



COLLEGE OF  
**LICENSED PRACTICAL NURSES**  
OF ALBERTA

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# Policy

## Professional Responsibility and Accountability

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Revised: January 6, 2020



**This document is linked to legislation:**

[Health Professions Act](#)  
[Licensed Practical Nurses Profession Regulation](#)

**This document is linked to other documents that direct expectations of professional behaviour or requirements for practice:**

[Standards of Practice](#)  
[Standards of Practice on Boundary Violations](#)  
[Code of Ethics](#)  
[Competency Profile](#)  
[Entry-Level Competencies for Licensed Practical Nurses](#)

**This document is linked to related supportive documents:**

[Professional Boundaries](#)

**REVISIONS and UPDATES**

Editorial Update January 2020

*The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. A CLPNA Policy outlines requirements and expected behaviours that will be monitored and enforced.*

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Approver         Council



**INTRODUCTION** As regulated health professionals, the public expects Licensed Practical Nurses (LPNs) to be professionally responsible and accountable to deliver safe, competent and ethical nursing care. Responsibility can be defined as the ability to respond and answer for one's actions and obligations, and to be trustworthy, reliable and dependable; whereas, accountability is the obligation to answer for the professional, legal, and ethical responsibilities of one's activities and actions.<sup>1</sup>

As professionals, LPNs are expected to:

- provide safe, competent and ethical care to their **clients**;<sup>1</sup>
- maintain the standards, guidelines and continuing competence required by their **regulatory college (CLPNA)**; and
- work within the role, expectations, policies and procedures of their **employer**.

**PURPOSE** The purpose of this practice policy is to outline some of the key professional responsibilities to which LPNs, as regulated health professionals, are held accountable.

**POLICY** All LPNs are responsible and accountable to adhere to the *Health Professions Act (HPA)*, the *Licensed Practical Nurses Profession Regulation (LPN Regulation)*, the *Standards of Practice*, and the *Code of Ethics* of the profession.<sup>2</sup> These documents establish the foundation of LPN professionalism in the provision of practical nursing services. The *Competency Profile for LPNs* further details the aspects of professionalism expected of LPNs upon entry to practice, which includes the understanding of these foundational regulatory documents.<sup>3</sup>

Schedule 10 of the HPA sets out the LPN scope of practice and outlines the types of practical nursing services LPNs provide.

#### **Health Professions Act, Schedule 10**

3. In their practice, licensed practical nurses do one or more of the following:

- (a) apply nursing knowledge, skills and judgment to assess patient needs,
- (b) provide nursing care for patients and families,  
(b.1) teach, manage and conduct research in the science, techniques and practice of nursing, and
- (c) provide restricted activities authorized by the regulations.

#### **PROFESSIONALISM**

Being a member of a self-regulated health profession is a privilege that comes with professional responsibilities to the public, clients, profession, colleagues, and oneself.<sup>4</sup> Professionalism is defined as the conduct, aims or qualities that characterize a profession or a member of the profession; in other words, the competence or skills expected of a professional.<sup>5</sup>

LPN professionalism involves using practical nursing knowledge throughout the nursing process to guide nursing practice. Critical thinking, critical inquiry, and clinical judgment are key aspects of decision-making.<sup>6</sup> LPNs must be able to assess the implications of their decisions when providing care. Clinical judgment and decision-making should be evidence-based and include best practice.

There are many factors that contribute to professionalism within the LPN profession in Alberta. Some of the key professional responsibilities and accountabilities are discussed in this document to clarify expectations related to abandonment of care, fitness to practice, professional boundaries, professional development, and the duty to report.

#### **Abandonment of Care**

The duty to provide quality care is fundamental to professional nursing practice. LPNs should be mindful of their responsibilities and accountabilities that come into effect once a client assignment has been accepted. Abandonment of care occurs if the nurse-client relationship is severed without reasonable notice to the appropriate person (i.e. supervisor or employer) so arrangements can be made for care to

<sup>1</sup> As per the *Competency Profile for LPNs*, the term 'client' may refer to an individual, family, group or community.



be transferred. Failing to do so may result in disciplinary action.<sup>7</sup>

Once a care assignment has been accepted, the LPN is required to transfer care of the client to an appropriate provider in the event they cannot continue to care for the client. The LPN should not accept an assignment if they are not competent to perform the required care.

