

Clause-By-Clause Comparison Chart

ONTARIO REGULATION 753/93 PROFESSIONAL MISCONDUCT

Current	2025 Proposed Revisions	Rationale
1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:		No change.
THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS AND CLIENTS		
1. Contravening a term, condition or limitation imposed on the member's certificate of registration.	1. Contravening, by act or omission , a term, condition or limitation imposed on the member's certificate of registration.	The proposed language clarifies that, in the interest of patient/client safety, members are required to inform their employers if they have terms, conditions or limitations on their certificates of registration.
2. Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.	2. Contravening, by act or omission, or failing to maintain a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.	This change is intended to make the language more concise while retaining the meaning of the clause. Adding "by act or omission" will also cover concerns where the member does not disclose information to the CRTC, as required by the CRTC standards of practice.
3. Doing anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent.	3. Doing anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent.	Minor grammar edits to improve the clarity of the clause.

Current	2025 Proposed Revisions	Rationale
4. Delegating a controlled act set out in subsection 27 (2) of the <i>Regulated Health Professions Act, 1991</i> , in contravention of the regulations.	4. Delegating a controlled act set out in subsection 27 (2) of the <i>Regulated Health Professions Act, 1991</i> , to another person unless that person has the knowledge, skill and judgement to perform the controlled act., in contravention of the regulations.	This change is intended to clarify that a member must not delegate a procedure to an individual whom they do not reasonably believe has the competence to perform the procedure. (Delegation of Controlled Acts Professional Practice Guideline).
	4.1 Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skills and judgment to perform the controlled act.	As outlined in the Delegation of Controlled Acts Professional Practice Guideline , an RT is responsible for ensuring that they have the requisite competency to perform a procedure before accepting delegation.
5. Abusing a patient or client.		No change.
	5.1 Abusing a person, other than a patient or client, with whom the member has a professional relationship or, in relation to whom the member is in a position of authority or trust.	<p>The proposed clause clarifies that abuse of any person with whom the member has a professional relationship, or with whom the member is in a position of authority or trust (including a colleague or student), is prohibited.</p> <p>The clause is consistent with the CROTO's Standards of Practice (Standard 12 Professional Boundaries / Therapeutic & Professional Relationships).</p>

Current	2025 Proposed Revisions	Rationale
6. Practising the profession while the member's ability to do so is impaired by any substance.	6. Practising the profession while the member's ability to do so is impaired by any substance or condition, which the member knew or ought to know would impact the member's ability to practise.	The proposed language is consistent with the CROTO's Standards of Practice (4 - Competence / Ongoing Competence) . It may refer to situations where, for example, a member is excessively fatigued due to working several consecutive shifts. The "ought to know" addition allows for comparison to a reasonable person standard, should the member attempt to claim a defense of "lack of knowledge" about the substance or condition.
7. Recommending, dispensing or selling medical gases or equipment for an improper purpose.	7. Recommending, dispensing or selling or administering medical gases, substances or equipment for an improper purpose.	The proposed language is meant to reflect current practice because Respiratory Therapists (RT) can administer drugs via injection or inhalation (e.g., aerosols, IV, IM, ID & sub-Q medications). .
	7.1 Administering a drug or substance for an improper purpose.	CROTO members may, in the course of their practice, administer drugs and substances. The proposed clause refers to situations, where, for example, an RT would administer hyperbaric oxygen therapy (HBOT) for an off-label purpose not approved by Health Canada.
8. Discontinuing, without reasonable cause, professional services that are needed unless, i. i. the patient or client requests the discontinuation, ii. ii. alternative services are arranged, or		No change.

Current	2025 Proposed Revisions	Rationale
iii. the patient or client is given reasonable opportunity to arrange alternative services.		
9. Failing, without reasonable cause, to fulfil the terms of an agreement for professional services other than an employment agreement, with a health care facility, unless, <ul style="list-style-type: none"> i. the health care facility requests the termination of the agreement, ii. alternative services are arranged, or iii. the health care facility is given reasonable opportunity to arrange alternative services. 		No change.
10. Practising the profession while the member is in a conflict of interest.		No change.
11. Giving information about a patient or client to a person other than the patient or client or his or her authorized representative except with the consent of the patient or client or his or her authorized representative or as required by law.	11. Giving Disclosing information about a patient or client to a person other than the patient or client or his or her their authorized representative except , unless such disclosure is made with the consent of the patient or client or his or her their authorized representative or as required by law.	This change is intended to improve the clarity of the clause. It also incorporates gender inclusive language.
12. Breaching an agreement with a patient or client relating to professional services for the patient or client or fees for such services.		No change.
13. Failing to reveal the exact nature of any remedy or treatment used by the member following the patient's or client's request to do so.		No change.

Current	2025 Proposed Revisions	Rationale
	<p>13.1 Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the <i>Regulated Health Professions Act, 1991</i>, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to perform or is beyond their scope of practice.</p>	<p>To further outline members' responsibilities as set out in the CRTO's Standards of Practice: Standard 4 Competence/Ongoing Competence.</p> <p>For example, an RT is caring for a patient/client in their home, and the patient/client's tracheostomy stoma has become severely infected, requiring a physician to prescribe antibiotics. However, the RT does not advise the patient or their authorized representative that they should consult with their primary care physician, and the patient becomes septic.</p>
	<p>13.2 Making a representation about a remedy, treatment, device or procedure for which there is not a generally accepted scientific or empirical basis for such a representation.</p>	<p>To prevent recommendations for remedies, treatments, devices, or procedures lacking a generally accepted scientific or empirical basis, that may put patients/clients at risk.</p>
	<p>13.3 Failing to provide a patient or the patient's authorized representative, when requested, with information about how to contact the College.</p>	<p>The proposed clause clarifies that members have an obligation to provide the patient/client with information about how to contact the CRTO if asked. For example, if a patient/client is being argumentative about their treatment and threatens to complain to the CRTO, the member has an obligation to provide the patient/client with the CRTO's contact information if asked by the patient/client.</p>

Current	2025 Proposed Revisions	Rationale
REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS		
14. Using a term, title or designation in respect of the member's practice in contravention of the regulations.	14. Using a term, title or designation in respect of connection with the member's practice in contravention of the regulations.	This change is intended to improve the clarity of the clause.
15. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession.		No change.
	15.1 Failing to identify themselves by name and registration number, upon request in the course of practising the profession.	The proposed clause clarifies that members have an obligation to identify themselves in the course of practising the profession. It is consistent with the CRTC's Standards of Practice under Professional Responsibilities (13) and the Registration & Use of Title Professional Practice Guideline .
	15.2 Permitting, counselling or assisting a person who is not a member to represent themselves as a person who is qualified to practise in Ontario as a member of the College.	The proposed clause clarifies that members are not permitted to counsel or assist others who are not members to represent themselves as qualified to practise in Ontario. For example, an RT who owns a home care company hires a former member of the CRTC to set up patients/clients on CPAP and provides them with a business card that states "Respiratory Therapy Services" on it.
RECORD KEEPING AND REPORTS		
16. Falsifying a record relating to the member's practice.		No change.

Current	2025 Proposed Revisions	Rationale
17. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time to the patient or client or his or her authorized representative after the patient or client or his or her authorized representative has requested such a report or certificate.	17. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time to the patient or client or his or her their authorized representative after the patient or client or his or her their authorized representative has requested such a report or certificate.	This change is intended to incorporate gender inclusive language.
18. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement.	18. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement.	The proposed language clarifies members' obligations when signing or issuing a document in the member's professional capacity. For example, documenting the intubation of a neonate but failing to document that it took 4 attempts. The "ought to know" addition allows for comparison to a reasonable person standard, should the member attempt to claim a defense of "lack of knowledge" that what they were documenting was false or misleading.
	18.1 Failing to keep records in accordance with the standards of practice of the profession or a published standards of the College.	Appropriate documentation continues to be a challenge for many RTs. Often when the CRTO receives a complaint or report related to clinical practice, documenting below the Standards of Practice (STD 7) is one of the allegations. For example, not documenting a patient/client's refusal to consent to intubation.

Current	2025 Proposed Revisions	Rationale
BUSINESS PRACTICES		
19. Submitting an account or charge for services that a member knows is false or misleading.		No change.
20. Charging a fee that is excessive in relation to the service rendered.		No change.
21. Failing to disclose the fee schedule or payment structure prior to delivery of services or failing to provide the patient or client with sufficient time to refuse the treatment and arrange for alternative services.		No change.
22. Failing to itemize an account for fees charged by the member for professional services rendered, <ul style="list-style-type: none"> i. if requested to do so by the patient or client or the person or agency who is to pay, in whole or in part, for the services, or ii. if the account includes a commercial laboratory fee. 		No change.
23. Selling any debt owed to the member for professional services; this does not include the use of credit cards to pay for professional services.		No change.
	23.1 Offering or giving a reduction for prompt payment of an account.	The proposed language clarifies that members cannot offer or give reductions for prompt payment of fees. Reducing fees for prompt payments may pressure patients into making quick financial decisions and disadvantage those with limited means. The clause is consistent with the CRTO's Standards of Practice (STD 1) .

Current	2025 Proposed Revisions	Rationale
	<p>23.2 Charging a block fee unless,</p> <ul style="list-style-type: none"> i. the patient or client is given the option of paying for each service as it is provided, ii. a unit cost per service is specified, iii. the member agrees to refund the patient or client the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service. 	<p>This clause applies to RT services provided in the community (CPAP, long-term tracheostomy care, etc.). Block fees are payments made in advance of services or treatments being provided, for example, asking a patient/ client to pay for five visits up front. The clause is consistent with the Advertising Regulation, specifically ss. 23.2(f) and the CROTO's Standards of Practice (STD 1).</p>
	<p>23.3 Charging a fee or accepting payment from a patient or client respecting services which have been paid for by the Ministry of Health or any other agency.</p>	<p>Oxygen therapy vendors receive funding through the Ontario Ministry of Health Assistive Devices Program (ADP). The proposed clause clarifies that it would be inappropriate for a CROTO member to charge a patient/client any fee in addition to that which is provided through ADP.</p>
MISCELLANEOUS MATTERS		
<p>24. Contravening the Act, the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.</p>		<p>No change.</p>
<p>25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the <i>Public Hospitals Act</i> if,</p> <ul style="list-style-type: none"> i. the purpose of the law, by-law or rule is to protect public health, or ii. the contravention is relevant to the member's suitability to practise. 	<p>25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital healthcare facility where the member provides professional services within the meaning of the <i>Public Hospitals Act</i> if,</p> <ul style="list-style-type: none"> i. the purpose of the law, by-law or rule is to protect public health, or ii. the contravention is relevant to the 	<p>CROTO members practice in a variety of settings. This change is intended to reflect that they are responsible for practicing in accordance with any relevant legislation or rule regardless of where the member provides professional services.</p>

Current	2025 Proposed Revisions	Rationale
	member's suitability to practise.	
26. Failing to comply with an order of a panel of the Complaints Committee, Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee.	26. Failing to comply with an order of a panel of the Inquiries, Complaints and Reports Committee , Discipline Committee, Fitness to Practise Committee, or Quality Assurance Committee or Registration Committee .	Revised to reflect the <i>Regulated Health Professions Act</i> and CRTC practices.
27. Failing to carry out an undertaking given to the College or an agreement entered into with the College.		No change.
28. Influencing a patient or client to change his or her will or other testamentary instrument.	28. Influencing a patient or client to change his or her their will or other testamentary instrument.	This change is intended to incorporate gender inclusive language.
29. Engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.		No change.
30. In the case of a former member whose certificate of registration is suspended, engaging in the practice of respiratory therapy while the certificate is suspended.		No change.
	31. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.	Related to clause 26 (above), an oral caution could be ordered by a panel of the ICRC following their deliberations of a case.
	32. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.	Members agree to inform the CRTC of any change to the information provided during the application or registration renewal process. The proposed clause

Current	2025 Proposed Revisions	Rationale
		clarifies members obligations in ensuring that the information is accurate.
	33. Failing to report an incident of unsafe practice or unethical conduct of a member.	To be consistent with the Standards of Practice (STD 13) and A Commitment to Ethical Practice guidelines that outline members' obligations to report. See also Mandatory Reporting by Members Fact Sheet .
	34. Misappropriating property from a patient or client, or place.	The proposed clause clarifies that misappropriation of property from a patient, client, or workplace is prohibited. It reinforces the fundamental expectation of trust between members and patients/clients.
	35. Engaging in conduct unbecoming of a respiratory therapist.	The proposed clause clarifies that members are expected to uphold the standards of integrity, professionalism, and trust expected by the public. A significant portion of the cases that are reviewed by the Inquiries, Complaints and Reports Committee are related to allegations of inappropriate conduct. Appropriate and professional conduct and communication is an expectation of every regulated health professional. To behave badly also reflects on the profession of respiratory therapy as a whole.
	36. Failing to appropriately supervise a person whom the member is professionally obligated	The proposed clause addresses members' responsibilities when

Current	2025 Proposed Revisions	Rationale
	to supervise.	<p>supervising a person whom the member is professionally obligated to supervise. This may include regulated or non-regulated individuals, including students. For example, it would address a member's failing to directly supervise a student RT performing a controlled act for the very first time.</p> <p>This change is consistent with the CRTC's Standards of Practice (STD 15 – Supervision) and the Responsibilities of Members as Educators Professional Practice Guideline.</p>