

INTERPRETIVE BULLETIN on Scope of
Practice, Restricted Activities, and the use of
Delegation and other Authorizing Mechanisms

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BC Ministry of Health

QUICK REFERENCE GUIDE

- **The authority for a regulated health professional (RHP) to ‘perform’ a restricted activity** is specified within their health profession’s regulation under the Health Professions Act (soon to be replaced by the Health Professions and Occupations Act).
- **The authority and requirements for a RHP to ‘delegate’ a restricted activity or aspect of practice** is specified within their regulatory college’s bylaws (i.e., if delegation of the activity is not indicated in bylaws, there is no authority for the RHP to delegate the activity).
- **Policy in employer/work/practice settings must be consistent with those legal requirements** – i.e., policy cannot expand but may further restrict what RHPs are authorized to do under legislation, regulations and regulatory college bylaws.
- **Restricted activities are authorized to be performed in the following four ways:**
 1. **a RHP is authorized under their health profession’s regulation** to perform the activity (i.e., this is **‘an authorized RHP’**);
 2. **an authorized RHP issues an ‘order’ to another type of RHP** (i.e., whose regulation enables them to perform the restricted activity under an ‘order’);
 3. **an authorized RHP has a restricted activity specified in their regulation that allows them to issue an ‘authorization’ to an unregulated care provider (UCP)** to apply to a named individual a specific restricted activity (e.g., X-ray for diagnostic or imaging purposes);
 4. **an authorized RHP, if permitted in their regulatory college’s bylaws, delegates** the restricted activity **to another type of RHP or UCP** to perform.
- **To delegate safely, a RHP must ensure that all of the following conditions are met:**
 - **the RHP’s regulatory college bylaws authorize delegation of the restricted activity or aspect of practice;**
 - **the RHP is satisfied that the person to be delegated the activity:**
 - **is able to perform the delegated activity without causing harm, having regard to the person’s knowledge, skills, ability and judgment, and**
 - **will perform the activity in a manner that does not cause harm, having regard to the person’s character, past conduct and other relevant factors.**

Disclaimer:

This interpretive bulletin interprets how the legislation works and does not have the force and effect of law. **It does not constitute legal advice and should not be relied upon for that purpose. Where there is a discrepancy between the legislation and the interpretive bulletin, the legislation takes precedence.**

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1. PURPOSE

In British Columbia (BC), health care services are provided by **regulated health professionals (RHPs)** and **unregulated care providers (UCPs)**, who may work individually and/or as part of a care team providing patient services in practice settings across the health sector (i.e., within home, community, and hospital-based settings).

- **RHPs** have a legally defined ‘scope of practice’ that often includes the authority to perform certain restricted activities (i.e., invasive, higher risk activities), and are governed by a regulatory college (e.g., the British Columbia College of Nurses and Midwives) that oversees one or more professions designated under the health professions legislation (e.g., the nursing and midwifery professions).
- **UCPs** work in unregulated health occupations (e.g., health care assistants, rehabilitation assistants, and kinesiologists)¹, and cannot perform restricted activities unless authorized by a RHP in accordance with their regulation and regulatory college bylaws.

The **purpose** of this interpretive bulletin is to support the health sector’s consistent understanding and approach to authorizing mechanisms contained in the health professions legislation, regulations and regulatory college bylaws - that determine whether and how restricted activities can be performed by RHPs and UCPs.

The information provided in this document applies to current legal requirements in the [Health Professions Act](#) (HPA), which will continue under the new [Health Professions and Occupations Act](#) (HPOA). The HPOA received Royal Assent on November 24, 2022, but is not yet in force, and will eventually replace the HPA in BC. The HPOA is consistent with, and provides additional clarity on, the legal requirements found in the HPA. Therefore, where useful, the Interpretive Bulletin uses the terminology, definitions and description of requirements found in the HPOA.

