Virtual Care Permit Program in Canada

Joy Peacock, BSN, MSc, RN; Andrew Douglas, BA, MCJ; Kyle Duplessis, BSc, MSc; Cheryl Hamilton, RN, MSA; Cindy Smith, RN, MN; and Stacy Harper, BScN, MHS, CCNE, RN

The COVID-19 pandemic brought virtual care to the forefront of healthcare delivery. Virtual care can provide many benefits and in fact supports the proposed quadruple aim of (a) optimizing the patient's experience with care, (b) promoting population health, (c) reducing per capita healthcare costs, and (d) improving healthcare worker experience. However, establishing interjurisdictional regulations in virtual care is key to expanding healthcare access. In 2021, the College of Registered Nurses of Alberta (CRNA) collaborated with the College of Registered Nurses of Saskatchewan (CRNS, formerly the Saskatchewan Registered Nurses Association) to develop a memorandum of agreement (MOA) to facilitate and expedite the registration of registered nurses and nurse practitioners for the provision of virtual care across provincial borders. The MOA addressed key regulatory requirements (including registration, licensing, continuing competence, professional liability insurance, complaints and discipline, and information sharing) for the provision of interjurisdictional virtual care services. This pilot program enabled both regulators to adopt a common regulatory framework while ensuring that quality of care, accountability, and protection of the public were not compromised. In late 2021, the CRNA and the CRNS also engaged the Registered Nurses Association of the Northwest Territories and Nunavut to join, which they did in 2022. This enabled a streamlined approach to virtual care between Alberta, Saskatchewan, the Northwest Territories, and Nunavut. The present article discusses the CRNA's approach to meeting the healthcare system's ongoing challenges and needs related to virtual care, as highlighted by a pandemic-era MOA across four Canadian jurisdictions to facilitate access to care while maintaining public protection.

Keywords: Virtual care, multijurisdictional permits, COVID-19, quality, telehealth, telepractice

The onset of the COVID-19 pandemic in March 2020 accelerated the adoption of virtual care across much of the world. In Canada, rates of virtual care across provider categories rose from 10% to 20% in 2019 to 60% in April 2020, falling back to 40% of all visits in 2021 (Canada Health Infoway, 2022). The province of Alberta has long been recognized as a Canadian leader in virtual healthcare (Ernst & Young, 2020). However, national rates of virtual care have lagged behind other developed nations in recent years (Virtual Care Task Force, 2020) despite surveys that demonstrated not only consumer demand (Canadian Medical Association, 2019; Vogel, 2020), but also a growing public expectation of access to virtual care (Leslie et al., 2023).

Throughout nursing history, nurses have been at the forefront of incorporating innovation and technology in delivering quality care (Fronczek & Rouhana, 2018). Virtual care (also known as telehealth or telepractice) is one such innovation that has modernized healthcare by enabling patients to access care from their homes or any other location in which the patient is situated. It has impacted both patients and the healthcare system, and it has provided convenience to patients who have difficulty accessing healthcare in person. However, virtual care comes with unique regulatory challenges that require careful attention, particularly in the profession of nursing. Despite the intent of having technology facilitate the therapeutic nurse-patient relationship to achieve health outcomes, it is essential that the nurse's focus remain on the provision of care as opposed to the technology (Fronczek & Rouhana, 2018). Consequently, nursing regulators must ensure that professional standards are consistently implemented, monitored, and updated to ensure that the care provided virtually is the same quality as in-person care—it must be evidence informed, it must be responsive to the patient's needs and preferences, and it must protect patients from harm.

Jurisdictional Licensing: United States vs. Canada

In traditional in-person care, jurisdictional requirements ensure that registered nurses (RNs) and nurse practitioners (NPs) operate within regulatory limits and expectations. However, virtual care blurs jurisdictional lines, presenting challenges for Canadian provinces and territories to regulate the practice of nursing to ensure public protection. As such, it is vital that nursing regulatory bodies develop shared agreements, regulatory policies, and processes on interjurisdictional care, registration, and accountability.