### **Fitness to Practice**

The privilege of self-regulation includes the professional obligation to be personally responsible for maintaining your fitness to practice. Being fit to practice requires having the physical, mental and emotional health to provide safe, competent and ethical nursing care.

The CLPNA is mandated to protect the public from unsafe, incompetent and unethical nursing care. However, not all fitness to practice concerns will mean the LPN can no longer practice. Depending on the circumstances, the risk to the public could be mitigated with practice accommodations or restrictions to ensure the LPN's practice remains safe and competent. These practice modifications are established to ensure the safety of clients and colleagues and guide a successful transition back into the workplace.

As outlined in the *Code of Ethics and Standards of Practice*, LPNs are responsible and accountable to recognize their capabilities and limitations. This means:

- maintaining the required mental and physical wellness to meet the responsibilities of their role,
- engaging in ongoing self-assessment of their practice and competence, and
- informing the appropriate authority if they become unable to practice safely, competently or ethically.<sup>8</sup>

Health professionals must be able to assess the implications of their decisions when providing care to clients using critical thinking, critical inquiry and clinical judgment. If a health professional's capacity to perform these functions is impaired, they may not be fit to practice. There are a number of situations or

reasons why an individual's fitness to practice may be compromised, such as:

- illness or injury;
- fatigue
- being under the influence of any substance that impairs your physical, mental or emotional health regardless of whether the substance is prescribed, recreational or illegal;
- ongoing or chronic conditions, disorders or addictions; and
- undergoing certain types of treatment.

The *HPA* provides a legal definition for incapacity. An individual is considered incapacitated if they are suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.<sup>9</sup>

An individual may not be fit to practice for reasons that are not as extreme as being incapacitated; what matters is whether the individual has the required physical, mental and emotional health to practice safely and competently. For example, some medications and drugs intended to address a particular health condition may also impair the LPN's ability to provide safe and competent care. Disclosing this information to the appropriate authority promptly and proactively demonstrates professionalism and good judgment in promoting the safety of the patient. LPNs are reminded that displaying a lack of judgment in the provision of professional services, or contravening the *Code of Ethics* or *Standards of Practice* is unprofessional conduct and can result in disciplinary action.<sup>10</sup>

LPNs should be aware of factors that can impair their ability to engage in critical inquiry and good decision-making and take action to address risks proactively (i.e. seeking counselling, peer support or medical advice). Although LPNs are expected to demonstrate the professional insight required to manage their own fitness to practice and seek assistance or medical attention as required, some illnesses or conditions can also affect an individual's capacity to self-identify



that their fitness to practice might be impaired. In these types of situations, it becomes important to take note if concerns are raised by your colleagues and assess your practice carefully or seek outside assistance.

### *Reporting Fitness to Practice*

In keeping with the mandate to regulate the profession in a manner that protects and serves the public interest, the CLPNA requires:

- all new applicants to report on their fitness to practice when applying for initial registration; and
- all current members to report on their fitness to practice status at registration renewal each year as an aspect of the ongoing self-assessment of their practice and competence.

In accordance with the *Code of Ethics*, current members must report to the appropriate authority if they become unable to practice safely, competently and/or ethically at any time.<sup>11</sup> The appropriate authority will vary: it is often the employer but could also be the CLPNA depending on the nature of the concern.

- During the registration year, LPNs will manage fitness to practice issues with their employer.
- At renewal each year, the LPN must report to the CLPNA if they are currently off work or on a leave of absence due to a condition, disorder, addiction or treatment that impairs their ability to provide professional services in a safe and competent manner.

This allows the CLPNA to confirm that the LPN meets the criteria for registration and practice before returning to work.

### *Assessment Authority under the Health Professions Act*

Under s. 28(3) of the *HPA*, the Registrar may require an applicant for initial registration to undergo a physical or mental examination if there are reasonable and probable grounds to think that the applicant would create a danger to the public or provide unsafe care due to incapacity or disability. This also means that the Registrar is authorized to request information from the applicant about their fitness to practice in order to determine whether

there are grounds to believe that an applicant may be unsafe to practice.