This document is intended as a reference for:

- RHPs (i.e., regulated health professionals)
- UCPs (i.e., unregulated care providers)
- Health profession regulatory colleges
- Employers of persons who deliver health services in BC
- Educators of regulated health professions and unregulated health occupations
- Health policy makers and government programs
- Others involved in health care services delivery

¹ **This document does not apply to** the ‘UCP’ who are family members or friends providing care to an individual but who are not doing so in an employed health occupation capacity.

2. BACKGROUND - BC's Regulatory Framework and other Levels of Control

In BC, there are legislative, regulatory, and other levels of control that impact the lawful and safe delivery of health care services to the public. These are represented in [Figure 1](#) below.

Figure 1 – Levels of Control for the Lawful and Safe Delivery of Health Services

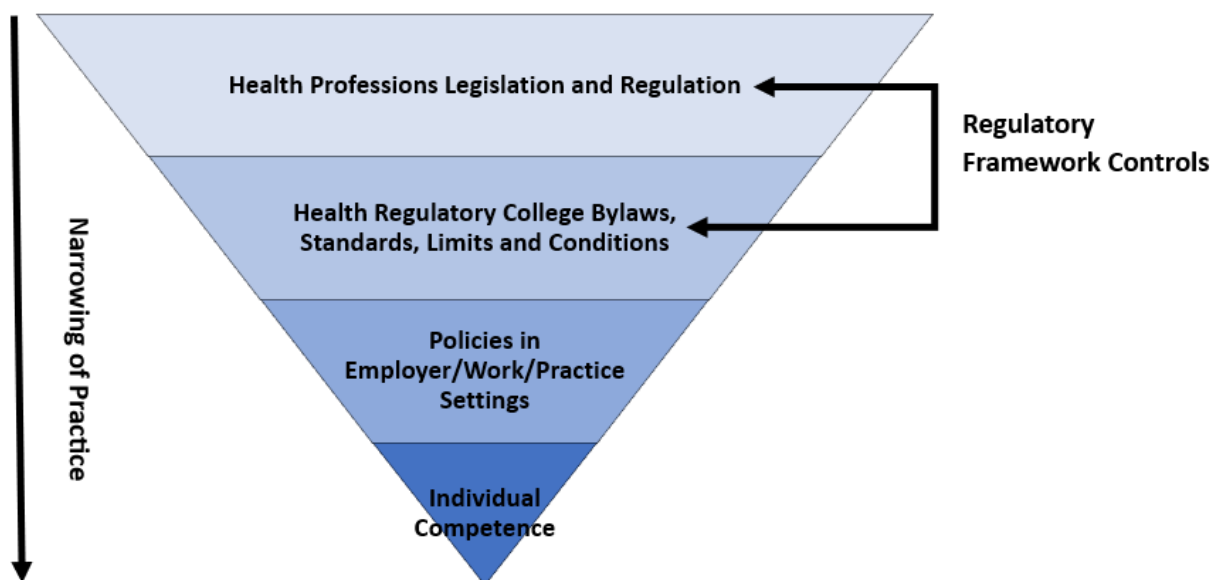


Figure 1 demonstrates that **each successive level of control can further narrow practice** compared to the level above it, but **no level of control can expand practice** compared to what is authorized by the level above.

The four levels of control are explained in the sections below.

Level 1 – Health Professions Legislation and Regulation

The Minister of Health has responsibility for the HPA (and HPOA), the ‘umbrella’ **legislation** that provides a common, overarching legal framework for the majority² of regulated health professions in BC. The health professions legislation is in place to ensure British Columbians receive quality, safe care from competent health professionals who practice to established standards and a code of ethics.

The BC government (the Minister of Health and Cabinet) determines which types of health professions are regulated, and each regulated health profession has a regulation created under the HPA (or HPOA³).

² Exceptions: some social workers who practice social work within the public health system are regulated under the [Social Workers Act](#), and Emergency Medical Assistants are regulated under the [Emergency Health Services Act](#).

