



Delegation of a Controlled Act and Medical Directive Form

The [Regulated Health Professions Act of Ontario](#) (RHPA, 1991) governs the medical profession and identifies a number of controlled acts which may only be performed by regulated health professionals. However, a regulated health professional may delegate the performance of a controlled act to other individuals who may or may not be members of a regulated health profession, in appropriate circumstances.

A. Check the controlled act that will be performed. A separate form is needed for each controlled act and for each delegate.

A “controlled act” is any one of the following done with respect to an individual:

Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.

Setting or casting a fracture of a bone or a dislocation of a joint.

Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.

Administering a substance by injection or inhalation.

Putting an instrument, hand or finger,
 beyond the external ear canal,
 beyond the point in the nasal passages where they normally narrow,
 beyond the larynx,
 beyond the opening of the urethra,
 beyond the labia majora,
 beyond the anal verge, or
 into an artificial opening into the body.

Applying or ordering the application of a form of [energy](#) prescribed by the regulations under this Act. Prescribing, dispensing, selling, or compounding a drug as defined in the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.

Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.

Prescribing a hearing aid for a hearing-impaired person.

Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

Managing labour or conducting the delivery of a baby.

Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or

memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Section B is to be completed by the person who will be performing the controlled act (i.e., delegate).

B. Information on the University of Waterloo delegate.

Delegate's Name:	
Department:	
Title/Position:	Principal Investigator/Faculty Supervisor Lab manager/Research manager Post-doctoral investigator Student investigator Other:
If student investigator, lab manager, post-doctoral investigator, or other is checked above, provide name and department of supervisor:	
Credentials/qualifications (and year(s) obtained):	
If you are a member of a regulated Health Profession College, identify the name of your College and Health Profession License number:	
List the controlled act that you will perform, how often you estimate you will perform the act, and the anticipated start period (month and year):	
Outline the training you have completed, and year(s) obtained to perform the controlled act: <i>Please outline the following where applicable:</i> <ol style="list-style-type: none"> Identify the health profession college training/certification completed, date, location, and the name of the provider. Describe whether the course had a theoretical, practical and exam component. If applicable, identify the training/certification(s) that were required by your health profession college to be able to perform the controlled act(s) outlined above. If the training identified above was not a health profession college training/certification, what training have you completed, where, and when? What were the credentials of the person conducting the training? Were they a regulated health professional authorized to perform the controlled act(s)? If the training/certification you have obtained is something other than what is required by a health profession college, explain how this training/certification is equivalent? 	

<p>Describe the clinical/practical experience you have acquired to perform the controlled act(s) outlined above:</p> <p><i>Please outline the following where applicable:</i></p> <p>a. <i>Outline the level and type of supervision that governed your experiences performing the controlled act(s).</i></p> <p>b. <i>Have you ever had an adverse event occur in the past when performing the controlled act(s)?</i></p>	
<p>If the delegation is for a multi-year study or period of more than one year, outline the arrangements that are in place for <u>annual</u> provision of oversight/monitoring/training that you will receive.</p>	
<p style="text-align: center;">Delegate's Acknowledgement</p> <p>As the person being delegated to perform the controlled act(s) named above I acknowledge that:</p> <ul style="list-style-type: none"> • I have read the RHPA section on Delegation of Controlled Acts. • I have read or will read with the corresponding ethics applications that the acts will be performed in. • I have reviewed the corresponding Standard Operating Procedure (SOP) outlining the procedures for performing the controlled act and I am satisfied the SOP is complete, accurate, and correctly reflects the procedures I am to perform. • I am satisfied that the person who is delegating the controlled act(s) to me will provide the necessary medical oversight and monitoring. • I will maintain ongoing competency for the controlled act(s) delegated to me and if at any time I feel unable to perform this skill, I will notify the delegator and my faculty supervisor and present myself for re-training or re-certification. • If an unanticipated or significant adverse event occurs related to the act, I will immediately notify the delegator. • I will update the delegator on any changes to the research protocol(s) that may impact the act (e.g., change in participant group, location). <p>If you are <u>a regulated health professional</u>, also complete the following. I acknowledge that:</p> <p style="padding-left: 40px;">I am a regulated health professional legally authorized to perform the controlled act(s) named above.</p> <p style="padding-left: 40px;">I have complied with my health profession college for accepting the delegation of the controlled act(s) named above.</p> <p style="padding-left: 40px;">I am in good standing with my health profession college.</p>	
<p>Delegate's Signature and Date:</p>	

Section C is to be completed by the regulated health professional delegating the controlled act.

C. Details related to delegation of the controlled act(s).

<p>Name of person delegating the controlled act:</p>	
<p>Credentials and year(s) obtained:</p>	

Health Profession College membership:	
Health Profession Licence/Registration number:	
Outline the type of delegation to be given to the person named in Section B on this form (see section 21 in the University of Waterloo Controlled Act guidelines):	<p>Delegation is for a specific study only</p> <p>REB #:</p> <p>Supervision level of Medical Directive: Direct Supervision Indirect Supervision</p> <p>Delegation can be applied to multiple studies</p> <p>Medical Directive with Direct Supervision 1 year from the date of this form 2 years from the date of this form</p> <p>Medical Directive with Indirect Supervision 1 year from the date of this form 2 years from the date of this form 3 years from the date of this form 4 years from the date of this form 5 years from the date of this form Other (please specify):</p>
Outline any participant groups where the person named in Section B of this form <u>may not perform</u> the controlled act (e.g., elderly, children, certain health conditions, etc.):	
Outline the arrangements that will be in place for provision of oversight/monitoring/training that the person in Section B on this form will receive:	
<p style="text-align: center;">Delegator's Acknowledgement</p> <p>As the <u>delegator</u> of the controlled act(s), I acknowledge that:</p> <ul style="list-style-type: none"> • I am a regulated health professional legally authorized to perform the controlled act(s) named above and I am a member in good standing of my health profession college. • I have read the RHPA as well as the section on Delegation of Controlled Acts and I am satisfied that I have complied with my health profession college's requirements and guidelines for delegation of controlled act(s). • I acknowledge that I understand the nature of the research studies where the controlled act will be used. • I acknowledge that I have reviewed the corresponding Standard Operating Procedure (SOP) outlining the procedures for performing the controlled act(s) and determined these are complete, accurate, and correctly reflect the procedures the delegate(s) are to perform. 	

<ul style="list-style-type: none">• I am satisfied the researcher(s) have the appropriate resources and equipment available to perform the controlled act(s).• I am satisfied with the emergency and safety plans for conducting the controlled act(s) (i.e., provisions to ensure the safety of research participants and researchers including infection control and universal precautions; plan for managing potential complications, level of medical oversight).• I am satisfied that the person(s) to whom the controlled act(s) is/are being delegated has the knowledge, skills, judgement, and competency to perform the delegated act(s) and will perform the act(s) effectively and safely.• I have assessed the training, experience, and judgement of the person(s) to whom the controlled act(s) is/are being delegated and I am satisfied this is equivalent to what a regulated health professional licensed is expected to know or be able to do.• I agree to provide the necessary medical oversight for, and monitoring of, the controlled act(s) being delegated.• I will notify the delegate and principal investigator/faculty supervisor as soon as possible if the delegation is to be terminated and the reasons why or if re-training/re-certification is required.	
Delegator's Signature and Date:	