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## **CAPA Submission**

# **CPSO Proposed amendments to the Delegation of Controlled Acts Policy**

**November 2025**

## Introduction

The Canadian Association of Physician Assistants (CAPA) appreciates the opportunity to provide input on the College of Physicians and Surgeons of Ontario's (CPSO's) proposed amendments to the Delegation of Controlled Acts policy.

Protecting patient safety is of paramount concern to CAPA and we support CPSO's goal of strengthening patient protection. Providing clear expectations for both physicians and delegates is essential to ensure accountability.

To support Ontario's current patients and those still without access to a health care provider, we must work together to ease the growing pressures on our health care system. The [CPSO has committed to identifying opportunities to reduce barriers to care and to support Ontario physicians](#). PAs are an important part of this solution. [As physician extenders, PAs play a vital role in improving access to safe, timely care—a model endorsed by the CPSO](#).

PA's (now CPSO registrants) have been safely extending physicians reach in Ontario since the PA pilot and demonstration project began in 2007. This pilot and demonstration project was part of HealthForce Ontario's initiative to introduce PAs into the health care system to help reduce wait-times and improve access to care. As CPSO has stated ["the existing relationship between physicians and PAs, anchored in the delegation framework, is well established and has been working effectively for many years."](#)

At a time when access to health care remains a critical challenge for many Ontarians, initiatives designed to enhance accountability must not compromise the strong, effective relationships that serve patients well. Any changes to the Delegation of Controlled Acts should strengthen, not weaken, physicians' ability to deliver safe, high-quality care and uphold their responsibility to protect the public.

## Previous open consultations – Proposed amendments to the Delegation of Controlled Acts policy

First, it is important to acknowledge the positive changes reflected in the most recent draft of this policy. CAPA appreciates that PAs are now included among the exceptions to clinical assessment requirements in remote and isolated regions—a meaningful improvement for patients in these communities. We also recognize the adjustment from 48 hours to two business days for physicians to complete a clinical assessment of new patients. While this represents progress, we believe greater flexibility is still needed. Please see our outline below.

This submission presents CAPA's position, key concerns, and recommendations to ensure that policy changes promote safe, efficient, and patient-centered care.

## **The Two-Business-Day Clinical Assessment Requirement**

Under the heading Delegating in the context of a physician-patient relationship (*line 49*) the draft policy states the following: "...physicians must perform a clinical assessment prior to delegating or, where this is not possible, within two business days of a new patient's encounter with the delegate," with a few exceptions.

This requirement remains impractical in many clinical settings—such as urgent care, walk-in clinics, newborn assessments, ambulatory care, and outpatient hospital services. It risks creating bottlenecks and delays that could restrict access and potentially compromise patient safety across all care environments.

The Advice to the Profession companion document states (*line 36*) that "a virtual assessment may be adequate if it meets the standard of care." It is CAPA's view, and that of many physicians who work with PAs, that more flexibility in the definition of a clinical assessment would improve the provision of safe and timely care and appropriately protect patients. Relying on their knowledge, skill, and judgment, the decision should rest with physicians as to when it is appropriate to establish a physician-patient relationship through communication with the delegate. This could include a patient chart review and consultation with the delegate about the patient, rather than requiring an in-person or virtual consultation with the patient themselves. The physician would be required to assess that patient directly however, if they determined that this was clinically necessary.

This language is already included in the definition for a physician's re-assessment of a patient (*in footnote 8 on page 3*), which states "In some circumstances, a re-assessment might take the form of a chart review or consultation with the delegate rather than an in-person re-assessment."

Collaboration is integral to the physician-PA relationship and updating the definition of a clinical assessment to reflect and align with the re-assessment definition would ensure that patient care is not delayed and greater reflects the existing relationship between PAs and physicians.

**CAPA recommends CPSO clarify that physician clinical assessments do not necessarily require in-person or virtual patient visits and that consultation with the delegate may suffice.**

**CAPA recommends that CPSO align the definition for a required clinical assessment for delegation with the stated definition for re-assessment.**

## **Current Patient Access and Attachment challenges**

The assessment protocols proposed will limit PA involvement, by reducing the number of patients that PAs and physicians will be able to see. As currently written, these requirements could reduce patient access considerably by requiring an extra physician appointment for every patient that a PA sees. The extra burden on the patient with these extra appointments is also very onerous.

Primary care and community medicine would be disproportionately affected, reducing timely access for patients. This could represent a significant setback for team-based care models that rely heavily on delegation.

Ontario's current Primary Care Action Plan highlights how this policy is misaligned with provincial goals. While CPSO is not responsible for implementing government policy and should never compromise patient safety, it is essential to identify policies that create barriers to care and ensure they are truly necessary.

## **Recognizing PAs as CPSO Registrants: The Case for a separate Delegation Framework**

In our August 2025 submission in response to a previous draft of this policy, we recommended that the CPSO consider a distinct approach for delegation to CPSO Registrants.

Delegation policies have traditionally applied to physicians delegating tasks to regulated and unregulated health professionals. However, PAs are now CPSO registrants, and their role exists exclusively through delegation by CPSO physician registrants. Given that PAs have been practicing safely and effectively in Ontario for over 18 years, CAPA respectfully requests that CPSO consider developing policies specific to this unique physician–PA relationship.

Specifically, we recommend that the CPSO explore the potential value of distinguishing delegation to PA from delegation to other regulated and unregulated health professions. This distinction may support a more tailored and coherent application of the College's expectations and better reflect the integrated nature of PA's contributions within regulated clinical teams. Framing delegation to PAs as a distinct category could reinforce existing safeguards while enhancing clarity for both physicians and PAs operating under CPSO guidance. CAPA believes that PAs require a dedicated delegation policy

**CAPA again recommends that CPSO create a dedicated delegation policy for physicians and PAs that would recognize the unique role of PAs within Ontario's healthcare system and ensure clarity, consistency, and accountability in delegation practices.**

### **Conclusion**

CAPA urges CPSO to reconsider the proposed changes and adopt an approach that safeguards patient safety while preserving the operational realities of physician-PA collaboration in health care settings. By incorporating flexibility and clarity into the policy, CPSO can support innovation in team-based care and ensure that Ontarians continue to benefit from safe, timely, efficient, and high-quality healthcare.

Once again, CAPA thanks the CPSO for the opportunity to provide feedback. Should any clarification or further discussion on any of the above points be required, please do not hesitate to reach out.

Kind regards,

A handwritten signature in black ink, appearing to read 'KG. Kitzul'.

Kevin Kitzul, CCPA  
Director, Ontario

A handwritten signature in black ink, appearing to read 'Katrina Pullia'.

Katrina Pullia  
Alternate Director, Ontario