

Federation of Medical Regulatory Authorities of Canada – Response to survey on telemedicine/virtual care

February 2021

Question 1

The COVID-19 pandemic rapidly shifted the provision of care to telemedicine/virtual care. In light of this, did you update your guidance to physicians in the past year?

Answer: No

Comments: We haven't updated the [existing guidance](#) we provide to doctors as a result of the shift towards greater provision of telemedicine, but we do plan to issue updated prescribing guidance shortly. This will reflect the learning from increased use of remote consultations during the pandemic and the outcome of a call for evidence on remote consultations and prescribing which ended in February 2019.

Question 2

If you indicated yes or plans to address in Q1, please briefly highlight the major (up to 5) changes/additions you included or expect to include.

Updates to our prescribing guidance are intended to:

1. Clarify and strengthen our advice to doctors on information sharing.
2. Update guidance on prescribing to patients overseas.
3. Advise that doctors agree with patients the mode of consultation where this is within their power and where different options exist.
4. Ensure that the same ethical standards apply to both face to face and remote consultations.
5. Advise that if a doctor can't meet our ethical standards via a remote consultation that they should switch to face to face.

Question 3

Have you received, or are you expecting, any complaints relating to virtual care provided during the COVID-19 pandemic?

Answer: Yes

Comments: We have considered complaints received in the period between April 2020 (which is when we started to receive complaints relating to care provided during the Covid pandemic) and December 2020 (the most recent month that we are able to provide data for).

We have included complaints categorised as relating to: telemedicine, virtual care, remote care, video call/conferencing.

We received 49 complaints meeting the above parameters.

Theme of complaint	Number of complaints received
Rudeness and / or failure to listen to patient	8
Inappropriate / irresponsible prescribing	8
Failure to record details of virtual consultation – leading to incomplete medical records	4
Failure to work in partnership with patients, e.g. lack of concern for patients	5
Dishonesty with patients and / or colleagues, e.g. lying about making call for remote consultation	3
Substandard treatment	3
Inappropriate delay in providing care, e.g. not making call for virtual consultation	2
Inadequate assessment / history taking	2
Miscellaneous complaints ¹	14

¹ Covers themes of allegations within which we received less than two complaints. Themes here included misdiagnosis, failure to refer a patient, failure to maintain trust in the profession (including concerns relating to social media), inadequate follow up and failure to provide adequate systems. This isn't an exhaustive list.

Question 4

Thinking about telemedicine more broadly and before the COVID-19 pandemic, have you disciplined a physician for failing to meet the standard of care when that care was delivered virtually?

Answer: Yes

Comments: We have considered complaints received in the period between January 2017² and April 2020 (which is when we started to receive complaints relating to care provided during the Covid-19 pandemic).

We have included complaints categorised as relating to: telemedicine, virtual care, remote care, video call/conferencing.

We received 198 complaints in the above categories. Of the 198 concerns received during this period, 18 cases resulted in disciplinary action against doctors.

Four doctors were subject to disciplinary action without being referred to a Medical Practitioner's Tribunal (MPT) and the outcomes were:

Warnings

- In three of these cases we issued warnings – we issue warnings to indicate when a doctor's behaviour or performance is significantly below the standards expected of doctors and should not be repeated but restricting the doctor's practice is not necessary.
- In two of the cases the concern related to inappropriate online prescribing, and the other case related to inappropriate assessment and treatment of a patient during a telephone consultation.

Undertakings

- In one case we agreed undertakings with the doctor (undertakings are an agreement between the GMC and a doctor about the doctor's future practice. Undertakings might stop a doctor doing certain things, commit a doctor to only working while supervised or commit a doctor to retrain).
- In this case the doctor recorded incorrect information about the telephone consultation.

14 doctors had sanctions applied following an MPT hearing and the outcomes were:

² Prior to 2017 we do not have the level of detail to enable us to determine that a complaint may relate to or be linked to telemedicine or remote care.

Conditions

- In two of these cases conditions were imposed on the doctor (conditions restrict a doctor's practice or require them to do something. Conditions are imposed on, rather than agreed with, the doctor for up to three years).
- In both cases the concerns related to inappropriate online prescribing.

Suspension

- In 10 cases the doctor was suspended from the medical register (suspension prevents a doctor from practising for a period of up to 12 months and will be reviewed periodically).
- Eight cases related to inappropriate online prescribing, one related to inadequate assessment and history taking during a telephone consultation, and one related to providing false or misleading information relating to a telephone consultation.

Erasure

- In two cases the doctor's name was erased from the medical register preventing them from practising.
- In both cases the concerns related to inappropriate online prescribing.

Question 5

Thinking about telemedicine more broadly and before the pandemic, approximately how many physicians have you prosecuted?

Answer: The term 'prosecuted' is used to describe bringing proceedings against an individual in the criminal courts. The GMC cannot bring criminal proceedings against an individual, but it can refer individuals to an MPT which makes an independent decision about a doctor's fitness to practise. Between January 2017 and April 2020 our data shows that 14 doctors were referred to an MPT regarding concerns categorised as relating to: telemedicine, virtual care, remote care or video call/conferencing. The outcomes of the cases are described in our response to question 4 above.

Question 6

What are the top 5 issues that are working well, and not working well, in your jurisdiction as regards the delivery of quality virtual care to patients?

Answer: The proliferation of virtual care during the pandemic has underlined some of the advantages and challenges it presents in comparison with face to face care. We have observed that the use of remote consultations has helped minimise footfall across clinical settings and so reduce the potential for the spread of infection during the pandemic. We

have also seen a [rapid transformation of services](#) at both the primary and secondary care levels to adopt remote working methods in the UK.

We are aware that there have been issues around a lack of access to patient records across different services, though [improvements are underway](#) to allow for easier and more streamlined sharing of electronic health records. A rapid, qualitative research [report](#) by a group of organisations also revealed that patients have reported difficulties where remote consultations are held on a call back basis with no fixed appointment time. This can cause problems for patients if they unintentionally miss a call from their doctor, lose an appointment, or lack a private space to discuss their health.

Virtual care presents challenges around ensuring that overseas providers delivering remote healthcare to patients in the UK fall within regulatory scope and provide safe care. Finally, we believe there is a need for improved patient awareness of how to keep themselves safe when accessing healthcare online.

As the use of virtual care becomes more commonplace, further research will be needed to determine its effectiveness and any risks arising from it.

Question 7

What opportunities or innovations have you brought to the table to ensure public protection when virtual care is being provided? Please briefly list up to 5.

Answer:

1. As referred to at questions one and two, we have updated prescribing guidance, which will be launched soon.
2. We have produced [high level principles](#) for remote consultations and prescribing for all healthcare professionals in the UK.
3. We have co-produced with the General Pharmaceutical Council a [guide for patients](#) on how to keep safe when accessing medicines or treatment online.

Question 8

Do you think that physicians who provide virtual care should be required to have a physical clinic, or a contractual arrangement with a physical clinic, in order to fulfil the need for in-person care when needed?

Answer: No

Comments: The GMC is the medical regulator for individual doctors, rather than healthcare providers or clinics. We will soon be launching updated ethical guidance on prescribing for doctors which says if doctors can't meet our standards via a remote consultation, they should offer a face to face alternative or signpost to other services. It is

not within our remit to require doctors to deliver services through a physical clinic or specify contractual arrangements with other services.

Whether or not doctors providing virtual care should be required to have a physical clinic or contractual arrangement with a physical clinic may be a matter for system and quality assurance regulators to consider. Independent companies providing remote consultations to patients based in the UK should consider the need to register with UK system and quality regulators. For further information contact [Care Quality Commission](#) (England), [Healthcare Improvement Scotland](#), [Healthcare Inspectorate Wales](#) and [Regulation Quality and Improvement Authority](#) in Northern Ireland.

Question 9

Are physicians outside your jurisdiction able to deliver virtual care to patients in your country / state / province?

Answer: Yes

Comments: Doctors who are based outside of the UK and who do not hold GMC registration and a licence to practise may be able to hold consultations with patients in the UK and prescribe medications for them. This raises potential patient safety concerns and is an issue that we are keen to address by working alongside other stakeholders in the wider healthcare system.

Any doctors based outside the UK seeking to prescribe to patients in the UK should consider how they or local healthcare professionals will monitor the patient's condition and provide follow up care.

They should also check:

- If they are required to be registered with the professional regulator in the country where they are based and if their intended practice will comply with any further regulatory and legal requirements there.
- They have an arrangement in place to provide indemnity or insurance to cover their practice in all countries where medication is to be prescribed and dispensed.
- Legal restrictions on prescribing or the supply of particular medicines and any differences in a product's licensing or accepted clinical use in the destination country.
- UK and overseas legal requirements and relevant guidance on import and export for safe delivery. Doctors who do not comply with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on [import](#) and [export](#) of medicines and prescribing [unlicensed medicines for human use \(specials\)](#) may be acting unlawfully.

Question 10

In your opinion, is special regulatory oversight of physicians who provide virtual care desirable and/or feasible?

Answer: Not sure

Comments: We would need to understand more about what 'special regulatory oversight' might entail in order to answer this question.

Question 11

Do you think that a combination of both virtual and in-person care is a good model of care to provide quality services within the context of a post-pandemic environment?

