



Canadian
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28 July 2025

College of Physicians and Surgeons of Ontario (CPSO)
80 College Street
Toronto, ON
M5G 2E2

Via email: consultations@cpso.on.ca

Subject: Delegation of Controlled Acts - Consultation

To Whom It May Concern,

The Canadian Association of Physician Assistants (CAPA) welcomes the opportunity to provide feedback on the CPSO's Delegation of Controlled Acts – Consultation on behalf of our Ontario members. We respectfully ask that this submission be considered alongside our June 2025 response (attached) to the CPSO's preliminary consultation on this topic. As noted in our earlier submission, the regulation of Physician Assistants (PAs) under the same College as physicians presents a valuable opportunity to modernize the framework for delegation between these professionals—ultimately enhancing public protection and improving care delivery.

CPSO Position Statements

CAPA and our members appreciate the CPSO's recognition of the important role PAs play in Ontario's healthcare system. As noted on the CPSO's *Regulation of Physician Assistants* page, [“PAs act as physician-extendors to complement existing services and aid in improving access to health care.”](#) While we fully understand that the CPSO's primary mandate is public safety, we believe that timely access to care is a critical component of public safety.

This perspective was echoed in a July 2023 press release, where the CPSO's CEO and Registrar stated:

[“During these challenging times, CPSO will continue to take every available step to help alleviate the strains on our healthcare system. We will continue to work with our partners to identify opportunities to reduce barriers to care and further support Ontario physicians.”](#)

(CPSO News Release – July 2023)

As the CPSO states on their *Regulation of Physician Assistants* page [“the existing relationship between physicians and PAs, anchored in the delegation framework, is well established and has been working effectively for many years.”](#)

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The regulation of PAs in Ontario under the CPSO is a recent development; however, the practice of delegation to these professionals is long-standing and well-established. While all policies benefit from ongoing review and refinement, there is currently no evidence indicating that the existing delegation model between physicians and PAs poses any risk to patient safety. What is clearly identified as a significant threat to public health and safety is the ongoing lack of access to timely health care. We strongly encourage the CPSO to evaluate the proposed policy changes not only through a lens of safety but also through one of access. It is essential to remain mindful of any unintended barriers these changes may introduce, which could further limit access to care.

To date, the CPSO has not presented evidence indicating that the current delegation process between physicians and PAs is ineffective or unsafe. The proposed changes, however, risk disrupting a system that is functioning well between two of the College’s own registrant groups. We encourage careful consideration of how these changes might impact not only the collaborative relationship between physicians and PAs, but also the patients they serve.

CPSO’s Proposed Amendments

Clinical Assessment within 48-hours

A key element of the proposed amendments to the *Delegation of Controlled Acts* policy is the introduction of a 48-hour window for a clinical assessment of an existing or new patient by the delegating physician. While intended to support patient safety, this requirement is open to interpretation and may unintentionally create barriers to care. It could increase the administrative and clinical workload for both the delegating physician and the delegate—namely, physician assistants—ultimately reducing the number of patients seen and worsening the ongoing crisis in timely access to care.

Under the section titled “How to Delegate” (lines 69–72), the proposed changes require a clinical assessment but do not clearly define what that entails. This ambiguity may lead some to assume that a face-to-face appointment with the physician is always necessary, or that the physician must assess the patient before the PA can be involved. While the CPSO does note in its [endnotes that a clinical assessment might include a chart review or consultation with the delegate rather than an in-person visit](#), this important clarification is not prominently featured in the main policy text. Without a clear and shared understanding of what constitutes a clinical assessment, the policy risks creating unnecessary burdens for physicians and PAs and may be particularly challenging for patients in remote or underserved areas where access to in-person care is already limited.

Recommendation 1: Clarify the Definition of “Clinical Assessment”

We recommend that the CPSO provide a clear definition of what is expected from a “clinical assessment” within the *Delegation of Controlled Acts* policy. While the endnotes acknowledge that a clinical assessment may, in some circumstances, take the form of a chart review or consultation with the delegate—rather than an in-person or virtual interaction—this important clarification is not reflected in the main body of the policy.