³ Health professions’ regulations currently created under the HPA will be recreated under the HPOA when in force.

Scope of Practice and Restricted Activities

BC has a **shared scope of practice and restricted activities model** for regulated health professions. This regulatory model was designed to enable interprofessional practice and team-based care, and to balance public safety and consumer choice. The model is characterized by two essential elements - **scope of practice statements** and **restricted activities** – which are contained in a profession’s regulation under the HPA (or HPOA).

Scope of practice statements set out broadly what each regulated health profession may do. These statements are not exhaustive lists of every service the profession may provide, nor do they exclude other regulated professions or unregulated persons from providing services that fall within a particular profession’s scope of practice. Some aspects of the scope of practice of a regulated health profession may overlap or be shared with those of other regulated health professions.

Example 1 below provides an example of scope of practice statements within a regulation.

Example 1 – Scope of Practice statements

The [Dietitians Regulation](#) contains the following scope of practice statements:

Scope of Practice

“A registrant may practice dietetics.”

“**dietetics**” means the assessment of nutritional needs, design, implementation and evaluation of nutritional care plans and therapeutic diets, the science of food and human nutrition, and dissemination of information about food and human nutrition to attain, maintain and promote the health of individuals, groups and the community;

Restricted activities are a narrowly defined list of invasive, higher-risk activities that RHPs must have specific authorization within their health profession’s regulation to perform.

RHPs who do not have that authorization specified in regulation, and UCPs, cannot perform a restricted activity unless authorized to do so through the ‘authorizing mechanisms’ discussed in [Section 3](#) of this Interpretive Bulletin.

Example 2 on the next page lists some of the restricted activities that may be authorized within health profession regulations. Each profession’s regulation can be accessed through the Ministry’s [Professional Regulation](#) website, and indicates whether and what restricted activities may be authorized for RHPs to perform.

Example 2 – Restricted Activities

The following are examples of restricted activities found in various health professions' regulations under the HPA (or HPOA):

- for the purposes of collecting a blood sample or donation, perform venipuncture;
- administer, by inhalation, oxygen or humidified air;
- In respect of a drug specified in Schedule 1 of the Drug Schedules Regulation,
 - prescribe the drug,
 - compound the drug,
 - dispense the drug, or
 - administer the drug by any method;

IMPORTANT POINT TO REMEMBER:

- *RHPs must be familiar with what their health profession's regulation under the HPA (or HPOA) indicates in relation to authorized restricted activities.*

Level 2 – Regulatory College Bylaws, and Standards/Limits/Conditions of Practice

Regulatory colleges may set out practice requirements for RHPs through **bylaws** created under the HPA (or HPOA). For example, to authorize 'delegation', **a regulatory college would need to create bylaws that authorize RHPs to delegate restricted activities to another RHP or UCP.**

Regulatory colleges are also responsible for establishing, monitoring, and enforcing **standards of practice** for the health profession, which may include **limits or conditions** on practice. Therefore, a regulatory college's **bylaws and standards/limits/conditions of practice may place further requirements or restrictions on RHPs** (e.g., additional education and certification requirements for restricted activities) compared to what is authorized in their regulation.

IMPORTANT POINTS TO REMEMBER:

- ***Regulatory colleges** must ensure their bylaws and standards/limits/conditions of practice align with legal requirements in the HPA/HPOA and regulations, including the requirements for 'delegation' if bylaws are created for this.*
- ***RHPs** must be aware of, understand, and comply with the requirements and restrictions of their regulatory college's bylaws and standards/limits/conditions of practice – including those related to performing or delegating restricted activities to another person to perform.*

Note: *These regulatory college requirements apply to all RHPs in all practice contexts (including in employed or volunteer roles) unless the bylaws specify otherwise.*

Level 3 - Policies in Employer/Work/Practice Settings

Policies in employer, work or practice settings must align with what is laid out in the regulatory framework requirements for RHPs (i.e., in health professions legislation, regulations, regulatory college bylaws, standards/limits/conditions of practice, and professional ethics).

