access to the clinical record for the record retention period.



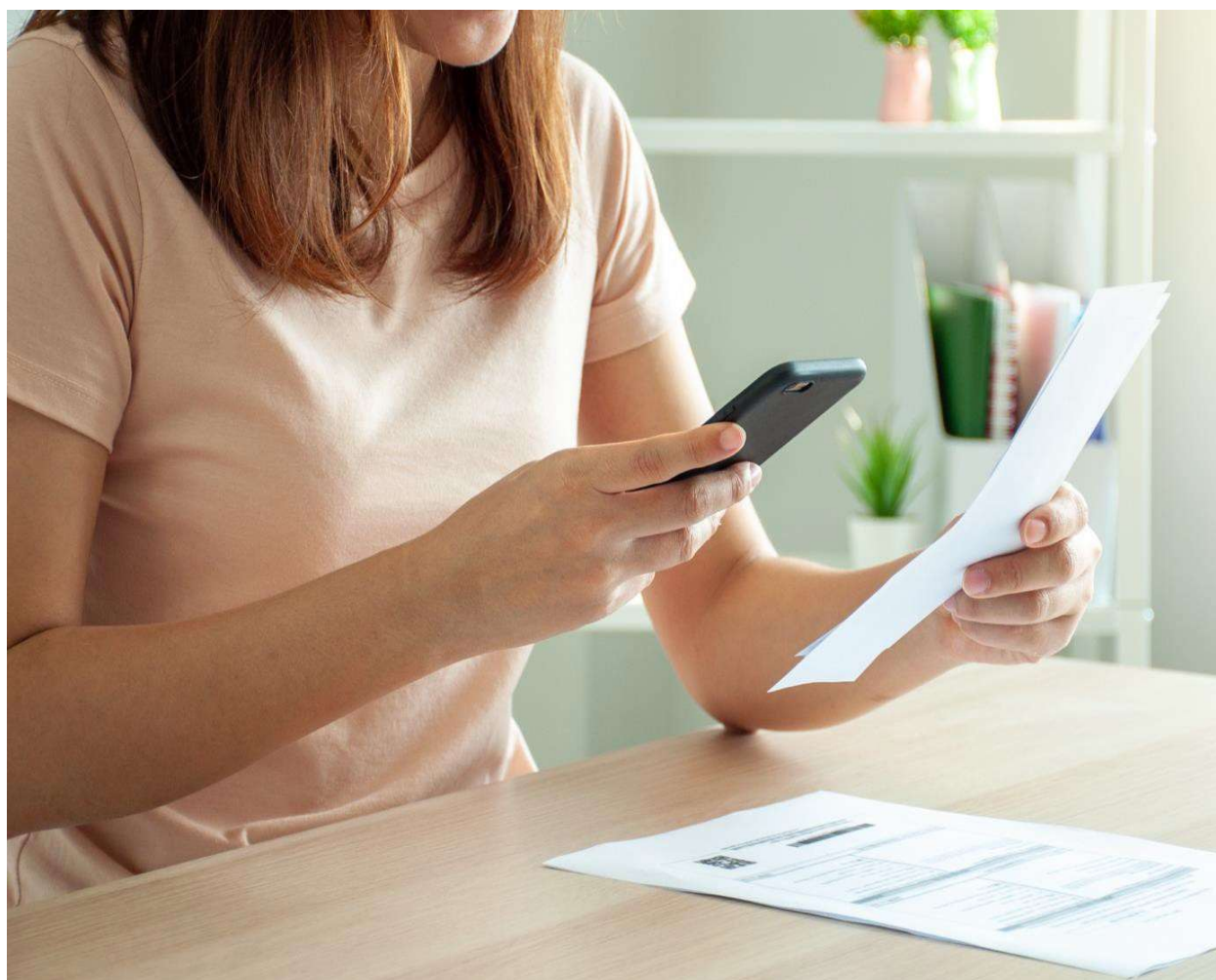
# Quality Improvement and Evaluation



Health and care professionals are expected to engage in continuous quality improvement by developing, implementing, and evaluating services. The provision of virtual care is no exception. As part of ongoing competence and service development, health and care professionals should track aspects of care such as, but not including, client outcomes (effectiveness of treatment interventions), client satisfaction, quality and efficiency of service delivery processes, and other indicators.