In the United States, the Nurse Licensure Compact (NLC) model, which has been in place since 1999, is an innova-

tive approach pertaining to both in-person and virtual care that addresses the administrative and financial burdens and delays of multiple jurisdiction regulation. The NLC is a multistate license that permits an RN/NP to practice in 41 U.S. jurisdictions. If an RN/NP resides in one of the 41 participating jurisdictions, they can apply for the multistate license in their primary state of residence. If the uniform licensure requirements are met, a multistate license is granted (National Council of State Boards of Nursing, 2023). With this multistate license, the RN/NP is subject to each of the state board's standards of practice and to each state's laws wherein the RN/NP is practicing. The RN/NP is required to meet the continuing education requirements of their primary state of residence only (Sweatman, 2023).

In Canada, the regulatory framework follows unijurisdictional licensing, in which the regulation of RNs/NPs is under the authority of the Canadian provinces and territories and the nurses must practice within their jurisdictional borders. Provincial/territorial regulatory bodies regulate RNs/NPs within the given province/territory and issue an unijurisdictional license to practice within the provincial/territorial borders. Each provincial/territorial regulator develops its own rules and processes, which are similar. However, RNs/NPs wanting to practice across several Canadian jurisdictions must repeat a parallel application process with each jurisdictional regulatory authority, pay multiple fees, and take on numerous administrative burdens (Sweatman, 2023).

There is a demand for Alberta RNs/NPs to provide care across provincial borders, often for patients who require specialty services, such as pediatric cardiology, hematology, oncology, transplant, and immunology programs, that are not readily available in their home jurisdictions. However, an RN/NP is required to maintain registration in several jurisdictions to provide services to patients across provincial and/or territorial borders. This is often cost and time prohibitive, and according to anecdotal reports, some RNs/NPs may be practicing without the required registration, which is a significant practice and public safety issue. The COVID-19 pandemic exacerbated this issue. Prior to the pandemic, many out-of-province patients would travel to Alberta seeking specialty services. Now, follow-up care to these services is being provided virtually.

What Is Virtual Care?

Virtual care has been defined as "Any interaction between patients and/or members of their circle of care occurring remotely, using any form of communication or information technology with the aim of facilitating or maximizing the quality of patient care" (Alberta Virtual Care Working Group, 2021, p. 8). It is the delivery, management, and coordination of care and services using information and communication technologies such as telephone, internet, audio and video conferencing, or online messaging. Virtual care is a modality or subset of care and not a distinct or parallel health service. It is held to the same quality standards as in-person care and is practiced in a manner that ensures patient safety. Virtual care has the capacity to align with and support the quadruple aim proposed by Bodenheimer and Sinsky (2014): (a) improving the patient's experience, (b) improving population health, (c) reducing the per capita cost of healthcare, and (d) improving the experience of healthcare professionals.

The importance of virtual care is that it can facilitate access to and continuity of care, especially for patients in remote and underserved areas, for patients with disabilities, for patients in institutional settings, and during a pandemic or other state of emergency. However, although virtual care has the potential to improve the quality and equity of services, it may introduce new areas of potential risk and amplify existing inequalities (Leslie et al., 2023). For example, a scoping review by Leslie et al. (2023) found that digital health inequity exists along socioeconomic and geographic lines, particularly among populations with more significant access barriers, such as those living in rural or remote areas, people with disabilities, and people with low health literacy. These individuals are at risk of further marginalization by the increased adoption of virtual care.

The use of virtual care does not alter the ethical, professional, or legal obligations of RNs/NPs; the standard of care is the same regardless of whether a nurse is providing healthcare services in person or virtually. Regulators should also consider the impact of equity and access issues on the public when providing guidance to healthcare professionals regarding the provision of virtual care (Leslie et al., 2023).