Therefore, **policies** in employer/work/practice settings **have no authority to expand on** the health care services that a RHP can perform (or delegate to another person to perform); however, **policies can further limit what a RHP would otherwise be authorized to do within their regulated scope of practice.**

Level 4 - Individual Competence

Every RHP has a professional obligation to ensure they are competent to perform a health care activity; otherwise, they should not perform that activity. Individual competence is the ‘final checkpoint’ for determining whether a health care service or activity can be performed when all regulatory framework and employment policy requirements are met.

An example of this is provided in [Example 3](#) below.

Example 3 – A RHP’s individual competence to perform a restricted activity

- Physicians are educated, trained, and authorized under their health profession’s regulation to perform all restricted activities, including those related to “managing labour and delivery” for maternity patients.
- However, an *individual* physician may decide they do not have the competence to perform these activities safely - due to not having recent experience with maternity patients. Instead, the physician may choose to refer their maternity patient(s) to another practitioner who has more recent experience and expertise in the provision of maternity care.

3. AUTHORIZING MECHANISMS for Restricted Activities and Aspects of Practice

When a RHP is authorized within their own health profession’s regulation to perform a restricted activity, there are three *different* mechanisms that the RHP may be able to use to authorize another person to perform that restricted activity. The first two mechanisms are specified in health professions’ regulations, and the third is specified in the HPA (or HPOA):

1. **Order** – an authorized RHP issues an “order” to another type of RHP to perform a restricted activity they are not authorized to do without the order (which is specified in the receiving RHP’s profession-specific regulation);

2. **Authorization** – an authorized RHP has a restricted activity in their regulation that allows them to issue an “authorization” for another person (i.e., UCP) to apply to a named individual a specific restricted activity (e.g., X-ray for diagnostic purposes);
3. **Delegation** – an authorized RHP delegates the performance of a restricted activity, or an aspect of practice, to another type of RHP (who is not authorized within their own regulation to perform that activity), or to a UCP. The mechanism ‘delegate’ can only be used if authorized in the delegating RHP’s regulatory college bylaws.

Each of the three authorizing mechanisms is further explained in the sections below.

Order - to perform a restricted activity

Some health professions’ regulations authorize RHPs to perform certain restricted activities only under an “order” from another type of health professional. These restricted activities would be identified in the RHP’s regulation under “**Restricted activities that require an order**”.

What is this type of “order”?

This type of “order” is specified in the receiving RHP’s regulation and means an authorization, **issued by a health professional**, for a RHP to provide a restricted activity described in the section of their regulation titled “**Restricted activities that require an order**”, for a patient who has been assessed by the ordering health professional.

Note: this type of “order” is different than a *clinical* “order” or “order set” that may be used operationally in health service settings to instruct members of a care team to perform activities for a patient that are within their health professional scope of practice (RHPs) or job role (UCPs).

Which “health professionals” can issue this type of “order”?

Each RHP regulation that contains “**Restricted activities that require an order**” also contains a definition of “**health professional**”. The definition identifies the health professions (RHPs) who would be able to issue such an “order” to the RHP - based on whether the health professional has the authority within their own regulation to perform the restricted activity autonomously.

Example 4 on the next page provides the definition of “**health professional**” and an excerpt from the “**Restricted activities that require an order**” section found in the [Nurses \(Licensed Practical\) Regulation](#).

Example 4 – “Restricted activities that require an order” from a health professional

The [Nurses \(Licensed Practical\) Regulation](#) contains the following definition of “health professional” and section on “Restricted Activities that require an order”:

“**health professional**” means

- (a) A person who is authorized under the Act to practise the designated health profession of dentistry, medicine, midwifery, naturopathic medicine, nursing, podiatric medicine, psychiatric nursing or the practice of pharmacy.

