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Inter-jurisdictional Medical Licensing to Support Telemedicine

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Issue

Telemedicine (a term used interchangeably with telehealth) helps connect patients to providers, as well as providers to providers, using different modalities such as store-and-forward (asynchronous communication), live video (synchronous communication), and mobile and remote monitoring services. While telemedicine has been around since the 1970s and is widely available across many Canadian provinces and territories, Canadian health systems continue to assess ideas on how to scale up and enable the use of telemedicine as a means to improve access to services, and potentially reduce costs. While the use of telemedicine is not limited to specific jurisdictional boundaries, its potential for growth remains constrained by a fragmented licensure system that varies across provinces and territories. As such, decision-makers have expressed particular interest in understanding various approaches to inter-jurisdictional licensure in order to further support the utilization of telemedicine.

Purpose

This briefing note will discuss the current licensure system for the practice of telemedicine in Canada and summarize information on various approaches to inter-jurisdictional licensing that can be applicable to the expansion of telemedicine practices. It will also discuss some considerations associated with the implementation of inter-jurisdictional licensing.

Methodology

A literature search was conducted for peer-reviewed and grey literature about telemedicine with a focus on terms including "inter-jurisdictional," "cross-border," "portable licensing," "eConsult," and "telemedicine." A search for publicly available data from government sources was also conducted to better understand the use and demand of telemedicine and inter-jurisdictional licensing within Canada. A comparative public policy analysis lens was used to draw comparisons and gather insights on the regulation of inter-jurisdictional practices across global health care systems.

Background

The Current Licensure System in Canada and Demand for Inter-jurisdictional Licensing

- Canada's provincial and territorial medical regulatory bodies have practice standards and policies on licensure requirements for physicians providing telemedicine, with some variations (outlined in Appendix A). For out-of-province physicians providing telemedicine services, the provinces of Ontario, Nova Scotia, and Newfoundland and Labrador do not require licensure for the practice of telemedicine. Alberta, New Brunswick, Yukon, and the Northwest Territories also do not require an out-of-province physician to obtain a licensure but only in circumstances where the physician is providing emergency telemedicine services or for a limited period of time. Four provinces, Saskatchewan, Manitoba, Quebec, and Prince Edward Island, have specific licensing requirements. The province of British Columbia has not specified its licensing requirements for an out-of-province physician providing telemedicine services.
    - These variations exist despite all provinces and territories agreeing to a national standard for licensure in 2009 and in 2017, with the enforcement of the Canadian Free Trade Agreement (CFTA).[1,2] In consultations hosted by the Canadian Institute of Health Research in 2019 on a pan-Canadian licensure and registration of health professionals, it was noted that "the CFTA aims to promote regulatory cooperation,

encouraging P/T governments to develop common regulatory approaches for key service sectors and resolve regulatory differences across jurisdictions that act as a barrier to mobility across country."[1]

- The Federation of Medical Regulatory Authorities of Canada is currently working on a review of physician licensure in Canada. Three projects relating to this review include:
  - Telemedicine: The possibility of a single licence to support telemedicine across all jurisdictions in Canada is being explored. The College of Physicians and Surgeons of Saskatchewan is the only regulatory body that requires physicians to apply for a specific telemedicine licence (see Appendix A).
  - Fast-track licences: Such licences are being examined as an opportunity to expedite the issuance of licensure for physicians who hold full registration in another province or territory through the traditional route (Medical Doctor, Licentiate of the Medical Council of Canada, certification with either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada) and have a clean certificate of professional conduct.
  - Licence for portability: A portability agreement would enable physicians to work for a short time in another jurisdiction based solely on licensure in their "home" jurisdiction.[3]
- Interest in an inter-jurisdictional licensure is also salient among Canadian physicians. Results from the 2019 Canadian Medical Association's Physician Workforce Survey revealed that 43% of practitioners have sought licensure in a Canadian jurisdiction other than the one in which they were first licensed.[4] Ninety percent of respondents revealed that they were supportive of the creation of a pan-Canadian licence permitting practice in all provinces and territories.[4] Thirty-nine percent indicated that they would provide virtual care to patients in other provinces and territories and 74% believed a pan-Canadian licence would improve access to care.[4]
  - Additionally, obstacles such as the complexity of the licensure process, length to obtain a licence, and credentialing verification were identified as key barriers for physicians wanting to apply for licensure in another jurisdiction.[5]
- Inter-jurisdictional licensure for the practice of telemedicine has also been implemented across other professional regulatory authorities in Canada such as the Canadian Alliance for Physiotherapy Regulators and the Ontario College of Nurses (see Appendix B).

