

POSITION STATEMENT

***Scope of Practice and
Maintenance of Competency***

The College of Respiratory Therapists of Ontario (CRTO), through its administration of the *Regulated Health Professions Act* (RHPA) and the *Respiratory Therapy Act* (RTA) is dedicated to ensuring that respiratory care services provided to the public by its members are delivered in a safe and ethical manner. We believe that the position outlined, and the guidance provided, serve both the interest of the patient and the members of the College, by ensuring that the appropriate level of care provider performs a procedure and is authorized in accordance with the legislation/regulations/policies and/or guidelines of the health care professional.

The advancement of team-based, interprofessional care has contributed to the continued evolution of the practice of Respiratory Therapy. Coupled with this is increased pressure on the health care system to ensure optimal utilization of available health care resources. These factors have created a need to examine the scope of practice of the profession to ensure, where possible, that Respiratory Therapists (RTs) are working to their full scope safely and in the best interest of patients. This position statement aims to provide guidance to RTs when determining what tasks they can undertake as part of their clinical practice.

When considering whether or not an activity should be performed, Members can be guided by asking questions related to these key areas:

1. Is it clinically appropriate, i.e., in the best interest of the patient?
2. Is it within the scope of practice of Respiratory Therapy?
3. Is it within my individual scope of practice?, i.e., do I have the requisite competencies (knowledge, skills & abilities) to undertake the activity?
4. Is it a controlled act or within the public domain?
5. If the activity is a Controlled Act, am I legislatively authorized to perform the activity or do I require delegation?
6. Is an order required and does my employer have a policy by which I am authorized to perform it?



SCOPE OF PRACTICE

Section 3 of the RTA states:

The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.

A given profession does not have exclusive rights to provide service within their defined scope. Therefore, there is nothing to prevent unregulated practitioners from providing services within a regulated profession's scope of practice, provided they have the appropriate authorization and competencies (e.g., Physician Assistants performing an arterial puncture via delegation). Also, the RHPA recognizes that scopes of practice overlap significantly between health professions. The intent of the scope of practice statement is merely to provide a frame of reference for the tasks that a given profession undertakes, regardless of whether they are controlled acts or fall within the public domain.

It is important to note that the scope of practice of an individual practitioner is generally a subset of the overall scope of practice of a profession. This individual scope is based on the Member's clinical experience and demonstrated competencies.

COMPETENCY

It is crucial to understand that having the authority to perform a given procedure or treatment within one's scope of practice does not mean that it is appropriate to do so. Some skills are taught within the RT educational programs and included in the National Competency Profile (NCP). Other skills are considered to be expectations beyond core competencies and are obtained by virtue of the Member's clinical practice. Regardless, it is the responsibility of each individual RT to make a determination of competency before undertaking any aspect of patient care. This is articulated in the CRTO Standards of Practice document, which is available at www.crto.on.ca/pdf/Standards_of_Practice.pdf.

For example, the CRTO currently has a requirement that Members complete a certification program approved by the College prior to performing any advanced prescribed procedures below the dermis. Individual employers may also have their own requirements for establishing performance readiness for certain controlled acts, such as intubation. Within and beyond any established requirements by either the College or the employer, it is incumbent on the individual RT to make his/her own determination of competency. Having a means to verify that competency, such as learning packages, record of in-services, etc., is encouraged.



AUTHORITY

Legislative authority

The RHPA identifies those activities that carry significant risk to patients; these are known as "controlled acts". Controlled acts are authorized to certain regulated health care professionals through their respective profession-specific acts. All acts that are not considered to be controlled acts fall into the "public domain". For RTs, the controlled acts authorized to the profession are listed in the RTA and are as follows:

- 1) Performing a prescribed procedure below the dermis (controlled act # 2)
- 2) Intubation beyond the point of the nasal passages where they normally narrow or beyond the larynx (controlled act # 6ii and iii);
- 3) Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx (controlled act # 6ii and iii);
- 4) Administering a substance by injection or inhalation (controlled act # 5).

This means that RTs are authorized to perform procedures that are identified as falling within these acts, provided there are no terms, conditions or limitations preventing them from doing so. The CRTO has developed a guidance document for its Members regarding the controlled acts that are legislatively authorized to RTs and what activities might fall under those acts. Please see the CRTO professional practice guideline (PPG) on Interpretation of Authorized Acts at www.crto.on.ca/pdf/PPG/interpretation.pdf

In addition to the RHPA and the RTA, there are a number of regulations that need to be considered when identifying scope of practice issues. These include:

- *Forms of Energy Regulation* (O. Reg. 107/96)
- *Public Hospitals Act* (O. Reg. 965 - Hospital Management)
- Regulations under the RTA, such as:
 - ▶ *Professional Misconduct Regulation* (O. Reg. 753/93)
 - ▶ *Prescribed Procedures Regulation* (O. Reg. 596/94)

Authorizing mechanisms

Members must ensure that the proper authorizing mechanisms are in place, whether it be a direct order, delegation or through a medical directive. The Federation of Health Regulatory Colleges of Ontario has developed templates for medical directives and delegation; these can be found at: <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp>.

Employer authority

Members should also ensure that performing an activity is consistent with specific employer policies.

When determining whether to perform a specific activity, Members should consider the following:

