

Standards of Practice Consultation Summary

Background

As a regulatory body, the College of Respiratory Therapists of Ontario (CRTO) is responsible for developing and maintaining Standards of Practice that support safe, competent, and ethical Respiratory Therapy (RT) care. These Standards outline the level of quality and professionalism the public can expect from Respiratory Therapists. CRTO Members are professionally accountable to practice in accordance with these Standards.

The most recent update to the CRTO Standards of Practice document was in 2019. Since then, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) has developed a national framework for RT standards, building on CRTO's existing model. This work was completed in May of this year, and several updates were recommended as part of that process. In September 2025, Council agreed that these amendments be incorporated into the CRTO Standards of Practice, and approved the revised version for consultation.

Summary of Changes

- The following terms have been updated in the **Glossary**:
 - Business Practices
 - Competent
 - Communicate
 - Conflict of Interest
 - Incapable/Incapacity
 - Informed Consent
 - Patient/Client
 - Professional/Professionalism
 - Personal Scope of Practice
 - Professional Scope of Practice
 - Reasonable Person
 - Sensitive Practice
 - Timely
- **Standard 1: Business Practices**
 - Revised Patient/Client Expected Outcome Statement
Patients/clients can expect that business practices comply with relevant legislation and that the products, services, and care provided by RTs adhere to business practices that are ethical, accurate, truthful, and not misleading.

- **Standard 2: Collaboration/Interprofessional Collaboration**
 - Added the following Performance Requirement - RTs:
Foster inter-professional collaboration and uphold public trust by cooperating with regulatory bodies of other professions in investigative processes.
- **Standard 4: Competence/Ongoing Competence**
 - Added the following Performance Requirement- RTs:
Must refrain from practising the profession while the member's ability to do so is impaired by any substance, illness or other condition which the member knew or ought to have known would impair the member's ability to practise.
- **Standard 7: Documentation & Information Management**
 - Added the following Performance Requirement – RTs:
Must be clear in their documentation what care they provided themselves and what care was provided by others.
- **Standard 9: Infection Prevention & Control**
 - Reworded the following Performance Requirement – RTs:
Adhere to established standard procedures/practices and apply additional precautions when required.
 - Added the following Performance Requirement – RTs:
Adhere to public health directives and all employer policies related to infection prevention and control.
- **Standard 10. Patient/Client Assessment & Therapeutic Procedures**
 - Reworded the following Performance Requirement – RTs:
Refuse to perform a procedure/task when it is not in the patient/client's best interest, document the refusal and propose necessary alternative actions.
 - Added the following Performance Requirements – RTs:
Use a collaborative approach to patient care and safety.

Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.

Maintain an awareness of potential biases in diagnostic tools and strive to ensure equitable and accurate assessments for all patient/client populations.
- **Standard 11. Privacy/Confidentiality**
 - Reworded the following Performance Requirement – RTs:
When using electronic communication tools (e.g., social media, audiovisual recordings), take precautions to ensure that conversations and sharing of

information via other mediums regarding patients/clients' information, including names, addresses, and other identifying details, is not shared with those who are not directly involved in their care.

- **Standard 12. Professional Boundaries / Therapeutic & Professional Relationships**
 - Reworded the following Performance Requirement – RTs:
Treat all patients and clients equitably without discrimination on any basis, while recognizing their individual needs and levels of physical or cognitive ability.

- **Standard 13. Professional Responsibilities**

- Reworded the following Performance Requirements – RTs Responsibilities to the CRTO:
Self-report to the CRTO any necessary information within 30 days of the effective date of the change. This includes notifying the CRTO of any updates to the information provided on their previous registration renewal form or application for registration, including changes to personal contact information, employment, and/or professional registration and conduct information.

Those who function as an employer must report to the CRTO, in accordance with regulatory requirements, the following:

- i. *Whenever they terminate, suspend or impose restrictions on the employment of a Member for reasons of professional misconduct, incompetence or incapacity; and*
- ii. *Where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.*

Ensure that all documents or records used in a professional capacity (e.g., patient/client records, business cards) include, at a minimum, their name and professional designation (e.g. RRT).

- Added the following Performance Requirements – RTs Responsibilities to the CRTO:
Strictly comply with the terms and requirements of any order imposed by the CRTO or any agreement that they enter into with the CRTO.

Must provide information about, or facilitate access to, the CRTO when requested.

- Added the following Performance Requirements – RTs Responsibilities to the Profession and the Public:

If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.).

Must adhere to the requirements of their employer (e.g., employment policies, procedures, code of conduct, etc.).

- **Standard 15. Supervision**

- Reworded Standards Statement

Respiratory Therapists (RTs) must employ appropriate strategies and professional behaviours for working under supervision and when supervising others in order to support the delivery of safe, competent, ethical patient/client-centred care.

- Reworded the following Performance Requirement – RTs:

Only provide supervision for those tasks for which the supervising individual has the competency to perform and that fall within their professional scope of practice and/or scope of employment.

- Added the following Performance Requirement – RTs:

Must not supervise others in the performance of any intervention that is part of a controlled act not authorized to RTs.

- Added a New Section entitled “Respiratory Therapists Under Supervision”. RTs:

Only receive supervision for those tasks which the supervising individual has the competency to perform and that fall within the supervising individual’s professional scope of practice and scope of employment.

Comply with relevant regulatory requirements related to supervision.

Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.

Adhere to the supervision requirements included as part of any Terms, Conditions and Limitations (TCLs) imposed on their certificate of registration.

- All related Resources and References were updated as required.

Public Consultation

The draft revised Standards of Practice were posted for consultation on the CRTO website on October 21, 2025. A link to the consultation survey was also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts and the November e-blast.

The consultation survey received 78 views, and eight respondents completed it. All respondents found the proposed revisions to be clear and understandable.

Date consultation opened: October 21, 2025

Date consultation closed: November 30, 2025

Length of time consultation was open: 40-days

CONSULTATION FEEDBACK

78 Viewed

8 Completed

10% Percent Completed
(Views vs. Completions)

Outcome

The Standards of Practice and the consultation feedback were reviewed and subsequently approved by Council on December 12, 2025.