Approaches to Inter-jurisdictional Licensing for Telemedicine

Although several articles describe the history of medical professional licensing in Canada,[6,7] few explicitly address the intersection of inter-jurisdictional licensing and telemedicine. In addition, in articles where inter-jurisdictional licensing is the sole focus, the issue of labour mobility is the main driver of the discussion. Articles that do identify various licensing approaches for telemedicine are primarily written within the context of the US health care system; however, relevant considerations can be drawn to support the practice of telemedicine within Canada. The following section will explore the range of possible approaches to inter-jurisdictional licensing for telemedicine: mutual recognition agreement (MRA), special purpose licence, and national licence. While an MRA or special purpose licence both allow provincial and territorial regulatory bodies to retain authority over professional licensure, a national licence represents a significant change from current policy practices.

Mutual Recognition Agreement

- An MRA allows two or more regulatory bodies to recognize the licensure policies and practices of a physician's home jurisdiction so that a separate licence is not required.[8] MRAs are often characterized by "equivalence" and achieved via the harmonization of

rules pertaining to licensure and standards of practice of the participating regulatory bodies.[8]

- In Canada, MRAs have been signed by other health regulated professions like psychologists and opticians to support labour mobility across provincial and territorial boundaries.[9,10]
- Notably, for the practice of telemedicine, a form of MRA currently exists between Manitoba and Nunavut as the two jurisdictions have signed a Memorandum of Understanding that allows Manitoba physicians to provide care to patients in Nunavut via telemedicine without needing to obtain a licence (see Appendix A).
    - An MRA may also support a regionalized approach to the delivery of telemedicine services within the country. This aligns with interest recently expressed by the premiers of the Atlantic provinces, who have called for efforts to create a regional licence for health care professionals in Atlantic Canada.[11]
- More broadly, however, to support telemedicine practices across provincial and territorial borders, the following considerations are required for the implementation of an MRA:
    - Potential to reverse burden of proof: Within existing telemedicine policies, regulatory colleges place the burden to prove licensure, competence, and ability to practice on the out-of-province physician who is providing the telemedicine service. An MRA may reverse the burden of proof away from physicians to the regulatory colleges.
    - Collaboration between regulatory bodies: Data-sharing agreements may need to be developed to ensure that patient health data are being accessed and shared safely.
    - Retention of regulatory authority: An MRA will not likely shift the responsibility to handle matters of discipline and complaints as this will remain under the authority of the out-of-province physician's home jurisdiction.
- An example of a prevalent MRA related to the practice of telemedicine is the US Interstate Medical Licensure Compact, also known as the Telemedicine Licensure Compact. This compact currently includes 29 states and one territory. In these jurisdictions, physicians are licensed by 43 different medical and osteopathic boards.[12] Although physician licences are still issued by individual states, the application for licensure is routed through the compact, which streamlines the process of gaining a licence and reduces the associated burden of obtaining multiple licences.
    - As of November 2018, more than 3,000 US physicians have received permission to practice in multiple states through the Interstate Medical Licensure Compact.[13]
- In 2000, the US also launched an interstate licensure for nurses called the Nurse Licensure Compact, which is a mutual licensing recognition agreement that allows licensed nurses to practice in states that have also agreed to the compact.[14] Satisfaction with this program appears high as the number of member states has tripled since the inception of the program.[15]
    - A similar initiative may be considered for Canadian provinces and territories as a recent study released by Canada Health Infoway revealed that 40,000 nurses delivered services virtually (compared to 27,000 physicians).[16]

Special Purpose Licence

- In Canada, special purpose licences, usually categorized under varying names, are used by regulatory colleges to allow physicians who are actively licensed in another jurisdiction to practice medicine under specified terms and limited scopes of practice.[8]
    - For example, the College of Physicians and Surgeons of Alberta provides a temporary registration on their Courtesy Register for up to 30 days to an out-of-province physician to provide medical services during a specified event that must be approved

by the college.[17] To obtain this licence, the out-of-province physician must be sponsored by an Alberta-registered physician who will supervise during the short-term activity. It is unclear whether this licence applies in situations where telemedicine services are provided to a patient or provider over a short-term period.

