



**College of Respiratory
Therapists of Ontario**

**Ordre des thérapeutes
respiratoires de l'Ontario**

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

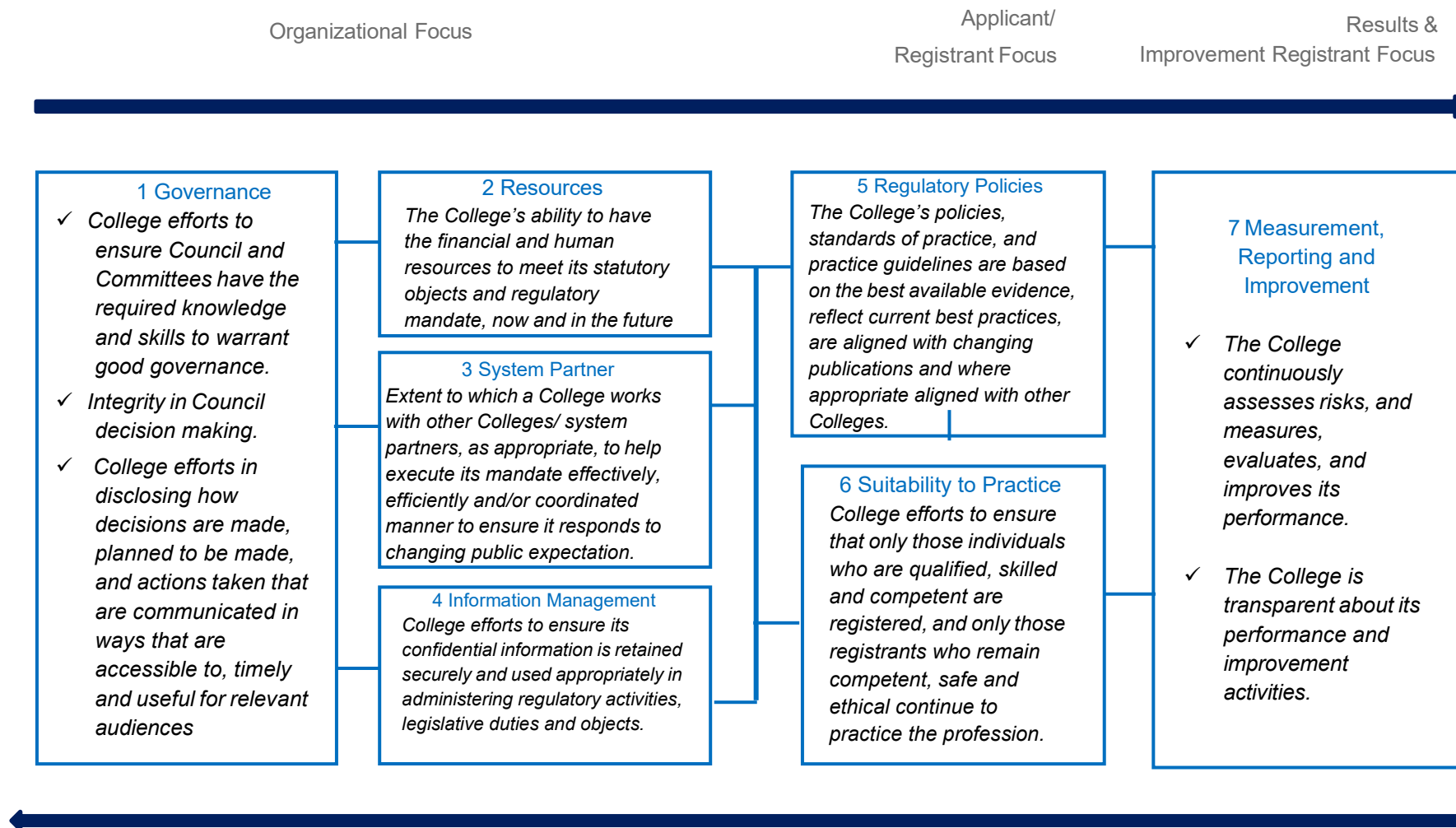


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

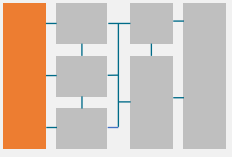
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. Meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>A Nomination Form is completed by professional members prior to their election/appointment to Council, which outlines our current competency and suitability criteria (Step 2 – Self-Declaration, Step 3 – Candidate Statement and Step 5 – Competency Profile). This is based on the CRTO’s Council & Committee Competency Profile, which received final approval by Council at the December 1, 2023 meeting (pg. 108 – 112).</p> <p>At its March 3, 2023, meeting (pg. 33 – 90), Council approved revisions to the CRTO By-Laws (By-Law 2: Council and Committees) to ensure all information relevant to the CRTO’s election and appointment processes are contained within the By-Laws, such as Members’ Eligibility for Elections. One of the eligibility requirements is that professional members must complete the College’s online orientation module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of orientation training: 20 minutes • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Online format with knowledge assessment components throughout the module. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The CRTO has developed an online Council and Committee Orientation eLearning Module entitled “Before you Volunteer” that professional members seeking nomination to Council are required to complete in advance. This requirement is now included in the CRTO’s By-Laws [approved at the March 3, 2023, Council meeting (pg. 33 – 90)]. This online module includes a knowledge assessment component. The topics covered in this module are as follows:</p> <ul style="list-style-type: none"> • The role of a regulatory body and the mandate of the CRTO; • The legislated responsibilities of Council; • The necessary elements of good governance; • The responsibilities of a Council member (e.g., confidentiality, objectivity, accountability, etc.); and • A brief overview of the Committees and their respective time commitments. <p>In addition, information regarding election timelines, eligibility, and the nomination process is publicly available on the CRTO Elections web page, which includes a Council & Committee FAQs page that provides information about the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. The Council and Committees webpage was revised in 2023 to provide updated and more accessible information about CRTO’s committees and their mandates.</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Professional and public members who wish to be considered for a committee appointment must first complete an online application form that outlines our current competency and suitability criteria. The criteria are based on the CRTC's Council & Committee Competency Profile, which received final approval by Council at its December 1, 2023 meeting (pg. 108 – 112). These criteria have been incorporated into the respective application forms:</p> <ul style="list-style-type: none"> Professional Committee Appointee Application Public Committee Appointee Application <p>At its March 3, 2023, meeting (pg. 33 – 90), Council approved revisions to the CRTC By-Laws (By-Law 2: Council and Committees) to ensure all information relevant to the CRTC's election and appointment processes are contained within the By-Laws, such as:</p> <ul style="list-style-type: none"> Professional Committee Appointee Eligibility Public Committee Appointee Eligibility <p>One of the eligibility requirements is that statutory committee candidates must complete the College's online orientation module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.</p>	<p>Yes</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. 20 minutes Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Online format with knowledge assessment components throughout the module Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>The CRTO has developed an online Council and Committee Orientation eLearning Module that professional and public members seeking appointment to a committee are required to complete in advance. This module includes a knowledge assessment component. The topics covered in this module are as follows:</p> <ul style="list-style-type: none"> The role of a regulatory body and the mandate of the CRTO; The legislated responsibilities of Council; The necessary elements of good governance; The responsibilities of a Council member (e.g., confidentiality, objectivity, accountability, etc.); and A brief overview of the Committees and their respective time commitments. <p>In addition, information regarding the nomination and appointment process is publicly available on the CRTO Council and Committees webpage, which includes a Council & Committee FAQs page that provides information about the roles and responsibilities of Council and committee members and College staff, time commitments, how committee appointments are determined, etc. The Council and Committees webpage was revised in 2023 to provide updated and more accessible information about CRTO’s committees and their mandates.</p> <p>Committee-specific orientations are provided by staff and/or legal counsel at the start of each calendar year. These orientation sessions are usually conducted virtually and include an overview of the committee's role and mandate, relevant legislation, and training related to procedural fairness, bias, conflict of interest and confidentiality. In addition, the CRTO developed a series of online learning modules related to financial literacy, governance, meeting preparation, etc. All new Committee members are expected to complete this training.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	