## Fees and Billing



Health and care professionals must provide fee schedules and invoices/receipts that are transparent, accurate, and comprehensive, and which ensure that the client is aware of what services they can expect in return for fees charged. Receipts must clearly state that services were delivered virtually.



# Supervision

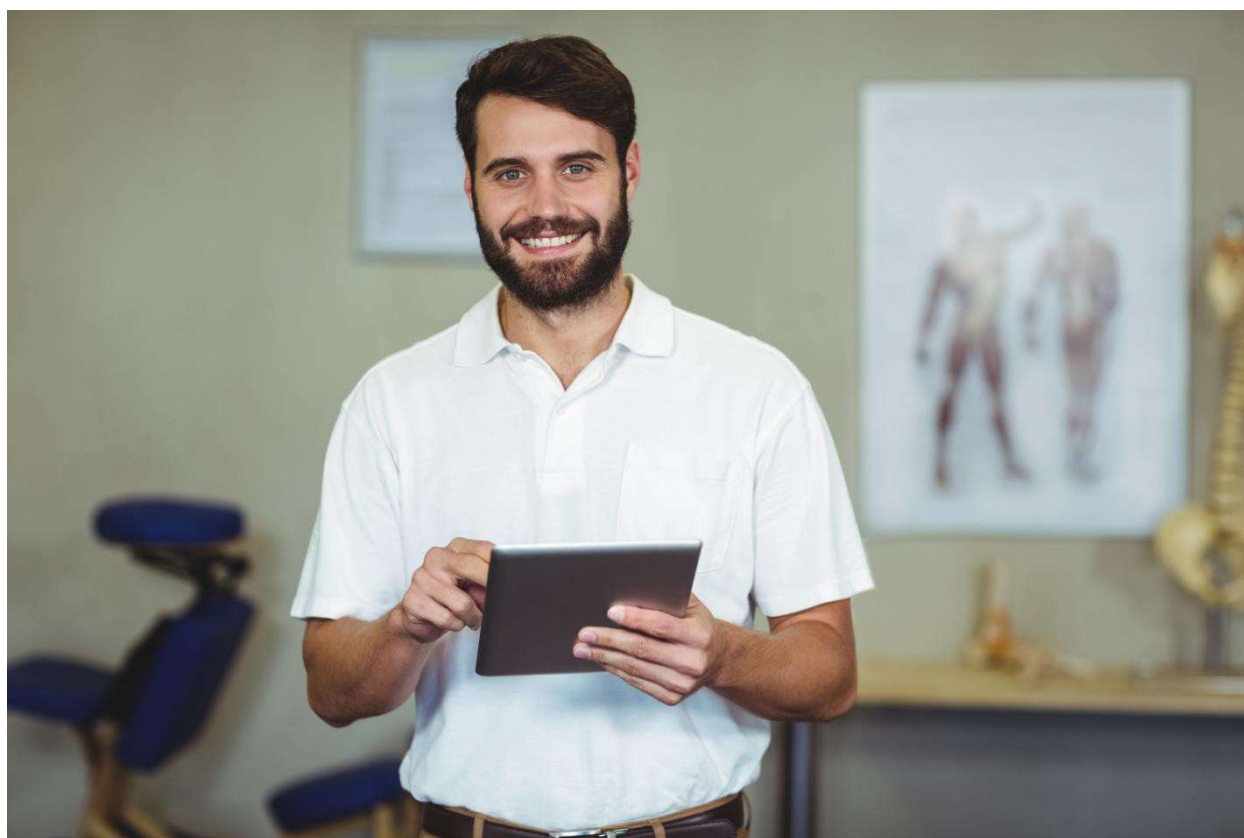


Unregulated health providers such as support workers may be actively involved in the delivery of virtual services. In some cases, they may be physically present and co-located with the client while the health and care professional is located remotely. In this situation, they may assist in conducting an assessment or delivering interventions at the direction of the health and care professional. In other cases, they may be using virtual technology to deliver services remotely, under the indirect supervision of the health and care professional.