  - A special purpose licence may not be necessary in jurisdictions, such as Yukon and the Northwest Territories, that currently do not require a licence for an out-of-province physician to practice telemedicine if the practice is limited to a certain number of events per year or in the emergency assessment and treatment of a patient.

- Saskatchewan is the only province that has a special telemedicine licence for physicians who only practice medicine in Saskatchewan by telemedicine (see Appendix A). Publicly available information on the use and impact of Saskatchewan's telemedicine licence is limited.
- The US currently has nine special purpose licences related to telemedicine. In particular, Texas has an out-of-state telemedicine licence that "limits practice to two types of services; 1) follow-up for a patient where the majority of care was rendered in another state, or 2) interpretation of diagnostic testing, but results must be reported to a fully licensed physician practicing in Texas."[13]
- More generally, the benefits of a special purpose licence can be attributed to:
  - a reduced administrative burden for the out-of-province physician, who otherwise would need to obtain a full licence[8,18]
  - limited regulatory change and the opportunity for quality monitoring and appropriate accountability over the practice of medicine given that existing policies for the practice of telemedicine already exist in most provinces and territories.[8,18]

National Licence

- Within Canada, interest in the development of a national medical licence for all medical professionals has been expressed by several organizations, including the Society of Rural Physicians of Canada, the Canadian Medical Association, the College of Physicians of Canada, Resident Doctors of Canada, the Royal College of Physicians and Surgeons of Canada, and the Canadian Federation of Medical Standards.[19]
- The implementation of national licensure, specifically for telemedicine, is described using two approaches. The first approach entails complete federalization of licensure for telemedicine, which opponents suggest compromises the constitutional authority of provincial and territorial governments as regulation is a provincially mandated responsibility. The second approach provides a hybrid solution that gives a federal licensing authority the power to grant the telemedicine licence but allows provincial and territorial regulatory bodies the power to retain authority over the practice of medicine and the ability to enforce standards of practice.[18]
- Reports from multiple authors on a national licence for telemedicine suggest the following requirements for successful administration:[18]
  - a uniform set of standards and entry-into-practice criteria
  - the development of a central repository of information on telemedicine related to malpractice claims and verdicts, which also includes interprovincial and territorial data transmission
  - a standardized review of licensing, including considerations for licensure renewal, post-discipline monitoring, and initial licensure
  - the availability of sustainable resources and funds to support the administration of the previously listed requirements.

- In 2008, Australia became the first federated country to sign an agreement for health professions that were registered across its states and territories. This agreement was signed with the Council of Australian Governments to develop a single National Registration and Accreditation Scheme,[20] and ensures that "all regulated health professions are registered against consistent, high quality, national professional standards and can practice across state and territory borders without having to re-register in each jurisdiction."[20]
  - The agreement includes both public safety and workforce objectives; it regulates title of the profession rather than scope of practice, and highlights distinct government roles in regulatory policy, standards, and decision-making, with input from national boards.[21]
  - As of January 1, 2020, 19,731 registered health practitioners have no principle place of practice.[21]
  - A 2014 independent review of the National Registration and Accreditation Scheme identified some key limitations related to accountability, such as limited reporting to state and territory jurisdictions, lack of performance measures, no avenues for resolving cross-profession issues, and inconsistent investigative processes and outcomes among jurisdictions.[22]