Creation of an Interjurisdictional Pilot Program

Healthcare Challenges During COVID-19

The COVID-19 pandemic led to a significant increase in the use of virtual care as a means of providing healthcare services remotely. This unprecedented time required agility, creativity, and innovative options for patients and providers to access and provide care. To limit the spread of COVID-19 and protect both the public and healthcare providers, healthcare systems and providers rapidly adopted virtual care as a means to support continuity of care. The accelerated adoption of virtual care during the pandemic allowed patients to access care from their homes, which was critical for those at high risk for COVID-19 and those who required ongoing specialty care and services. The increase of virtual care also supported healthcare providers' experience with care, as they were able to continue working despite quarantine or isolation requirements.

Developing a Strategy to Support Virtual Care Across Borders

The demand for RNs/NPs to provide virtual care across provincial/territorial borders was illuminated by the pandemic. Each province/territory differs to some degree on what standards of nursing practice are and what their specific registration, con-

duct, or continuing competence requirements may be; however, there is a sufficient degree of alignment across jurisdictions that enables the concept of interjurisdictional registration. The College of Registered Nurses of Alberta (CRNA) partnered with the College of Registered Nurses of Saskatchewan (CRNS, formerly the Saskatchewan Registered Nurses Association) to develop a memorandum of agreement (MOA) to pilot an interjurisdictional registration model. The regulators aimed to adopt a common regulatory framework that removed unnecessary barriers, such as cost and time, that often discouraged RNs/NPs from providing interjurisdictional virtual care services while ensuring that quality of care, accountability, and public protection were not compromised.

The CRNA and the CRNS worked together over a 6-month period to develop an MOA that used existing nursing regulatory frameworks in both provinces to enable interjurisdictional virtual care. The resulting MOA, which addressed registration and other logistics to issue and maintain practice permits for RNs/NPs providing virtual care in Alberta and Saskatchewan, enabled the reciprocal provision of virtual care across provincial borders. Legal advice, which was cornerstone to this work, was obtained and considered throughout the course of the project to ensure the MOA was in alignment with Alberta and Saskatchewan legislation, the Canadian Free Trade Agreement (2023), and the New West Partnership Trade Agreement (New West Partnership, 2022), where any worker certified for an occupation by a Canadian regulatory authority can apply to be certified/licensed in the same occupation in another Canadian jurisdiction without having to undergo significant additional training, education, or assessment or be subject to additional experience requirements.

For this pilot project, the CRNA and the CRNS developed a regulatory framework to establish and implement the following:

- **Principles and parameters to guide the provision of virtual care.** The provision of virtual care does not alter the legal and professional requirements imposed on RNs/NPs to provide competent, professional, ethical, and appropriate care, regardless of where the patient is located. The professional expectations are the same regardless of the service delivery model (i.e., in-person and virtual care share consistent expectations).
- **A registration process for RNs/NPs providing care in both provinces.** This registration process included a set of agreed upon requirements that RNs/NPs must meet to be eligible to provide virtual care services across provincial borders (such as holding an active practice permit and being in good standing with no active investigations or conditions such as continuing competence or requirements to practice under supervision; Table 1). RNs/NPs applying for registration must disclose any outstanding allegations or disciplinary history in their primary jurisdiction* and disclose the nature of such allegations or findings. Telepractice nurses** must promptly inform the regulator in their primary jurisdiction of any allegations of, findings of, or agreements related to unprofessional conduct, professional misconduct, professional incompetence, and/or incapacity in their secondary jurisdiction,*** as well as the nature of such allegations, findings of fact, or terms of agreements. Each regulator will provide an update of any changes in the registration status of telepractice nurses as a result of disciplinary history to other regulators, as applicable, as they occur.
- **Clear standards of practice and expectations.** The standards of practice and expectations around those standards must be clearly articulated and followed within jurisprudence requirements, where RNs/NPs review and confirm that they understand and agree to adhere to legislative and regulatory requirements for providing nursing services in both their primary and secondary jurisdictions, including the practice standards and Code of Ethics in each jurisdiction.
- **Complaints and discipline processes.** A process for complaints and discipline was established, such that the regulators recognize and acknowledge the following:
  a. A complainant has the right to choose where to launch a complaint in the jurisdiction of their choosing.
  b. Once a complaint is launched regarding a telepractice nurse, the regulator in the jurisdiction where the complaint was launched has a legal obligation to process the complaint.
  c. Once a complaint is launched regarding a telepractice nurse, the regulator in the jurisdiction where the complaint was launched will inform the other regulators where the nurse has a license, including (i) that a complaint has been received; (ii) information about the registrant (including contact information); and (iii) the outcome of the complaint and, specifically, whether it resulted in any remediation requirements or any disciplinary action by the regulator, including, but not limited to, conditions placed on or a suspension of the nurse's license.
- **A process for continuing professional development.** Continuing competence requirements and programs often differ between jurisdictions. However, the CRNA and the CRNS agreed that satisfaction of the continuing competence requirements in the RN's/NP's primary jurisdiction will be suffi-

