

**Consultation report:
Draft Practice Guideline- Working Outside of
Scope of Practice during a Health Emergency**

September 30, 2020

Background and Context

From July 7, 2020 to September 7, 2020, the College sought feedback on the draft *Practice Guideline- Working Outside Scope of Practice during a Health Emergency*. The guideline was developed following questions received from kinesiologists who were re-deployed to other settings during the COVID-19 pandemic. The purpose of the draft guideline was to help kinesiologists understand their duties and obligations when working during a health emergency.

About the College

The College of Kinesiologists of Ontario is a regulatory body that oversees kinesiologists working in the province. It is not a school, and it exists to protect the public. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*.

The College regulates kinesiologists and protects the public by:

- setting [requirements to enter the profession](#) so that only qualified individuals can practise kinesiology.
- maintaining on its website a [list of individuals qualified to practise kinesiology](#), known as the public register, or Find a Kinesiologist.
- developing [rules and guidelines for kinesiologists' practice and conduct](#), including a code of ethics.
- investigating [complaints about kinesiologists](#) and disciplining when necessary.
- requiring kinesiologists to participate in a [program that helps ensure that their knowledge and skills are up-to-date](#), and monitoring that participation.

Consultation process

The College emailed all registrants and stakeholders notice of the consultation on July 7, 2020. A [dedicated webpage](#) was created on the College's website to promote the consultation. Anyone with comments was invited to submit feedback via Survey Monkey or email. Two webinars were held on July 29, 2020 to provide an overview of the draft guideline and to answer questions. The consultation ended on September 7, 2020.

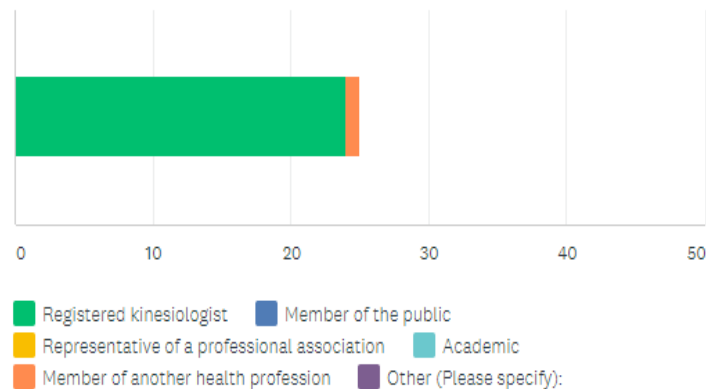
What we heard

Feedback from Survey Monkey

During the consultation period, a survey was available on the College's website to help gather feedback on the draft guideline. Twenty four respondents completed the survey. The vast majority of respondents were registered kinesiologists:

I am a/an:

Answered: 24 Skipped: 0



The survey asked respondents to indicate their agreement and provide comments on the following questions. Respondents were given the opportunity to provide written comments throughout the survey.

- Is the guideline clear about the College's expectations for kinesiologists when working outside of scope during a health emergency?
- Does the guideline provide enough guidance for kinesiologists when working outside of scope during a health emergency?
- Are there considerations the College has not identified/is anything missing in the guideline?
- Is the guideline consistent with the College's mandate to protect the public interest?

To view feedback received from Survey Monkey, [view Appendix A](#).

Feedback from the webinars

Seventeen individuals attended the two webinars. View the [webinar presentation](#) and [recordings](#). Below are all the questions received during the webinar and the College's response. The questions were edited for clarity.

Question	Answer
Can a kinesiologist accept a delegated assigned task from a supervising practitioner during regular circumstances (i.e. not during a health emergency)? Can a kinesiologist accept an assigned task?	Yes. A kinesiologist can accept a delegated task as long as the proper protocols have been followed.
What happens when lack of training or lack of support requires intervention? How will the College support kinesiologists?	Assessment of task-specific competence is the responsibility of the kinesiologist and the supervisor. As a regulated health professional, the kinesiologist must feel personally competent to perform any task directly related to patient/client care.
What should be done if a kinesiologist doesn't have access to a patient's/client's chart? Should the kinesiologist keep their own record when they feel that they should chart on a patient/client when they don't have access to a record? Will there be guidelines on what the proper privacy and security practices to follow when documenting your own records?	Kinesiologists must adhere to the College's standard on privacy and confidentiality. Ideally, records should be available to the entire team of health professionals. Where a kinesiologist in a re-assignment role does not have access to the record or permission to make notations in the record, observations should be reported to a supervisor with a request that a chart notation be made. When not performing kinesiology services while acting in an assigned role under the direction of another health professional, it is the kinesiologist's responsibility to maintain complete records.
Do kinesiologists have the right to refuse work?	The right to refuse work is a matter of labour law and applies differently to some professions or groups. The College cannot comment on a kinesiologist's right to refuse work. This is between the kinesiologist and the employer.
Will there be a need or will there be difficulty finding additional professional liability insurance coverage for re-deployment?	If the kinesiologist is working under the supervision of a doctor or nurse (supervising practitioner), and is not working as a kinesiologist, then the kinesiologist would be covered under the insurance of the supervising practitioner. They would be covered under the insurance if they were acting as directed.

Additional webinar observations

During the webinar, there were several re-occurring concerns as follows:

- Scope of practice versus personal sphere of competence.
- That guidance in relation to many of the questions and concerns is already provided in the current standards and guidelines or in legislation.
- Liability insurance when a kinesiologist is re-deployed to perform functions or tasks generally not included in the practice of kinesiology.
- Instructions to the kinesiologists working outside of their normal practice were not clear.

How we used the feedback received

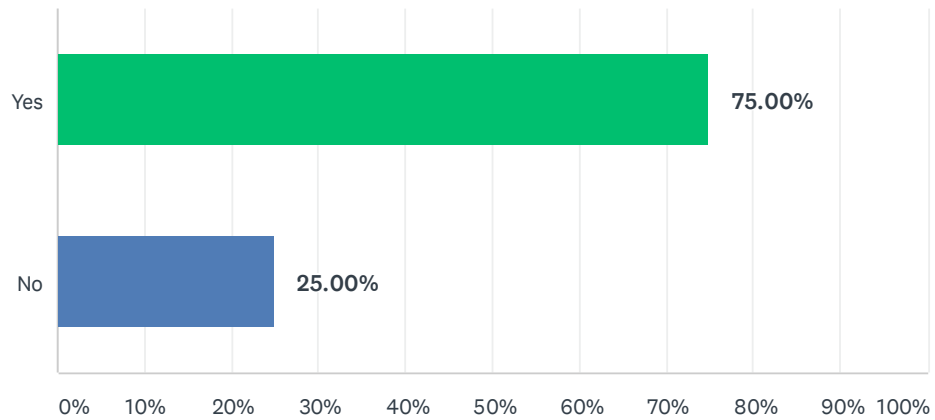
At its meeting on September 14, 2020, Council was briefed on the feedback received during the consultation. The College recommended an FAQ format rather than a guideline to allow flexibility and timely response to rapidly evolving situations. [View the re-deployment FAQs.](#)

Appendix A: Online survey feedback

The following pages show each question from Survey Monkey and the feedback the College received.

Q2 Is the guideline clear about the College's expectations for kinesiologists when working outside of scope during a health emergency?

Answered: 24 Skipped: 0



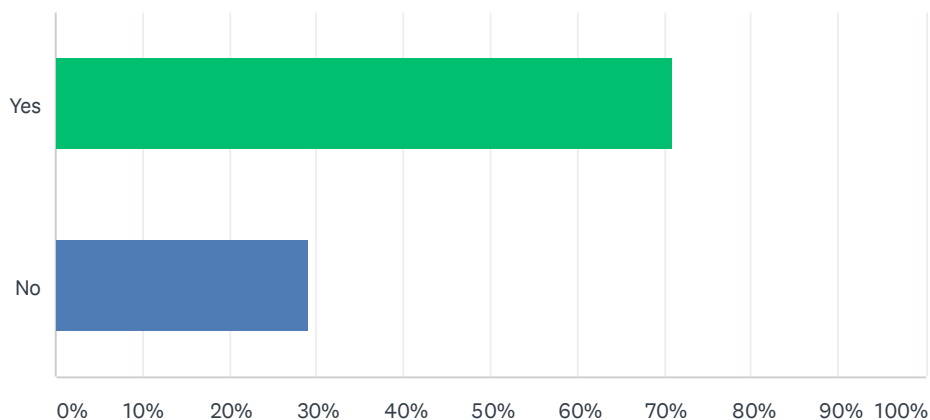
ANSWER CHOICES	RESPONSES	
Yes	75.00%	18
No	25.00%	6
Total Respondents: 24		

Provide your feedback!

#	COMMENTS:	DATE
1	The guidelines are very clear and thorough.	9/1/2020 9:16 AM
2	Having a guideline about such a vague subject is challenging. It is a good start, but should be updated as needed. Ie if there is a second round of covid this should be made covid specific	8/20/2020 12:25 PM
3	Although the college is clear about its expectations, there may be room to create more concrete accountability. Declaration of working outside of scope perhaps? Notation of what specifically is outside of their scope, has the role been risk assessed? who is providing training (person or company)?, will the task/ role be directly supervised or independent?	8/10/2020 4:34 PM
4	The guideline is confusing and uses as examples tasks that are not outside of scope. Additionally, the guideline on Scope of Practice, Controlled Acts and Delegation already covers this, as does the RHPA when it speaks about exemptions for emergencies.	8/4/2020 4:41 PM
5	under the new guidelines we are able to do the things we were already allowed to do...ie lifts....hummm, so are we no longer able to do lifts, what other things am I no longer able to do that I was ok to do before	7/29/2020 2:26 PM
6	More clarity on what not within scope no matter what/how much training provided. What if Kine had short training but still not comfortable? SDM were not available, Pts in LTC always changed consent, caused problmes with assigned work. Covid door screener were not charting. Think need to reach out to more Kines who were redeployed to get idea of what roles they covered.	7/14/2020 12:58 PM
7	For a Kinesiologist working in a hospital and was put onto a nursing assignment when I no longer had any patients (due to outbreak and no admissions) this was very helpful as I had questions about tasks such as bathing and peri-care.	7/11/2020 11:11 AM
8	At least as far as direct patient /client care. Other non-patient centred may also be assigned, these are less addressed. Items such as "monitoring access/egress of a facility", facility cleaning.	7/10/2020 5:01 PM
9	There are so many issues and problems with is draft proposal. It seems that the College has no grasp of Kinesiology in general. This is far beyond the professional, technical, and legal scope of the College and there authority under current RHPA legislation. Clearly both the public and practitioners are at risk with this proposed misadventure. More importantly it is entirely unworkable and a gross overstepping of the College demonstrating both its ignorance and arrogance to suggest such a proposal.	7/7/2020 8:44 AM
10	It appears to cover all the areas of concern	7/7/2020 8:30 AM

Q3 Does the guideline provide enough guidance for kinesiologists when working outside of scope during a health emergency?

Answered: 24 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	70.83% 17
No	29.17% 7
Total Respondents: 24	

#	COMMENTS:	DATE
1	It covers any questions/concerns that I would have in working outside of scope.	9/1/2020 9:16 AM
2	It doesn't give guidance that is clear and we shouldn't be working outside of scope unless we are having something delegated to us in which case the guideline on delegation applies. There also seems to be confusion about scope of practice for the profession versus individual scope. The examples given are within our scope - lifting and transferring of patients which many of us teach to other health care professionals.	8/4/2020 4:41 PM
3	inappropriate example provided	7/29/2020 2:26 PM
4	Examples, suggestions to solve problems and links provided to applicable standards should be in sections	7/14/2020 12:58 PM
5	Checking your liability insurance was a great point to add in, this was something I forgot to do when I was working outside of my scope.	7/11/2020 11:11 AM
6	As I understood it, the limitation when working outside of scope is your personal level of competency and the authorization to do the assigned tasks. If this is correct, then the document conveys that point clearly enough.	7/7/2020 9:21 AM
7	Doesn't seem and is not demonstrated that the College understands what it is talking about or there legal authority over its members. There are fare more questions than answers .	7/7/2020 8:44 AM
8	Because there is direction in getting further information and guidance	7/7/2020 8:30 AM

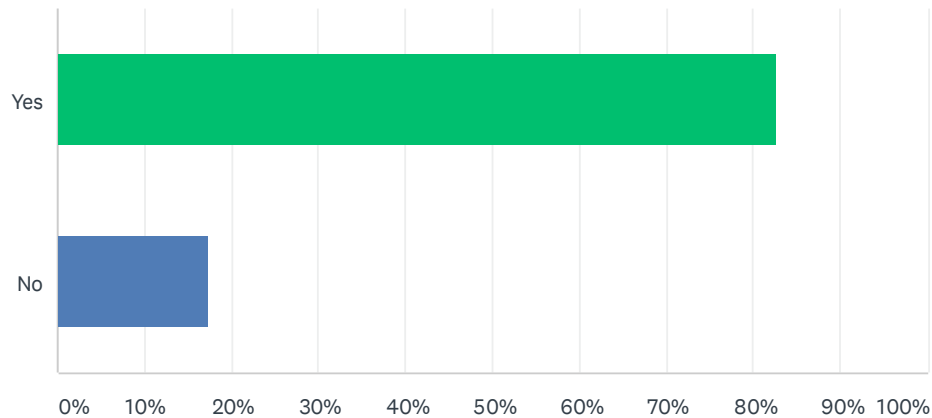
Q4 Are there considerations the College has not identified/is anything missing in the guideline?

Answered: 19 Skipped: 5

#	RESPONSES	DATE
1	None that I can think of at this time.	9/1/2020 9:16 AM
2	n/a	8/20/2020 3:27 PM
3	I did not understand how controlled measures fit in	8/20/2020 12:25 PM
4	Mentioned above	8/10/2020 4:34 PM
5	This guideline should not be published. What should be considered is why it is necessary at all when everything discussed is already covered in other standards and guidelines. It is confusing and incorrect on a number items	8/4/2020 4:41 PM
6	it is possible	7/29/2020 2:26 PM
7	Nothing that I can think of.	7/17/2020 11:04 AM
8	Yes please see other comments	7/14/2020 12:58 PM
9	See #2 above. Some concern if the redeployment is to non-patient/unusual tasks.	7/10/2020 5:01 PM
10	no think it's pretty clear, staying within our own practice/guidelines	7/9/2020 8:27 AM
11	I think it is good. I think there is good evidence to making sure the kinesiologist works on increasing their knowledge in their new work setting and having competent resources available to assist with complex or unique situations as they arise.	7/8/2020 6:06 AM
12	No. We have to keep it general	7/7/2020 2:13 PM
13	No, it is very clear, I would have liked to see it come out earlier as I have been practicing for over a month now.	7/7/2020 12:50 PM
14	Maybe the aspect of decline duties that the member is not comfortable to performing	7/7/2020 11:47 AM
15	The section regarding insurance is vague. However if insurance coverage is dependent on each organization covering the newly assigned tasks to out-of-scope practitioners, then not much more really can be said.	7/7/2020 9:21 AM
16	There are so many deficiencies and problems with this one has to wonder what was the purpose of its production. Who was consulted to produce this? Was there any legal consultation?	7/7/2020 8:44 AM
17	No	7/7/2020 8:38 AM
18	Not that I identified	7/7/2020 8:30 AM
19	N/a	7/7/2020 7:01 AM

Q5 Is the guideline consistent with the College's mandate to protect the public interest?

Answered: 23 Skipped: 1



ANSWER CHOICES	RESPONSES
Yes	82.61% 19
No	17.39% 4
Total Respondents: 23	

#	COMMENTS:	DATE
1	While I trust the intent was good, this simply does not help protect the public. If the profession receives mixed and confusing messages from the College it is likely to make mistakes. The guide has a narrow interpretation of protecting the public interest. It does not take into consideration some of the reasons health professions were regulated in the public interest. For example one of the reasons for regulation is to ensure access to health care services. In the case of the pandemic having R.Kins. perform, non-traditional but within scope activities like transfers and delegated activities like nasal swabs, allows for access to services that the public might not otherwise be able to access during this emergency.	8/4/2020 4:41 PM
2	the guideline appears to be removing some of the services already being provided by R. Kin's, who does that protect?	7/29/2020 2:26 PM
3	Missing clarity, details, examples, how to solve concerns.	7/14/2020 12:58 PM
4	Not at all and it now puts there members at risk.	7/7/2020 8:44 AM

Provide your feedback!

Q6 Additional comments:

Answered: 6 Skipped: 18

#	RESPONSES	DATE
1	n/a	8/20/2020 3:27 PM
2	I suggest not moving ahead with this guideline. I've mentioned above just a few difficulties, but it also does not encourage inter-professional collaboration and inclusion of R.Kins. in record keeping. As well it appears to be a reactionary, rather than a well thought out document.	8/4/2020 4:41 PM
3	I left the webinar concerned	7/29/2020 2:26 PM
4	Wondering if you should have anything around kinesiologists who are in management roles that are involved with leading teams of kinesiologists and/or other healthcare professionals through these emergencies. Important for them to gain competency, seek appropriate medical resources to review and assist with unique situations. Thank you for putting this together!	7/8/2020 6:06 AM
5	Start over from the beginning.	7/7/2020 8:44 AM
6	Good work.	7/7/2020 8:30 AM