



# Standard of Practice

## Interdisciplinary Care & Delegation of Tasks (2024)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

### Preamble

Interdisciplinary care can enhance the delivery of patient-centred care and improve patient and system outcomes. This Standard of Practice outlines the College's expectations of physicians in supporting interdisciplinary care.

In appropriate circumstances, physicians can delegate tasks within their scope of practice to another member of the healthcare team. Delegation must only occur if it is in the best interest of the patient and done in accordance with this Standard of Practice.

### Standard of Practice

#### Interdisciplinary Care

Health professionals have an established history of working together to deliver quality health care. Collaborative interdisciplinary care can optimize a patient's access to the skills and competencies of a wide range of health professionals and improve patient care. As such, physicians have an ethical obligation to support interdisciplinary team-based practices by fostering collaboration and a shared accountability for patient care<sup>1</sup>.

Each regulated member of an interdisciplinary team is responsible and accountable for the care they provide. As such, physicians are not expected to supervise other regulated healthcare professionals performing activities within their scope of practice and training.

#### Delegation of Tasks

Tasks which fall within the scope of practice of another health professional who is completing the task do not need to be delegated or supervised by a physician. Tasks that fall within a physician's scope of practice may, however, be delegated to a healthcare team member, if it is in the best interest of the patient and it is done so in accordance with this Standard of Practice.

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<sup>1</sup> CMA Code of Ethics and Professionalism (2018)

Physicians must only delegate the performance of tasks which they have the knowledge, training, experience, and professional liability protection to perform themselves. Physicians must also be satisfied that individuals to whom they delegate have the knowledge, skills, and judgment to perform the delegated task competently and safely.

After delegating a task, a physician must provide a level of supervision and support that is proportionate to the risk associated with the delegation and is reflective of the following factors:

1. the specific task being delegated;
2. the patient's specific circumstances (e.g., health status, specific health-care needs);
3. the setting where the act will be performed and the available resources and environmental supports in place; and
4. the education, training, and experience of the delegate.

If following an assessment of the associated risk, a physician reaches the opinion that onsite supervision is not necessary, the physician must ensure they are available to provide appropriate consultation and assistance.

Physicians must ensure that medical care provided through delegation is documented in accordance with the College's Standard of Practice on [Medical Records Documentation & Management](#). This includes documenting who performed the task and the authorizing physician.

## **Medical Orders and Directives**

### Medical Orders

Physicians may issue medical orders for a procedure, treatment, or intervention for an individual patient. These orders can be given in writing or verbally. When issuing a medical order, it is expected that the physician will clearly outline the description of the order, any specific clinical conditions and situational circumstances that must first be met, and any contraindications for implementing the order.

### Medical Directives

In appropriate circumstances, physicians may also choose to issue a written medical directive. Medical directives differ from orders in that they apply to all patients who meet the specific criteria set out in the directive. These directives provide the authority for another individual to carry out the tasks that are specified in the directive, provided that certain conditions and circumstances exist.

Physicians are expected to include the following information in a medical directive:

1. the task being ordered;
2. the specific clinical conditions that a patient must meet before the directive can be implemented;
3. any situational circumstances that must exist before the directive can be implemented;
4. any contraindications to implementation of the directive;
5. a list of individuals authorized to implement the directive; and
6. the name and signature of the physician authorizing and responsible for the directive and the date it becomes effective.

### Acknowledgements

CPSA (2023) Restricted Activities  
CNO (2023) Directives  
CMPA (2022) Collaborative Care  
CPSO (2021) Delegation of Controlled Acts  
CMA (2018) Code of Ethics and Professionalism  
Government of Canada (2007) [Collaborative Care](#)  
Canadian Pharmacists Journal (2007) [Interdisciplinary Collaboration in Primary Health Care](#)

### Related Documents

CPSNL (2023) [Medical Records Documentation & Management](#)

### Document History

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