In either case, the health and care professional retains accountability for the assignment of services and for providing appropriate supervision to ensure the client receives quality, effective care. For more information, review CHCPBC resources related to Supervision.



## External Resources



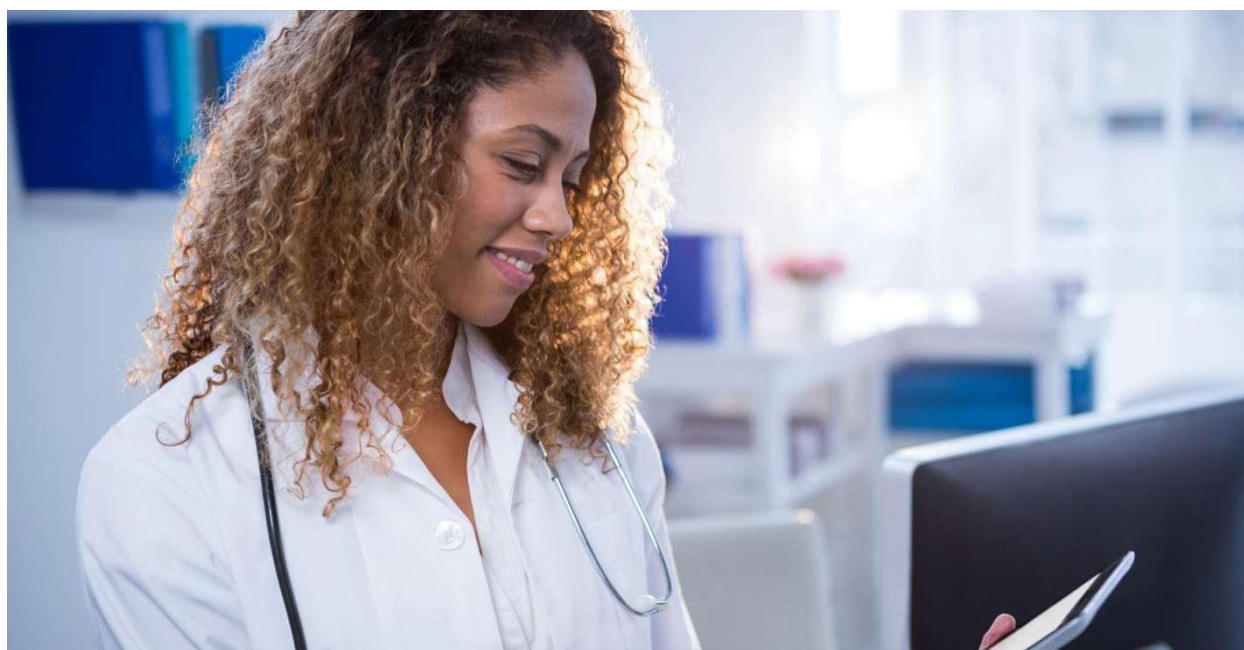
In addition to this CHCPBC Virtual Care Guide, there are many external resources available to provide guidance with respect to the practical aspects of delivering virtual care. Some suggested resources are below, but it is incumbent on the health and care professional to seek out current evidence and practice resources to ensure currency in practice as service delivery via virtual care evolves.

Physiotherapy Association of British Columbia: [PABC Virtual Care Toolkit](#)

American Physical Therapy Association: Telehealth [Advocacy](#)



## Appendix A: Definitions



**In-person services** are those services provided by a health and care professional in direct face-to-face contact with a person.