Key Considerations

Credentialing

- "Credentialing is an approach to obtaining, verifying and assessing the qualifications of a health professional against consistent criteria for the purpose of licensing and/or granting privileges"[23] This includes factors such as the practitioners' licence, experience, certification, education, training, malpractice, and adverse clinical occurrences.[24]
- The credentialing process is one key mechanism used to reassure the public of the quality of care that will be provided to them.[25]
- In Canada, the regulatory function of credentialing is the responsibility of the institution in which the practitioner works and applies to work. Limited research was found on whether a physician conducting consultation through telemedicine in Canada is required to be credentialed at both his/her base institution and the remote institution that has requested his/her consultation service.[8]
- In 2001, the US Joint Commission on Accreditation of Health Care Organizations introduced standards for institutional credentialing of telemedicine providers. According to the commission, "These standards introduce the concept of credentialing and privileging by proxy. Under special circumstances, the originating site (the site where the patient is located at the time the service is provided) is allowed to accept the credentialing and privileging decisions of the distant site (the site where the practitioner providing the professional service is located)."[26]
  - One of the benefits of this approach is that it aims to reduce the credentialing burden for the originating site, acknowledging that the originating institution may lack experience in credentialing certain specialties.[27]
  - The credentialing-by-proxy method has been cited as a benefit, particularly for rural communities seeking to streamline their telemedicine credentialing processes.[28]
- The Federation of State Medical Boards in the US, a national non-profit organization that represents 70 state medical and osteopathic boards, has created a Uniform Application and the Federation Credentials Verification Service, which are both web-based applications that eliminate the need for physicians to re-enter identifying information and credentials when applying for multiple licences.[29]

- The utilization of a similar national credentialing system for Canada may be further explored to supplement inter-jurisdictional licensing for the practice of telemedicine.

Regulatory Oversight

- Filing a complaint or initiating a disciplinary process against a specialist or a primary care provider may become more complex as regulatory bodies across all provinces have different standards of practices and guidelines for medical malpractice. Closer cooperation between provincial and territorial regulatory authorities on disciplinary matters may be required.
  - As mutli-jurisdictional activities increase, so do the number of persons and organizations involved. Shared access to information and general agreement pertaining to case management must be developed to ensure that regulatory bodies can act quickly and decisively to protect the public interest.[30]
- Clear accountability guidelines for advice given through telemedicine technologies such as eConsults should be developed. Some experts suggest that existing policies for hallway or telephone consults can provide a helpful guide.[31]
- The expanded use of telemedicine through inter-jurisdictional licensure has been identified by experts as contributing to additional malpractice issues related to potential failures in technology, along with errors in the entry or reading of data.[18] Clarifications surrounding applicable legal frameworks and how a practitioner from another province or territory can be held liable should be considered.

Reimbursement and Fee Codes

- The adoption of inter-jurisdictional licensing to support telemedicine services will likely leverage existing reciprocal billing arrangements between provinces for patients seeking care outside of their jurisdiction.
- Traditionally, most provincial health care insurance plans required that the patient be seen in person by a physician in order for a bill to be submitted by the physician. The advent of telemedicine technologies such as eConsults and remote monitoring has led to the adoption of official telehealth fee schedules and policies regarding reimbursement across Canadian provinces.[32]
- A rapid synthesis of compensation for virtual care services in primary care by the McMaster Forum revealed that all provinces, except for Alberta and Ontario, have reported remunerating physicians for virtual care services such as telehealth at the same rates as face-to-face services.[33]
- For telemedicine technologies such as eConsult, payment mechanisms differ across jurisdictions. Some eConsult services remunerate providers using their own system. For instance, specialists using the Champlain BASE model are paid $200 per hour pro-rated to time spent completing a case.[31] Other jurisdictions like Alberta have established specific fee codes for eConsult services.[31]
  - A 2015 Canadian overview of physician remuneration for remote consults indicates that seven jurisdictions provide compensation for consulting specialists for eConsults, and two provide compensation for the referring physician.[31]
  - Funding models that allow for patient and provider choice and flexibility such as “payment follows patient method” may be considered to support inter-jurisdictional licensing for telemedicine services.[31]

