

Professional Responsibility and Accountability

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INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the **authority** under the *Health Professions Act* (HPA) to carry out its activities and **govern** Health Care Aides (HCAs)¹ in a manner that protects and serves the public interest.

HCAs must follow legislation and their **regulatory standards**.¹ HCAs are **responsible** and **accountable** for providing safe, **competent**, and **ethical** care. Responsibility means HCAs answer for their actions and the care they provide, and they are trustworthy and reliable. Accountability means HCAs answer for the professional, legal, and ethical responsibilities of their actions.

This document will discuss issues surrounding **professionalism**, documentation, **fitness to practice**, **professional development**, abandonment of care, **professional boundaries**, **duty to report**, and unprofessional conduct.

Terms found in the definition section are **bolded** where they appear for the first time in this document.

PURPOSE

The purpose of this policy is to describe important professional responsibilities that HCAs are accountable for as regulated health professionals. These responsibilities come from the HPA, the *Standards of Practice for Health Care Aides in Alberta* (Standards of Practice), and the *Code of Ethics for Health Care Aides in Alberta* (Code of Ethics).

POLICY

The HPA defines the HCA scope of practice for those registered as HCAs (see below).

Bill 46, the Health Statutes Amendment Act, 2020

In their practice, HCAs do one or more of the following:

- (a) assist and support activities of daily living to provide basic personal care and health services,
- (b) participate in **client** education and promotion of client wellness across the lifespan,

¹ In this document, “HCA(s)” has the same meaning as “regulated member(s)” in the *Health Professions Act*.

- (c) assist in teaching a Health Care Aide certificate program approved by the council,
- (d) teach Health Care Aide techniques and practices to practitioners in the workplace, and
- (e) provide restricted activities provided by the regulations.

HCAs are professionally responsible and accountable for the care and services they provide no matter where they work.

Professionalism

HCAs have professional responsibilities and accountabilities to the public, clients, the profession, co-workers, and themselves. Professionalism is defined as the **conduct**, competence, skills, or qualities expected of an HCA of the profession.ⁱⁱ

HCAs can demonstrate professionalism in their practice by:ⁱⁱⁱ

- caring for the client's individual needs and ensuring that they put their client first;
- communicating effectively and respectfully with clients, families, co-workers, and the public;
- working effectively with co-workers and other members of the healthcare team;
- being honest and avoiding **conflicts of interest**;
- being accountable for their actions; and
- ensuring the required care is provided to clients.

Professionalism improves HCA practice. HCAs develop and maintain professional relationships with co-workers and other healthcare team members, contributing to the overall effectiveness of the healthcare provided.

Documentation

HCAs must make clear, accurate, and up-to-date records of the care they provide. They must also ensure their documentation maintains the **privacy** and **confidentiality** of clients' personal and health information. To read more about documentation and confidentiality responsibilities as an HCA, please see the *Documentation* Policy and the *Confidentiality* practice guideline.

Fitness to Practice

Self-regulation includes the duty to be fit for practice. Being fit to practice means an HCA is physically, mentally, and emotionally well and able to provide safe, competent, and ethical care.

If an HCA does not feel fit to practice but still feels they must go to work, they should work with their supervisor or employer to come up with an acceptable solution and assignment. HCAs should also communicate with co-workers and other members of the healthcare team if they are not feeling at their best, so client care is not impacted.

As the Code of Ethics and Standards of Practice outline, HCAs are accountable for their well-being and for ensuring they are well enough to work safely. This means:

- having the required mental, physical, and emotional **wellness** to meet the responsibilities of their role;
- performing ongoing **self-assessment** of their practice and competence;
- providing **quality** care to clients;
- maintaining professional boundaries that ensure the HCA-client relationship is safe;
- reporting unsafe practices, unprofessional conduct, or abusive behaviour to the right authority; and
- telling the right authority if they cannot practice safely, competently, or ethically.

HCAs must assess how their own decisions will affect their fitness to practice. An HCA's fitness to practice may be affected by:

- illness or injury;
- fatigue;
- taking substances that might be prescribed, legal, or illegal that weaken the HCA's physical, mental, or emotional health;
- ongoing or chronic conditions, disorders, or addictions; and
- going for certain types of treatment.

Assessing and sharing concerns about fitness to practice immediately with the right authority demonstrates professional responsibility and accountability. HCAs are reminded that making poor decisions when providing **professional services** can be considered unprofessional conduct and result in discipline. If an HCA does not follow their Code of Ethics or standards of practice, this may also result in discipline.^{iv}

HCAs need to be **proactive** about their fitness to practice. If an HCA notices something that might affect their ability to practice safely, they must act immediately. Some illnesses or conditions can affect an HCA's ability to know that their fitness to practice might be **impaired**. If others raise concerns, HCAs need to assess their ability to perform their duties safely and take corrective actions if needed.

Reporting Fitness to Practice

The CLHA requires:

- all applicants to report on their fitness to practice when applying for registration; and
- all HCAs to report on their fitness to practice at registration renewal each year as part of the ongoing self-assessment of their practice and competence.

HCAs must report to the right authority if they cannot practice safely, competently, and ethically at any time. The relevant authority is often the employer, but it could also be the CLHA, depending on the type of concern.

Reporting Fitness to Practice Issues

During the registration year, HCAs will manage fitness to practice issues with their employer.

At renewal each year, the HCA must report to the CLHA 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 safely and competently.

This allows the CLHA to confirm that the HCA meets the criteria for registration and practice before returning to work. If HCAs are unsure if they should be reporting their fitness to practice, contact the Registration Department at the CLHA to discuss.

Assessment Authority Under the Health Professions Act

Under section 28(3) of the HPA, the **Registrar** may require an applicant to get a physical or mental examination. This can occur if it is reasonable to think that the applicant might be a risk to the public or may provide unsafe care due to disability or being **incapacitated**. This means the Registrar is authorized to request information from the HCA about their fitness to practice and to determine if they are safe to practice.

Section 118 of the HPA authorizes the Complaints Director at the CLHA to direct an HCA to get physical or mental examinations if the Complaints Director believes that an HCA is incapacitated. Further information can be found in the *Fitness to Practice and Incapacitated under the HPA* interpretive document.

Professional Development

The Standards of Practice and Code of Ethics outline an HCA's professional responsibility and accountability to self-assess their professional practice and competence. HCAs are expected to assess their strengths and weaknesses when giving care and seek opportunities for continuous learning. It is the HCA's responsibility and accountability to determine gaps in their practice and seek required education and training to work at their full scope of practice.

The HPA requires the CLHA to have a **Continuing Competence Program (CCP)** to help HCAs maintain competency. It is a professional responsibility for HCAs to follow the requirements of the CCP yearly to demonstrate they are always learning and remaining competent.

An HCA must speak with appropriate healthcare professionals if a client's needs are not within their scope of practice or are outside their competence level. These expectations are an important part of an HCA's professional responsibility and accountability.

Abandonment of Care

As part of HCA practice, the HCA's duty is to provide quality care and a safe environment to clients. HCAs should know the responsibilities and accountabilities that come into effect once

they accept a client assignment. Abandonment of care occurs if the HCA ends the HCA-client relationship without notice (unless the HCA's safety is at risk). The HCA must notify the right authority (i.e., supervisor or employer) to make arrangements to transfer care. Failing to do so may result in disciplinary action.

Once an HCA accepts a care assignment, they are required to transfer care of the client to a different healthcare provider if they cannot continue to care for the client. The HCA should only accept an assignment if they are competent and can perform the required care. Additional information can be found in the *Standards of Practice for Health Care Aides on Professional Boundaries*.

Professional Boundaries

Professional boundaries are the behavioural expectations that create and maintain a safe HCA-client relationship. Crossing professional boundaries can cause harm to clients. HCAs are responsible for maintaining professional boundaries because of their power and influence over clients.

HCAs are expected to develop trusting relationships with clients. An HCA-client relationship is a trusting relationship between a client and an HCA that respects and maintains professional boundaries and contributes to health-related treatment goals. Professional boundaries should be maintained both on and off duty.

HCAs must also maintain professional boundaries with co-workers, including contractors, volunteers, or students in the workplace. Professional boundary violations with co-workers can happen when there is a **power imbalance** between individuals. These violations can include physical, verbal, sexual, or other unprofessional behaviours.

Additional information related to professional boundaries can be found in the *Standards of Practice for Health Care Aides on Professional Boundaries*.

Technology and Social Media

The use of technology in healthcare is becoming more common, as it can be an effective tool in helping provide professional services to clients. Technology use could include the internet, software used for charting or care plans, or **artificial intelligence**. When using technology, HCAs should continue to confirm the accuracy of their work and understand that errors can occur because of technology. HCAs should use technology as a clinical resource while maintaining the skills needed to make clinical judgments in their work.

HCAs should be careful of professional boundaries when communicating with clients and their family members, co-workers, and supervisor(s) through technology and social media. Technology or social media can confuse the HCA's professional relationship with the client. Appropriate and responsible use of technology and social media also helps an HCA uphold their

legal and ethical duty to protect a client’s privacy and confidentiality while preserving the **integrity of the HCA profession.**

For more information, please see the Standards of Practice for Health Care Aides on Professional Boundaries, Social Media and e-Professionalism Guideline for Health Care Aides, Understanding Privacy Legislation in Alberta interpretive document, and the Confidentiality practice guideline.

Duty to Report

HCA’s must report unsafe practices, unprofessional conduct, or abusive behaviour to the right authority, (such as the employer or the CLHA), even when it involves other care providers. HCA’s may also have ethical or legal obligations to report in different situations. See the *Duty to Report* interpretive document for additional information.

Unprofessional Conduct

Unprofessional conduct while at work can result in disciplinary action by the CLHA, as HCA’s are accountable for their behaviours and actions. Unprofessional conduct may include:

- lacking the skill, knowledge, and judgement to do their job;
- not following the Code of Ethics and standards of practice;
- not following the legislation (such as *Health Professions Act, Freedom of Information and Protection of Privacy, Health Information Act, Personal Information Protection Act,* etc.) that governs HCA’s;
- not following conditions or supervision requirements listed on their practice permit;
- actions that harm a client;
- actions that harm a co-worker;
- conduct that harms the integrity of the HCA profession;
- not responding promptly to communication (e-mail, written letters, phone calls, etc.) from the CLHA;
- not practicing within their scope of practice; or
- not practicing within their individual level of competence and role in the workplace.

CONCLUSION

HCA’s are responsible and accountable for their own decisions, actions, and professional conduct. The commitment to providing safe, competent, and ethical care begins with HCA’s taking care of themselves and maintaining their physical, mental, and emotional health.

Documents are updated frequently. To access the most current version of the related documents and resources, please visit the Knowledge Hub on clha.com.

If after reading this document you have questions, please contact the CLHA’s Professional Practice Team via practice@clha.com or 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

DEFINITIONS

Accountable: the ability to explain why actions were taken or not for a job or task for which the HCA is responsible.

Artificial intelligence: when computers and other forms of technology are able to act and problem-solve similarly to human beings.^v

Authority: refers to the power or right to give orders, make decisions, and enforce obedience. It can also mean the appropriate person to give orders or make decisions. This could include supervisors, managers, employers, charge nurses, or educators.

Client: an individual who receives a professional service from the HCA registrant. The term client is interchangeable with patient and resident, depending on the work setting.

Competent: having the ability, knowledge, or skill to do a task.

Conduct: how someone acts or carries themselves.

Confidentiality: the ethical duty to protect personal and health information about a client.

Conflict of interest: when an HCA's personal (or self-serving) interests are in conflict with the HCA's professional responsibilities.

Continuing Competence Program: a system that supports HCAs to achieve and demonstrate ongoing competence through the completion of learning and practice activities relevant to their job.^{vi}

Duty to report: when an HCA must tell the right authority when the HCA believes another HCA or healthcare professional is committing an act that could negatively impact the client's care.

Ethical: the principle of something being right or wrong.

Fitness to practice: having the physical, mental, and emotional health required to provide safe, competent, and ethical client care.

Govern: to lead, control, or manage an organization or group, often by creating rules and making decisions that guide their actions.

Impaired: when something is weakened or damaged.

Incapacitated: when an HCA suffers from a physical, mental, or emotional condition or disorder or an addiction to alcohol, drugs, or other chemicals that impairs the ability to provide professional services in a safe and competent manner.^{vii}

Integrity: being honest and trustworthy.

Integrity of the HCA profession: the public trust built through members of the profession working within their Standards of Practice and Code of Ethics.

Privacy: the right of a client to have some control over how their personal information or personal health information is collected, used, accessed or disclosed.

Power imbalance: means the power an HCA has over a client due to the HCAs professional position, including their ability to withhold or alter the professional services that the client requires, and the HCA's awareness of and ability to access private information and health information of the client.

Proactive: acting in anticipation of future problems, needs, or changes rather than responding to it after it has happened.^{viii}

Professionalism: the behaviour, skills, and competencies that someone of a particular profession is expected to follow.

Professional boundaries: the behavioural expectations of an HCA that create and maintain a safe relationship between the HCA and clients, or other healthcare providers.

Professional development: gaining new skills and knowledge through continuing education and career training.

Professional service: defined in the *Health Professions Act* as a service that falls within the practice of an HCA. This includes one or more of the following:

- assist and support activities of daily living to provide basic personal care and health services,
- assist in teaching a Health Care Aide certificate program approved by the Council,
- participate in client education and promotion of client wellness across the lifespan,
- teach Health Care Aide techniques and practices to practitioners in the workplace, and
- provide restricted activities provided by the regulation.

Quality: When the health service level provided increases the chance of a desired health outcome.^{ix}

Registrar: the individual responsible for registering HCAs with a regulatory health college and other operations of the college. The CEO of the CLHA is also the Registrar of the CLHA.

Regulatory standards: standards or requirements the regulatory body (CLHA) sets out.

Responsible: duty to provide for the needs of a client following professional and legal standards.

Self-assessment: Looking at yourself to assess certain important areas, which could include your fitness to practice.

Self-regulation: an individual's responsibility and accountability for their decisions, actions, and professional conduct.^x

Wellness: an individual's overall physical, mental, and emotional health.

REFERENCES

ⁱ British Columbia College of Nurses & Midwives (BCCNM), *Licensed Practical Nurses Professional Standards* (2014), 12, https://www.bccnm.ca/Documents/standards_practice/lpn/LPN_ProfessionalStandards.pdf.

ⁱⁱ Merriam-Webster, *Professionalism*, 2024, <https://www.merriam-webster.com/dictionary/professionalism>;

ⁱⁱⁱ University of St. Augustine for Health Sciences, *The importance of Professionalism in Nursing* (2020), [Professionalism in Nursing: Why it's Important | USAHS](#).

^{iv} *Health Professions Act, RSA 2000 c H-7*, s 1(1)(pp)(i)-(ii).

^v IBM, *What is artificial intelligence (AI)?*, 2024, [What is Artificial Intelligence \(AI\)? | IBM](#).

^{vi} College of Licensed Practical Nurses of Alberta (CLPNA). (2023). *Continuing Competence Program Guide*. <https://www.clpna.com/lpn-knowledge-hub/continuing-competence-program-guide/>

^{vii} Canadian Centre for Occupational Health and Safety, *Impairment at Work*, 2024, [CCOHS: Impairment at Work - Policy and Recognition](#).

^{viii} Merriam-Webster, *proactive*, 2024, [Proactive Definition & Meaning - Merriam-Webster](#).

^{ix} The World Health Organization, *Quality of care*, 2024, [Quality of care \(who.int\)](#).

^x CLPNA, *Policy on Professional Responsibility and Accountability*.