**Client's jurisdiction** is the province or territory in which the client is located.

**Health and care professional's jurisdiction** is the province or territory in which the health and care professional is located.

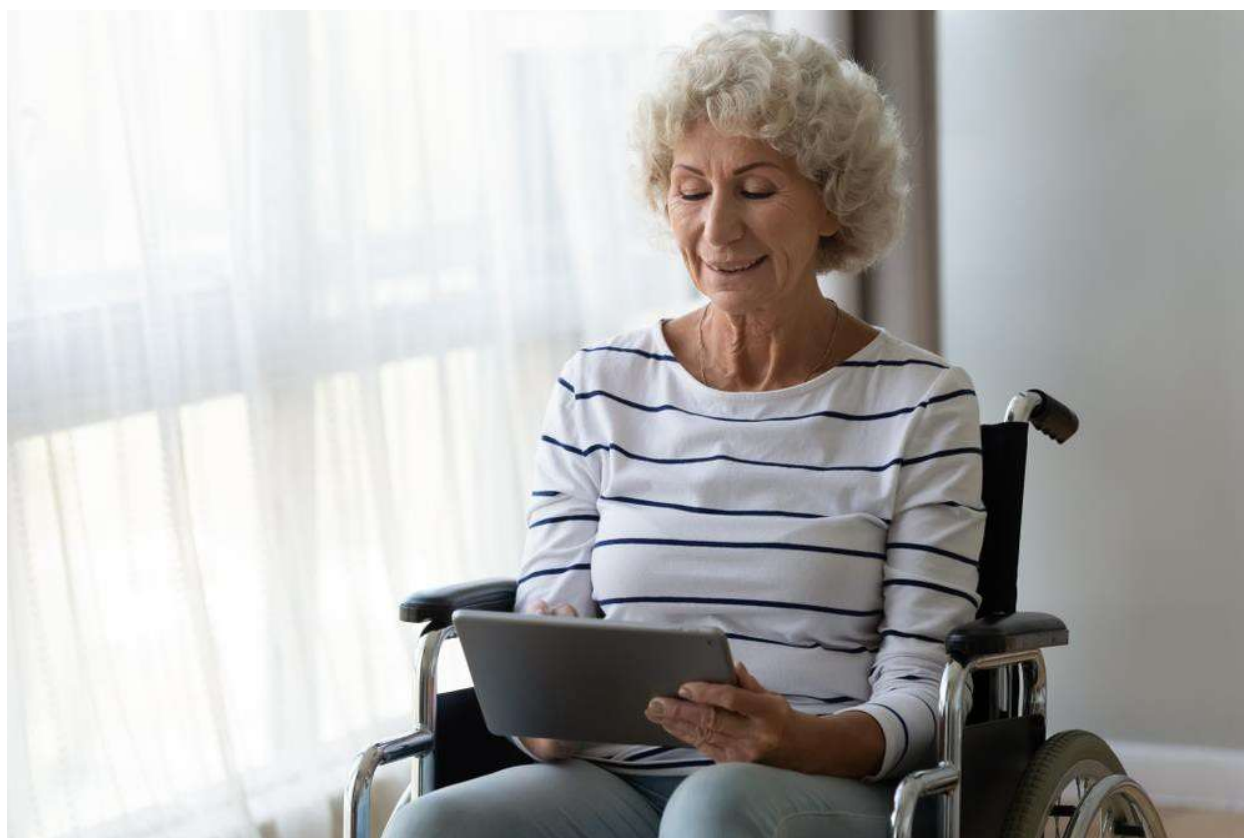
**Telehealth** is an umbrella term denoting all health care services, whether clinical or educational, which are delivered via telecommunications means.

**Virtual Care** is used throughout this document to denote delivery of services at a distance, using telecommunications technology as the service delivery medium<sup>7</sup>. It is a subgroup of telehealth. Virtual Care relates to the services delivered by a number of health disciplines, and can include mediums such as videoconferencing, email, apps, web-based communication, and wearable technology. Support workers may or may not be present with the client<sup>8</sup>.

Conceptually, virtual care is an alternate mode of service delivery for traditional services and should not be thought of as a new service in its own right. As such, virtual practice does not remove or alter any existing responsibilities for the provider of the rehabilitation service and providers must adhere to existing ethical codes of conduct, scope of practice, provincial and national laws and individual discipline regulations guiding practice.



## Appendix B: Client Education Materials





## Virtual Care in (X Profession)

### Client Information

Virtual care is the use of information or communication technologies to allow you and your *(X health and care professional)* to connect via telephone, video or other remote monitoring technology to receive services at a distance. Here are a few frequently asked questions about the provision of virtual care.

#### *When might virtual care be appropriate?*

There are many circumstances where the use of virtual care may be an appropriate way to receive (X service).

Virtual care can help you access services that are not possible for you to receive in person, either due to health reasons, or because they are not available in your community.

Virtual care may be appropriate if you cannot easily attend an in-person visit. For example, if you have mobility or transportation issues, or have young children or parents at home to care for, your needs can sometimes be met using virtual care. If you live a long distance from the hospital or even in another province or territory, it may not be in your interest to travel to receive care, but services may still be needed.

#### *When would virtual care not be appropriate?*

Virtual care may or may not entirely replace in-person care. It provides an option for assessment and treatment when an in-person visit is not possible or not preferred. It is up to you and your *(X health and care professional)* to determine what is best for you, whether the necessary services can be provided virtually, and to ensure that the benefits outweigh the risks.

#### *Will I get good quality care?*

You should expect to receive the same safe, quality care that you would get during an in-person visit. *(X professionals)* are expected to meet the same Standards of Practice regardless of how the services are delivered.

#### *What are the risks of receiving care via telerehabilitation?*

The specific risks of receiving virtual care relate mostly to concerns about the privacy of your personal health information and your personal safety. The *(X professional)* is required to ensure that the location where you receive care is safe and that procedures are in place to ensure the availability of help in the event of an emergency. The *(X professional)* may recommend that the visit proceed in the presence of another team member or family member to enhance the safety and value of the visit.



### *Will my personal information still be private and secure?*

*(X professionals)* are required to ensure the privacy and security of your personal information at all times. This extends to the technology they use as well as the appropriateness of the setting in which services are delivered. For example, rather than conducting the virtual visit when you or the *(X professional)* are in a public place, it is more appropriate for you to receive services in your home or at a medical facility, with the *(X professional)* communicating with you from their more private practice environment.

### *Do I have to pay for Virtual Care?*

Virtual services are generally funded in the same way as in-person services, i.e., paid either through government funding, a third-party extended health insurer, or by you. It is important to confirm that your third-party extended health insurer covers virtual care prior to consenting to receive services in this way.

### *If my (X professional) isn't in the room who will help me and what types of care can be provided?*

Depending on the setting and the circumstances, *(X professionals)* providing assessment or treatment virtually may not require assistance from another person or may have assistance from another provider, support worker, or from your family members or friends. The *(X professional)* is required to ensure that an appropriate level of support and assistance is available to address your needs and ensure your safety and that you agree to the involvement of this assistance.

### *Does my (X professional) need to be registered to deliver virtual treatment?*

*(X professionals)* are required to be registered with the regulatory College in the province or territory where they deliver services. If they are delivering services across borders, they are required to be registered in both the province where they live and the province in which they are delivering services (where you live). Check with the regulatory body in each province to ensure that your *(X provider)* is registered before you begin treatment.

### *What if I have a concern or complaint about my care?*

You may contact the service provider's regulatory College in your province, the College in the provider's own jurisdiction (if different from your own), or both, to file a complaint or express a concern.



## References and Resources

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