
Standards of Practice of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline.

1. Definitions

For the purpose of this Standard:

- a. **Primary care providers** include family physicians, emergency room physicians and general pediatric physicians.
- b. **Telemedicine**, also known as virtual care, means the provision of medical diagnosis and patient care through electronic communication where the patient and the provider are in different locations.

2. Ethical, professional and legal obligations

- 2.1 The use of telemedicine does not alter the ethical, professional and legal obligations of physicians, including but not limited to:
 - a. licensure;
 - b. the establishment of a physician-patient relationship;
 - c. informed consent, including consent to treatment and as related to telemedicine technologies;
 - d. privacy, confidentiality and security of patient information;
 - e. determining the appropriateness of the use of telemedicine and the best course of care for each individual patient;
 - f. determining the appropriateness of prescribing; and
 - g. ensuring appropriate follow up with patients and continuity of care.

3. Licensure requirements

3.1 Physicians licensed in the Yukon

- a. When providing or assisting in the provision of patient care in another province or territory, Yukon licensed physicians must comply with the licensing requirements of that jurisdiction.
- b. Physicians must always have and maintain appropriate liability coverage for their telemedicine practice.

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3.2 Physicians licensed in another Canadian province or territory

- a. Primary care physicians licensed in another Canadian province or territory who provide care virtually to resident Yukoners must obtain licensure in the Yukon and establish a formal affiliation with a Yukon clinic where patients can access timely in-person care.
- b. There is no requirement for specialists licensed in another Canadian province or territory to obtain licensure in the Yukon if they provide virtual care through the publicly funded system to a resident Yukoner. Complaints arising out of such services are passed on to the regulatory authority where the specialist is licensed.
- c. Physicians not licensed in the Yukon must comply with the licensing requirements in the jurisdiction in which they hold licensure and provide care in accordance with the standards of care in that jurisdiction.
- d. Physicians must always have and maintain appropriate liability coverage for their telemedicine practice in accordance with the requirements of their jurisdiction of licensure.

4. Appropriate use of telemedicine

- 4.1** Physicians must assess the suitability of telemedicine to provide care for each patient encounter. Physicians must arrange for a timely in-person assessment if telemedicine would not be appropriate or if the patient requests in-person care.
- 4.2** The appropriate use of virtual care includes access to in-person care. It is not an acceptable standard of care to solely practice virtual medicine. A blended care model balancing in-person and virtual medicine is required if providing telemedicine.
- 4.3** In the context of episodic care, access to in-person care must be provided to patients as required and longitudinal care must be provided as indicated and required by patients. This requires formal affiliation with in-person providers where the patient resides. Episodic care providers must be realistic about their ability to provide safe and effective services to patients by way of telemedicine.

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4.4 Telemedicine is most appropriately used when integrated with comprehensive longitudinal primary care.

4.5 Physicians must ensure they have sufficient knowledge, skill, judgement and competency to manage patient care through telemedicine.

4.6 Physicians must ensure they have satisfactory technology to provide telemedicine.

5. Establishing the physician-patient relationship

5.1 A physician practicing telemedicine has the same obligations for forming a physician-patient relationship and for follow up care in telemedicine as in a face-to-face consultation, including but not limited to establishing consent, establishing therapeutic rapport, professional communication, and duty of care.

5.2 The physician must:

- a. confirm the identity of the patient if the patient is not known to the physician;
- b. ensure that the patient knows the physician's name and licensure status;
- c. disclose the identities of all other participants involved in the telemedicine encounter, and seek and document approval from the patient;
- d. explain in plain language how the privacy of the patient's personal health information will be managed, and document their consent;
- e. notify the patient at any subsequent visit if any of the above change.

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6. Medical care

6.1 Physical examinations

- a. The physician must consider whether telemedicine affords adequate assessment of the presenting problem. If it does not, the physician must arrange for a timely in-person examination done by themselves or another physician, nurse practitioner or community health nurse with whom the physician has a pre-established agreement or relationship.
- b. Directing patients to a walk-in clinic or the emergency department in non-urgent circumstances in lieu of an in-person assessment is not appropriate care. There is an exception for an out-of-territory specialist providing ongoing care to a patient who does not have a primary care provider, but the specialist should make reasonable efforts to establish a formal affiliation with a Yukon clinic where patients can access in-person care.

6.2 Prescribing

- a. A physician may only prescribe opioids, benzodiazepines or Z-drugs to patients if they have:
 - i. a longitudinal treating relationship with the patient; or
 - ii. performed and documented a comprehensive assessment themselves (either by telemedicine or in person) and will be available to the patient for follow-up and are able to provide ongoing care; or
 - iii. are in direct communication with another physician, nurse practitioner or community health nurse who has a longitudinal relationship who agrees with the prescribing and will be available to the patient.
- b. A physician may only complete a document for the authorization of cannabis for medical purposes to a patient if they:
 - i. have a longitudinal treating relationship with the patient; or
 - ii. are in direct communication with another physician, nurse practitioner or community health nurse who has a longitudinal relationship, and both who agree with issuing a document for the authorization of cannabis for medical purposes.

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6.3 Referrals to specialists

- a. Physicians must ensure patients referred to specialists are appropriately investigated and treated before referral. If an assessment of the patient’s presentation requires a physical examination before referral, the referring physician must ensure that one is done. It is unacceptable to defer such a physical assessment to the specialist unless agreed to in advance.
- b. Notwithstanding section (a.), exemptions apply in certain situations such as:
 - i. when physicians are treating patients with obvious significant or urgent medical conditions;
 - ii. when physicians are treating patients in distant or institutional locations, and the in-person assessment will hinder or unduly delay care; or
 - iii. when physicians are referring patients with long-term substance use disorder to hepatology or addictions medicine.

6.4 Mental health and psychiatry

- a. Physicians must consider aspects of mental health care that might require in-person care in order to provide competent care. A physical encounter might be more appropriate than telemedicine to create a successful physician-patient relationship, or to assess the patient’s appearance, actions, mannerisms, countenance, etc.
- b. The Council encourages the use of video for virtual encounters in mental health where possible.

6.5 Other considerations

- a. Physicians must pay additional attention to ensuring the patient understands the information exchanged and is not hindered by the technology.
- b. Physicians must adapt the technology for telemedicine for patients who are deaf, hard of hearing or visually impaired.

7. Complaints and discipline

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- 7.1** Physicians licensed in the Yukon are expected to comply with the regulatory requirements and standards of practice of the Yukon. Yukon physicians will be subject to the Yukon complaints and discipline process, regardless of where their telemedicine patients may reside.
- 7.2** Physicians licensed in another Canadian jurisdiction providing telemedicine to patients physically located in the Yukon are subject to the complaints and discipline process of their primary jurisdiction of licensure. If the Council receives a complaint regarding the practice of an outside licensed physician, the complaint will be forwarded to the appropriate medical regulatory authority.

8. Security, privacy and confidentiality

- 8.1** Physicians must protect the privacy and confidentiality of the patient's personal health information specifically by:
 - a. evaluating whether the information and communication technology and physical setting used by the physician has reasonable security protocols in place to ensure compliance with physicians' legal and professional obligations in accordance with applicable privacy legislation to protect the privacy and confidentiality of the patient's personal health information;
 - b. taking reasonable steps to confirm the information and communication technology being used by the patient permits the sharing of the patient's personal health information in a manner acceptable to the patient; and
 - c. having a plan in place to manage adverse events/emergencies.

9. Medical records

- 9.1** Physicians practicing telemedicine are held to the same standards regarding the establishment and maintenance of the medical record as when providing an in-person visit. Yukon licensed physicians are expected to comply with the existing standards of the Council, including Records Management and Records Content.

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- 9.2** In order to ensure the continuity of the medical record, a physician providing telemedicine who is not the patient's regular primary care provider should notify the patient's regular physician of the contents of the telemedicine visit.
- 9.3** The medical record must also include a notation of the patients informed consent to medical treatment via telemedicine.

10. Relevant standards of practice, policies and guidelines

YMCS-1.6 Records Content

YMCS-1.7 Records Management

YMCS-1.8 Prescriptions

YMCS-2.7 Referral Consultation Process

YMCS-4.5 Establishing the Physician Patient Relationship

11. Standard of practice history

Version	Description	YMC Meeting Minute Approval	In Force Date
Original	Creation of standard	September 18, 2015	October 1, 2015
Revision 1		September 30, 2020	October 1, 2020
Revision 2	New licensing requirements and guidance re: appropriate use of telemedicine	March 18, 2022	April 1 st , 2022
Revision 3	3.2 (b)	May 15, 2026	May 26, 2026
Revision 4	3.2 (a) and (b)	August 21, 2026	August 21, 2026