Physician Maldistribution

- A key cited benefit of inter-jurisdictional licensing to support the practice of telemedicine is that it enables equitable access to specialist care, and likewise the rationing of physician services.[34-36]
- In Canada, the challenge of accessing specialist care remains a significant issue. Evidence suggests that lack of access to specialists can lead to delays in treatment, resulting in further health complications.[37,38]
  - The Fraser Institute's survey of specialist physicians across 12 specialties and 10 provinces revealed that the wait time from a referral by a general practitioner to consultation with a specialist increased from 8.7 weeks in 2018 to 10.1 weeks in 2019.[39] This disparity is greater across provinces as the shortest waits for specialty consults were in Quebec (7.2 weeks) and the longest occurred in Prince Edward Island (28.8 weeks).[39]
  - According to the Organisation for Economic Co-operation, Canada has only half as many specialists per capita as the US.[40]
  - There are also variations in the geographic distribution of specialists across Canada, with more specialists in urban regions and fewer in rural areas.[41] For instance, data from the Canadian Institute for Health Information revealed that in 2018, the number of clinical specialists per 100,000 population in Canada varied from seven in the Northwest Territories to 94 in Nova Scotia. In addition, there were between four and six laboratory specialists per 100,000 population in all regions across Canada, except for in Yukon, the Northwest Territories, and Nunavut, which reported no laboratory specialists.[41]
- To improve physician supply across Canada, jurisdictions currently use various strategies such as restricting the issuance of billing numbers to new physicians, employing differential fee schedules, and hospital privilege granting.[8]
  - Such approaches may become less effective if inter-jurisdictional medical licensing for telemedicine services are adopted. New strategies that account for the added flexibility of physician movement across geographical boundaries will need to be developed to ensure that inter-jurisdictional licensing supports the distribution of physician supply in an equitable manner.

Fragmentation of Patient Health Information

- The enhanced use of telemedicine services that results from inter-jurisdictional licensing may disrupt the continuity of care and fragmentation of patient records. Within the context of a regulated health profession, limited evidence was found on the impact of inter-jurisdictional licensing on the fragmentation of patient health information.

Private Sector

- Currently, patients using applications like Maple (a mobile application that connects patients with doctors virtually) are only matched with physicians where they are licensed. Inter-jurisdictional licensing to support telemedicine may further increase the uptake of such technologies among physicians and patients, further enhancing the role of the private sector in the delivery of telemedicine technologies. As these services are provided for a fee, their increased prevalence may raise concerns about the universality of telemedicine.
  - Recognizing concerns pertaining to the increased use of digital health technologies, the Information Technology Association of Canada issued a white paper in 2018 on the acceleration of digital health technologies. This paper included recommendations that could help address the public–private interface, including:[42]

- providing incentives and encouraging the private sector to share information obtained from digital health technologies
- pursuing tools and processes that would help safely liberate patient data, enable access to public patient datasets, and provide solutions for use in a managed way by the private sector to fuel growth and innovation
- investing in national privacy and security standards and practices to reduce risk and friction
- ensuring that sufficient broadband capacity exists in all areas of the country.

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Appendix A: Provincial and Territorial Medical Regulatory Authorities Policies on Licensure Requirements for Telemedicine

Table 1: Summary of Telemedicine Definitions and Licensure Policies Used by Provincial and Territorial Regulatory Colleges

Licensing body	Definition of telemedicine	Licensure requirements for out-of-province or territory physicians
College of Physicians and Surgeons of British Columbia	Use the Federation of Medical Regulatory Authorities of Canada definition of telemedicine: A medical service provided remotely via information and communication technology. Remotely: Without physical contact and does not necessarily involve long distances.	Not specified. https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf
College of Physicians and Surgeons of Alberta	Telemedicine means the provision of medical diagnosis and patient care through electronic communication where the patient and the provider are in different locations.	Licensure not required. However, physicians who do not hold an active Alberta practice permit may practice telemedicine in Alberta if: a. The total number of telemedicine events are limited to 5 times per year; or b. The telemedicine event is for emergency assessment or treatment of a patient. http://www.cpsa.ca/standardspractice/telemedicine/
College of Physicians and Surgeons of Saskatchewan	Use the Federation of Medical Regulatory Authorities of Canada definition of telemedicine: A medical service provided remotely via information and communication technology. Remotely: Without physical contact and does not necessarily involve long distances.	Licensure required. Physicians must apply for a telemedicine license. The cost of such a license is dependent on the number of telemedicine services that are provided by the physician. The license is offered at no cost to physicians who will limit their practice of telemedicine to no more than 12 Saskatchewan patients per year. A license is offered at a reduced cost for physicians who will limit their practice of telemedicine to no more than 52 Saskatchewan patients per year. https://www.cps.sk.ca/imis/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/The_Practice_of_Telemedicine.aspx
College of Physicians and Surgeons of Manitoba	Definition not specified.	Licensure required. For those physicians registered in another Canadian jurisdiction who are seeking to practice telemedicine/virtual medicine in Manitoba, full practicing class registration in Manitoba is required. This applies for treating Manitoba patients for insured or non-insured services. There is no separate telemedicine/virtual medicine registration or partial registration in Manitoba for treating Manitoba patients. Manitoba registered physicians are able to practice medicine and treat patients in Nunavut (either virtually or physically) without obtaining a license to practice medicine in Nunavut. This is under an agreement made with the Government of Nunavut. Physicians must also contact CMPA to obtain required Manitoba professional liability insurance or

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		coverage and contact Doctors Manitoba for membership. http://www.cpsm.mb.ca/telemedicine-virtual-medicine
College of Physicians and Surgeons of Ontario	Both the practice of medicine and a way to provide or assist in the provision of patient care (which includes consulting with and referring patients to other health-care providers, and practising telemedicine across borders) at a distance[1] using information and communication technologies such as telephone, email, audio and video conferencing, remote monitoring, and telerobotics.	Licensure not required. However, physicians who are not CPSO members **must** comply with licensing requirements in the jurisdiction in which they hold licensure and provide care in accordance with the standard of care. https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Telemedicine
Collège des médecins du Québec	Telemedicine is defined as "the practice of medicine at a distance using information and communication technologies (ICT)." In this context, the notion of distance means that the physician and patient are not in the same location. This definition includes the use of cellphones and the Internet, but not facsimile. It is understood that, by its very definition, communication by mail is not part of telemedicine. Telemedicine includes teleconsultation, teleexpertise, telemonitoring and teleassistance.	Licensure required. A non- Québec physician who provides Telemedicine services to patients residing in Québec must either be registered with the CMQ or apply to the CMQ for a special authorization to practice telemedicine. http://www.cmq.org/publications-pdf/p-1-2015-02-01-en-medecin-telemedecine-et-tic.pdf
College of Physicians and Surgeons of New Brunswick	Telemedicine is the use of communication and information technology to deliver medical services and information over distances.	Licensure not required. Out-of-province physicians can provide telemedicine services through NB's telemedicine regulation. A physician may be entered on the Telemedicine Provider List, without licensure, in order to provide occasional or limited telemedicine services into New Brunswick. https://cpsnb.org/en/medical-act-regulations-and-guidelines/regulations/419-regulation-13-telemedicine-regulation
College of Physicians and Surgeons of Nova Scotia	**Telemedicine** is the provision of medical expertise for the purpose of diagnosis or patient care by means of telecommunications and information technology where the patient and the provider are separated by distance. Telemedicine may include, but is not limited to, the provision of pathology, medical imaging, and patient consultative services.	Licensure not required. Physicians licensed elsewhere in Canada may deliver telemedicine to patients in Nova Scotia without having to obtain a Nova Scotia medical license. These physicians must comply with the licensing requirements and the professional standards of the jurisdiction in which they are licensed. https://cpsns.ns.ca/resource/telemedicine-services/
College of Physicians and Surgeons of Prince Edward Island	Telemedicine is the provision of medical expertise for the purpose of diagnosis and patient care by means of telecommunications and information technology where the patient and the provider are separated by distance. Telemedicine may include, but is not limited to, the provision of pathology, medical imaging and patient consultative services. Some current examples of telemedicine include, but are not limited to, the use of telephones (landlines and mobile), email, texting, video and audio conferencing, remote monitoring, and telerobotics.	Licensure required. Before registering and licensing a physician for telemedicine, the CPSPEI must ensure that: a. A Specialist Consultant satisfies the requirements under the PEI Medical Act for registration in the Medical Register and the Specialist Register; b. A Family Physician satisfies the requirements under the PEI Medical Act for registration in the Medical Register and the Family Practice Register; or c. A Specialist Consultant or a Family Physician satisfies the requirements under the PEI