* "Primary jurisdiction" means the jurisdiction in which the nurse resides and is registered in the RN register, NP register, or certified graduate nurse register in Alberta or in the practicing membership category and either the general practice category or NP category in Saskatchewan, without any restrictions or limitations on the nurse's license.

** "Telepractice nurse" means an RN/NP providing interjurisdictional virtual care services under the MOA.

*** "Secondary jurisdiction" means one or more jurisdictions in which the nurse is licensed/permitted to provide telenursing services only.

TABLE 1

Criteria to Provide Virtual Care Services to Patients in Alberta, Saskatchewan, Northwest Territories, and Nunavut

Jurisdiction	Criteria
Eligibility to participate	
Alberta	RNs/NPs employed with Alberta Health Services, Covenant Health, or Indigenous Services Canada.
Saskatchewan	RNs/NPs employed with the Saskatchewan Health Authority or Indigenous Services Canada.
Northwest Territories and Nunavut	RNs/NPs employed with the Government of the Northwest Territories or the Government of Nunavut.
Requirements	
Alberta, Saskatchewan, Northwest Territories, and Nunavut	• Be in good standing with the regulator in their primary jurisdiction and not be under active investigation. • Disclose any outstanding allegations or disciplinary history in their primary jurisdiction, and disclose the nature of such allegations or findings. • Review and confirm understanding and agreement to adhere to the legislative and regulatory requirements for providing nursing services in both the primary and secondary jurisdiction, including the practice standards and Code of Ethics in each jurisdiction.

Note. NP = nurse practitioner; RN = registered nurse.

cient for the purposes of renewing registration in the secondary jurisdiction.

- **A solution to address registration and renewal fees.** The regulators facilitated registration by eliminating or reducing registration fees for Alberta RNs/NPs providing interjurisdictional virtual care services in Saskatchewan and vice versa.
- **A process for maintaining professional liability insurance coverage.** RNs/NPs providing interjurisdictional virtual care services under the MOA must hold professional liability insurance in an amount that meets the minimum requirements of each jurisdiction when engaged in interjurisdictional virtual care services. Where there is a difference in minimum requirements, the RN/NP must be insured to meet the higher requirements.
- **Direction regarding privacy/information sharing.** Telepractice nurses must ensure that patients/clients are informed about where they are registered and licensed to practice and how to contact the regulator in the jurisdiction where the patient/client resides. The regulators recognize that they must collect, use, disclose, and safeguard information for the purposes of the MOA in compliance with applicable laws.

The CRNA and the CRNS signed the MOA to launch the pilot program in November 2021. In late 2021, discussions began with the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) to join the CRNA/CRNS MOA. After comprehensive legal analysis and advice, the agreement was expanded to include the RNANT/NU and signed in April 2022. The MOA enables RNs/NPs who meet the predetermined criteria in Alberta, Saskatchewan, the Northwest Territories, and Nunavut (Table 1) to provide virtual care services to patients in these provinces/territories.

Outcome and Lessons Learned

The pilot program was initially scoped to pertain to Albertan RNs/NPs employed by Alberta Health Services, Covenant Health, or Indigenous Services Canada and Saskatchewan RNs/NPs employed by the Saskatchewan Health Authority or Indigenous Services Canada. Upon reflection of the interactions with employers, a lesson learned would be to have earlier and proactive communication prior to the development and implementation of the MOA. Earlier communication could have provided greater clarity and mitigated any potential delays from the employer's standpoint. When the MOA was expanded to include RNANT/NU, the colleges explored expansion with other employers as well.