“**Restricted activities that require an order**”

7 (1) A registrant in the course of practising **practical nursing** may do any of the following:

- (a) perform a procedure on tissue below the dermis or below the surface of a mucous membrane;
- (b) cast a fracture of a bone;
- (c) administer a substance by
 - i. injection,
 - ii. inhalation,
 - iii. mechanical ventilation,
 - iv. irrigation, or
 - v. enteral instillation or parenteral instillation
- (d)...

Authorization - to perform a restricted activity

Some RHPs have a provision under the “**Restricted activities**” section in their health profession-specific regulation that allows them to issue an “**authorization**” to another person (i.e., a UCP) to apply to a named individual a specific restricted activity (i.e., currently this includes types of ultrasound, X-ray, or MRI for diagnostic or imaging purposes). **Example 5** shows this provision in the restricted activities section of the [Midwives Regulation](#), which enables a midwife to issue an authorization for a restricted activity they have determined is needed for a patient.

Example 5 – Issue an “authorization” to perform a restricted activity

The [Midwives Regulation](#) contains the following under the “Restricted Activities” section:

Restricted Activities

- 5 (1) A registrant in the course of practicing midwifery may do any of the following:
 - (j) Give an instruction or **authorization** for another person to apply, to a named individual, ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus;

IMPORTANT POINTS TO REMEMBER:

- ***It is the responsibility of a RHP to know whether their health profession’s regulation authorizes them to do one or more of the following:***
 - **perform a specific restricted activity autonomously**, without first requiring an ‘order’ from another type of authorized RHP.
 - **perform a restricted activity only under an ‘order’** from another type of authorized RHP.
 - **issue an ‘authorization’ for another person (UCP) to perform a restricted activity** for a named patient.

Delegation – to perform a restricted activity or an aspect of practice

The HPA and the HPOA both contemplate the use of delegation.

What is “delegation”?

Delegation must be authorized in a RHP’s regulatory college bylaws and is the **authorizing mechanism** that allows a RHP to authorize another type of RHP (who is not authorized in their own regulation to perform the activity), or a UCP, to perform a **restricted activity** or an **aspect of practice**.

Note: the HPOA defines “**aspect of practice**” as:

“**Aspect of practice**” means an activity, other than a restricted activity, that

- (a) is part of providing a health service that is within the scope of practice of a designated health profession, and
- (b) requires professional knowledge, skills, ability and judgement

What are the requirements for delegation?

The **requirements for a RHP’s delegation** of a restricted activity or aspect of practice are briefly outlined in [Section 19](#) (k)(1) of the HPA, and are specified in greater detail in [Section 74](#) of the HPOA which is replicated and interpreted in detail on the next page.

To summarize, the requirements for delegation specified in Section 74 of the HPOA are:

- The delegating RHP’s **regulatory college must have bylaws in place that authorize delegation** of the activity and that specify the conditions to be met; and
- The delegating **RHP must be satisfied that the other person is competent** to perform the delegated activity safely, without causing harm to the patient.

Section 74 of the HPOA

Duty if delegating activities

74 (1) In this section, “**delegate**” means to delegate the performance of an aspect of practice or a restricted activity, if the delegation is made by a RHP in the course of practising a designated health profession to a person who is not authorized to practice the designated health profession.

(2) A RHP must not delegate the performance of an aspect of practice or a restricted activity to a person unless all of the following conditions are met:

- (a) the **bylaws** authorize the aspect of practice or restricted activity to be delegated;
- (b) the RHP is satisfied that the person
 - i. is able to perform the delegated aspect of practice or restricted activity without causing harm, having regard to the person’s knowledge, skills, ability and judgement, and
 - ii. will perform the delegated aspect of practice or restricted activity in a manner that does not cause harm, having regard to the person’s character, past conduct and other relevant factors.

