Practice Guideline-
Accountabilities in Different Roles

Approved: April 2014 **Last revised: N/A**

The purpose of this Guideline is to clarify the accountabilities a registered kinesiologist has in various employment settings and job roles.

Accountability of the regulated health professional

First and foremost, every regulated health professional is accountable for his/her own conduct and practice. The Professional Misconduct Regulation provides guidance to kinesiologists regarding behaviours and practises which are unacceptable. The Practice Standards and Guidelines of the College clarify appropriate practises and expectations of kinesiologists in Ontario. In addition, the College has defined a Code of Ethics for kinesiologists. This is a requirement for all regulated health professions under the *Regulated Health Professions Act, 1991* (RHPA). A regulated health professional, even when not acting in a professional role, is still held accountable for his or her behaviours by the College.

Job roles and accountabilities

It is important that members understand their job role and/or practice setting and the nature of the accountabilities that go along with it. Members are expected to meet the responsibilities and accountabilities of the job they hold. How they fulfill those responsibilities and accountabilities will be judged according to the applicable Practice Standards and Guidelines of the College. Members are always accountable to the public, through the College, for their practice and conduct. A member's job role and employment settings often provide valuable context in which the College assesses the member's accountability. A member is always accountable for responding to any concerns the College raises regardless of whether the member feels the concerns are unfounded.

1) Members as sole practitioners

A member who is an independent or sole practitioner is accountable for all the responsibilities under the *Regulated Health Professions Act*, the Practice Standards and Guidelines of the College and obligations under any other applicable legislation.

2) Members as supervisors/employers

A member who is a supervisor must adhere to the College's Practice Standard on Supervision. Members may also want to implement policies which are respectful of different professions and the obligations of those professionals for adhering to practice standards of their regulatory college.

3) Members working in multi-disciplinary settings

A member who is working as part of a multi-disciplinary team is accountable for all aspects of the care they provide. While in this setting members are operating as autonomous practitioners, some aspects of practice may be integrated, such as record keeping and record storage. In addition, the employer/facility operator may be accepting responsibility for certain areas such as billing practices or other work place policies. However, each practitioner is accountable for each joint responsibility[1]. Health care professionals working in multi-disciplinary settings should strive through discussion and collaboration to create and maintain a work environment where all regulated health professionals are able to optimize their practice for the welfare of the client.

4) Members in an assistant role or as support personnel

A member who is working in a support role to another regulated health professional (supervising practitioner) is accountable for carrying out work assignments safely and competently. A member in a support role is still accountable as a regulated health professional.

It is expected that the member will describe his/her role and the services to be provided appropriately. Specifically, the member should inform the patient/client that they are a registered kinesiologist, and what their job role is.

Disagreeing with a plan of care[2]

When a member has concerns over a plan of care the member must always strive to work with all colleagues in a cooperative manner and to solve the problem collaboratively. While in some circumstances reporting another regulated health professional to a manager or a regulatory college may be necessary, and even mandatory[3] where there is an acute threat to patient/client safety, many disagreements regarding treatment are resolved through thoughtful and respectful discussion. Members should keep in mind that not all disagreements over plans of care mean there is a threat to patient/client safety. Differences of professional opinion should be seen as opportunities to learn and collaborate.

Regardless of job role, a member always has a duty to provide care that he/she believes is in the best interests of the patient/client and that the patient/client has given informed consent. A member has a right to refuse to implement a plan of care or to accept a referral from another regulated health professional if they feel it is unsafe. Where a member has concerns about the safety of a proposed plan of care or has doubts as to whether the patient/client has consented to the plan of care, they should take action as appropriate:

- Assess the situation, consult with the supervising practitioner or other colleagues and review any relevant material

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[1] Members are accountable to uphold the employer's standards, unless those standards are in direct contradiction with the Practice Standards of the College, or with any other legislation, such as the RHPA.

[2] Content adapted from the College of Nurses of Ontario – "Practice Guideline - Disagreeing With the Plan of Care", June 2009

[3] Members should refer to the College's Practice Guideline – Mandatory Reporting

- If required, inform the patient/client that the member will delay the implementation of the plan of care until the member can clarify
- As soon as possible inform the responsible regulated health professional about what the concerns are and why
- If the responsible regulated health professional is not available and the concern needs immediate attention, discuss the concern with another manager if available
- If the responsible regulated health professional does not adequately address the member's concerns, decide whether the concern rises to the level that requires the member to report the information to a higher management level or the college of the responsible regulated health professional (consult company policy, relevant health colleges, etc.)
- Inform the responsible regulated health professional of the report and of the member's refusal to implement the plan of care
- Inform the client that the member is refusing to implement the plan of care and that a report has been made
- Document in the patient/client's record the concern and the steps taken to address it.

Ultimately, situations where regulated health professionals work together create multiple spheres of accountability and the patient/client may have recourse to making a complaint to more than one health regulatory college. The regulated health professional who is an assistant is accountable for the treatment they are providing even if prescribed by another regulated health professional, their interactions with the patient/client, and for the documentation of all interactions that they have with the patient/client. Regulated health professionals must always practise safely and ethically. Both the supervising practitioner and the assistant are accountable for ensuring that the care that is being assigned is safe, ethical and effective.

In the interests of the patient/client

It is important that the patient/client understand the nature of the care they are going to receive, what services are to be provided and by whom, and whom they are to hold accountable. They have an expectation that no matter how their care is being shared among different professionals, that they receive the care in an efficient, effective and streamlined manner. A patient/client who is aware that the member is working as a supervisor, an assistant or an independent practitioner would expect the member to act accordingly, and to carry out safe, effective and necessary treatment.

The best interests of the patient/client must be the first consideration. Regulated health professionals working in any practice setting or role must approach their collegial relationships with this as the guiding principle. Once the patient/client has consented to a particular model of care, all members of the team are expected to adhere to it, unless they receive consent from the patient/client to change the model of care and have reviewed proposed changes with the team.