



College of  
TRADITIONAL  
CHINESE MEDICINE  
PRACTITIONERS +  
ACUPUNCTURISTS  
of British Columbia

---

900-200 Granville Street  
Vancouver, BC, V6C 1S4  
ctcma.bc.ca

T (604) 742-6563  
Toll Free 1-855-742-6563  
F (604) 357-1963  
E info@ctcma.bc.ca

# PRACTICE STANDARD

## Tele-Practice During the Coronavirus (COVID-19) Pandemic

March 26, 2020

Tele-practice is defined as the use of communications technology in traditional Chinese medicine (TCM) and/or acupuncture practice remotely without direct contact between the practitioner and the patient. Tele-practice utilizes the telephone and other electronic communication media and may involve the use of photographs and videos. All tele-practice communications must be conducted in accordance with relevant privacy legislations such as the *Personal Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*. Patients and registrants should be located within British Columbia at the time that a registrant delivers services.

### Context on Tele-practice During the Pandemic

1. Given the rapidly changing and evolving nature of this current health crisis, registrants who continue to practice must ensure that they are aware of the latest information available concerning the management of the COVID-19 outbreak, and of the practice limitations announced by the Government of Canada, the Government of British Columbia and British Columbia's Provincial Health Officer(s).
  2. Tele-practice is intended to support the continuity of patient access to registrants during the pandemic.
  3. Registrants must adhere to the current standards of practice of the College.
  4. It is the responsibility of each registrant to choose the communications technologies that are the most appropriate when they provide services to the public and they must do so by practising within their own limits and areas of training in those communications technologies.
  5. The use of technology does not alter the ethical, professional and legal requirements surrounding the provision of care, which include, but are not limited to, informed consent, record keeping, billing, advertising and marketing.
  6. Registrants must assess if it is in the patient's best interest to provide a service.
  7. Tele-practice has its limitations and may not allow a registrant to meet all of the existing standards of the College, which continue to be applicable in all forms of TCM and acupuncture practice. The appropriateness of the technology must be re-assessed whenever it is used to provide service to the patient. Registrants should make professional judgement in a case-by-
-

case basis for the appropriateness of using such technology by weighing the risks with the potential benefits and the patient's best interest. Registrants must ensure that they can obtain sufficient information in order to make a reliable diagnosis. The effectiveness of the technology for gathering all the required information for making a TCM diagnosis in order to provide an appropriate treatment relies on the practitioner's professional judgement. The appropriateness can change when the presenting problem(s) and care need(s) change. Exercise extreme caution when providing prescriptions or other treatment recommendations to patients.

**Registrants who provide tele-practice services must:**

1. Follow all ethical and legal requirements and comply with applicable Bylaws and legislation pertaining to tele-practice.
2. Ensure the liability insurance for negligence as required under Section 90 of the Bylaw covers tele-practice.
3. Ensure they have sufficient training and competency to manage patients through tele-practice.
4. Provide services where it is clinically appropriate and safe to do so. Assess the clinical appropriateness and safety of providing tele-practice services to a patient on an on-going basis and in light of any new information about a patient.
5. Provide secured services with communication technology that can ensure privacy and confidentiality, at a time and in a physical location where confidentiality can be maintained. For example, the practitioner should ensure that the conversation cannot be overheard by a third-party at either end of the conversation by taking reasonable precautionary measures, such as only conducting tele-practice phone calls in a private space so that privacy and confidentiality of the patient's personal health information is not compromised in any way.
6. Ensure the registrant's identity, location, and registration status is known to the patient.
7. Confirm the identify of the patient before a tele-practice session begins.
8. Inform patients of consent requirements, including the risks, benefits, scope and limitations of tele-practice; and alternate intervention methods and treatment options to tele-practice to let patients make an informed consent.
9. Provide tele-practice services to one patient at a time during a tele-practice session; if other participants are present, they must be disclosed to the patient, and if the patient is accompanied, this should be disclosed to the practitioner. Consent should be obtained and documented in the patient record.
10. Obtain consent from patients if information and data is collected and stored by videotape, photograph, or digital media.
11. Communicate the applicable fees of tele-practice service to patients and ensure that the fees are agreed to by patients before service is provided. Be aware that insurers determine whether tele-practice services are eligible for payment. If patients need to pay out-of-pocket, registrants must make sure patients are informed before the tele-practice session begins.

12. Maintain clinical records of all tele-practice session(s). The **record** should clearly identify that services were provided remotely via tele-practice.
13. Clearly state that the services were delivered via tele-practice on all **receipts**. If insurance claims are made on behalf of patients, the information that the services were provided via tele-practice must be included in the **claims**.
14. Establish safety protocols for patients prior to tele-practice session(s) in order to be prepared for the possibility of an emergency or adverse event occurring during or after a session.
15. Establish an alternative method of contacting the patient. The patient should be provided with an alternate method of contacting the practitioner to provide for the possibility of failure of the primary means of communication during a consultation.
16. Ensure there is appropriate technical support for troubleshooting in the event of difficulty with the technology.
17. Readily refer the patients to other health care practitioners when appropriate.

**Adapted from and thanks to:**

College of Physicians and Surgeons of BC (CPSBC)  
<https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>

College of Naturopathic Physicians of BC (CNPBC)  
<http://www.cnpbc.bc.ca/wp-content/uploads/Telemedicine.pdf>

College of Physical Therapists of BC (CPTBC)  
<https://cptbc.org/physical-therapists/practice-resources/advice-to-consider/tele-rehabilitation/>

College of Speech and Hearing Professionals of BC (CSHBC)  
<https://www.cshbc.ca/wp-content/uploads/2019/06/CSHBC-SOP-PRAC-03-Virtual-Care.pdf>

College of Chiropractors of BC (CCBC)  
<https://www.chirobc.com/ccbc/wp-content/uploads/2020/03/PCH-Appendix-P-Telehealth.pdf>