RN/NP interest in providing interjurisdictional virtual care has been strong. For example, since the launch of the MOA, the CRNA has completed 453 registration verifications**** for Albertan RNs/NPs seeking to provide virtual care in Saskatchewan and 329 registration verifications for Albertan RNs/NPs seeking to provide virtual care in NWT/NU. However, one of the issues the CRNA found was that RNs/NPs who have a virtual permit were not renewing their secondary practice permit. Another lesson learned is to provide clear communication to RNs/NPs of the expectation if they want to continue to provide virtual services, they are responsible for maintaining and renewing their practice permit. Communication strategies are underway to mitigate any risk and provide clarity that RNs/NPs must renew their secondary practice permit yearly.

Learnings from this pilot have been used to inform broader multijurisdictional concepts such as interjurisdictional nursing

**** "Registration verification" is when one regulatory college verifies whether a current RN/NP is in good standing for the purpose of obtaining registration in another jurisdiction.

licensure, and they can be used with other jurisdictions and healthcare professions' regulatory colleges to explore other models for multijurisdictional registration across Canada. The MOA is scalable and can be easily amended to include other provinces and territories.

Next Steps for the CRNA—Standards of Practice and Future Interjurisdictional Agreements

Nursing regulation is a critical aspect of healthcare, one that ensures that practicing nurses adhere to expectations of professional conduct, standards of practice, and ethical norms. As virtual care technology expands access to nursing services, it presents several challenges to regulators. One of the challenges is assessing the quality of nursing care delivered through virtual care platforms.

As a regulatory college, the CRNA must establish, maintain, and enforce standards of practice that set the minimum expectations of RNs/NPs: providing safe, competent, and ethical care. The primary purposes of standards of practice are to outline, guide, and direct RN/NP practice and help RNs/NPs meet their legal and professional responsibilities. The CRNA's standards of practice were developed using best practices and a safety lens to protect and serve the public interest. By using the principles of right-touch regulation (Professional Standards Authority, 2015), the CRNA assessed the level of risk to the public with respect to virtual care and identified an appropriate way to mitigate that risk. The CRNA is currently developing virtual care standards of practice to ensure RNs/NPs are informed of the expectations for the provision of safe, competent, and ethical care in the virtual care context.

Furthermore, as virtual care is not unique to the nursing profession, professional regulation of virtual care should be aligned across professions and should uphold virtual care competency. The CRNA is a member of the Alberta Virtual Care Coordinating Body, which is an advisory oversight committee created by sponsoring organizations and groups to promote standards-based virtual care policy, workflow, and technology alignment across the healthcare sector that promotes quality patient care (Alberta Virtual Care Coordinating Body, 2023). Thus, the CRNA virtual care standards of practice are being developed to ensure alignment with not only other Canadian nursing regulators but also other regulated health professions in Alberta. Additionally, the virtual care standards will outline the minimum expectations (competence, registration, and privacy requirements) and provide guidance on the risks associated with virtual care.

Conclusion

Virtual care presents new and exciting opportunities to increase access to healthcare services. As we move forward in the post-pandemic world, the provision of nursing care virtually has become integrated into how RNs/NPs provide care (Hughes et al., 2021). This integration as well as patients' expectation that they can receive healthcare services and nursing services virtually means that virtual care is here to stay.

However, as the technology continues to evolve, regulators must pay close attention to changes in the profession of nursing and the healthcare regulatory landscape. As this regulatory environment evolves, one may question the future of interjurisdictional agreements. Nursing regulation needs to remain responsive to advancements and developments in care and health professions regulation. An area for further exploration is a national register such as Nursys and how individual RN/NP information is shared across jurisdictions in the interests of public protection. Through policies and processes, regulators can mitigate risks and promote the safe, competent, and ethical practice of nursing in virtual care environments.

