

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

## Contents

Preamble .....	1
Self-Restriction .....	2
Restricted Activities.....	2
Supervision of Restricted Activities .....	2
Obtaining patient consent .....	3
Supervision of physician assistants.....	3
Supervision of learners.....	4
Supervision of non-regulated persons.....	4
Resources.....	5

## Preamble

The [Restricted Activities](#) standard of practice applies to both the performance and supervision of restricted activities as defined in the [Health Professions Restricted Activity Regulation](#). It does not imply any expectation or requirement for a regulated member of CPSA to supervise other regulated healthcare professionals performing restricted activities within their scope of practice, training and authorization by their regulatory college.

## Self-Restriction

All CPSA members are prohibited from performing restricted activities unless they are competent to perform the activity and it is appropriate to the regulated member's scope of practice and the clinical circumstance. Regulated members are also required to follow all relevant [Standards of Practice](#) as they pertain to the specific circumstance.

For the purpose of the [Restricted Activities](#) standard of practice, "competent" to perform the activity means the regulated member is adequately qualified, suitably trained and has sufficient experience to safely perform work without supervision<sup>1</sup>. Regulated members are expected to know what activities they are or are not competent to do and respect those limits.<sup>2</sup> The care provided in the activity should meet a community-accepted standard for colleagues practicing with the same scope of practice.

## Restricted Activities

"Restricted activities" are high-risk activities, performed as part of providing a health service, that require specific competencies and skills to be carried out safely. Restricted activities are not linked to any specific health profession, and several regulated health professionals may perform a particular restricted activity. Health professionals with the competencies required to perform a restricted activity safely and effectively are authorized to provide the restricted activity identified in their profession's regulation. For example, administering a vaccine is a restricted activity. Registered nurses, licensed practical nurses, registered psychiatric nurses, and other professions are all authorized to administer a vaccine under their profession's regulations.<sup>3</sup>

## Supervision of Restricted Activities

Supervision occurs in different formats (e.g., in person, on site, remotely, etc.) based on the person being supervised, the restricted activity being performed and the supervising regulated member's confidence in the person's skills and abilities. The level of supervision may vary as the person's skills and abilities improve.

It is important for the supervising regulated member to be aware that they are responsible and liable for the actions of the person they supervise. If they are not entirely comfortable with a person's skills, abilities or competence in a restricted activity, regulated members

---

<sup>1</sup> From the Alberta [Occupational Health & Safety Code](#) (Dec. 1, 2021).

<sup>2</sup> From the College of Family Physicians of Canada's ["Defining competence for the purposes of certification by the College of Family Physicians of Canada"](#) (Oct. 2010)

<sup>3</sup> From Alberta Health's ["Regulated health professions and colleges"](#) page ("[Restricted Activities](#)" section).

should consider the degree of supervision provided or refrain from supervising that person/activity.

Additionally, the supervising regulated member must ensure it is safe and appropriate for the supervised person to perform the activity, including knowing when the supervised person should not provide the service or truncating the procedure in the patient's best interests.

Regardless of confidence in a person's skills, abilities or competence, a regulated member cannot supervise another regulated healthcare professional in performing a restricted activity if doing so would put the regulated healthcare professional in contravention of their regulatory standards.

### **OBTAINING PATIENT CONSENT**

Patients must be made aware that someone other than the regulated member will be performing a restricted activity **and** consent to this, unless consent is not possible because of an emergency. If the patient declines, the regulated member will need to be prepared to perform the activity. Consent may be verbal, but best practice would see consent obtained in writing. Consent must be documented in the patient's record.

The patient must also be made aware of the name and role of the person performing the restricted activity (e.g., physician assistant, student, etc.). This information must also be documented in the patient's record.

For more information, please refer to the [Informed Consent](#) standard of practice, [Informed Consent for Adults](#) and [Informed Consent for Minors](#) Advice to the Profession documents.

### **SUPERVISION OF PHYSICIAN ASSISTANTS**

Physician assistants (PAs) are regulated members of CPSA and must follow the same standards.