<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 13) and 2022 CPMF Report (pg. 13).</p>		
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>		
<p>Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>		
<p>Required Evidence</p>	<p>College Response</p>	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The CRTO retained an external consultant to evaluate our March 3, 2023, Council meeting. The results of this evaluation were presented to Council at its May 26, 2023, Council meeting (pg. 80 – 93). This external evaluation formed the basis of the CRTO Council Evaluation Framework. The framework received final approval by Council at its December 1, 2023 meeting (pg. 113 - 131) with the intention that it be applied at every Council meeting moving forward. At the end of each Council meeting, professional and public members complete an online Council Meeting Evaluation Survey.</p>		

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> Every 3 years. The next one will be in 2026. • Please indicate the year of last third-party evaluation. <p>The CRTO retained an external consultant to evaluate our March 3, 2023, Council meeting. The results of this evaluation were presented to Council at its May 26, 2023, Council meeting (pg. 80 – 93). The CRTO intends to conduct the third- party Council assessment every three years.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>At the end of each Council meeting, professional and public members complete an online Council Meeting Evaluation Survey, at which time they are asked about their suggestions for ongoing education.</p> <p>At the CRTO 2023 Annual Chairs Dinner on May 25, 2023, Deanna Williams of Dundee Consulting Group provided a presentation on “Applying Principles of Right Touch Regulation” to the committee Chairs and Vice-Chairs, as well as CRTO staff.</p> <p>On May 26, 2023, after the CRTO Council meeting, there were two educational events that focused on risk management (Education Session Agenda):</p> <ol style="list-style-type: none"> 1. Jonathan Bracamonte from HIROC (Healthcare Insurance Reciprocal of Canada) provided a presentation on “Cybersecurity: Insurance Requirements & Implications”. 2. Rob Quail from Robert Quail Consulting conducted a Risk Management Workshop. <p>Every new Council & Committee member is required to complete the following training via online elearning modules that the CRTO has created (these are housed within the Council & Committee portion of the online portal on the CRTO website):</p> <ul style="list-style-type: none"> • Role of the Chair • Committee • Regulatory Framework • Language of Finance • Annual Financial Audit • Monitoring Progress • Meeting in a Virtual World 		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional):		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>As mentioned in the previous measurement, the focus of the CRTO’s 2023 Council Education Day was risk management. Also, as outlined in the CRTO Risk Management Framework, Council is ultimately responsible for the oversight of the CRTO’s risk management strategy and policy direction. This includes monitoring CRTO’s activities and maintaining oversight of risks that can impact CRTO’s strategic objectives. To this end, in 2023, the CRTO developed a reporting template to provide regular risk management reports to Council. For an example of the report, please see the December 1, 2023, Council meeting package (pg. 101-107).</p> <p>In relation to Diversity, Equity and Inclusion, CRTO contracted the services of Canadian Equality Consulting to develop an action plan of items and establish timelines for their completion. Council has regularly been updated on the initiatives identified within the Action Plan, the purpose of these initiatives, and the actions taken. At each Council meeting, staff present the CRTO’s Strategic Plan Progress Tracking Report, which includes the progress the College is making on its DEI initiatives. For an example, please see the December 1, 2023, Council meeting package (pg. 35).</p> <p>Health Profession Regulators of Ontario’s (HPRO) EDI Organizational Self-Assessment and Action Guide (including Equity Impact Assessment Tools) is helping the CRTO better understand public expectations. Training opportunities continue to be identified, and the CRTO will participate in HPRO training for all Colleges as part of HPRO membership.</p> <p>The CRTO will be following the guidance for demonstrating commitment to EDI at the Board level, including representation, awareness, and appointments), and mitigating unconscious bias in decision making at both system and personal levels (see page 41 of the HPRO EDI Organizational Self-Assessment and Action Guide).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure:		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The CRTO Council Code of Conduct and Conflict of Interest Guidelines previously existed in policy and in the 2019 version of the CRTO By-Laws. Beginning in 2021, the Conflict-of-Interest Policy was incorporated into the revised CRTO By-Laws (By-Law 2 - Council and Committee - Schedule A). The key elements relating to the Council Code of Conduct (Schedule A - Part 1) and Conflict of Interest (Schedule A - Part 2) are as follows:</p> <ul style="list-style-type: none"> • Council's fiduciary duties, as well as the expectations regarding accountability, competence, and integrity, diversity & inclusion • Clear definition of what is, and what is not, considered to be a conflict of interest for a Council and/or Committee member • How conflict of interests can be avoided • Managing personal bias <p>The CRTO By-Laws are reviewed every three years or more frequently as required. Since 2021, the By-Laws were reviewed and revised in 2022 and 2023.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p>The CRTO’s code of conduct and conflict of interest guidelines will be reviewed using HPRO’s EDI Organizational Self-Assessment and Action Guide, specifically using guidance on meaningful and safe engagement, types of feedback, applying an intersectional lens, and equity in consultations. The CRTO will examine its organizational policies and procedures to identify opportunities for reducing barriers to equity, diversity, and inclusion leading to EDI and anti-racism being ingrained in the College’s culture (see page 57 of the HPRO’s EDI Organizational Self-Assessment and Action Guide).</p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 22).</p>	<p>Met in 2022, continues to meet in 2023</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 22). The cooling off period is outlined in By-Law 2: Council and Committees - s2.07 and 2.08.</p>	<p>Met in 2022, continues to meet in 2023</p>

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <ul style="list-style-type: none"> i. The CRTO created a conflict-of-interest questionnaire for Council and Committee members to complete prior to each meeting, and this process was implemented at the March 4, 2022 Council meeting (Item 2.0). The Conflict-of-Interest Declarations are included in each Council meeting minutes. ii. The online questionnaire includes a link to the portion of the CRTO By-Laws that contains a definition of conflict of interest (By-Law 2 - Council and Committee - Schedule A - Part 2). iii. To ensure that there is no conflict specific to the materials being discussed at the Council meeting, the Council meeting agenda is shared with Council members prior to a Council member completing the conflict-of-interest questionnaire. This ensures that any specific conflicts with agenda items can be declared, and allows for a more customized conflict check specific to the materials being covered at the Council meeting. Staff will review any declarations to further consider if a declaration (if not actual) can still be perceived as a conflict. The questionnaire is completed online by all members prior to the meeting, and the outcome is reported and becomes part of the minutes at the meeting. iv. At the beginning of each Council meeting, Council Chair will do a verbal conflict check announcement to ensure that Council members’ declarations have not changed subsequent to the Council members completing their conflict declaration questionnaire. Further, conflict of interest is also addressed annually by having each Council/Committee member complete a Record of Affiliations (for example, see the Sample Election Candidate Nomination Form, pg. 6-7). This allows them to identify in advance any organizations or individuals with whom they have a relationship, which may translate into an actual, potential or perceived conflict of interest. The Record of Affiliations is reviewed and updated annually. Conflicts of interest declarations for ICRC, Quality Assurance & Registration matters involving CRTO members are made in advance (via email) of establishing each respective panel. 	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 24). A more recent example of how the public interest rationale is articulated and how the items for Council’s decision are linked to the CRTO’s Strategic Direction can be found in the December 1, 2023 Council Meeting Materials package (pg. 38).</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p>	
	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities outlines the College's commitment to developing a comprehensive Risk Management Framework to identify and monitor internal and external organizational risk.</p> <p>In 2022, the CRTO embarked on the development of a comprehensive, organization-wide Risk Management Framework. The farmwork was approved at the December 2, 2022 Council meeting (pg. 90-01). The purpose of the framework is to establish and maintain a systemic approach to risk management, integrating risk management into strategic planning, project and operations management and reporting.</p>	

Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.

Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.

Strategic Direction - Core Business Practices

- **Key Priority - A Comprehensive Risk Management Framework**

- Risk Management workshop ([Education Day Agenda](#))
- Quarterly Risk Register reporting template presented to Council starting in September 2023 ([September 22, 2023 Council meeting package](#), pg. 55-60)
- All members’ paper records moved to a digital format (Spring 2023)
- Implemented the Membership Fee Assessment Tool ([March 3, 2023, Council meeting](#), pg. 213 – 220 & [May 26, 2023, Council meeting](#), pg. 199 - 200)
- Approved a fee increase for the 2024/25 registration year to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest ([September 22, 2023, Council meeting minutes](#))
- Cybersecurity training for CRTO staff was completed in October 2023 (Security Awareness Month) and November 2023 (Phishing Campaign)

- **Key Priority - Clear financial alignment with strategic priorities.**

- Establishment of new Investment Management Services ([March 3, 2023, Council meeting](#), pg. 223 - 253)
- Revised Signing Officer & Authorized Personnel-Banking & Investment Policy ([March 3, 2023, Council meeting](#), pg. 254 - 259)
- Appointment of new Auditor for 2023- 2024 ([May 26, 2023, Council meeting](#), pg. 63 - 72)

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (if needed)

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>	
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Currently, the full Council packages are posted on the CRTO website (dating back to May 2021). The approved Council meeting minutes for that same time period are also posted on the same webpage. Beginning in December 2022, the CRTO began posting Council Meeting Highlights (for the most recent Council meeting).</p> <p>There is a notation on the Council Meetings webpage stating that status updates can be obtained from the Registrar upon request. In addition, we have added a notation that Council packages, minutes and meeting highlights can be obtained in French upon request.</p> <p>The CRTO also presents to Council and posts on its website a quarterly Strategic Plan Progress Report, which provides updates on the implementation of Council decisions related to the strategic initiatives.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>The upcoming meeting date and the four most recent Executive Committee meeting minutes are posted on the CRTO website. In addition, an Executive Committee report is provided at every Council meeting and is included in the Council meeting material posted on our website prior to each Council meeting (e.g., December 1, 2023 Council meeting package - pg. 155).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 28). Council meeting materials can be accessed on the Council Meetings webpage.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> Please insert a link to the College’s Notice of Discipline Hearings. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 28).</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		

Measure:	
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.	
Required Evidence	College Response
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>The CRTO has used HPRO’s EDI Organizational Self-Assessment and Action Guide to assist in the development and implementation of our DEI Strategy plan. We are ensuring that proposed measures to address adverse impacts and/or the new or amended policy, program, or standards are implemented appropriately, considering feasibility, sustainability, and accountability (see page 71 of the HPRO EDI Organizational Self-Assessment and Action Guide).</p> <p>For a copy of the CRTO’s DEI strategy, click here.</p> <p>Strategic Direction - Core Business Practices</p> <ul style="list-style-type: none"> Key Priority - Embedding the principles of diversity, equity, and inclusion in College processes. <ul style="list-style-type: none"> In 2023, the CRTO embarked on phase 3 of the DEI Strategy with the development of the DEI Steering Committee. This Committee consists of several members of the Patient Relations Committee (PRC) and two CRTO staff members. The DEI Steering Committee met for a brainstorming session in early May, which was facilitated by the CEC consultants. CEC sent out the draft Action Plan. The following objectives were achieved in 2023: <ul style="list-style-type: none"> Embed more structure into CRTO's approach to compensation, career advancement, and HR policy <ul style="list-style-type: none"> Participated in a sector-wide compensation survey to establish competitive compensation ranges for each staff position. Communicated the recommended compensation range to all employees. Acknowledge the diversity across CRTO through the celebration of various culturally significant days. <ul style="list-style-type: none"> Conducted an internal survey to identify which key holidays, celebrations, and culturally significant days each staff member recognizes and would like to celebrate.

		<ul style="list-style-type: none"> • Developed a calendar with key days highlighting that CRTC is committed to acknowledging as an organization and how the organization plans on celebrating these days or events. ▪ Creating a sense of belonging, community and safety across the organization. <ul style="list-style-type: none"> • Created opportunities for employees to engage and build connections by creating a Social Committee, which consists of staff representatives. The Committee focuses on staff events, activities, and learning to foster inclusivity. ○ Encouraged the use of pronouns in email signatures, on conference call platforms and in personal meeting introductions. ○ In 2023, the CRTC identified several Key Performance Indicators (KPIs) in relation to its DEI strategy and started reporting on these KPIs in the quarterly Strategic Direction Updates (for example, see the September 22, 2023, Council package, pg. 17-37). 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. CRTC Equity Impact Assessment Framework • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>Between 2022 and 2023, the CRTC obtained the services of Canadian Equality Consulting (CEC) to assist in the assessment of current CRTC policies and to establish a framework under which all new policies and updates to current policies would be considered through a DEI lens. Using its policy evaluation framework, the CEC examined the CRTC Employee Handbook and Accessibility Standards Policy through an equity lens by asking the following questions:</p> <ol style="list-style-type: none"> 1. Are there individuals or groups that could be disproportionately affected? 2. Does it perpetuate or help to dismantle barriers for marginalized groups? 3. Does it reinforce any negative stereotypes? 4. Is it written in clear and accessible language? 5. Does it use the most up-to-date and inclusive language? 6. Does it contribute to advancing DEI? 	

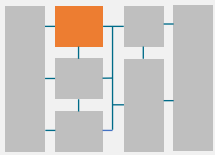
			<p>On review of the two policies, the CEC consultants identified the following strengths:</p> <ul style="list-style-type: none"> • The CRTO Employee Handbook covers several critical policies/pieces that are needed for effective DEI work within any organization. It is unique for organizations with small employee headcounts to have such a comprehensive employee handbook. <ul style="list-style-type: none"> ○ This policy includes CRTO’s diversity statement and desired outcomes right below the organizational mandate, which indicates that CRTO considers this work to be of high importance. The CRTO’s commitment to DEI is clear. ○ The policy outlines the opportunity for employees to take an additional 3 days (on top of the statutory holidays) throughout the year to observe religious holidays or days of significance. This is a best practice in DEI and will support CRTO in attracting and retaining employees from various cultural and religious backgrounds. ○ Based on the feedback received by the CEC consultants, in November 2023 the CRTO added an Employee Performance Review & Compensation Policy to the Employee Handbook. • The Accessibility Standards Policy follows structural best practices with process-related information (i.e., information on the available training and education).
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>As part of the policy review, the CEC consultants provided the following opportunities for improvement:</p> <ul style="list-style-type: none"> • The CRTO Employee Handbook should include the CRTO Land Acknowledgement. • The CRTO should create a separate DEI Policy that builds on the diversity statement in the Employee Handbook. The objectives of a DEI policy include aligning DEI with organizational values, explaining one’s individual role in promoting DEI, highlighting employee expectations regarding inclusive behaviours, and offering any reporting mechanisms in case an employee witnesses or experiences behaviour that conflicts with the DEI policy. <p>At this time, in relation to policy development, the CRTO is currently in the “Reactive Phase” of the HPRO EDI Organizational Self-Assessment and Action Guide.</p>			

<p>INACTIVE No action has been taken No evidence of improved EDI outcomes</p> <ul style="list-style-type: none"> • There is no EDI consideration in policies, practice standards and guidelines 	<p>REACTIVE Limited or partial action has been taken Unknown/unclear connection between actions and outcomes</p> <ul style="list-style-type: none"> • Limited EDI consideration in policies, current practice standards and guidelines • Review of policies, practice standards and guidelines through an EDI-lens is being planned. 	<p>PROACTIVE Substantial action has been taken Clear connection between action and outcomes</p> <ul style="list-style-type: none"> • EDI impact is considered when developing/renewing policies, practice standards and guidelines • Research into the best available evidence is incorporated as part of any policy/guideline/standard review • Registrants' questions and alternative communication channels offered when requested 	<p>PROGRESSIVE Full action has been taken Improved EDI outcomes are apparent</p> <ul style="list-style-type: none"> • Policies and practice standards are grounded in best available evidence using an EDI-lens • EDI is embedded in each practice standard and guideline • EDI impact of the standard or guideline has been evaluated • Registrants routinely suggest how to enhance EDI in practice
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Over the upcoming year, the CRTO plans to further refine its approach to analyzing current and newly developed policies through a DEI Lens. We will be using HPRO's EDI Organizational Self-Assessment and Action Guide's Equity Impact Assessment (EIA) tool to identify and monitor equity impacts and outcomes of policies, programs, and standards on applicants and registrants. We will be incorporating the EIA tool in our sequentially phased approach of information gathering, analyses, and engagement/consultation to assess our policies, programs, and standards (see page 50 of the HPRO's [EDI Organizational Self-Assessment and Action Guide](#)).

This initiative will include two following items:

1. Further streamlining the [Equity Impact Assessment Framework](#) into an agile workable document that can be used easily by CRTO staff and Council in developing, reviewing, and approving new policies and updates to current policies.
2. All items brought forward to Council will include a section on DEI considerations including the potential impacts of item on marginalized groups, possible ways to mitigate such impacts, steps the CRTO will take to monitor impacts, and identify when results of the monitoring will be reported back to Council.



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

In 2023, the CRTO continued to provide quarterly Strategic Plan Progress reports to Council, for example, see the [September 22, 2023, Council meeting package](#) (pg. 38-52). The [Strategic Plan – Progress Tracking Report](#) is also available on the CRTO website. In addition, in 2023, the CRTO implemented a Key Performance Indicators (KPIs) reporting template and started providing regular KPIs updates to Council, for example, see the [September 22, 2023, Council meeting package](#) (pg. 17-37).

The CRTO’s Strategic Direction Plan emphasizes our commitment to ensuring clear financial alignment with strategic priorities (Core Business Practices). In 2023, the CRTO, with the assistance of its Finance & Audit Committee:

- Appointed a new auditor
- Selected a new financial advisor
- Reviewed and revised the CRTO Reserve Policy ([September 22, 2023, Council meeting package](#), pg. 100-105).

The CRTO’s 2023 budget was approved at the [March 3, 2023 Council meeting](#) (pg. 95-100). The budget outlines the costs associated with all CRTO activities and projects and is meant to ensure that the CRTO has the appropriate resources to fulfil its legislative mandate and to deliver on its strategic initiatives. Each regular Council meeting agenda includes a financial update from the Registrar (for example, see the [September 22, 2023, Council meeting package](#), pg. 65-70). At the September 22, 2023, Council meeting (pg. 73-97) the Registrar presented a comprehensive Mid-Year Financial Review.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

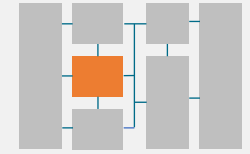
Choose an item.

		<i>Additional comments for clarification (optional)</i>	
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <ul style="list-style-type: none"> i. The CRTO’s Reserves Policy received final approval at the September 23, 2022 Council meeting (pg. 144- 148). The policy was updated in 2023 (see the September 22, 2023 Council package, pg. 100-105). The policy outlines the parameters for the CRTO’s Restricted Net Assets, which are as follows: <ul style="list-style-type: none"> • General Contingency Fund • Funding for Therapy • Investigation and Hearing Fund • Special Projects • Fee Stabilization <p>The policy is scheduled to be reviewed every five years or as required.</p> <p>ii. The CRTO possesses the level of reserves outlined in our Financial Reserves Policy, as demonstrated in our February 28, 2023, Audited Financial Statements (pg. 3 & 13).</p> <p>In the Audit Findings Communication for the year ended February 28, 2023 (pg. 6), Hilborn LLB noted that the CRTO is in compliance with its Reserves Policy. A copy of the final version of the 2023 CPMF was provided to Hilborn as requested.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<i>Additional comments for clarification (if needed)</i>	

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The CRTO’s reviews its staffing needs as part of the annual budget process. Council approved the 2023 Budget at its March 3, 2023 meeting (see pg. 95-100). Under the CRTO By-law 1, the Registrar is responsible for managing the CRTO’s staffing complement to address current and future needs. The Registrar conducts annual self and 360 evaluations for all staff aimed at facilitating personal and professional development in accordance with the CRTO Employee Handbook (the CRTO’s Employee Policy). In the quarterly Registrar’s reports, Council receives updates on operational issues, including those related to staffing (for example, see the December 1, 2023, Council package, pg. 132-134). The Executive Committee conducts the annual self and 360 evaluation of the Registrar, in accordance with the Registrar & CEO Performance Review and Compensation Policy, which was revised, reviewed and approved at the September 23, 2022, Council meeting (pg. 153 – 173).</p> <p>In general, under the Policy Framework, all CRTO policies, including operational ones, are reviewed on a five-year cycle or as needed. The Succession Plan for Senior Leadership Policy was approved by Council in September 2022. The CRTO Employee Handbook was revised and approved internally in October 2023. The updated Employee Handbook includes the addition of a new Employee Performance Review & Compensation Policy. The policy provides a framework for employee compensation by outlining the rules, procedures, and criteria for each compensation component. This policy specifies the metrics used to evaluate employee performance and supports the CRTO’s strategy by aligning compensation practices with its broader goals and objectives.</p> <p>Lastly, as reported in 2022, the CRTO Employee Handbook was evaluated by Canadian Equality Consulting (CEC), which determined that the policy clearly demonstrates the CRTO’s commitment to diversity in the workplace.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<p>• Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan.</p> <p>The CRTO reviews and updates its Incident Response Plan and IT Disaster Recovery Plan whenever changes occur to its IT infrastructure or business. Also, on an ongoing basis, the CRTO:</p> <ul style="list-style-type: none"> • Maintains an inventory of accounts • Manages inventory of all enterprise assets • Manages access control for all enterprise assets through a directory service • Uses processes and tools to create, assign, manage, and revoke access • Review and update role-based access control • Reviews and upgrades security tools and applications • Ensures authorized software is currently supported; and • Conducts vulnerability assessments. <p>The CRTO continues to work with ISA, an external cyber management consulting firm. In 2023, ISA provided the CRTO with 24/7/365 incident response services and a comprehensive cybersecurity training program for CRTO staff.</p> <p>The records digitalization project continued in 2023, with an expected completion in 2024.</p> <p>Lastly, in 2023, the CRTO engaged a new vendor to help improve its data and technology processes across departments; this includes the development of a new database and website.</p>			
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>			

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>In 2023, the CRTO continued to engage with:</p> <ul style="list-style-type: none"> • Other Ontario health regulatory bodies through membership on the Health Profession Regulators of Ontario (HPRO) Board and numerous working groups (Professional Practice, Quality Assurance, Communications) as well sub-committees (Anti-BIPOC Racism, Communication, Information Sharing, etc.). • Its provincial counterparts through membership on the Board of the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), and its working groups (Standards of Practice, Registration Harmonization, etc.). <p>Please follow the link to view a complete list of system partners, initiatives, and outcomes - STD 5 - CRTO System Partners – Engagement.</p>

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Public/Societal Expectations:

That there are an adequate number of RTs to serve the public

- Through its work with the [National Alliance of Respiratory Therapy Regulatory Bodies \(NARTRB\)](#), the CRTO participated in the review and revision of the NARTRB National Competency Framework, the development of a national Standards of Practice, and harmonization of registration practices across Canada to enable seamless labour mobility (e.g., common registration verification form, updated national language benchmarks).
- There are currently eight RT educational programs in Ontario, which the CRTO regularly interface with through membership on their respective Program Advisory Committees (PAC). This allows us to understand better their challenges in delivering the curriculum and, by extension, the students' acquisition of all requisite competencies. In 2023, one additional educational facility approached the CRTO with a request for assistance in understanding the relevant regulatory requirements (e.g., accreditation).
- The CRTO has an established assessment process for graduates from unaccredited programs that is conducted in partnership with Unity Health, Li Ka Shing Knowledge Institute at St. Michael's Hospital in Toronto. This site was chosen for the Clinical Skills Assessment portion of the evaluation because they have a state-of-art simulation lab that can provide the appropriate practice environment necessary to enable the candidate to demonstrate the requisite entry-to-practice RT skills (e.g., operating room, intensive care unit).

That the delivery of healthcare embodies the principles of Diversity, Equity & Inclusion (DEI)

- In 2023, the CRTO completed a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that involved the expansion of the existing guidance related to DEI.
- During 2023, the CRTO worked with other Ontario health regulatory Colleges (through the Health Profession Regulators of Ontario - HPRO) on the Anti-BIPOC Racism project. CRTO staff are members of HPRO’s EDI Network and actively participate in meetings and educational opportunities. The Network’s activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the College can consider for possible implementation (see page 47 of the HPRO’s [EDI Organizational Self-Assessment and Action Guide](#)).
- Early in 2023, the CRTO embarked on phase 3 of its [DEI Strategy](#) with the development of the DEI Steering Committee. This Committee consists of several Patient Relations Committee (PRC) members and two CRTO staff members. The DEI Steering Committee met for a brainstorming session in early May, which was facilitated by Canadian Equity Consulting.

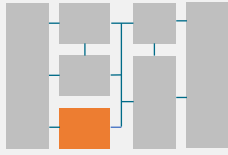
That patients receive safe, competent & ethical care from Respiratory Therapists

- The CRTO continues to engage with its membership and subject matter experts as part of an ongoing effort to ensure that our [Professional Practice Guidelines & Clinical Best Practice Guidelines](#) are kept up-to-date and relevant to current professional practice. The following Professional Practice Guidelines (PPGs), Clinical Best Practice Guidelines (CBPGs) and Professional Practice Policies were reviewed and revised in 2023:
 - [Respiratory Therapists Providing Virtual Care PPG](#)
 - [Abuse Awareness and Prevention PPG](#)
 - [Delegation of Controlled Acts PPG](#)
 - [Infection, Prevention & Control CBPG](#)
 - [Interpretation of Authorized Acts PPG](#)
 - [Supervision Policy](#)
- CRTO staff regularly meet with students in the Ontario RT educational programs to help prepare them to enter the profession. The topics presented include professionalism, professional conduct, the regulatory framework of RT practice in Ontario, and the CRTO registration process.

- In 2023, the CRTO created a Delegation elearning module and made it a part of the annual member jurisprudence review.

That patient and member data collected and retained by the CRTO remains safe & secure

- In 2023, CRTO staff engaged in security training by completing Security Awareness Month training in October and a Phishing Campaign in November.
- In the spring of 2023, the CRTO digitalized all paper member records, and uploaded them to a secure server file.
- In June 2023, the CRTO contracted OlaTech Business Hosting Corporation to develop and implement a new database ([In1Touch](#)). This new database will enable increased monitoring and data management capabilities, as well as enhanced data security.
- In 2023, the CRTO reviewed and revised its (internal) Records Management and Retention Policy, which outlines the processes for:
 - Records digitalization;
 - Records retention; and
 - Records disposal.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

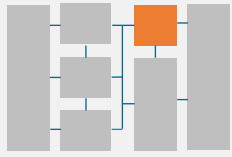
College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.
 - The [Privacy Policy](#) articulates the CRTO’s commitment to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The CRTO fulfils its commitment to protecting personal information by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA) and by adopting the privacy provisions outlined under the Privacy Policy. The Privacy Policy includes sections and forms (see Appendix 1 and 2) related to requests for information and individuals’ access to personal information.
 - The (internal) Confidentiality Policy sets out the duty of confidentiality of persons employed, retained, elected or appointed by the CRTO in keeping with the requirements of section 36(1) of the RHPA. In addition, s.1.10 & 1.13 of the CRTO Code of Conduct ([By-Law 2 - Council & Committee – Schedule A](#)) outlines the requirement for Council and Committee members to abide by the CRTO Confidentiality Policy as well as the confidentiality provisions under the RHPA.
 - The (internal) Records Management and Retention Policy sets out clear organizational standards for the management of records from creation to retention and disposal. The policy ensures that CRTO’s record-keeping practices comply with the legislative requirements and privacy and confidentiality obligations.
 - The [Reporting to Police Policy](#) ensures that the CRTO meets its confidentiality obligations when reporting information about a member to the police.
 - Lastly, the [CRTO’s Risk Management Framework](#) provides a systemic approach to risk management across the organization. The risk of IT infrastructure disruption and compromise of data integrity (including unauthorized disclosure of personal/confidential information) is being closely monitored and reported on (e.g. see the Risk Register summary in the [December 1, 2023, Council package](#), pg. 103-107). To mitigate the risk, the CRTO established several control mechanisms such as 3rd-party systems monitoring, security audits and staff training.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>In 2024, the CRTO plans to develop an internal staff action plan to promptly address any IT infrastructure disruptions and cyber security incidents and further enhance its security measures.</p>	
		<p>ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <ul style="list-style-type: none"> ii. The following cybersecurity measures have been updated and put in place to protect against unauthorized disclosure of information: <ul style="list-style-type: none"> • General security awareness training to help employees recognize cyber threats and provide them with tools and knowledge to take appropriate action • Internal phishing campaigns to educate employees on the dangers of phishing and related threats • Backup all data to an off-site location • Keep up to date with all the latest patches and software upgrades • Use Endpoint Anti-Malware Protection • Disable unused accounts for applications and systems. iii. The following policies, practices and processes have been implemented to address accidental or unauthorized disclosure of information: <ul style="list-style-type: none"> • Use VPN to access system and resources over the Internet • Use guest wi-fi access to prevent unauthorized devices from connecting to the network • Use role-based access security to manage permissions and access to sensitive and confidential data. <p>As reported in 2022, the CRTO has an Incident Response Plan in place and signed up for 24/7/365 Incident Response service. The Office Security Policy and the corresponding Office Security Procedure outline the protective measures the CRTO has taken to protect against unauthorized access to any material physically housed in the CRTO office, such as an upgraded security system and controlled office access. In addition, the Confidentiality, Privacy and Records Management and Retention Policies set out the duty of confidentiality and the measures put in place to protect against accidental or unauthorized disclosure of information.</p>	
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

The CRTO continues to meet this requirement – see [2021 CPMF Report](#) (pg. 43).

Update: As outlined in the most recent [Strategic Plan Progress Report](#), in 2023 the CRTO reviewed and revised:

- 6 regulatory policies (and archived an additional 2)
 - [Unauthorized Use of Title & Holding Out Policy](#)
 - [Professional Development Program Policy](#)
 - [Emergency Registration Policy](#)
 - [Supervision Policy](#)
 - [Graduate Certificate of Registration](#)
 - [Application for Registration - File Closure Policy](#)
- 4 Professional Practice Guidelines (PPG) & 1 Clinical Best Practice Guideline (CBPG):
 - [Respiratory Therapists Providing Virtual Care PPG](#)
 - [Abuse Awareness and Prevention PPG](#)
 - [Delegation of Controlled Acts PPG](#)
 - [Infection, Prevention & Control CBPG](#)
 - [Interpretation of Authorized Acts PPG](#)

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <ul style="list-style-type: none"> i. As outlined in the CRTC Policy Framework (pg. 7-8), the Policy Development Cycle begins with a consideration of any legislative or regulatory changes, as well as changes in the healthcare environment that need to be addressed (e.g., changes in practice, patient experience, current affairs, and other trends). In 2023, the CRTC updated several policy and practice guideline documents in response to the regulatory changes introduced by the government; these include the amended Controlled Acts Regulation (permitting RTS the use of diagnostic ultrasound without the requirement of delegation), the Ontario Regulation 596/94: General (changes related to the new Emergency Class and the “As of Right” exemption)) and the new Exemption – Restricted Titles Regulation. ii. The Guiding Principles outlined in the CRTC Policy Framework (pg. 2-3) are aligned with those of right-touch regulation and hold that a policy, standard or practice guideline should be appropriate to the risk posed. The framework was established to ensure a targeted approach, i.e., only using policies when necessary while still providing all the necessary resources and direction to members. Before creating a new policy or reviewing an existing one, the CRTC conducts research into the relevant data (e.g., complaints and reports, professional practice queries). In addition, under its Risk Management Framework, the CRTC established a systemic approach to risk management by, for example, integrating risk considerations in our projects, which include policy development and review. iii. Once it has been determined that a policy or other regulatory document needs to be developed or revised, the CRTC conducts a jurisdictional and environmental scan to determine the approach and position taken by the profession as well as any other relevant regulated health Colleges, both in and outside of Ontario. In some cases, this is supported by forming working groups, which include clinicians, external subject matter experts, patients, and the public (CRTC Policy Framework, pg. 12). iv. The CRTC, through its affiliation with the Health Profession Regulators of Ontario (HPRO), utilizes every opportunity to work collaboratively with other Ontario health regulatory Colleges to develop policies, standards and guidelines that apply to areas of common concern (e.g., Public Member appointments, Information Sharing with Third Parties). In addition, through its affiliation with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), the CRTC is currently involved with several projects aimed at developing policies, standards, and guidelines to be shared across all provincial jurisdictions that regulate Respiratory Therapy (e.g., updating the Language Proficiency for Respiratory Therapy policy). v. The CRTC’s public members are involved in every phase of our policy development process, in their participation on Committees and Council. Also, where possible, the CRTC utilizes the services of the Citizen’s Advisory Group as a means of obtaining information on public expectations. 	<p>Yes</p>
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		<p>vi. During the CRTO's Consultation Process, documents are posted for a 30 - 60 day public consultation, depending on the legislative requirements. The CRTO encourages participation in the consultation process through various methods, such as its existing communication channels, social media, focus groups, citizen advisory groups, etc. To ensure transparency and encourage open dialogue, feedback is posted publicly and anonymously and remains on the College's Consultation web page after the consultation has closed. Where required, the policy is also reviewed and approved by the relevant statutory committee. Policies, position statements, Professional Practice and Guidelines are presented to Council for approval, along with a summary of the consultation results (CRTO Policy Framework - pg. 8 & 12).</p>	
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>Consistent with the CRTO's Diversity, Equity and Inclusion Strategy, our DEI Plan and Equity Impact Assessment tool provide guidance on incorporating DEI principles in developing our policy documents through a DEI lens; this includes, for example, incorporating the following questions in the review process:</p> <ol style="list-style-type: none"> 1. Are there individuals or groups that could be disproportionately affected? 2. Does it perpetuate or help to dismantle barriers for marginalized groups? 3. Does it reinforce any negative stereotypes? 4. Is it written in clear and accessible language? 5. Does it use the most up-to-date and inclusive language? 6. Does it contribute to advancing DEI? 	<p>Yes</p>

Examples:

- The CRTO’s [Commitment to Ethical Practice](#) document (member focused) includes a section on [Diversity, Equity & Inclusion](#).
- The CRTO Code of Ethics for Council and Committee members [see [CRTO By-Law 2](#) (schedule A)] includes a section on Diversity & Inclusion (s.1.19 - 1.21).

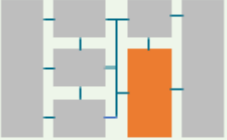
Using HPRO’s [EDI Organizational Self-Assessment and Action Guide](#) for year-end 2022, developed as part of Health Profession Regulators of Ontario’s (HPRO’s) Anti-Racism in Health Regulation Project, the CRTO is at the **Proactive** level with respect to Diversity, Equity & Inclusion (DEI) initiatives relative to this standard.

<p>INACTIVE No action has been taken No evidence of improved EDI outcomes</p> <ul style="list-style-type: none"> • There is no EDI consideration in policies, practice standards and guidelines 	<p>REACTIVE Limited or partial action has been taken Unknown/unclear connection between actions and outcomes</p> <ul style="list-style-type: none"> • Limited EDI consideration in policies, current practice standards and guidelines • Review of policies, practice standards and guidelines through an EDI-lens is being planned. 	<p>PROACTIVE Substantial action has been taken Clear connection between action and outcomes</p> <ul style="list-style-type: none"> • EDI impact is considered when developing/renewing policies, practice standards and guidelines • Research into the best available evidence is incorporated as part of any policy/guideline/standard review • Registrants’ questions and alternative communication channels offered when requested 	<p>PROGRESSIVE Full action has been taken Improved EDI outcomes are apparent</p> <ul style="list-style-type: none"> • Policies and practice standards are grounded in best available evidence using an EDI-lens • EDI is embedded in each practice standard and guideline • EDI impact of the standard or guideline has been evaluated • Registrants routinely suggest how to enhance EDI in practice
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If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 46).</p> <p>Update: On December 1, 2023, the revised Emergency Registration Policy was approved by Council. The CRTO revised its Emergency Registration Policy to align with the amended Registration Regulation and the new Emergency Class.</p> <p>The draft Vulnerable Sector Checks Policy (see December 1, 2023 Council Package, pg. 178-180) was approved by Council on December 1, 2023, to go out for consultation. The draft policy, along with the results of the consultation, will be brought back to Council at the March 2024 meeting.</p>	<p>Met in 2022, continues to meet in 2023</p>

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The CRTO’s Policy Framework outlines how policies are reviewed and updated, the framework applies to all registration policies related to the CRTO’s registration requirements (e.g., currency, language proficiency, etc.). The framework outlines a rigorous policy review process to ensure that all legislative and regulatory requirements have been met and that the CRTO policies reflect best practices.</p> <p>In 2023, the following registration-related policies were reviewed and updated under the Policy Framework:</p> <ul style="list-style-type: none"> • Emergency Registration Policy – approved at the December 1, 2023, Council Meeting (pg. 166 – 173). • Draft Vulnerable Sector Checks Policy – approved for consultation at the December 1, 2023, Council Meeting (pg. 174 - 180) • Unauthorized Use of Title and Holding Out Policy - approved at the December 1, 2023, Council Meeting (pg. 203 – 209). <p>In addition, in light of the new Emergency Class and the “as of right” provision, the following policies were updated and posted on the CRTO website:</p> <ul style="list-style-type: none"> • Graduate Certificate of Registration Policy • Application for Registration - File Closure Policy • Supervision Policy 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

Measure:

9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.

c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

The College fulfills this requirement:

Yes

- Please briefly describe the currency and competency requirements registrants are required to meet.
- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.

Currency

Applicants for registration must demonstrate that they meet the CRTO’s currency requirement. That is, they must have graduated from their RT program within the two years immediately preceding the application for registration unless they were practicing Respiratory Therapy within that two-year period.

Members in the Inactive Class who apply for reinstatement to the General or Limited Class must satisfy a panel of the Registration Committee that their knowledge, skills and judgement are current. Inactive members who practiced within two years of their application for reinstatement meet the currency requirement. Members who remained Inactive for an extended period (i.e., greater than two years), may be required to provide evidence to demonstrate that their knowledge and skills are current before their application for reinstatement is approved.

The currency requirement for applicants for registration and inactive members applying for reinstatement is established in the [Registration Regulation \[s.55\(5\) and 58\(3\)\]](#). Applicants who do not meet the currency requirement are referred by the Registrar to a panel of the Registration Committee for consideration. The CRTO’s [Registration Currency Policy](#) sets out the considerations that may be used by the Registration Committee to determine whether it is in the public interest to approve an application for registration when the applicant does not satisfy the currency requirement and if so, whether a term, condition, or limitation should be imposed on the certificate of registration. The Registration Currency Policy was last updated on April 8, 2022.

In 2023, the CRTO conducted a comprehensive review of the Registration Regulation and subsequently drafted several amendments; this included:

- A new currency condition that will apply to members registered in the General Class.

- Change to the currency requirement for applicants from two to three years with reference to minimum practice hours.

These changes were drafted from a risk-based perspective to ensure that members have the current knowledge, skills and judgment required to provide safe and competent care. If approved, they will allow the CRTO to more accurately ascertain applicants and members' currency, taking into consideration factors such as time and duration of last practice. The proposed amendments were approved by the CRTO Council on [April 24, 2023](#) (pg. 5-54), and submitted to the Ministry of Health on May 1, 2023.

Other Registration Requirements

The CRTO's entry-to-practice competencies are based on the [National Competency Framework \(NCF\)](#). The NCF lists the competencies (knowledge, skills, abilities, and judgment) considered essential for entering the practice of Respiratory Therapy in Ontario. The NCF is the foundational document used for curriculum development within RT programs as well as in the entry-to-practice examination and the CRTO's assessments.

The [Entry-to-Practice Competency Assessment Policy](#) sets out the criteria and processes used by the Registration Committee to determine whether an applicant for registration has the required entry-to-practice competencies.

The CRTO's [Professional Development Program](#) developed under the [Quality Assurance Regulation](#), ensures that once registered, members of the CRTO maintain their competencies and participate in continuing professional development.

<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
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Additional comments for clarification (optional)

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: Choose an item. <p>The CRTO continues to meet this requirement – see 2020 CPMF Report (pg. 39).</p> <p>Update:</p> <p>In response to its 2022 report and 2023 supplementary questionnaire, the CRTO received a low-risk rating from the Office of the Fairness Commissioner (OFC); please see the Risk Rating for the College of Respiratory Therapists of Ontario.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> <p>The CRTO continues to meet this requirement – see 2020 CPMF Report (pg. 43)</p> <p>Update:</p> <ul style="list-style-type: none"> Design and implementation of two new e-learning videos to provide members with information in a visual format on topics that are often misunderstood and frequently asked of Professional Practice. <p>In 2023, the CRTO published videos on Delegation and Completing Your Portfolio. The Delegation video was also embedded into the annual Relevant module that all members are required to complete by February 29, 2024. Relevant has a survey component to poll members on how effective they felt the module was. Results will be available after the February 29, 2024, deadline. The series will continue to be expanded with other videos in 2024.</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • <i>If yes, please insert link to the policy.</i> <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 53)</p> <p>Update</p> <ul style="list-style-type: none"> • Review of Launch Jurisprudence pass/fail rates, including data around what school members completing Launch graduated from. From this, a plan is to review the information with the school/students and improve the CRTO's school presentations to focus on success in this component of the QA program. • Review of those members who, after submitting their Portfolio, require a Coaching Session. Data is being collected regarding the length of practice for those Members to provide direction for improvement (new grad vs close to retirement). • Relevant is used to provide a review for all members on areas of change, revised guidelines or common themes in professional practice inquiries. 	Met in 2022, continues to meet in 2023
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

³ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <i>Public</i> Choose an item. <i>Employers</i> Choose an item. <i>Registrants</i> Choose an item. <i>other stakeholders</i> Choose an item. <p>The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 54).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 55).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure:

10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.

The College fulfills this requirement:

Yes

- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities **OR** please briefly describe the process.
- Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process.

Professional Development Program Remediation Processes

The CRTO [Professional Development Program Policy](#) (pg. 2 - 3) articulates the process the CRTO uses to monitor completion of QA remediation activities. Following the completion of the QA SCERP, the Quality Assurance Committee (QAC) reviews the report prepared by the individual(s) responsible for implementing and/or overseeing the remediation process (e.g., mentor). This report outlines the topics addressed in the SCERP and the outcome of the intervention. At that time, the QAC determines if a reassessment is required and, if so, what form of reassessment would be appropriate to evaluate the member's current knowledge, skill, and judgment.

The remediation process for the member [PORTfolio](#) is somewhat different, as the CRTO employs a one-on-one coaching process for members who are unsuccessful in meeting the requisite criteria with their first submission. Once a PORTfolio is submitted online, it is reviewed by an assigned RT PORTfolio Peer Assessor using the established [Portfolio Assessment Criteria](#). If the member fails to meet the criteria, they are required to meet with their RT Peer Assessor (via teleconference). Based on the outcome of that meeting, the Peer Assessor will make a recommendation that the member:

- Consider changes for future PORTfolio submissions,
- Revise and resubmit their current PORTfolio, or
- Resubmit their PORTfolio again the following year.

ICRC remediation is conducted internally. The process is as follows:

1. The member completes a customized online eLearning module that addresses the areas of concern (e.g., practice standards that have been breached). This module consists of both materials to be reviewed and questions so the member can assess their level of understanding.

2. Once the module has been submitted, the member is provided with a series of questions to review in advance of their meeting with a trained RT Mentor ([SCERP Sample Self-Evaluation](#)).
3. During their meeting, the RT Mentor and the member discuss the questions that have been provided in advance and consider how what they have learned will impact their practice going forward.
4. Once the meeting is finished, the RT mentor completes a report that is then sent first to the Manager of Professional Conduct and then to the Registrar ([SCERP - Sample Report](#)).

Members that are required by a panel of the ICRC to complete a remediation course conducted by a third party (e.g., [PROBE](#)) will have to repeat all or part of the course, if the course facilitator identifies that the member did not satisfactorily complete all components of the remediation course.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (if needed)

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

- a. The different stages of the complaints process and all relevant supports available to complainants are:
 - i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
 - ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.
 - i. In 2023, the CRTO continued to employ its [ICRC – Overall Process Guide Checklist](#). This document was developed to guide the management of investigations of complaints, reports and health inquiries. In addition, the CRTO has developed an internal process guide which sets out the steps of the process and allocates responsibilities among CRTO staff in relation to duties and after a complaint is received ([Allocation of Complaints Process Responsibilities](#)). This process guide includes a checklist that sets out all items to be discussed with a complainant in the intake conversation to ensure that all relevant information is obtained and discussed with a complainant. The intake conversation includes timelines for the next steps so that a complainant is aware of what is to be expected.
 - ii. The CRTO's [Concerns About a Respiratory Therapist](#) web page describes the complaints process from the initial receipt of the complaint through to possible final outcomes and the HPARB appeal process. Here, the complainant can also find an [Alternative Dispute Resolution Fact Sheet](#) and a guide entitled [Complaints Process: Information for the Ontario Public](#). The CRTO website also contains an online [Submit a Concern](#) form.

When a complaint is submitted, CRTO staff make telephone contact with a Complainant within five (5) business days and describe the CRTO complaints process, confirm their understanding of the process, describe immediate next steps, and invite contact from complainants should they have any questions about the process. After this contact is made, a formal acknowledgment of complaint letter is sent, which includes as an enclosure the [Complaints Process: Information for the Ontario Public](#). The letter and enclosure describe the next steps in the process (member to be notified, investigator will contact complainant for interview, documentation will be gathered, member will respond, panel review and make a decision, appeal process).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

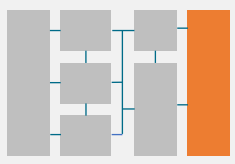
	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>After a complaint is submitted, CRTO staff make telephone contact with a Complainant, explaining the CRTO complaints process and confirm their understanding of the process and invite contact from complainants should they have any questions about the process.</p> <p>In addition, CRTO staff follow up with the assigned Investigator to discuss the Complainant’s progress through the complaints process. CRTO staff will intervene and contact complainants if there is any suggestion of misunderstanding or a lack of clarity on the Complainant’s part.</p> <p>Further, as part of the CRTO’s policy update initiative, public-facing policies were all reviewed by staff and approved by Council to ensure that the information contained within was accurate, clear, and easy to understand.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The CRTO will be updating and sending out a feedback form to complainants after the disposition of their complaint. The form will ask complainants to share their thoughts and feelings about the clarity and transparency of the CRTO complaints process and their communication with CRTO staff and the investigator. The survey will also include an open text box in which parties in the complaints process can suggest process improvements.</p>	<p>Partially</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 59).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> Please list supports available for the public during the complaints process. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 62).</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
Measure:			
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>In 2023, the process the Professional Conduct (PC) department used to ensure all parties are kept up to date was as follows:</p> <ul style="list-style-type: none"> When a complaint is submitted, a telephone call is set up with the Complainant within five (5) business days. During the call, the Complainant’s concerns are confirmed and a description of the CRTO complaints process is provided. The CRTO staff then confirms with the Complainant that they intend to proceed with the complaints process and that they understand how the process will proceed. Formal acknowledgment of the complaint is provided via correspondence, which describes the complaints process, encloses the CRTO's Complaints Process Guide and includes contact information for the Manager and/or Coordinator of CRTO Professional Conduct. The letter and enclosure describe the next steps in the process (member to be notified, Investigator will contact Complainant for interview, documentation will be gathered, member will respond, panel review and make a decision, 	

			<p>appeal process). Complainant is provided with both the phone number and email address of the Manager and/or Coordinator and is invited to contact them if they have any questions.</p> <ul style="list-style-type: none"> • Once the matter is assigned for investigation, the Complainant is notified of the Investigator's name. The Investigator then contacts the Complainant to complete a formal interview. • Post-interview, the Complainant's statements are provided to the Complainant to confirm accuracy. If Complainant agrees, Complainant is asked to verify via email or signature on a copy of the interview statements. • If the investigation is delayed past 150 days, delay letters providing a reason for delay and contact information for CRTO Professional Conduct staff are provided. • Check-ins are done by the Manager of Professional Conduct with the Investigator regarding complaint matters to ensure that any obstacles faced by Investigator in communicating with Complainant are effectively addressed. If a concern is flagged by either Investigator or Complainant, Manager is to conduct the appropriate follow-up with the parties to address it (e.g. process understanding, next steps, etc.). • If a need to provide documentation in French is identified (either the Complainant, member or witness parties), CRTO has a contract with a translation service to quickly translate relevant documentation into French. CRTO can also assign a French-speaking Investigator, if needed. <p>Once the investigation is completed and a decision is rendered, the decision and reasons are provided to the complainant, along with information on how to appeal to HPARB. The CRTO uses an external decision writer who ensures panel decisions are written in a clear and accessible manner that can be fully understood by Complainants. The decision is reviewed by both CRTO staff and the panel chair before being sent to the parties. The decision includes a clear and accessible appendix to ensure that parties understand precisely what information the panel reviewed in making its decision.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

Measure: 12.1 The College addresses complaints in a right touch manner.		
a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>The CRTO continues to meet this requirement – see 2021 CPMF Report (pg. 65).</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>	
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 63).</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.		
		Required Evidence	College Response	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>Update The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 64). In the 2021 - 2025 Strategic Direction & Key Priorities (Governance & Accountability), the CRTO identifies an ongoing commitment to performance improvement. In 2023, the CRTO developed a Key Performance Indicators (KPI) reporting template to provide regular, quarterly KPIs updates at Council meetings. The report links the KPIs directly to the CRTO's Strategic Direction. For example, see the Strategic Plan update report, September 22, 2023, Council meeting package (pg. 17-37).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>		

	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>i. The CRTO continues to provide detailed Strategic Direction Progress reports at our quarterly Council meetings. For example, see the report presented at the December 1, 2023, Council meeting (pg. 22-37). Copies of the quarterly reports are also posted on the Strategic Directions and Key Priorities webpage.</p> <p>In addition, in 2023 the CRTO developed a key performance indicators (KPIs) report that highlights the CRTO’s KPIs against its strategic objectives. The KPIs report includes both quantitative and qualitative data. For an example of the KPIs report, please see the September 22, 2023 Council meeting package (pg.17-37).</p> <p>ii. At each Council meeting, staff presents information about the activities and/or projects that are underway. For example, please see the September 22, 2023 Council meeting package and the following reports:</p> <ol style="list-style-type: none"> 1. Registrar’s report (pg. 61-64), 2. Quarterly financial statements & investment portfolio summary (pg. 65-72) 3. Membership statistics (pg. 98-99) 4. Committee reports (pg. 222-233) 5. Risk Register report (pg. 57-60) 6. Strategic Direction Progress (pg. 38-52) and KPIs report (pg.17-37) <p>iii. The CRTO’s Risk Management Framework, developed in 2022, articulates how in serving the public interest, the CRTO has a fiduciary duty to manage risk. This applies not only to the risks associated with the practice of Respiratory Therapy (regulatory risks) but also, on an organizational level, to the management of risk in all aspects of CRTO's operations and programs (organizational risks). The framework sets out a systemic approach to risk management, integrating risk management into strategic planning, project and operations management and reporting. Council is ultimately responsible for overseeing the CRTO’s risk management strategy. This includes monitoring CRTO’s activities and maintaining oversight of risks that can impact CRTO’s strategic objectives. To this end, in 2023, the CRTO developed a reporting template to provide regular risk management reports to Council. For an example of the report, please see the December 1, 2023, Council meeting package (pg. 103-107).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>			

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>The CRTO's Risk Management Framework was developed to ensure that risk management is a key component of CRTO's decision-making, strategic planning, resource allocation and operational management and that CRTO's decisions are informed by relevant, understandable and accurate information, and appropriate and timely involvement of its internal and external stakeholders.</p> <p>In May 2023, Council and Staff participated in a risk assessment/evaluation workshop run by an independent facilitator with extensive experience in risk management. The workshop focused on the assessment of key risks based on their impact and the probability of their impact on CRTO's business objectives. The workshop provided an opportunity for discussion on risk sources, recent events, upcoming events, and key mitigants and planned treatments to further mitigate the risks, where appropriate. The findings from the workshop helped to inform the CRTO's Risk Register and the reporting tools used to ensure that Council has sufficient information to oversee the CRTO's risk management strategy and to facilitate Council's risk review findings to identify where improvement activities are needed. The Risk Register reporting template includes the controls and risk mitigation as well as any risk treatment/action plans. For an example of the reporting template, please see the December 1, 2023, Council meeting package (pg. 103-107).</p>	
	<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

Measure: 14.3 The College regularly reports publicly on its performance.		
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.
		The College fulfills this requirement:
		• Please insert a link to the College’s dashboard or relevant section of the College’s website. The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 66).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
		Met in 2022, continues to meet in 2023
		Choose an item.
		<i>Additional comments for clarification (if needed)</i>

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

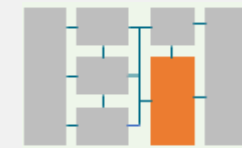
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. # Members who completed the Relevant elearning module (professional development & peer assessment)	3907	
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development & peer assessment)	179	
iii. # Members whose score fell below the Launch RT benchmark & were required to resubmit.	50	
iv. # Members whose score fell below the Launch RT benchmark after resubmission & were required to undergo a SCERP	NR	
v. # Members whose score fell below the Launch RT benchmark after SCERP	0	
vii. # Members who submitted their PORTfolio (professional development, self, peer & practice assessment).	753	
vii. # Members whose PORTfolio did not meet the criteria for successful completion & were required to undergo a Peer Coaching session.	39	
viii. # Members required to resubmit their PORTfolio after a Peer Coaching session.	0	

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Relevant e-learning module - is an online module that consists of practice standard changes that have occurred over the past year and is completed by all CRTO members annually.

Launch RT Jurisprudence Assessment - is an online, web-based, open-book assessment consisting of 60 multiple-choice questions that is completed by all new CRTO members within three months of registration.

Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) - is submitted by CRTO members with an Active certificate of registration every five years. The PORTfolio consists of a Self-Assessment, a Learning Log, and a Learning Goal.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	Launch: 179	100% of new members to the CRTTO completed Launch	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i> <i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
	Relevant: 3907	93% completion by English members 91.7% completion by French language members	
	Portfolio: 753	20% of all members were required to submit their Portfolio	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	N/R		
NR			

Additional comments for clarification (if needed)

Table 3 – Context Measure 4

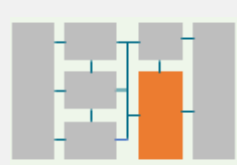
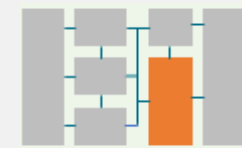
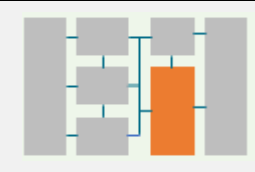
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	<p><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	50	28%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0		
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>-</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar	Investigations	<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i></p>
Themes:	#	%	#	%	
I. Advertising	0		0		
II. Billing and Fees	0		0		
III. Communication	0		0		
IV. Competence / Patient Care	7	88	NR	NR	
V. Intent to Mislead including Fraud	NR	NR	0		
VI. Professional Conduct & Behaviour	0		6	24	
VII. Record keeping	0		NR	NR	
VIII. Sexual Abuse	0		NR	NR	
IX. Harassment / Boundary Violations	0		0		
X. Unauthorized Practice	0		0		
XI. Other <please specify>	0		13 (QAC)	52	
Total number of formal complaints and Registrar’s Investigations**	8	100%	25	100%	

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	3	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	20	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	13	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	
II. Formal complaints that were resolved through ADR	0	
III. Formal complaints that were disposed of by ICRC	2	22
IV. Formal complaints that proceeded to ICRC and are still pending	6	66
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	1	11
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0		
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	NR	NR	0	NR	NR	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	0	NR	NR	0	0	NR
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	NR	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	NR	NR	NR	NR	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.
[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

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Table 7 – Context Measure 11

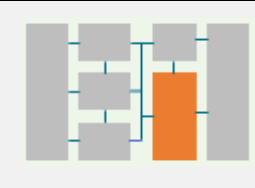
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2023	126	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2023	418	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

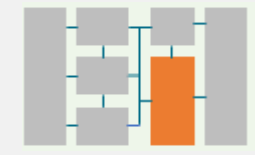
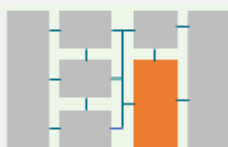
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	0	
II. A contested discipline hearing in working days in CY 2023	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

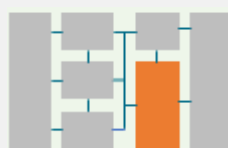
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)