References

Alberta Virtual Care Coordinating Body. (2023). *About AVVCB.* https://www.albertavirtualcare.org/about

Alberta Virtual Care Working Group. (2021). *Optimizing virtual care in Alberta: Recommendations from the Alberta Virtual Care Working Group*. https://cpsa.ca/wp-content/uploads/2021/11/Alberta-Virtual-Care-Working-Group.pdf

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine, 12*(6), 573-576.

Canada Health Infoway. (2022, March). *Canadians' health care experiences during COVID-19: Uptake of virtual care*. https://www.infoway-inforoute.ca/en/component/edocman/3828-canadians-health-care-experiences-during-covid-19/view-document?Itemid=0

Canadian Free Trade Agreement. (2023, August 17). *Canadian Free Trade Agreement. Chapter Seven – Labour Mobility*. https://www.cfta-alec.ca/wp-content/uploads/2023/08/CFTA-Consolidated-Version-August-17-2023.pdf

Canadian Medical Association. (2019, August). *Virtual care in Canada: Discussion paper*. https://www.cma.ca/sites/default/files/pdf/News/Virtual_Care_discussionpaper_v2EN.pdf

Ernst & Young, LLP. (2020). *Review of Connect Care, Alberta Netcare and MyHealth records*. https://open.alberta.ca/dataset/1394ebca-9869-40d6-b5af-3c6870557f21/resource/d9558cbb-220e-4b28-a05e-3d9773d4d9ac/download/health-review-of-connect-care-alberta-netcare-myhealth-records-2020-03.pdf

Fronczek, A. E., & Rouhana, N. A. (2018). Attaining mutual goals in telehealth encounters: Utilizing King's framework for telenursing practice. *Nursing Science Quarterly, 31*(3), 233–236. https://doi.org/10.1177/0894318418774884

Hughes, L., Petrella, A., Phillips, N., & Taylor, R. M. (2021). Virtual care and the impact of COVID-19 on nursing: A single centre evaluation. *Journal of Advanced Nursing*, 78(2), 498–509. https://doi.org/10.1111/jan.15050

Leslie, K., Myles, S., Schiller, C. J., Alraja, A. A., Nelson, S., & Adams, T. L. (2023). Protecting the public interest while regulating health professionals providing virtual care: A scoping review. *PLOS Digital Health, 2*(4), Article e0000163. https://doi.org/10.1371/journal.pdig.0000163

National Council of State Boards of Nurisng. (2023). *Nurse Licensure Compact.* https://www.nursecompact.com/

New West Partnership. (2022). *New West Partnership Trade Agreement. Article 13: Labour Mobility.* http://www.newwestpartnershiptrade.ca/pdf/NWPTA_May_26_2022.pdf

Professional Standards Authority. (2015, October). *Right-touch regulation revised.* https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

Sweatman, L. (2023). Models in professional regulation: Choices for Atlantic Canada. *Journal of Medical Regulation, 109*(1), 22–28. https://doi.org/10.30770/2572-1852-109.1.22

Virtual Care Task Force. (2020). *Virtual care: Recommendations for scaling up virtual medical services*. Canadian Medical Association. https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf

Vogel, L. (2020). Canada has long way to go on virtual care. *Canadian Medical Association Journal, 192*(9), E227–E228. https://doi.org/10.1503/cmaj.1095851

Joy Peacock, BSN, MSc, RN, is Chief Executive Officer and Registrar, College of Registered Nurses of Alberta (CRNA), Edmonton, Alberta, Canada. **Andrew Douglas, BA, MCJ,** is Executive Director, Governance, Regulation & DEI, CRNA. **Kyle Duplessis, BSc, MSc,** is Director, Regulation and Deputy Registrar, CRNA. **Cheryl Hamilton, RN, MSA,** is Director, Registration Services and Professional Conduct, College of Registered Nurses of Saskatchewan (CRNS), Regina, Saskatchewan, Canada. **Cindy Smith, RN, MN,** is Executive Director, CRNS. **Stacy Harper, BScN, MHS, CCNE, RN,** is Senior Manager, Standards & Learning, CRNA.

Corresponding author: Stacy Harper, sharper@nurses.ab.ca

Conflicts of Interest: None