(3) A **board** may make **bylaws** to authorize the delegation of an aspect of practice or a restricted activity if all of the following conditions are met:

- (a) the bylaw **sets prohibitions, requirements, limits and conditions** with respect to all of the following:
 - i. The circumstances and types of settings in which delegation is authorized;
 - ii. The education, training, experience and other qualifications that persons must have to perform the delegated activity;
 - iii. The performance of the delegated activity, including with respect to supervision or direction, if appropriate;
- (b) the board is satisfied that the delegated activity may, if the bylaw is complied with, be performed without causing harm.

Interpretation

Section 74 - authorizes a RHP to delegate an aspect of practice or restricted activity to another type of RHP or UCP to perform - *if the conditions under 74(2) and (3) are met.*

Section 74(2) – the **conditions** that must be met for a RHP to delegate an aspect of practice or restricted activity to a specific RHP or UCP:

- the RHP’s regulatory college bylaws must allow for the delegation, and
- the RHP must be satisfied of the other person’s competence to perform the activity safely.

Section 74(3) – the **bylaws that a regulatory college would need to create** in order to allow its RHPs to delegate an aspect of practice or a restricted activity to another RHP or UCP to perform, and the **bylaws must set the delegation conditions.**

Example 6 provides an example of how a regulatory college’s bylaws meet the requirements of Section 74 on delegation in the HPOA.

Example 6 – Regulatory College Bylaws that authorize Delegation

The [Bylaws](#) of the College of Physicians and Surgeons of British Columbia (CPSBC), in [Part 10 - DELEGATION](#), authorize a physician to delegate a specific list of activities to a **physician assistant** when certain conditions are met.

Section 10-1 (1)

- (c) A delegating or supervising physician must:
 - i. be competent to perform the restricted activity;
 - ii. be satisfied that the physician assistant has the knowledge, skills and ability to perform the restricted activity competently and safely;
 - iii. be satisfied that it is safe and appropriate for the physician assistant to perform the restricted activity on a particular patient;
 - iv. where deemed appropriate and necessary, or in cases involving high-acuity patients, prior to delegating an activity to a physician assistant, assess the patient and determine if the patient is appropriate for delegation of authority to a physician assistant;
 - v. remain readily available for consultation during the performance of the restricted activity and for an appropriate follow-up period;
 - vi. ...

Section 10-3 (1) – A physician may delegate to a physician assistant the following activities, which are the practice of medicine as defined in the Act:

- a) for the purpose of assessment, put an instrument or a device, hand or finger
 - i. into the external ear canal, up to the eardrum;
 - ii. beyond the point in the nasal passages where they normally narrow;
 - iii. beyond the pharynx;
 - iv. beyond the opening of the urethra;
 - v. beyond the labia majora;
 - vi. beyond the anal verge; or
 - vii. into an artificial opening into the body,
- b) perform syringing and curetting of the external ear canal,
- c) perform cautery, packing or removal of packing of nasal passages,
- d) perform insertion of urethral catheter,
- e) perform insertion of peripheral venous catheter,
- f) prescribe and administer a drug or vaccine,
- g) prescribe and administer a drug orally, rectally, by subcutaneous or intramuscular injection, by inhalation, or by peripheral intravenous catheter,
- h) administer local / topical anesthetics for the purpose of providing minor skin, soft tissue, and corneal procedures,
- i) wound preparation, wound cleansing, and suturing of simple wounds,
- j) cast or immobilize a fracture of a bone,
- k) ...

Section 10 of the CPSBC’s bylaws meets the requirement of Section 74(3) in the HPOA - that a regulatory college must have bylaws in place to authorize and set conditions for a RHP to delegate the performance of a restricted activity.

Section 10(1)(c) specifies the conditions that a physician is responsible to ensure are met prior to delegating a restricted activity to a physician assistant to perform. For example, the physician must be satisfied that the physician assistant is competent to perform the restricted activity.

Section 10(3)(1) specifies the restricted activities that the CPSBC has determined may be appropriate for a physician to delegate to a physician assistant – when the conditions specified in Section 10(1)(c) are met.

