

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



### Supervision

**Type:** Professional Practice Policy

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**Section:** PP

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### 1.0 POLICY STATEMENT

It is the College of Respiratory Therapists of Ontario's (CRTC) policy that Members who may be required to perform authorized acts under **supervision** according to terms, conditions, and limitations (TCLS) applied to their certificate of registration perform their duties as set out in this policy.

### 2.0 PURPOSE

Respiratory Therapists (RT) may be required to provide supervision to student RTs (SRT), Graduate RT's (GRT) and other Members of the profession who have TCLs in the performance of controlled acts authorized to the profession, as outlined in the [Interpretation of Authorized Acts Professional Practice Guideline \(PPG\)](#).

It is a shared accountability between the supervisor and the supervisee to ensure that the supervision requirement is met (direct or indirect), that documentation is accurate, and that the performance of the authorized act is done competently.

Safe and effective patient care is the priority in all supervisory situations.

### 3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all individuals who hold a certificate of registration with the CRTC. Members registered in the Inactive Class are not authorized to practice or supervise the practice of the profession.

There are two types of supervision requirements: **direct** and **indirect (general)**.

1. **Direct** supervision requires the supervisor to be always personally present. It is required if, for example, a panel of the Registration Committee imposes the condition that an RT "may only perform a controlled act, authorized to Respiratory Therapy, for the purpose of gaining competence in that procedure if performed

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under the **direct supervision** of a regulated health professional who is authorized to perform the controlled act.” Note, other committees can also impose supervision requirements.

An example of **direct supervision** would be a supervising RT, physically observing and guiding the performance of arterial blood gas procurement by an RT with the TCL, as outlined in the example above. Documentation (as detailed in Documentation section below) must reflect that it was performed under direct supervision, with the supervising RT co-signing.

2. **Indirect (General)** supervision requires that a supervisor be available within 10 minutes notice to assist if needed. For example, a Member registered with a Graduate Certificate of Registration (GRT) “may only perform a controlled act that is authorized to the profession if it is performed under the **general supervision** of a Member of a College within the meaning of the *Regulated Health Professions Act, 1991* (RHPA) who, the Member holding the graduate certificate has reasonable grounds to believe, is authorized to perform the controlled act and is competent to do so and who is available to be personally present<sup>2</sup> at the site where the authorized act is performed on ten minutes notice”.

An example of **indirect (general) supervision** would be a GRT applying CPAP to a new patient/client while the supervising RRT (Registered Respiratory Therapist) is available in person or virtually, within 10 minutes, to assist with the procedure.

Although students are not Members of the CRTO, according to an exception in RHPA (section 29), they are permitted to perform controlled acts under the **supervision or direction** of a Member of the profession while fulfilling the requirements to become a Member of that health profession.

Members whose certificates of registration are subject to a supervision requirement (direct or indirect) are not permitted to supervise others in the performance of any intervention that falls under a controlled act authorized to respiratory therapists.

#### 4.0 RESPONSIBILITIES

The degree or type of supervision deemed necessary is, in part, the professional responsibility and judgment of the Member who is providing the supervision or direction required. A Registered Respiratory Therapist providing supervision also assumes some responsibilities as an educator. However, a Member who is practicing Respiratory Therapy (including controlled acts) is accountable for their practice and adhering to the TCLs imposed on their certificate of registration. Students are also accountable for their practice and to their academic program.

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<sup>2</sup> In emergency situations (e.g., pandemics) “personally present” includes by remote/virtual connection.



When assigning care, the supervising RT must:

- assign only activities that they have the knowledge, skill, and judgement to perform.
- ensure that the supervised person has the knowledge, skill, and judgement to deliver safe and competent care.

## 5.0 DOCUMENTATION

Where a student or Member is performing procedures under direct supervision, they must document in the patient/client's health record that they have performed the procedure(s) under "direct supervision".

It is the responsibility of the Member or student carrying out the procedure(s) to ensure complete documentation of the patient contact in the patient/client record. This includes having the supervisor co-sign the entry in the patient/client record. Anyone reading the documentation must clearly be able to identify that the requirements of "direct supervision" have been met. The Member/student's signature and that of the co-signing supervisors verify the information provided and give assurance that the record of the activity, assessment, behaviour, or procedure is accurate and complete.

Procedures performed under general supervision do not need to be co-signed by the supervisor.

## 6.0 RELATED DOCUMENTS

- [Registration & Use of Title Professional Practice Guideline](#)
- [Regulated Health Professions Act, 1991](#)
- [Interpretation of Authorized Acts Professional Practice Guideline](#)

## 7.0 CONTACT INFORMATION

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