

DELEGATION OF CONTROLLED ACTS

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Companion Resources: [Advice to the Profession](#)

Policies of the College of Physicians and Surgeons of Ontario (CPSO) set out expectations for the professional conduct of physicians practising in Ontario. Together with the [Essentials of Medical Professionalism](#) and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Controlled Acts¹: Controlled acts are specified in the *Regulated Health Professions Act, 1991 (RHPA)* as acts which may only be performed by authorized regulated health professionals.²

Delegation: Delegation is a mechanism that allows a regulated health professional (e.g., a physician) who is authorized to perform a controlled act to temporarily grant that authority to another person (whether regulated or unregulated) who is not legally authorized to perform the act independently.

For the purposes of this policy, delegation does **not** include:

- Assignments of tasks that do not involve controlled acts (e.g., taking a patient's history, obtaining informed consent, administering a test that does not involve a controlled act, taking vitals, etc.); or
- Orders that authorize the initiation of a controlled act that is within the scope of practice of another health care professional (e.g., nurses are legally authorized to "administer a substance by injection" when the procedure has been ordered by a specified regulated health professional (e.g. a physician). Therefore, a nurse would require an order to perform this procedure, but this would not be considered delegation).³

Direct Order: Direct orders are written or verbal instructions from a physician to another health care provider or a group of health care providers to carry out a specific treatment, procedure, or intervention for a specific patient, at a specific time. Direct orders provide the authority to carry out the treatments, procedures, or other interventions that have been directed by the physician and generally take place after a physician-patient relationship has been established.

Medical Directive⁴: Medical directives are written orders by physician(s) to other health care provider(s) that pertain to any patient who meets the criteria set out in the medical directive. When a medical directive calls for acts that need to be delegated, it provides the authority to carry out the treatments, procedures, or other interventions that are specified in the directive, provided that certain conditions and

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- i. promotes patient safety,
- ii. facilitates access to care where there is a need,
- iii. results in more timely or efficient delivery of health care, or
- iv. contributes to optimal use of healthcare resources.

When not to delegate

2. Physicians **must not** delegate where the primary reasons for delegating are monetary or physician convenience.
3. Physicians **must not** delegate the performance of a controlled act to:
 - a. a health professional whose certificate of registration is revoked or suspended at the time of the delegation⁵, or
 - b. unregistered practitioners⁶ (i.e., individuals who have claimed to be or have posed as a physician).
4. Physicians **must not** delegate the controlled act of psychotherapy.⁷

What to Delegate

5. Physicians **must** only delegate the performance of controlled acts that they can personally perform competently (i.e., acts within their scope of practice).⁸

How to Delegate

Use of direct orders and medical directives

6. Physicians **must** delegate either through the use of a direct order or a medical directive that is clear, complete, appropriate, and includes sufficient detail to facilitate safe and appropriate implementation (see the *Documentation* section of this policy for more information).

In the context of a physician-patient relationship

7. Physicians **must** only delegate in the context of an existing or anticipated physician-patient relationship, unless a patient's best interest dictates otherwise (e.g., public health or public safety measures).⁹
8. Physicians **must** perform a clinical assessment prior to delegating or as soon as possible afterward, unless a patient's best interest dictates otherwise.
9. Where, in the context of a physician-patient relationship, delegation is occurring on an ongoing basis, physicians **must**:
 - a. ensure that patients are informed of who the delegating physician is and that they can make a request to see the physician if they wish to; and
 - b. periodically re-assess¹⁰ the patient to ensure that delegation continues to be in the patient's best interest (e.g., when there is a change in the patient's clinical status or treatment options).

Ensure consent to treatment is obtained

10. Physicians **must** ensure informed consent is obtained and documented, in accordance with the *Health Care Consent Act, 1996* and the College's [Consent to Treatment](#) policy, for any treatments that are delegated.¹¹
 - a. In circumstances where the delegation takes place pursuant to a medical directive, physicians **must** ensure the medical directive includes obtaining the appropriate patient consent.¹²

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patient safety).

Ensuring delegates can accept the delegation

13. Physicians **must** only delegate to individuals who are able to accept the delegation.¹⁴ In particular, physicians **must not**:
- delegate to an individual if they become aware the individual is not permitted to accept the delegation; or
 - compel an individual to perform a controlled act they have declined to perform.

Supervision and support of delegates

14. Physicians **must** provide a level of supervision and support that is proportionate to the risk associated with the delegation and that is reflective of the following factors:
- the specific act being delegated;
 - the patient's specific circumstances (e.g., health status, specific health-care needs);
 - the setting where the act will be performed and the available resources and environmental supports in place; and
 - the education, training and experience of the delegate.
15. If on the basis of the risk assessment onsite supervision is not necessary, physicians **must** be available to provide appropriate consultation and assistance (e.g., in person, if necessary, or by telephone).
16. Physicians **must** be satisfied that the individuals to whom they are delegating:
- understand the extent of their responsibilities; and
 - know when and who to ask for assistance, if necessary.
17. Physicians **must** ensure that the individuals to whom they are delegating accurately identify themselves and their role in providing care to patients and that patients with questions about the delegate's role are provided with an explanation.

Managing adverse events

18. Physicians **must**:
- have protocols in place to appropriately manage any adverse events that occur;
 - be available to provide assistance in managing any adverse events, if necessary;
 - be satisfied that the delegate is capable of managing any adverse events themselves, if necessary; and
 - have a communication plan in place to keep informed of any adverse events that take place and any actions taken by the delegate to manage them.

Ongoing monitoring and evaluation

19. Where acts are routinely delegated, physicians **must** have a reliable and ongoing monitoring and evaluation system for both the delegate(s) and the delegation process itself.
20. As part of this system, physicians **must**:
- confirm currency of the delegate's knowledge and skills; and
 - evaluate the delegation process to ensure it is safe and effective; and
 - review patient medical records to ensure the care provided through delegation is appropriate and meets the standard of practice.
 - What is necessary will depend on the specific acts being delegated and the other quality assurance processes in place to ensure safe and effective delegation.

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22. Each physician responsible for the care of a patient who may receive the proposed treatment, procedure, or intervention **must** review and sign the medical directive each time it is updated.¹⁸

Medical Records

23. Physicians **must** ensure that:

- a. the care provided through delegation is documented in accordance with the College's [Medical Records Documentation](#) policy, including that each entry in the medical record is identifiable and clearly conveys who made the entry and performed the act;
- b. it is clear who the authorizing physician(s) are (e.g., the name(s) of the authorizing physician(s) are captured in the medical record); and
- c. verbal direct orders are documented in the patient's medical record by the recipient of the direct order and are reviewed or confirmed at the earliest opportunity by the delegating physician.¹⁹

Appendix A

Controlled Acts under the *RHPA*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - vii. into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the *RHPA*.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.

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2. Although the *RHPA* prohibits performance of controlled acts by those not specifically authorized to perform them, it permits performing controlled acts if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (*RHPA*, s. 29(1)(a,b)).
3. For additional information about what is not considered “delegation” as defined in the policy, see the [Advice to the Profession: Delegation of Controlled Acts](#) document.
4. For examples of prototype medical directives, please consult the Emergency Department Medical Directives Implementation Kit which has been developed jointly by the Ontario Hospital Association (OHA), the Ontario Medical Association, and the Ministry of Health and is available on the OHA website.
5. For additional information about determining the status of a health professional's certificate of registration, see the [Advice to the Profession: Delegation of Controlled Acts](#) document.
6. For a list of individuals identified by the CPSO see [CPSO's website](#).
7. This does not prohibit health care professionals who are authorized to perform the controlled act of psychotherapy from doing so, including nurses of all classes, psychologists, occupational therapists, social workers, and registered psychotherapists.
8. O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5) requires physicians to only practise in the areas of medicine in which they are trained and experienced. For more information see the College's [Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice](#) policy and the [Delegation of Controlled Acts: Advice to the Profession](#) document.
9. Generally, a patient's best interests will be served by delegation that occurs in the context of an existing or anticipated physician-patient relationship. However, in some instances a patient's best interests might be served by receiving care in the absence of a traditional physician-patient relationship. For example, in instances where access would otherwise be compromised to the point of risking patient safety, or where patient or public safety might be otherwise compromised. Examples of appropriate circumstances in which delegation may occur in the absence of a traditional physician-patient relationship include, but are not limited to:
 - the provision of care by paramedics under the direct control of base hospital physicians or within community paramedicine programs;
 - the provision of primary care in remote and isolated regions of the province by registered nurses acting in expanded roles;
 - the provision of public health programs, such as vaccinations;
 - postexposure prophylaxis following potential exposure to a blood borne pathogen or the provision of the hepatitis B vaccine in the context of occupational health medicine;
 - hospital emergency departments for routine protocols; and
 - lay person first responders performing controlled acts for the purposes of first aid in an emergency.
10. In some circumstances, an assessment might take the form of a chart review or consultation with the delegate rather than an in-person assessment.
11. Please see the *Health Care Consent Act, 1996* and the College's [Consent to Treatment](#) policy for more information.

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15. A comprehensive guide and toolkit was developed by a working group of the Health Profession Regulators of Ontario (HPRO) in 2008 and is posted on their website.

16. The individuals need not be named but may be described by qualification or position in the workplace.

17. The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.

18. It is acceptable for physicians working at institutions with multiple directives to receive copies of each directive and sign one statement indicating that they have read and agreed with all the medical directives referred to therein. This can be done as part of the annual physician reappointment process.

19. Physicians practising in hospitals may be subject to additional requirements under the *Public Hospitals Act, 1990*.

20. This is the only controlled act that physicians are not authorized to perform.