College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

REVISION TO THE CRTO STANDARDS OF PRACTICE

October 2025 Consultation

To view the proposed Standards of Practice revisions HERE

SUMMARY OF CHANGES

- The following terms have been updated in the **Glossary:**

Business Practices	Professional/Professionalism
Competent	Personal Scope of Practice
Communicate	Professional Scope of Practice
Conflict of Interest	Reasonable Person
Incapable/Incapacity	Sensitive Practice
Informed Consent	Timely
Patient/Client	

- **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.
  > (pg. 7 in the draft-revised version)

- **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.
  > (pg. 9 in the draft-revised version)

- **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.
  > (pg. 15 in the draft-revised version)

- **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.
  > (pg. 23 in the draft-revised version)

- **Standard 9: Infection Prevention & Control**

  Reworded the following Performance Requirement – RTs:

  > Adhere to established standard procedures/practices and apply additional precautions when required.
  > (pg. 27 in the draft-revised version)

  Added the following Performance Requirement – RTs:

  > Adhere to public health directives and all employer policies related to infection prevention and control.
  > (pg. 28 in the draft-revised version)

- **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.
  > (pg. 30 in the draft-revised version)

  Added the following Performance Requirements – RTs:

  > Use a collaborative approach to patient care and safety.
  > (pg. 30 in the draft-revised version)

Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.
(pg. 31 in the draft-revised version)

Maintain an awareness of potential biases in diagnostic tools and strive to ensure equitable and accurate assessments for all patient/client populations.
(pg. 31 in the draft-revised version)

- **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.
  (pg. 33 in the draft-revised version)

- **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.
  (pg. 35 in the draft-revised version)

- **Standard 13: Professional Responsibilities**

  Reworded the following Performance Requirements – RTs Responsibilities to the CRTO. RTs:

  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.
  (pg. 39 in the draft-revised version)

  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.
(pg. 39 in the draft-revised version)

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).
(pg. 40 in the draft-revised version)

Added the following Performance Requirements – RTs Responsibilities to the CRTO. RTs:

Strictly comply with the terms and requirements of any order imposed by the CRTO or any agreement that they enter into with the CRTO.
(pg. 40 in the draft-revised version)

Must provide information about, or facilitate access to, the CRTO when requested.
(pg. 40 in the draft-revised version)

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

If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.).
(pg. 41 in the draft-revised version)

Must adhere to the requirements of their employer (e.g., employment policies, procedures, code of conduct, etc.).
(pg. 41 in the draft-revised version)

- **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-centered care.
(pg. 48 in the draft-revised version)

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.
(pg. 48 in the draft-revised version)

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.
> (pg. 48 in the draft-revised version)

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.
> (pg. 48 in the draft-revised version)
>
> Comply with relevant regulatory requirements related to supervision.
> (pg. 48 in the draft-revised version)
>
> Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.
> (pg. 48 in the draft-revised version)
>
> Adhere to the supervision requirements included as part of any Terms, Conditions and Limitations (TCLs) imposed on their certificate of registration.
> (pg. 49 in the draft-revised version)

- **All related Resources and References were updated as required**