Comments: It is not within the GMC's remit to state what a good model of care should look like. We provide high level ethical advice for all doctors working in all settings in the UK. As referred to previously, we will shortly be publishing updated prescribing guidance which says:

- Prescribing happens in a range of contexts, including face to face and remotely using telephone, online and video-link or other technological platforms.
- If doctors aren't able to meet our standards for safe prescribing in a remote consultation, then they should change the method of consultation. If this isn't possible then they should not prescribe and signpost the patient to other services.
- Doctors should agree with the patient the mode of consultation that is most suitable for them (where different options exist and it is within the doctor's power).
- If doctors think that systems, policies or procedures are, or may be, placing patients at risk of harm they have a duty to raise concerns.

Question 12

If you answered "yes" in Q4, please indicate how much in-person care you think should be required to ensure both quality of care and currency of practice.

Answer: Not applicable.

Comments: Quality of care is not something that the GMC regulates, nor do we undertake performance assessments of doctors; except in some cases involving a concern about a doctor's performance or competence. Every licensed doctor who practises medicine must revalidate every 5 years. Revalidation supports doctors to develop their practice, drives improvements in clinical governance and gives their patients confidence

that they're up to date. These assessments are conducted locally through a doctor's assigned Responsible Officer (RO) as part of their employment contract.

Question 13

Does your medical regulatory authority collect any data on the amount of time your registrants are spending on virtual care specifically?

Answer: No.

Comments: We don't collect any data on the amount of time that registrants are spending on virtual care. However, our [2020 State of Medical Education and Practice in the UK](#) report revealed that almost half of doctors (46%) who responded to our survey reported increased remote working and reduced face to face consultations (SoMEP, 2020, 25).

Question 14

With respect to those physicians who provide virtual care only and wish to return to providing in-person patient care, at what point (years) would or do you require assessment and/or training?

Answer: No specific GMC retraining requirement.

Comments: The Medical Act 1983 sets out the GMC's responsibilities for medical education and training which include setting the standards and expected outcomes for medical education & training, including training for qualified doctors who want to specialise. Our medical education and training standards are set out in:

For Doctors

- [Outcomes for graduates \(and Practical skills and procedures\)](#) set the baseline knowledge, skills and behaviours that newly qualified UK medical graduates must be able to know do.
- [Outcomes for provisionally registered doctors](#) (including core clinical and procedural skills) set the baseline capabilities first year doctors in the UK Foundation programme who are provisionally registered must know and do in order to progress to the second year of the Foundation programme, at which point they will be fully registered doctors with a licence to practise.
- The [Generic Professional Capabilities](#) framework sets out the essential generic capabilities doctors need to demonstrate for safe, effective and high quality medical care in the UK. It relates to all postgraduate medical education and training, including specialty training but we expect it to support all phases of UK medical education and continuing professional development.

For medical education and training organisations

Medical education and training organisations are responsible for the delivery of medical education and training to ensure their learners meet our outcomes.

- [Promoting Excellence](#) sets out the standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet learning outcomes for doctors.
- [Excellence by Design](#) sets out the standards for the development and design of postgraduate medical curricula. They require curricula to describe generic, shared and specialty-specific outcomes, to support doctors in understanding what is expected of them. The *Generic professional capabilities framework* will ensure common, universal content across all curricula.

For those doctors who are registered with the GMC and with a license to practise and who are not in formal GMC-regulated postgraduate medical education and training, any training requirements would be a matter for their employer.

Question 15

When a physician provides telemedicine/virtual care into your jurisdiction but resides elsewhere, do you believe this impedes your ability to hold them to account for the care they provided?

Answer: Yes

Comments: With reference to our answer to question 9, doctors who are based outside of the UK and who do not hold GMC registration and a licence to practise may be able to hold consultations with patients in the UK and prescribe medications for them. This raises potential patient safety concerns and is an issue that we are keen to address by working alongside other stakeholders in the wider healthcare system.

We encourage all doctors who want to treat patients based in the UK to register with the GMC and obtain a licence to practise and follow our [ethical guidance](#) to ensure safe care and regulatory oversight. This includes doctors who are based overseas and offer remote consultations to patients in the UK.

Question 16

Does your MRA or your members (if applicable) collect any data on the amount of time your registrants are spending on virtual care specifically?

Answer: No

Comments: We don't collect any data on the amount of time that registrants spend providing virtual care.

Question 17

In light of the increasing popularity (and possible concerns about the efficacy or reliability) of digital technologies (e.g. Apple watches as well as apps) that are consumer devices (and not medical devices approved by governmental agencies or other) being used in the virtual environment and elsewhere, please indicate whether you think that physicians should be provided with guidance on the following.

Answer: We will consider this when we next review our core ethical guidance for doctors, [Good Medical Practice](#).

Question 18

Are you aware of any current or emerging best practices or issues (within your jurisdiction or elsewhere) on providing guidance to physicians who use virtual care?

Answer: No

Comments: Not specifically, but we are interested in learning more about the approaches that other regulators around the world are taking in response to the increasing provision of virtual care.