The Decision to Delegate

A **RHP** who is authorized within their own profession-specific regulation to **perform** a restricted activity or an aspect of practice **AND** whose regulatory college bylaws authorize them to **delegate** that activity **AND** who complies with all conditions set out in those bylaws **may decide whether it is appropriate to delegate the restricted activity or aspect of practice** to another type of RHP or UCP to perform.

Delegation Considerations

As required in Section 74(3) of the HPOA, a RHP's regulatory college bylaws must set the following delegation "prohibitions, requirements, limits and conditions", which **the RHP must consider in their decision to delegate**:

- the **circumstances and types of settings** in which delegation is authorized;
- the **education, training, experience and other qualifications** that persons must have to perform the delegated activity; and
- the **performance of the delegated activity**, including with respect to supervision or direction, if appropriate.

As well, as required in Section 74(2)(b) of the HPOA, a RHP must be **satisfied** that the person who would be delegated the aspect of practice or restricted activity has the **knowledge, skills, ability, and judgement** (also having regard for the person's character, past conduct and other relevant factors) to perform that activity safely, without causing harm to the patient. The HPOA does not specify how a RHP would satisfy themselves of this requirement, and it is possible that the RHP's regulatory college may have guidance on this.

Note: Delegation does not include the possibility of 'sub-delegation'.

This is because only a RHP who is authorized themselves to **perform and delegate** a restricted activity or aspect of practice is able to delegate that care activity to another type of RHP or UCP to perform.

The person receiving the delegation would have no authority to then delegate that care activity to another person to perform.

Delegating with “direction” or “supervision”

If appropriate, a delegating RHP’s regulatory college bylaws or standards, limits and conditions of practice may stipulate when the delegation of a restricted activity or aspect of practice should be performed under direction or supervision, and in what form. If not stipulated in bylaws, a RHP could still choose to delegate with direction or supervision if necessary to ensure safe care.

IMPORTANT POINT TO REMEMBER:

- *It is the responsibility of a RHP, before delegating, to know whether their regulatory college has bylaws in place that authorize their delegation of a particular restricted activity or aspect of practice, and whether there are conditions for the delegation that may be specified in the bylaws and/or in related standards/limits/conditions of practice.*

Example 7 provides an example of a RHP’s decision to delegate a restricted activity to a UCP to perform for a patient.

Example 7 – RHP delegating a restricted activity to a UCP

Registered nurses (RNs) are authorized within their health profession’s regulation to perform the restricted activity of “put an instrument or a device, hand or finger beyond the anal verge”.

