



## OBLIGATIONS OF A REGULATED HEALTH PROFESSION

CARTA'S Standards of Practice are derived from the following obligations of a regulated health profession, to:

1. *Provide professional, safe and quality services to the public.*
  2. *Be accountable for their professional practice.*
  3. *Adhere to the Code of Ethics.*
  4. *Possess a specialist body of knowledge.*
  5. *Demonstrate competent application of professional knowledge.*
  6. *Abide by continuing competence requirements.*
  7. *Sexual Misconduct*
  8. *Professional Services to Spouse*
- Glossary*

### 1. *Provide Professional, Safe and Quality Services to the Public*

**The RRT uses a patient-focused approach to provide safe, quality care to patients, inherent with the privilege of self governance. The RRT:**

- 1.1. Uses clinical judgement, including determining any contraindications prior to any intervention, to assess, treat, manage and evaluate the patient's health care needs, on an ongoing basis.
- 1.2. Consults when necessary with other regulated health care practitioners, and (where appropriate) with regulated health care workers, prior to initiating treatment.
- 1.3. Evaluates the patient's progress toward the achievement of anticipated clinical outcomes, and maintains, revises or discontinues treatment, in consultation with the patient and other regulated health care professionals.
- 1.4. Communicates effectively with patients, family and the health care team regarding the patient's respiratory and health status, and progress with respect to the treatment plan.
- 1.5. Protects and maintains the patients' rights to privacy, safety, dignity and confidentiality.
- 1.6. Manages available resources effectively and efficiently in meeting patients' needs.
- 1.7. Uses critical thinking skills and competencies to analyze, synthesize and apply information to improve the quality, efficiency and effectiveness of patient care.
- 1.8. Recognizes their competency limitations, and when necessary seeks assistance, guidance, and expertise from others.
- 1.9. May refuse to provide professional health services, if in the RRT's professional opinion, the ordered service or procedure may be detrimental to the patient's health status or may otherwise be inappropriate. In these circumstances, the RRT will convey their professional opinion to the practitioner who ordered the service.

### 2. *Is Accountable for Their Professional Practice*

**The RRT is accountable to the College and the public to ensure their practice meets legislative and professional requirements. The RRT takes accountability and intervenes – rather than watching, waiting, documenting or commenting. The RRT:**

- 2.1 Ensures they are in good standing with CARTA, and where possible and time permits, contributes to the College's self-governance and related activities.

- 2.2 Assumes accountability and responsibility for their professional competencies, in part through participating in the Continuing Competency Program. This includes developing and maintaining the RRT's competencies through conducting annual competency assessments, determining their strengths and learning needs, and undertaking measures to meet these learning needs.
- 2.3 Ensures their professional practice complies with the HPA, Respiratory Therapists Profession Regulation, Bylaws, Standards of Practice, Code of Ethics, College Policies and procedures, and Employer Policies and Procedures.
- 2.4 Appropriately documents, on paper and/or electronic form, all information regarding initial assessments, patient response to therapeutic interventions and follow-up and discharge plans.
- 2.5 The RRT ensures that all documentation is legible, comprehensive, concise and pertinent. The RRT notes the date and time of each chart entry and affixes their protected title or initials on all documentation. The RRT co-signs entries into the patient/client care record made by students.
- 2.6 Collaborates with others in the delivery of inter-disciplinary team health care services.

### 3. *Adheres to the Code of Ethics*

**The RRT practices within the ethical guidelines of the profession. The RRT:**

- 3.1 Demonstrates, through example and behaviour, adherence to CARTA's Code of Ethics (noted in the third attachment).
- 3.2 Supports ethical behaviour in practice, education and research.
- 3.3 Reports unsafe practice and unprofessional conduct by CARTA's regulated members to CARTA's "Complaints Director", particularly in circumstances that may jeopardize patient care and/or bring the profession's reputation into disrepute.
- 3.4 Protects the patient's right to autonomy, respect, confidentiality and access to information, in accordance with applicable federal and provincial legislation.

### 4. *Possesses a Specialist Body of Knowledge*

**The RRT is knowledgeable about the biological, physiological, medical, social and psychological sciences inherent in respiratory therapy health services. The RRT:**

- 4.1 Develops and maintains their knowledge of the biological, physical, social and psychological arts and sciences, consistent with the national competency profile.
- 4.2 Possesses knowledge relevant to the role and responsibilities of area of practice.
- 4.3 Assumes responsibility for their personal and professional development.
- 4.4 Acts as teacher, advisor and mentor to students, peers and members of the health team and patients.
- 4.5 Promotes ongoing development and growth of knowledge of the profession by engaging in education and research.

### 5. *Demonstrates the Competent Application of Professional Knowledge*

**The RRT competently applies the body of knowledge to the assessment, treatment and management of patients. The RRT:**

- 5.1 Performs a comprehensive assessment of patient's status to formulate goals and objectives to meet patient health care needs.
- 5.2 Develops action and treatment plans based upon patients' conditions.
- 5.3 When possible, continually and formally evaluates their provision of health care services through peer reviews and debriefings, management reviews and other quality assurance mechanisms. The intent of continuous evaluation is to improve patient safety and quality of care. The concept of evaluation is consistent with performance management, which implies benchmarking, research, evaluation and a "systems level" of thinking.

5.4 Applies knowledge gained from evidence informed practices, experience, clinical judgement and research findings.

## 6. *Abides by Continuing Competence Requirements*

**The RRT demonstrates commitment to life long learning and “currency in practice”, inherent in the privilege of being a self-governing profession. The RRT:**

- 6.1 Strives for professional excellence by participating in and promoting self-assessment and feedback from others to review and implement changes in practice.
- 6.2 Invests the time, effort and resources needed to maintain and/or improve the competencies required in the area of practice.
- 6.3 Uses an organized and focused approach in assessing their level of competence based on evidence informed practices, determining the competency requirements identifying their learning needs, and then developing a strategy to address those learning requirements.
- 6.4 Develops and maintains their competence through conducting annual competency assessments, determining their strengths and learning needs, and undertaking measures to meet their learning needs, based on evidence informed practices.

## 7. *Regulated members and former regulated members MUST NOT sexually abuse or engage in sexual misconduct with a patient. A patient will be defined as a person who is receiving, is likely to receive, or has received any professional service directly from a regulated member or former member regardless of whether or not the professional service has been requested by the person, prescribed or ordered by any other party.*

- 7.1 Regulated members must maintain professional boundaries in all interactions with patients including but not limited to:
  - 7.1.1.1 Obtaining informed consent for sensitive examinations such as chest auscultation or obtaining femoral arterial blood samples;
  - 7.1.1.2 Using appropriate examination techniques when touching sensitive or personal areas of the body, including but not limited to breasts, anus etc.;
- 7.1.2 Providing privacy while the patient is undressing or dressing or;
- 7.1.3 Where applicable provide adequate draping.
- 7.2 A regulated member must consider and minimize any potential conflict of interest or risk of coercion when engaging with a patient in a non-clinical context (i.e., in a personal, social, financial or business relationship).
- 7.3 Regulated members must not:
  - 7.3.1 Make sexual comments or gestures toward a patient or their family members;
  - 7.3.2 Enter into a close personal or sexual relationship with a patient or any person with whom a patient has a significant interdependent relationship (e.g. parent, guardian, child or significant other);
  - 7.3.3 Request details of a patient’s sexual or personal history unless related to the patient’s care;
  - 7.3.4 Socialize or communicate with a patient for the purpose of pursuing a close personal or sexual relationship; or
  - 7.3.5 Terminate a patient-registered respiratory therapist relationship for the purpose of pursuing a close personal or sexual relationship unless done with the consent of the patient and suitable arrangements have been made in advance for the transfer of care to another registered respiratory therapist and the circumstances are fully disclosed to that registered respiratory therapist;
- 7.4 Notwithstanding section 7.3.5 a regulated member must not enter into a close personal or sexual relationship with a patient unless 1 year has passed since the last professional service was

provided. Factors that must be considered when determining if it is appropriate to enter into a sexual relationship with a former patient may include:

- 7.4.1 The number of times that the regulated member and the patient had a professional interaction;
- 7.4.2 The duration of the professional relationship;
- 7.4.3 The nature of the professional interaction;
- 7.4.4 Whether sufficient time has passed since the last professional interaction occurred;
- 7.4.5 Whether the patient has confided personal information to the regulated member beyond that which was necessary for the purposes of receiving professional services;
- 7.4.6 Whether the patient was emotionally dependent on the regulated member; and/or;
- 7.4.7 Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.
- 7.5 Regulated members and former regulated members **MUST NOT** sexually abuse or engage in sexual misconduct with a learner.
  - 7.5.1 Make comments or gestures of a sexual nature toward any learner;
  - 7.5.2 Enter into a close personal or sexual relationship with a learner while directly or indirectly responsible for precepting, mentoring, teaching, supervising or evaluating that learner;
  - 7.5.3 A regulated member who has a close personal or sexual relationship with a learner or a subordinate registered respiratory therapist, or has had such a relationship within the past 3 years, must:
    - 7.5.3.1 Notify applicable clinical and academic leaders of the relationship with the learner;
    - 7.5.3.2 Not be involved in any role teaching or evaluating the learner and;
    - 7.5.3.3 Not be involved in any discussion of the performance of the learner.

## 8. **Professional Services to Spouse**

- 8.1 A regulated member may provide professional services to a spouse or an adult interdependent partner in urgent circumstances where no other care provider is available.

### **Glossary**

#### **For the purpose of the Standards of Practice:**

- A **patient** will be defined as a person who is receiving, is likely to receive, or has received any professional service directly from a regulated member or former member regardless of whether or not the professional service has been requested by the person, prescribed or ordered by any other party.
- A **spouse** in relation to a regulated member or former member means a person who is the regulated member's or former member's spouse or a person who has lived with the regulated member or former member in a conjugal relationship continuously for a period of not less than 3 years.
- A **former patient** will be defined as a person who has NOT received any professional service from a regulated or former member for a period of 1 year or longer.
- **Regulated member** means any person who is on any register identified in sections 3, 6 or 7 of the Respiratory Therapists Profession Regulation.
- A **former regulated member** is a person who has been on any register identified in sections 3, 6 or 7 of the Respiratory Therapists Profession Regulation in the previous 2 years.
- A **learner** includes but is not limited to any student enrolled in an education program or other health professional learner.
- **Sexual Abuse** is defined in section 1(1)(nn.1) of the Health Professions Act for the purpose of addressing a complaint, and means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:
  - i. Sexual intercourse between a regulated member and a patient of that regulated member;
  - ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
  - iii. Masturbation of a regulated member by, or in the presence of, a patient of that regulated member;
  - iv. Masturbation of a regulated member's patient by that regulated member;
  - v. Encouraging a regulated member's patient to masturbate in the presence of that regulated member;
  - vi. Touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by a regulated member.
- **Sexual Misconduct** is defined in section 1(1)(nn.2) means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.
- **Sexual nature** does not include any conduct, behaviour or remarks that are appropriate to the service provided.