
DELEGATION, ASSIGNMENT AND REFERRAL OF CARE



Guideline G-014

Quality Assurance Committee

Approved by Council: April 24, 2018

Amended: November 23, 2023 (came into effect February 23, 2024)

Note to readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To provide guidelines to members on the proper protocols and procedures in assigning any clinical procedures to a staff person or referring of care to another regulated health professional.

OBJECTIVES

- To outline a member’s responsibilities with respect to clinical practice, patient communication, record keeping and business practices in assigning any clinical procedures to a staff person or referring of care to another regulated health professional;
- To identify which professional activities may and may not be assigned to a staff person;

DESCRIPTION OF GUIDELINE

Introduction

Members are reminded that they are primarily responsible for the examination and care of patients and adherence to relevant legislation and CCO standards of practice, policies and guidelines. However, in the course of providing care to patients, a member may assign certain aspects of clinical care to appropriately trained, supervised clinical staff, or refer patients to another health care professional.

The following guideline outlines the proper protocols in delegating, assigning or referring any aspect of clinical care of a patient.

Definitions

“Staff person” is a chiropractic office or clinical assistant who is not a member of a regulated health profession.

“Delegation” is the delegation of any controlled act that is authorized to a member under the *Regulated Health Professions Act, 1991 (RHPA)*, *Chiropractic Act, 1991* or *Healing Arts Radiation Protection Act, 1990 (HARP)*.

“Assignment” is the assigning of a diagnostic or therapeutic procedure that is in the public domain (i.e. not a controlled act).

“Referral” is the referring of a patient from the member to another regulated health professional.

Delegation of Care

A member may not delegate the performance of any controlled act to a staff person. Chiropractic students participating in an accredited school’s preceptorship program may perform a controlled act for the purposes of “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 done under the supervision or direction of a member of the profession”, in accordance with sections 29(1) and 30(5) of the *RHPA* and Policy P-050: Supervision and Direction of Chiropractors in Training http://cco.on.ca/site_documents/P-050.pdf.

Assignment of Care

Introduction

A member is responsible for the ongoing assessment, re-assessment, care and monitoring of a plan of care of a patient.

In the course of providing care to patients, a member may choose to assign certain aspects of clinical care to a staff person. Assignment may include certain aspects of the examination and care, such as:

- facilitating the completion of general intake forms and documents and collecting basic assessment data, such as the patient’s height and weight, (other?);
- assisting the member during the examination and care of the patient; and
- performing of adjunctive therapies and modalities that are in the public domain and part of the chiropractic care plan.

A member is responsible for reviewing the totality of information collected on the patient and for any act that is assigned to a staff person.

Requirements for the Assignment of Examination and Care

In assigning any diagnostic or therapeutic procedure, a member shall ensure:

- the assignment of the procedure does not include any controlled acts or other restricted activities or responsibilities that may not be assigned;

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- the staff person is competent and has achieved, maintained and can demonstrate the knowledge, skill, judgment and clinical competency to perform any assigned procedure safely and with the same quality of care as the member would provide. Any staff training should be ongoing and properly documented;
- any assignment of care is properly and clearly communicated by the member to the patient, and consented to by the patient before beginning the examination, care or a course of care. This should include a discussion of the roles and responsibilities of the staff person performing the assigned care, the direction and supervision provided by the member, and the right of the patient to communicate with and ask any question of the member at any time during the performance of the assigned care;
- any assignment of care is recorded in the record of personal health information by the member, including:
 - the nature of the care that is to be assigned;
 - who will be performing the assigned care;
 - informed consent to any assigned care, consistent with Standard of Practice S-013: Consent, and
 - what services will be billed as part of the assigned care.
- any assignment of care is based on a chiropractic examination, diagnosis or clinical impression, and plan of care performed by the member;
- the member is available or ensures that another member of CCO is available to provide any direction and supervision of the performance of the assigned procedure, communicate with the patient upon request, and answer any question from the patient at any time during the performance of the assigned care. The member shall ensure that the individual providing the assigned care informs the patient that the patient may communicate with or ask any questions of the member at any time during the performance of the assigned care. The level of availability and supervision required depends on the complexity of the assigned procedure, the abilities of the assistant, the patient's condition, the clinical environment and other determining factors; and
- any assignment of a procedure and performance of an assigned procedure is within the chiropractic scope of practice and complies with all legislation, including privacy legislation, and CCO standards of practice, policies and guidelines.

Procedures that may not be assigned to a staff person include, but are not limited to:

- producing, analysing and communicating the results of radiographic and other diagnostic images;
- interpreting findings and arriving at and communicating a diagnosis or clinical impression;
- obtaining informed consent, consistent with Standard of Practice S-013: Consent, for examination, care, a plan of care, or a referral from the patient or substitute decision-maker;

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- initiating, communicating or changing a treatment plan;
- discharging a patient or referring a patient to another regulated health professional;
- ensuring that disclosure of any personal health information of a patient to an outside party is done in accordance with the *Personal Health Information Protection Act* and CCO privacy resources, standards of practice, policies and guidelines; and
- ensuring adherence to legislation and CCO standards of practice, policies and guidelines.

Referral of Care

In the course of providing care to patients, a member may refer a patient for diagnostic or therapeutic procedures. This referral could be to a regulated health professional within the same clinic as the member, or another clinic, or health care facility.

In providing a referral of care, a member shall:

- properly communicate the referral of care to the patient or substitute decision-maker, including the reason for the referral;
- document the referral in the record of personal health information, including:
 - the nature of the referral of care;
 - who will be performing the referred care or where the patient was referred; and
 - what services (if any) will be billed as part of the referred care;

Since any referred care is performed by another regulated health professional, that professional would be responsible for the care of the patient in accordance with the scope of practice and standards of practice of that professional's regulatory college. However, a member should conduct any necessary follow-up if the ongoing care is relevant to the chiropractic care of the patient.

LEGISLATIVE CONTEXT

In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under *Ontario Regulation 852/93 (Professional Misconduct)*:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
12. Failing to reveal the nature of a remedy or treatment used by the member following a patient's request to do so.

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13. Failing to advise a patient to consult with another health professional when the member knows or ought to know that,
 - The patient's condition is beyond the scope of practice and competence for the member,
 - The patient requires the care of another health professional, or
 - The patient would be appropriately treated by another health professional
14. Providing a diagnostic or therapeutic service that is not necessary.

This guideline should be read in conjunction with:

- R-852/93: Professional Misconduct
- S-001: Scope of Practice
- S-002: Record Keeping
- S-008: Communicating a Diagnosis
- S-013: Consent
- G-008: Business Practices