Under s. 118 of the *HPA*, if there are grounds to believe that a regulated member is incapacitated, the Complaints Director has the authority to require that the member complete a medical assessment or comply with recommended treatment before providing any further nursing services. The grounds to believe a member is incapacitated may come from various sources, including a complaint or the mandatory reporting to the CLPNA by employers if they have suspended or terminated an LPN, or an LPN has resigned, because of conduct that in their opinion was unprofessional.<sup>12</sup> Further information about the legalities and obligations related to this process can be found in the Interpretive Document “Incapacity under the *HPA*.”

The commitment to providing safe, competent and ethical care begins with LPNs taking care of themselves and maintaining their emotional, psychological and physical health, but also includes the responsibility to take action and report to appropriate authorities if unethical or incompetent care is suspected. Anyone who has a genuine concern that an LPN is not practicing safely should report this in writing to the CLPNA.

### *Professional Boundaries*

LPNs are in a position of power and trust as a healthcare provider and must uphold this relationship of trust and respect by maintaining professional boundaries. There are several different types of professional boundaries that LPNs are expected to effectively establish, manage, and maintain. The therapeutic nurse-client relationship is an essential nursing competency and fundamental to providing safe, competent, and ethical care.<sup>13</sup>

Professional boundaries should be maintained both on and off duty. LPNs have a responsibility to maintain the integrity of the profession, and the trust and confidence of the public; an important aspect of this is maintaining appropriate and professional boundaries.<sup>14</sup> Additional information related to professional boundaries can be found in the



*Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct*, the CLPNA's document on "Professional Boundaries", and the *Competency Profile for LPNs*.

### **Technology and Social Media**

Members should also be mindful of professional boundaries in their use of technology and social media when communicating with clients and their family members, colleagues, and supervisor. Improper use of technology and/or social media can blur the line between professional and personal conduct.<sup>15</sup> Appropriate use of technology and social media ensures LPNs uphold the legal and ethical obligations of maintaining a client's privacy and confidentiality and maintaining the integrity of the nursing profession. Please see the CLPNA's documents on "Mobile Devices" and "Professionalism on Social Media" for more information.

### **Professional Development**

The establishment of a continuing competence program is required under the HPA for regulatory colleges to enhance the provision of professional services and ensure regulated members maintain competence.<sup>16</sup> LPNs must maintain their competence in order to fulfill their professional responsibility to provide safe, competent and ethical care. This requirement means that members are expected to be engaged in the practice of practical nursing on an ongoing basis.<sup>17</sup> Section 1(1)(f) of the HPA defines competence as "the combined knowledge, skills, attitudes and judgment required to provide professional services."

Participation in the CLPNA's Continuing Competence Program (CCP) is mandatory and the program provides a means to confirm that LPNs have the competence to provide the safe and ethical care required in their role, responsibilities, and practice setting. Each year LPNs must identify and engage in activities according to their own learning needs for continued competence development. Researchers have noted that competence development is the pathway to professional empowerment and considered one of the most significant avenues for change, self-actualization and empowerment as a

practical nurse.<sup>18</sup> So in addition to being a professional requirement, the commitment to continuous learning and competence development can also contribute to professional well-being and confidence in one's professional identity.

The *Standards of Practice* and *Code of Ethics* outline the professional responsibility and accountability of LPNs to be engaged in ongoing self-assessment of their professional practice and competence and seek opportunities for continuous learning. LPNs are expected to be able to assess their strengths and address any limitations in their practice when engaged in the provision of practical nursing services. LPNs must demonstrate and document their continuing competence in the practice of practical nursing through the CCP outlined in ss. 22 and 23 of the LPN Regulation.

### **Continuing Competence Program Audit**

In accordance with s. 23 of the LPN Regulation, members must be periodically selected in accordance with criteria established by Council to undergo a review and evaluation of their continuing competence activities. The Continuing Competence Program Audit process requires the LPN to provide proof of completion of their learning plan and how their learning translated into practice. More information on the Continuing Competence Program and the audit process is available on the CLPNA website.

### **Duty to Report**

LPNs have a professional obligation and duty to report unsafe practice, unprofessional conduct or abusive behaviour to the appropriate authority in accordance with the *Standards of Practice*, *Code of Ethics*, and legislation such as the HPA and *Public Health Act*.<sup>19</sup> This duty to report extends beyond your own personal practice or profession and includes reporting to the appropriate authority (employer, regulatory body or external authority) if unethical or incompetent care by another care provider is suspected in order to ensure client safety and quality of care.<sup>20</sup> LPNs may also have ethical or legal obligations to report in other situations (i.e. a public



health threat). See the CLPNA's document on the "Duty to Report" for additional information.

### **Special Note**

Professional nursing services can encompass both direct and non-direct nursing practice (including roles in administration, management, education, or research). LPNs will be considered engaged in practical nursing as long as their responsibilities align with the provision of services under Schedule 10 s. 3 of the HPA and this includes those working in alternative roles (i.e. non-direct, or outside the clinical setting).

LPNs practicing in non-direct or alternative roles can contact the CLPNA to have their role assessed to evaluate whether it falls within LPN nursing practice. LPNs working in these roles are required to meet the same standards, conduct, and accountabilities as any other LPN. All regulated members are professionally responsible for the care and services they provide, regardless of their employment setting and/or job title.

### **UNPROFESSIONAL CONDUCT**

Unprofessional conduct on or off duty can result in disciplinary action by the CLPNA as LPNs are accountable for their behaviors and actions. The definition of unprofessional conduct in s. 1(1)(pp) of the HPA includes the following:

- (i) displaying a lack of knowledge, skill or judgment in the provision of professional services;
- (ii) a contravention of the HPA, *Code of Ethics*, or *Standards of Practice*;

- (iii) contravention of another enactment that applies to the profession (e.g. the LPN Regulation);
- (iv) representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled;
- (v) representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;
- (xii) conduct that harms the integrity of the regulated profession.

LPNs are expected to practice within their scope of practice, level of competence, and role in the practice setting. The LPN must consult with appropriate healthcare professionals if the clients' needs exceed their individual level of competence and/or the LPN scope of practice. These expectations form the basis of LPN professional responsibility and accountability.<sup>21</sup>

### **CONCLUSION**

The privilege of self-regulation includes professional responsibilities and accountabilities that the public expects from members of the profession. LPNs are accountable and responsible for their own nursing decisions, actions and professional conduct.

The ultimate purpose of professionalism in nursing practice is to ensure the consistent provision of safe, ethical and competent care by LPNs. Meeting these expectations maintains the public trust and confidence in the profession and ensures the ongoing professional practice of the LPN.



## REFERENCE

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- <sup>7</sup> CLPNA, *Practice Statement 13: Abandonment of Care (2008)*, [http://www.clpna.com/wp-content/uploads/2013/02/doc\\_PracticeStatement13.pdf](http://www.clpna.com/wp-content/uploads/2013/02/doc_PracticeStatement13.pdf); CLPNA, *Expectations and Obligations during Emergencies (2017)*, [https://www.clpna.com/wp-content/uploads/2017/09/doc\\_Practice\\_Policy\\_Expectations\\_and\\_Obligations\\_During\\_Emergencies.pdf](https://www.clpna.com/wp-content/uploads/2017/09/doc_Practice_Policy_Expectations_and_Obligations_During_Emergencies.pdf).
- <sup>8</sup> CCPNR, *Code of Ethics*, 8; CCPNR, *Standards of Practice*, 4.
- <sup>9</sup> *Health Professions Act*, RSA 2000 c H-7, s 1(1)(s).
- <sup>10</sup> *Health Professions Act*, s 1(1)(pp)(i)-(ii).
- <sup>11</sup> CCPNR, *Code of Ethics*, 8.
- <sup>12</sup> *Health Professions Act*, s 57.
- <sup>13</sup> CCPNR, *Standards of Practice*, 7.
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- <sup>21</sup> *Standards of Practice*, 4; CLPNA, *Competency Profile*, W-5.