



PRA-BC's New Clinical Field Assessment (CFA) Telemedicine Assessment Form

Dear Doctors,

This document outlines the rationale for PRA-BC's new CFA Telemedicine Assessment Form to be used during the Fall 2020 intake. The intent is for assessors to complete this form 3 times during their candidate's 12-week CFA. A detailed description of each of the 14 areas of competence assessed on the form is provided as an appendix at the end of this overview.

Introduction

In response to COVID-19, Canadian physicians quickly adapted their medical practices to adopt virtual care technologies as the principal means of providing patient care. The College of Family Physicians of Canada (CFPC) conducted an all-member survey in May 2020, responded to by more than 4000 family physicians. This survey painted a "dramatic picture of change, adaptation, and nimbleness as they responded to the early effects of the pandemic on their patients and practices". Eighty percent of clinical encounters were taking place virtually with 91% connecting with patients by telephone, 52% by email, 43% by videoconferencing, and a small percentage by texting. Recent surveys show similar results, as most family physicians continue to utilize virtual care telemedicine patient visits in ratios of at least 2:1 or 3:1 as compared to traditional in-person patient care visits. Similarly, more than 90% of patients surveyed following their participation in a virtual patient care visit encounter with their family physician reported being as satisfied as if this visit had been conducted in-person.

The issue for PRA-BC

Since PRA-BC's inaugural Spring 2015 intake, PRA-BC assessors have observed and assessed our candidates engaged in direct in-person interactions with patients by using PRA-BC's CFA Field Notes and Mini-CEX forms. Assessors have also directly observed and assessed their candidates performing a variety of in-person family practice procedural skills.

PRA-BC recognizes the widespread adoption of virtual care/telemedicine in primary care in BC and across Canada. PRA-BC will therefore need to:

1. Ensure its CFA physician assessors can comprehensively assess their candidates' provision of competent medical care virtually through telemedicine modalities in addition to direct in-person patient encounters, and



2. Determine that if a majority of patient care is provided virtually during the 12-week CFA, its assessors can confidently conclude that each candidate is competent to safely enter independent family practice in BC as a most responsible physician.

Key Considerations

PRA-BC convened a Virtual Care (VC)/Telemedicine Advisory Committee in May 2020 to review the literature and to become familiar with “the provision of medical services provided remotely to patients via information and communication technology”, defined as “telemedicine” by the Federation of Medical Regulatory Authorities of Canada (FMRAC). The College of Physicians and Surgeons of BC (CPSBC) is a member of FMRAC. The Committee reviewed several articles and documents from many professional organizations including:

1. The CPSBC’s Telemedicine Practice Standard (revised April 1, 2020)
2. CPSBC’s Patient Resources Telemedicine document to guide patients’ expectations
3. FMRAC’s 2019 “Framework on Telemedicine” publication
4. The Virtual Care Playbook for Canadian Physicians developed jointly by the CFPC, the Royal College of Physicians and Surgeons of Canada (RCPSC), and the Canadian Medical Association (CMA) in March 2020
5. The CFPC’s “Tips for Supervising Family Medicine Learners Providing Virtual Care” (April 2020)
6. The CFPC’s Emerging Topics Bulletin for Educators titled “Pearls for Writing a Virtual Care Field Note” (April 2020)
7. The CPSBC Registrar’s message in Volume 8/No.3/May & June 2020 of the College Connector: “Telemedicine and in-person Care – striking the right balance as physical distancing measures ease”
8. Canadian Medical Protective Association (CMPA) podcasts and articles about Telemedicine and Virtual Patient Care.

PRA-BC then formed an Expert Working Group (EWG) on VC/Telemedicine which met in June and July 2020. The EWG anchored and framed its recommendations to be in alignment with the CPSBC’s Practice Standard on Telemedicine (April 1, 2020) document, noting that **the College’s expectations are that patients receive the same standard of care regardless of how it is provided: virtually or in-person.**

Virtual care provided by various types of telemedicine is most complete and accurate/dependable with audio/visual teleconferencing, slightly less so with telephone, and much less so with emailing and texting (due to added privacy and security concerns). Telemedicine generally works well for simple, straight-forward patient presentations such as follow-up review of a patient’s existing medical conditions, review of lab/diagnostic imaging



test results, renewal of long term medication prescriptions for conditions such as hypertension, diabetes, and asthma, skin rashes (where a patient can “zoom in” on the rash or take a digital photo of it and send it to the physician, etc.), perhaps sore throats (where the patient can take a photo of their throat and do a self-directed throat swab for C&S), review of a patient’s home BP measurements over several days of readings, and simple lower urinary tract infections. Contraceptive counselling, advice about STDs, and some mental health counselling are other examples of patients’ presenting complaints or conditions that may be amenable to a physician’s use of telemedicine patient encounters.

The EWG noted that a physician cannot conduct an appropriate physical exam via telemedicine for potentially serious patient complaints such as chest pain, acute shortness of breath, ear/eye pain, acute sports injuries and other forms of MSS trauma, acute onset of abdominal pain, and new onset neurological conditions (e.g. stroke, other sensory/motor deficits, acute traumatic brain injury, seizures, etc.), to name but a few very serious medical conditions.

The EWG concluded that a PRA-BC candidate could be comprehensively assessed during their 12-week CFA if enough in-person patient care encounters were observed by their assessors. The EWG concluded that ideally, during the Fall 2020 intake when the COVID-19 pandemic is expected to remain present in BC, a best case scenario would be a goal of a 1:1 ratio of telemedicine versus in-person candidate CFA assessments. However, it is acknowledged that despite the best efforts of all involved, the actual ratio will likely remain 2:1 or 3:1 for telemedicine versus in-person candidate/patient encounter assessments. PRA-BC will deal with this as best we can. As a mitigating factor, the EWG noted that all PRA-BC candidates are required to complete a minimum of ten full 8-hour ER shifts during the 12-week CFA. Additionally, candidates would normally be seeing hospital inpatients and doing some residential care in-person patient visits. It is expected that candidates will be seeing some patients in-person in their assessors’ community-based office clinics, particularly for patients whose presenting complaints can not be appropriately or adequately assessed via telemedicine.

The New PRA-BC CFA Telemedicine Assessment Form

Appendix 1 contains the new **Telemedicine Assessment Form**, which was approved for use by PRA-BC’s Fall intake assessors by the Program’s Steering Committee on July 24, 2020.

- **PRA-BC will require the candidate’s primary assessor(s) to complete this new form (with input from secondary and external assessors as needed) 3 times during the 12-week CFA: at the end of CFA weeks 3, 6, and 12.**

Appendix 2 is the Telemedicine Assessment Form Guide provided for assessors to reference as they complete their candidate’s level of telemedicine competence for each of the 14 areas described on the form.



It is expected that each candidate's level of competence will improve during the 12-week CFA, and that by the conclusion of the CFA experience, each candidate will have demonstrated sufficient telemedicine competence in all 14 areas assessed.

Please review and become acquainted with this new CFA form. The top portion of this form will help PRA-BC collect statistics about the number of telemedicine patient encounters the assessor has observed of their candidate at each of the 3 CFA time periods described above, along with where the clinical setting occurred and what telemedicine modalities have been utilized by the candidate.

PRA-BC hopes that the detailed information provided to you in Appendix 2 attached will be helpful to you as you assess your candidate's telemedicine competence in each of the 14 areas described on the Telemedicine Assessment Form.

Sincerely,

Dr. A.J. Jack Burak

PRA-BC Clinical Director