Licensing body	Definition of telemedicine	Licensure requirements for out-of-province or territory physicians
		Medical Act for registration with an independent, unrestricted license in the Temporary & Limited Register, and must already be registered and hold an independent, unrestricted license in the jurisdiction from where they are, or will be, communicating with the patient in PEI. https://cpspei.ca/wp-content/uploads/2020/04/Telemedicine-Policy-April-16-2020.pdf
College of Physicians and Surgeons of Newfoundland and Labrador	Telemedicine is the provision of medical expertise for the purpose of diagnosis and patient care by means of telecommunications and information technology where the patient and provider are separated by distance. Telemedicine may include, but is not limited to, the provision of pathology, medical imaging, and patient consultative services.	Licensure not required. The College considers the practice of medicine to take place in the jurisdiction in which the physician resides and holds a licence. As a result, all physicians practising medicine via telemedicine must hold either a licence to practise medicine in Newfoundland and Labrador and/or a licence to practise medicine in the jurisdiction in which the physician is located. https://www.cpsnl.ca/web/files/2017-Mar-11%20-%20Telemedicine.pdf
Yukon Medical Council	Telemedicine means the provision of medical diagnosis and patient care through electronic communication where the patient and provider are in different locations.	Licensure not required. However, a physician who does not hold a valid and active Yukon license may practice telemedicine for a patient located within Yukon if: a. The total number of telemedicine events are limited to five times per year; or b. The telemedicine event is for emergency assessment or treatment of a patient. http://www.yukonmedicalcouncil.ca/pdfs/Telemedicine.pdf
Northwest Territories Health and Social Services	Definition not specified.	Licensure not required. Up to two temporary three-month permits can be requested and granted per fiscal year for specialists, after which the annual license would be recommended. https://www.hss.gov.nt.ca/en/services/medical-licence/applying-first-time-medical-licence-nwt
Medical Registration Committee of Nunavut	Definition not specified.	License not required. Nunavut does no currently accept applications for a limited/provisional/conditional family or specialist license. All physicians wishing to practice medicine in Nunavut must have the licentiate of the Medical Council of Canada and hold one of either: a. A certificate of fellowship from the Royal College of Physicians and Surgeons of Canada (or a specialty certification issued by the Collège des médecins du Québec on or after October 16, 2007); or b. A certificate from the College of Family Physicians of Canada (or a family medicine certificate issued by the Collège des médecins du Québec on or after October 16, 2007). https://nuphysicians.ca/license-and-registration

Appendix B: Inter-jurisdictional Licensure Policies of Other Professional Regulatory Authorities

Summary of Inter-jurisdictional Licensure Policies of Other Regulated Professions

- In Canada, the inter-jurisdictional practice of a regulated profession can be dated to the signing of the Inter-jurisdictional Practice Protocol in 1994 in which all provincial and territorial governments agreed to allow lawyers to practice freely across provincial and territorial boundaries.[43] Following this protocol, two additional agreements have been negotiated and signed with the provinces and territories. These include the National Mobility Agreement (2002) and the Territorial Agreement (2006), which govern the mobility provisions of lawyers within Canada regardless of whether they are trained in Canadian common law or civil law.[44] Limited publicly available information was found on the influence of these agreements in shaping the cross-border practice of lawyers in Canada.
- Over the past few years, two regulatory authorities in Canada have responded to the need to address inter-jurisdictional practices of telemedicine.
  - The Canadian Alliance of Physiotherapy Regulators signed a Memorandum of Understanding (MOU) with 10 of its members in May 2017 to help facilitate cross-jurisdictional practices, allowing physiotherapists in one province to provide care to patients in another province.[45] This extended access licence requires the 10 members to adopt a common understanding of the regulatory requirements related to cross-border services. In addition, the MOU highlights several guidelines for factors pertaining to continuing competence, insurance, and discipline for physiotherapists practising across jurisdictional borders. The MOU has also been supplemented with the development of three guidelines on cross-border physiotherapy, tele-rehabilitation, and good character and reputation decision-making guidelines, which have been adopted by all 10 members.[46-48]
  - In 2017, the College of Nurses of Ontario issued a practice guideline on telepractice, allowing nurses to provide telepractice services to clients in distant locations, including other provinces and countries.[49] The guideline also identifies several strategies related to the care delivery process, leadership, organizational supports, and communication and professional development systems needed to develop and maintain a quality practice setting using telepractice technologies.[49] Some strategies include:
    - working with nurses to provide evidence-based protocols, guides, and documentation tools to facilitate interviewing, and decision-making about advice and disposition
    - supporting the regular updating of clinical protocols and guidelines that are appropriate for the patient population
    - establishing and maintaining interdisciplinary quality review processes that address patient safety issues
    - ensuring nurses have secure telecommunication facilities and equipment when providing telepractice interventions adopting workload measures that consider time spent on all telepractice technologies.