



Delegation Checklist

Use this checklist when delegating to help you meet the CPSO requirements

As a physician, you are ultimately responsible for the care of your patients, including when you delegate care to others to deliver. Ensure that you meet [CPSO's requirements for the delegation of controlled acts](#) to minimize the risks to you and your patients.

Is this delegation?	Yes = <input checked="" type="checkbox"/>
Am I asking someone else to perform a controlled act? <ul style="list-style-type: none">• If yes, this may be delegation. Continue to the next question.• If no, this is not delegation. Do not use the delegation checklist.	<input type="checkbox"/>
Is the controlled act you are asking someone else to perform outside of their typical scope of practice if they are a regulated health-care professional, or are they an unregulated person? <ul style="list-style-type: none">• If yes, this is delegation. Use the delegation checklist.• If no, this is not delegation. Do not use the delegation checklist.	<input type="checkbox"/>

If you answer no to any of these questions, delegation may not be safe or appropriate.

When delegating controlled acts, consider:

Is delegation in the patient's best interest?	<input type="checkbox"/>
<ul style="list-style-type: none">• The patient's health and safety will not be put at risk	<input type="checkbox"/>
<ul style="list-style-type: none">• The patient's quality of care will not be compromised	<input type="checkbox"/>

Is the controlled act being delegated within your typical scope of practice (i.e. can you personally perform the act competently)?	<input type="checkbox"/>
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Does the person who will be performing the act have the necessary training to perform the act safely?	<input type="checkbox"/>
<ul style="list-style-type: none">• Do they have access to any recommended additional training or continuous education to support patient safety?• If the person is a regulated health professional, do they have a valid certificate of registration?	<input type="checkbox"/> <input type="checkbox"/>



Do you have an existing or anticipated physician-patient relationship with the patient?

Where the delegation is occurring on an ongoing basis (e.g. in a primary care practice), is the patient aware that you are the physician delegating care?

- Can the patient request to see you if they wish?
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Has a sufficiently detailed direct order been given, or is there a sufficiently detailed medical directive in place to support delegation?

Where the delegation is occurring on an ongoing basis, will you periodically reassess the patient to ensure that delegation continues to be in their best interest?

Has the patient given informed consent for any delegated treatments?

- Is this consent documented?

Note that while CPSO does not require that all consent to treatment be documented, this is best practice.

If any other documentation, besides consent, is required, are procedures in place to ensure this is gathered?

Have you taken steps to mitigate any identified significant or common risks associated with the delegation or the acts being delegated?

Are you available to supervise and provide consultation and assistance (including by telephone) to the person who will be performing the act?

Do you have protocols in place to manage any adverse events that may occur?

Is there a reliable and ongoing monitoring and evaluation system in place for the delegates and the delegation process?

Does the person performing the controlled act understand the extent of their responsibilities and know when to ask for assistance?



Medical Directives Checklist

Use this checklist when drafting medical directives

- Name and describe the procedure, treatment, or intervention** being ordered

- List the specific clinical conditions** that the patient must meet before a directive can be implemented

- List any situational circumstances** that must exist before a directive can be implemented

- List contraindications** to implementation of the directive

- Identify the individuals** authorized to implement the directive

- Describe the procedure, treatment, or intervention** itself to provide sufficient detail to ensure that the individual implementing the directive can do so safely and appropriately

- Include the **name and signature of the physician(s) authorizing** and responsible for the directive and the date it becomes effective

- List the administrative approvals** that were provided to the directive, including the dates and each committee (if any)