PAs are required to practise under the supervision of a physician. PAs have a body of knowledge that enables them to practise in all clinical settings and help free up physicians' time by performing duties that can be delegated. However, the supervising physician remains most responsible for patient care: all investigations, prescriptions and patient encounters remain the responsibility of the supervising physician, irrespective of whether the patient sees the physician during the encounter in question.

In accordance with the [Restricted Activities](#) standard, the supervising physician must remain "readily available" for consultation. There are two types of supervision: direct/in-person and indirect, in which the physician is available by phone, video call, etc. If a

physician cannot attend to a patient in person if needed, they may not be able to supervise the patient care adequately. Supervision of a PA can only be delegated to another regulated physician with an independent practice permit.

For more information, please refer to the [Physician Assistants](#) Advice to the Profession document.

### **SUPERVISION OF LEARNERS**

The level of supervision a registered member needs to provide to a clinical fellow is situation-specific. Clinical fellows are on the provisional register and must be supervised, which means the supervising regulated member is responsible for patient care. Supervision is entirely dependent on the patient, the nature of the health condition being treated and the competence of the clinical fellow, and it can only occur with the patient's informed consent.

With residents, the same applies to some degree, but the extent of a resident's training can vary widely from first to final year of training, so the degree in the immediacy of supervision differs. The same consideration may hold for the medical student (on the educational, not provisional, register) working in the supervised setting.

A learner cannot order procedures, medication, etc. unchecked: there needs to be a degree of supervision, which is dependent on the supervising regulated member's knowledge and degree of comfort with the learner

### **SUPERVISION OF NON-REGULATED PERSONS**

It is reasonable to delegate some tasks (e.g., obtaining patient history, following up on normal investigation results, performing an ECG, etc.) to staff members who are not regulated healthcare professionals. However, there would need to be comprehensive, written operational policies, processes and procedures that reflect current legislation and the [Standards of Practice](#) to allow a non-regulated employee to perform these activities. In addition, the policies, processes and procedures would have to be reviewed regularly.

With regard to investigation requisitions, while not a "restricted activity," regulated members would be wise to follow the [Restricted Activities](#) standard of practice in that they are satisfied with the knowledge, skill, and judgement of the supervised office staff (see clause 5(a)(iii)).

While a patient history and routine physical exams are not restricted activities, they should be approached in accordance with the [Restricted Activities](#) standard: patients must be aware and consent to the action(s) being performed under supervision, and the

supervising regulated member must be satisfied with the skills and abilities of the person they are supervising.

Under the [Restricted Activities](#) and [Responsibility for a Medical Practice](#) standards, the supervising regulated member is ultimately responsible for the actions of the non-regulated employee. It is important for regulated members to recognize that they are putting their professional licenses on the line when supervising a non-regulated person. A regulated member may or may not choose to agree to supervise a non-regulated person in performing a restricted activity.

For additional guidance, please refer to the [Responsibility for a Medical Practice](#) Advice to the Profession document.

## Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact the Standards of Practice Advisor at [standardsofpractice@cpsa.ab.ca](mailto:standardsofpractice@cpsa.ab.ca).

## RELATED STANDARDS OF PRACTICE

- [Restricted Activities](#)
- [Code of Ethics & Professionalism](#)
- [Dispensing of Schedule 1 or 2 Drugs by a Physician for a Fee](#)
- [Duty to Report a Colleague](#)
- [Duty to Report Self](#)
- [Establishing the Physician-Patient Relationship](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Prescribing: Administration](#)
- [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
- [Responsibility for a Medical Practice](#)
- [Safe Prescribing for Opioid Use Disorder](#)

## COMPANION RESOURCES

- Alberta Health's [Health Professions Restricted Activity Regulation](#)
- Advice to the Profession documents:

- [Duty to Report a Colleague/Self](#)
- [Informed Consent for Adults](#)
- [Informed Consent for Minors](#)
- [Prescribing: Administration](#)
- [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
- [Responsibility for a Medical Practice](#)
- [Safe Prescribing for Opioid Use Disorder](#)
- Canadian Medical Protective Association:
  - [Who is the most responsible physician?](#)
  - [Medico-legal handbook for physicians](#)
  - [Delegation and supervision of trainees](#)
  - [Delegation and supervision – Responsibilities of supervisors and trainees](#)
  - [Delegation and supervision – The role of the patient](#)