We suggest that the policy explicitly state that the physician must be satisfied with the assessment and/or treatment being delegated, and that a clinical assessment may include a review of the patient’s chart or a discussion with the delegate. An in-person or virtual interaction should only be required if the physician has specific concerns. Additionally, we recommend that the 48-hour timeframe be revised to “within two business days” to provide greater flexibility and alignment with clinical workflows.

Physician Assistants in Remote and Isolated Regions

Lines 73–74 of the proposed policy reference exceptions to the 48-hour clinical assessment requirement. In Appendix B, these exceptions include “the provision of primary care in remote and isolated regions of the province by registered nurses acting in expanded roles.” However, there is no mention of PAs, despite their established role in remote and isolated regions, where they are specifically intended to enhance access and improve care in these settings.

We also recommend that CPSO include in the policy, the clarification from your consultation page that the [48-hour clinical assessment requirement is intended for the first patient encounter](#), not all patient encounters. This is a very important detail that is seemingly intended, but currently not included and is very likely to lead to confusion.

Recommendation 2: Include Physician Assistants in Appendix B Exceptions

We recommend that physician assistants be explicitly included in the list of exceptions in Appendix B. This would reflect the important role PAs play in delivering care in remote and underserved areas.

The revised text could read:

“In some exceptional circumstances, a patient may receive care without an existing or anticipated physician-patient relationship. These circumstances are listed below:

- The provision of primary care in remote and isolated regions of the province by **physician assistants and** registered nurses acting in expanded roles.”

OHIP Billing Warning

Footnote #10, introduced at the end of page 3 in the proposed policy, addresses OHIP billing in the context of delegation. While several previous footnotes focused on patient care have now been relocated to Appendix B, the inclusion of a new footnote centered on payment is notable. CAPA is concerned that this shift in emphasis may create confusion and inadvertently discourage physicians from delegating care to physician assistants. It reads:

“The Ontario Medical Association (OMA) provides guidance on the OHIP provisions related to delegated services. The guidance sets out that physician services, such as assessments, counselling, therapy, consultations and diagnostic service interpretations cannot be delegated to a non-physician for OHIP payment purposes. These services must be personally rendered by the physician to be paid by OHIP. See the OMA’s Billing for Delegated Services Guide for more information. ”

This language may be misinterpreted to mean that assessments and consultations cannot be delegated at all—implying that PAs cannot see patients under delegation if the physician intends to bill OHIP. The intent is to clarify that while these services must be personally rendered by the physician to qualify for OHIP

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billing, delegation is still permitted under CPSO policy. The physician must maintain oversight and be satisfied with the care provided, but this does not preclude PAs from assessing or consulting with patients under appropriate delegation.

Including payment policy in this context, without sufficient explanation, risks creating unnecessary confusion and may undermine the policy's intent to support safe and effective delegation.

Recommendation 3: Remove Footnote #10

We recommend that the proposed changes to the footnotes be reconsidered, and that the new Footnote #10 be removed from proposed policy changes. If billing guidance is deemed necessary, it should be clearly separated from clinical policy and presented in a way that does not discourage appropriate delegation.

Distinguish Delegation to CPSO Registrants

As the CPSO continues to refine its *Delegation of Controlled Acts* policy, we respectfully suggest consideration of the unique position PAs hold within the regulatory landscape. As registrants of the CPSO, PAs are directly accountable to the College and operate under its standards and oversight. This distinguishes them from other individuals to whom delegation may apply, whether regulated or unregulated.

It may be helpful to consider whether a differentiated approach to delegation—one that reflects the shared regulatory framework between the College and PAs—could offer clarity and alignment with CPSO's overarching goals of safety, accountability, and quality of care. Such an approach could recognize the internal safeguards inherent in delegating to CPSO registrants like PAs and the collaborative nature of their role.

Recommendation 4: Consider a Distinct Approach for Delegation to CPSO Registrants

We recommend that the CPSO explore the potential value of distinguishing delegation to PAs—who are CPSO registrants—from delegation to other health professionals. This distinction may support a more tailored and coherent application of College 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.

Again, CAPA thanks the CPSO for the opportunity to provide feedback and we also thank you for your attention to these matters. If you require any clarification or further discussion on any of the about points, please do not hesitate to reach out.

Regards,

James Dougan, CCPA
Director, Ontario

Kirsten Luomala
President