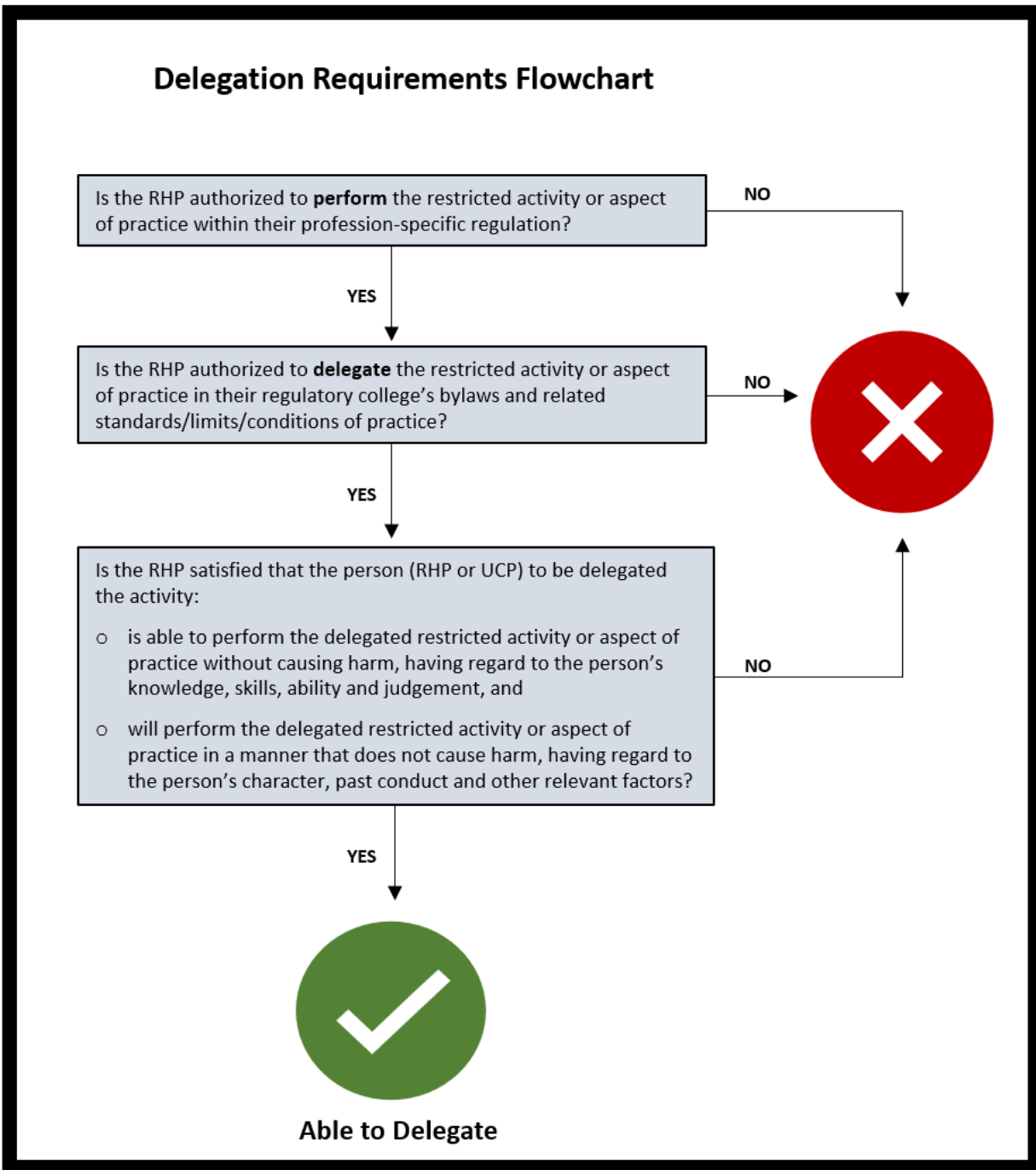
The situation: to ensure continuity of care between nursing visits for a patient who is receiving home support and lives in a rural/remote area, an RN may consider whether it would be appropriate to delegate the restricted activity of inserting a rectal suppository for the patient to a health care assistant(s) who is trained and competent to perform the activity.

Applying the legal requirements for delegation outlined in Section 74 of the HPOA, the RN would need to confirm and be satisfied of the following:

- The RN has the authority to **perform** the restricted activity (i.e., in their profession’s regulation) and the authority to **delegate** it (in their regulatory college’s bylaws and any related standards/limits/conditions of practice).
- The RN has carefully considered the delegation requirements and considerations.
- The RN is satisfied of the individual competence of the HCA(s) to be delegated the restricted activity and has considered whether further training and/or a level of direction or supervision is necessary or appropriate.

When all of the above delegation requirements are satisfied, the RN would be able to delegate the restricted activity. The RN is responsible for their delegation decision and must follow any requirements, standards, limits and conditions set under their regulatory college’s bylaws.

APPENDIX A – Flowchart on the Requirements for Delegation



APPENDIX B – References and Resources

- BC *Health Professions Act*:
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96183_01
- BC *Health Professions and Occupations Act*:
<https://www.bclaws.gov.bc.ca/civix/document/id/bills/billsprevious/3rd42nd:gov36-3>
- Ministry of Health *Professional Regulation* website:
<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation>