



**College of Respiratory
Therapists of Ontario**

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

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

v. November 2024

Contents

Introduction.....	3
The College Performance Measurement Framework (CPMF).....	3
CPMF Model.....	4
The CPMF Reporting Tool.....	6
Completing the CPMF Reporting Tool.....	6
Part 1: Measurement Domains.....	7
Part 2: Context Measures.....	59
Table 1 – Context Measure 1.....	60
Table 2 – Context Measures 2 and 3.....	62
Table 3 – Context Measure 4.....	64
Table 4 – Context Measure 5.....	65
Table 5 – Context Measures 6, 7, 8 and 9.....	67
Table 6 – Context Measure 10.....	69
Table 7 – Context Measure 11.....	71
Table 8 – Context Measure 12.....	72
Table 9 – Context Measure 13.....	73
Table 10 – Context Measure 14.....	75
Glossary.....	76

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 to act in the public interest?” This information:

1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
2. Supports Colleges in improving their performance.

Each College reports 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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to 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

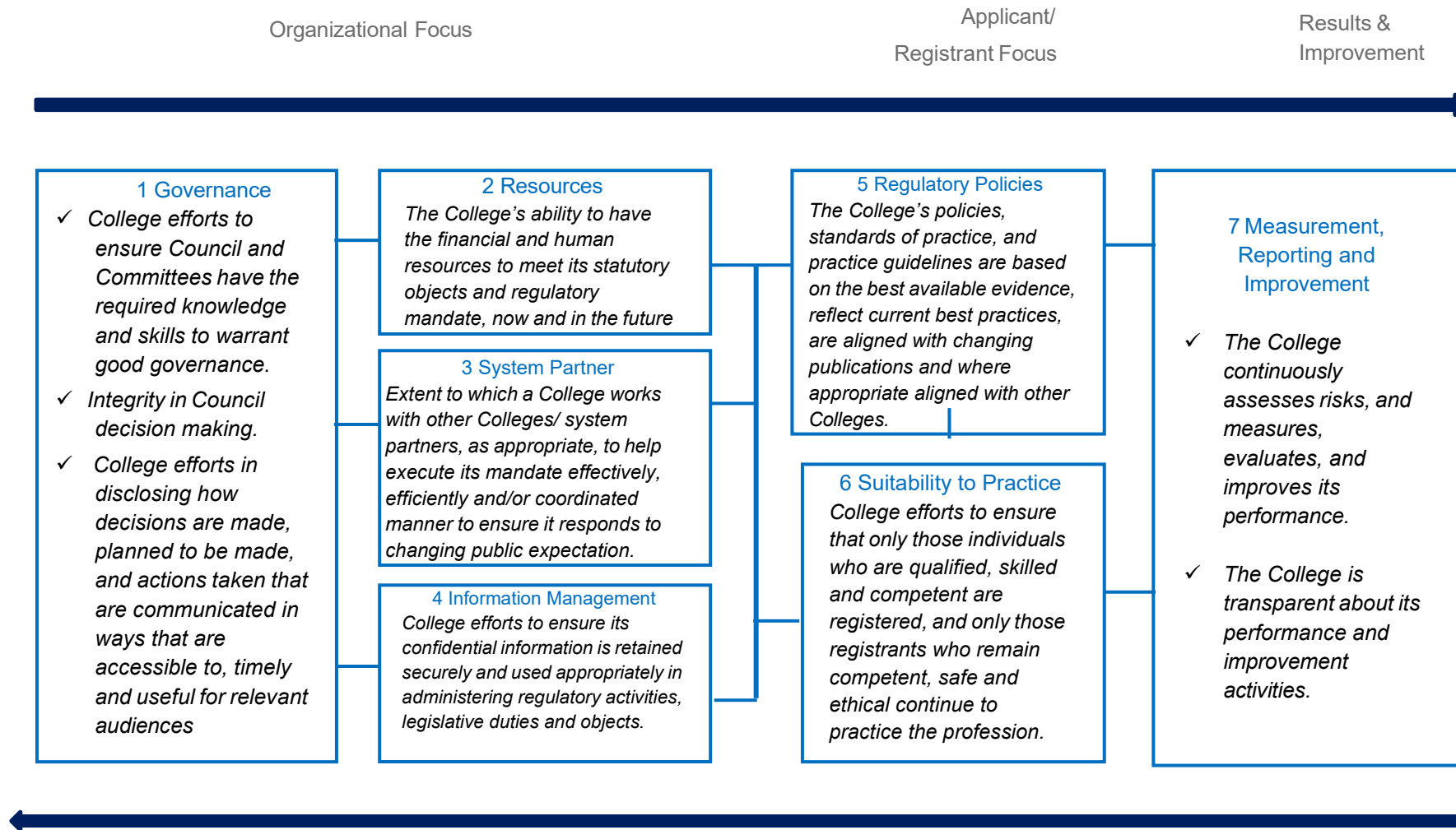


Figure 2: CPMF Domains and Standards

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) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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.

Completing the CPMF Reporting Tool

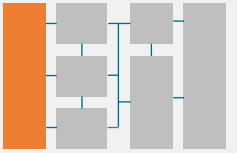
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. 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>An election for professional Council members was conducted in 2024. All five candidates completed the nomination form (which includes the competency profile) as part of their application process.</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. • 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 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 and 2024 to provide updated and more accessible information about CRTO's committees and their mandates.</p> <p>An election for professional Council members was conducted in 2024. All five candidates completed the online orientation module as part of their application process.</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 is 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. 11 professional members and two public members were appointed to CRTC Committees in 2024 for a one-year term. All new Committee members met the criteria outlined in the CRTC's Council & Committee Competency Profile.</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 and 2024 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>11 professional members and 2 public members were appointed to CRTO Committees in 2024 for a one-year term. All new Committee members were required to complete the online orientation module.</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 2023, continues to meet in 2024</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), 2022 CPMF Report (pg. 13) and 2023 CPMF Report (pg. 12).</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: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
	<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 continues to meet this requirement – see 2023 CPMF Report (pg. 12). 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. Once the surveys are completed, CRTO staff collect the results and provide a quarterly Council Member Evaluation Summary to the Executive Committee for review and discussion.</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. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • 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. The next third-party Council assessment will be conducted in 2026.</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>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>On June 6, 2024, the CRTO hosted a Committee Chair's Dinner, which included a presentation by Lonny Rosen C.S. on Compassionate Regulation. During the June 7, 2024, Education Day, Council, Committee members and staff took part in an Indigenous-led Blanket Exercise. Also in 2024, the CRTO offered HPRO Governance Training to all Council members, and nine Council members took part in these 2-day educational sessions. Council members and staff participated in a Cybersecurity training session provided by ISA Cybersecurity at the September 13, 2024, Council meeting (see Council meeting Agenda, pg. 5).</p> <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 	
			<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>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>	The College fulfills this requirement:	Yes
			<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>In 2023, the focus of the CRTO’s 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. The CRTO continued to use this template in 2024. For an example of the report, please see the June 7, 2024, Council meeting package (pg. 139--144). Focusing on IT infrastructure disruption and/or compromise of data integrity risks, Council and staff attended a training session on Cybersecurity at the September 13, 2024, Council (see September 13, 2024, Council meeting package agenda, pg. 5).</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 June 7, 2024, Council meeting package (pg. 93-94).</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. 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>During the June 7, 2024, Education Day, Council, Committee members and staff took part in an Indigenous-led Blanket Exercise.</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>	

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>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <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, 2023 and 2024.</p> <p>In 2024 the CRTO developed a new internal Policy Document Review Checklist, which includes specific DEI considerations. This tool will be used in future By-Law reviews (including Code of Conduct and Conflict of Interest provisions).</p> <p>As part of the CRTO’s efforts to better support Council, a post-meeting survey was conducted after each Council meeting in 2024. Following the completion of these surveys, a comprehensive review of the results was carried out. Moving forward, to enhance engagement and inclusivity among Council members, the CRTO will implement initiatives such as icebreaker activities to create a more comfortable environment, encouraging members to freely share their thoughts during discussions.</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>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

	ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<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), 2022 CPMF Report (pg. 20) and 2023 CPMF (pg. 17).</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. 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). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<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), 2022 CPMF Report (pg. 20) and 2023 CPMF (pg. 17). The cooling off period is outlined in By-Law 2: Council and Committees - s2.07 and 2.08.</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>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>The online Conflict of Interest (COI) and Governance Declaration forms continue to be used for all Council and Committee meetings.</p> 	
		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>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 2023, continues to meet in 2024</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), 2022 CPMF Report (pg. 22) and 2023 CPMF Report (pg. 19). 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 6, 2024, Council Meeting Materials Agenda (pg. 8 - 9).</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 as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external</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> <p>Strategic Direction - Core Business Practices</p> <ul style="list-style-type: none"> • Key Priority - A Comprehensive Risk Management Framework <ul style="list-style-type: none"> ○ Quarterly Risk Register report presented to Council starting in September 2023 (Example, December 6, 2024, Council meeting package, pg. 50- 57). ○ All members’ paper records moved to a digital format (Spring 2023) and all administrative files moved to a digital format (Fall 2024). 	

		<p>risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>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.</p>	<ul style="list-style-type: none"> ○ Implemented the Membership Fee Assessment Tool (March 3, 2023, Council meeting, pg. 213 – 220 & May 26, 2023, Council meeting, pg. 199 - 200). Continued to utilize this tool to annually assess the adequacy of the existing membership fee structure (September 13, 2024, Council meeting package, pg. 96-102). ○ Council members and staff participated in a Cybersecurity training session at the September 13, 2024, Council meeting (Item 12.0). ○ Phishing campaign and cybersecurity awareness training for staff provided to CRTO staff throughout 2024. <ul style="list-style-type: none"> ● Key Priority - Clear financial alignment with strategic priorities. <ul style="list-style-type: none"> ○ 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).
<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:		
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>Met in 2023, continues to meet in 2024</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>The CRTO continues to meet this requirement – see 2023 CPMF (pg. 21).</p> <p>The full Council packages are posted on the CRTO website (dating back to March 2022). 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 on the Council Meetings webpage (for the most recent Council meeting).</p> <p>The CRTO 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. There is also a notation on the Council Meetings webpage stating that status updates can be obtained from the Registrar upon request.</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>	Choose an item.
	<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> <p>i. the meeting date;</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 Executive Committee minutes/meeting information are posted. <p>The upcoming meeting date and the four most recent (approved) 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 Council Meetings webpage prior to each Council meeting (e.g., December 6, 2024 Council meeting package - pg. 84).</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>		Choose an item.

		<ul style="list-style-type: none">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; andiv. if decisions will be ratified by Council.	<i>Additional comments for clarification (optional)</i>
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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 2023, continues to meet in 2024	
	<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), 2022 CPMF Report (pg. 26) and 2023 CPMF Report (pg. 23). 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 2023, continues to meet in 2024	
	<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) 2022 CPMF Report (pg. 26) and 2023 CPMF Report (pg. 23).</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		
<p>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>	<p>The College fulfills this requirement:</p>		
	<p>• Please insert a link to the College’s DEI plan.</p> <p>• 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> <p>The CRTO continues to utilize HPRO’s EDI Organizational Self-Assessment and Action Guide to support the implementation of our DEI Strategy. We remain committed to ensuring that proposed measures—whether addressing adverse impacts or introducing new or amended policies, programs, or standards—are implemented effectively, with careful consideration of feasibility, sustainability, and accountability. In 2024, the CRTO developed and implemented a new (internal) Policy Document Review Checklist to standardize the creation and revision of policies. This ensures consistency across all CRTO policies, including those that impact applicants seeking registration with the CRTO.</p> <p>Building on our 2023 initiatives, the CRTO has continued to advance efforts in the following areas:</p> <ol style="list-style-type: none"> Enhancing recognition of diversity within the CRTO by celebrating culturally significant days for staff. Employees are encouraged to share stories and traditions related to these special days. Expanding the CRTO’s diversity calendar initiative to go beyond marking significant dates by providing staff with resources and encouraging engagement in learning—not only about dates personally meaningful to them but also those significant to the broader community. Refining the CRTO’s social committee by rotating membership to include staff who were not part of the previous year’s committee. This approach allows for diverse perspectives and fresh ideas. Additionally, we are ensuring appropriate fund allocation to support inclusive social events that foster learning and engagement. <p>The CRTO also remains committed to keeping the Council informed on all DEI-related initiatives through the development of Key Performance Indicators (KPIs). In 2024, in collaboration with the CRTO Council, we introduced a new, more accessible KPI presentation format—making the information easier to understand for both Council members and the general public. To ensure inclusivity across all departments, staff from various teams are encouraged to participate in KPI presentations, highlighting their areas of expertise and key accomplishments. For reference, please see the September 13, 2024, Council Package (pages 28-54).</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>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>		

	<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>	<p>The College fulfills this requirement:</p> <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. <p>CROTO Equity Impact Assessment Framework</p> <ul style="list-style-type: none"> 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>In 2023, following guidance from Canadian Equality Consulting, the CROTO reviewed its Employee Handbook and Accessibility Standards Policy through an equity lens. This process provided valuable insights into DEI considerations relevant to the organization’s specific needs and those of our system partners. Building on this knowledge, in 2024, the CROTO developed a new internal Policy Document Review Checklist. Used alongside the CROTO’s Equity Impact Assessment Framework, this tool will help ensure that DEI considerations are systematically analyzed when developing new policies and procedures or updating existing ones. Key factors that will be considered in policy and procedure development include:</p> <ol style="list-style-type: none"> Identifying impacted populations – Considering a wide range of disadvantaged or marginalized groups and their intersections, such as country of education, immigration status, gender identity, language, race, disability, age, and family status. Understanding the regulatory context and intent of the policy: <ul style="list-style-type: none"> What are the positive impacts for a given population? How do they differ for other populations? What are the adverse impacts for a given population, and how do they compare to other groups? Assessing parity in impacts and outcomes: <ul style="list-style-type: none"> Do some groups benefit more than others? Are certain groups disproportionately limited? Mitigating negative impacts and enhancing positive outcomes: <ul style="list-style-type: none"> What actions can be taken to reduce potential harm and increase benefits? Are there alternative approaches to address adverse impacts? Determining next steps: <ul style="list-style-type: none"> Should the policy move forward as is, or does it require further review and revision? <p>To further strengthen communication with our membership on DEI matters, the CROTO has expanded its communications team to include individuals with experience in DEI initiatives. This will help ensure that CROTO decisions are clearly communicated, demonstrating that policies, programs, and processes are reviewed thoroughly to prevent discriminatory practices.</p> <p>Additionally, in 2024, the CROTO initiated research and environmental scans to identify the most effective approach for developing and implementing a demographics and race-based data survey for its membership. Recognizing the importance of transparency and engagement, the CROTO has prioritized educating members on the purpose and value of this data collection effort.</p>	<p>Yes</p>
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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.

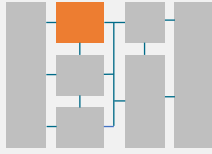
Additional comments for clarification (optional)

Based on the research conducted in 2024, demographic and race-based data collection will take place in two phases in 2025:

- a. **A consultation survey** – Engaging members by explaining the survey’s objectives, benefits, confidentiality measures, and potential outcomes. This phase will also gather feedback on how to improve the survey’s implementation.
- b. **Implementation of the first race-based data survey** – Set for the latter part of 2025, this phase will build on insights from the consultation process.

At present, the CRTO is transitioning from the “**Reactive Phase**” to the “**Progressive Phase**” of the HPRO EDI Organizational Self-Assessment and Action Guide.

INACTIVE	REACTIVE	PROACTIVE	PROGRESSIVE
No action has been taken No evidence of improved EDI outcomes	Limited or partial action has been taken Unknown/unclear connection between actions and outcomes	Substantial action has been taken Clear connection between action and outcomes	Full action has been taken Improved EDI outcomes are apparent
<ul style="list-style-type: none">There is no EDI consideration in policies, practice standards and guidelines	<ul style="list-style-type: none">Limited EDI consideration in policies, current practice standards and guidelinesReview of policies, practice standards and guidelines through an EDI-lens is being planned.	<ul style="list-style-type: none">EDI impact is considered when developing/renewing policies, practice standards and guidelinesResearch into the best available evidence is incorporated as part of any policy/guideline/standard reviewRegistrants’ questions and alternative communication channels offered when requested	<ul style="list-style-type: none">Policies and practice standards are grounded in best available evidence using an EDI-lensEDI is embedded in each practice standard and guidelineEDI impact of the standard or guideline has been evaluatedRegistrants routinely suggest how to enhance EDI in practice



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 2024, the CRTO continued to provide quarterly Strategic Plan Progress Reports to Council, ensuring ongoing transparency and accountability. For example, the [September 13, 2024, Council Meeting Package](#) (pgs. 15-27) includes one such report. The [Strategic Plan – Progress Tracking Report](#) is also publicly available on the CRTO website.

Additionally, the CRTO further refined its Key Performance Indicator (KPI) reporting to make the information more accessible and easier to understand for both Council and the public. This was achieved by streamlining the presentation format and incorporating visual aids to enhance clarity. Furthermore, staff members from relevant departments were given the opportunity to present KPI materials and directly address Council members’ questions, leading to a deeper understanding of the data. See the [September 13, 2024, Council Meeting Package](#) (pgs. 28-54) for reference.

CRTO’s Strategic Direction Plan underscores our commitment to aligning financial resources with key priorities (Core Business Practices). In 2024, with guidance from the Finance & Audit Committee, the CRTO introduced new reporting requirements for both its Auditor (appointed in 2023) and Financial Advisor (retained in 2023) to enhance financial oversight and strategic planning.

- **Auditor Reporting:** The Auditor is now required to meet annually with both the Finance & Audit Committee and the Executive Committee to outline their audit approach and obtain approval before initiating the yearly audit. This will be a recurring process moving forward.
- **Financial Advisor Reporting:** The Financial Advisor provided an annual investment portfolio presentation to Council in March 2024. This presentation covered the portfolio management strategy, financial forecasts for the upcoming year, and addressed any questions from Council members, ensuring a better understanding of CRTO’s investment funds.

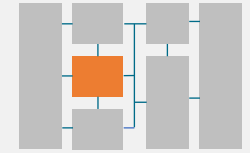
The Finance & Audit Committee continues to review the CRTO’s Investment and Reserves Policies to ensure appropriate resource allocation for key projects and initiatives.

			<p>The CRTO’s 2024 budget was approved at the March 1, 2024, Council Meeting (pgs. 117-129). The budget outlines the costs associated with all CRTO activities and projects, ensuring that the organization has the necessary resources to fulfill its legislative mandate and achieve strategic objectives. Additionally, each Council meeting agenda includes a financial update from the Registrar (see the September 13, 2024, Council Meeting Package - pg. 68-73).</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:</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: Yes</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 <p>i. The CRTO’s Reserves Policy received final approval from Council in September 2022. The policy was subsequently updated and approved at the September 22, 2023 Council meeting (see pg. 100-105). This policy defines the parameters for the CRTO’s Restricted Net Assets, which include the following categories:</p> <ul style="list-style-type: none"> • General Contingency Fund • Funding for Therapy • Investigation and Hearing Fund • Special Projects • Fee Stabilization <p>While the policy is scheduled for review every five years or as needed, the CRTO remains committed to adapting to changing organizational needs. As part of this commitment, the Finance & Audit Committee reviewed the policy during one of its 2024 meetings to assess whether the reserve categories and allocated funds remained appropriate. This review ensures that the CRTO maintains adequate resources to fulfill its mandate effectively.</p> <p>ii. The CRTO currently holds reserves in accordance with its Financial Reserves Policy, as reflected in the February 29, 2024, Audited Financial Statements (pg. 6). Additionally, in the Audit Findings Communication for the year ending February 28, 2023 (pg. 6), Hilborn LLP verified the CRTO is in compliance with its Reserves Policy.</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>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><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 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 reviews its staffing needs as part of the annual budget process. Council approved the 2024 Budget at its March 1, 2024 meeting (see pg. 117-124). Under the CRTO By-law 1 (s. 4.0), 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 (internal CRTO’s Employee Policy). In the quarterly Staff Reports, Council receives updates on operational issues, including those related to staffing (for example, see the December 6, 2024, Council package, pg. 58-61). 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 (internal CRTO’s Employee Policy) was revised and approved internally in 2024. 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><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 2024, ISA provided the CRTO with 24/7/365 incident response services and a comprehensive cybersecurity training program for CRTO staff. The CRTO Council and staff attended a training session on Cybersecurity during the September 13, 2024 Council meeting (see the September 13, 2024, Council meeting package, agenda on pg. 5). In addition, in 2024, the CRTO engaged a data breach coach to provide guidance and strategic advice on how to mitigate the risk of a data breach.</p> <p>In 2024, the CRTO completed its records digitalization project, moving all physical records into digital format.</p> <p>Lastly, in 2024, 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 2024, 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, Public Member Appointments, 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, Scope of Practice, etc.). Also in 2024, the CRTO was a member of the Steering Committee that developed the 2024 National Competency Framework & the Educational and Exam Resource documents. These documents form the foundation of the curriculum for all RT educational programs across Canada, the national Health Professions Testing Canada (HPTC) examination, as well as the CRTO’s Entry-to-Practice Assessment. <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, labour 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 can 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). In 2024, the CRTO participated in developing and validating the [2024 NCF and Educational and Examination Resource](#) documents. The CRTO has also taken the lead in establishing a national approach to the entry-to-practice assessment of IEHP candidates. All Canadian regulated RT jurisdictions, with the exception of Alberta and Quebec, send their IEHP candidates to be assessed in Ontario to ensure consistency of the evaluation standards.
- There are currently eight RT educational programs in Ontario, which the CRTO regularly interfaces 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.
- 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-the-art simulation lab that can provide the appropriate practice environment to enable the candidate to demonstrate the requisite entry-to-practice RT skills (e.g., operating room, intensive care unit). In 2024, the CRTO entered an arrangement with the Michener Institute of Education at UHN to utilize its simulation facility in situations that necessitate the assessment of multiple candidates at one time.

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

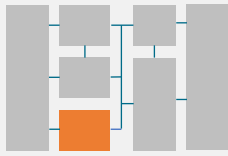
- The CRTO continues to actively participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists; this includes expanding the existing guidance related to DEI.

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 2024:
 - [Orders for Medical Care PPG](#)
 - [RTs as Anesthesia Assistants PPG](#)
 - [Registration and Use of Title PPG](#)
 - [Handling, Administration & Dispensing of Controlled Substances 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 2024, the CRTO created an Authorizing Mechanisms 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 2024, continued to work with ISA, an external cyber management consulting firm (e.g., 24/7/365 incident response services and a comprehensive cybersecurity training program for CRTO staff).
- In 2024, the CRTO completed its records digitalization project working closely with a service provider with expertise in document and data management solutions.
- In 2024, the CRTO worked with 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.



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

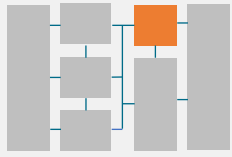
The College fulfills this requirement:

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.
 - 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 6, 2024, Council package](#), pg. 52-57). To mitigate the risk, the CRTO established several control mechanisms such as 3rd-party systems monitoring, security audits and staff training.
 - In 2024, the CRTO adopted a new (internal) procedure to facilitate a principled and consistent approach to the disclosure of information to system partners that is consistent with the CRTO’s public interest mandate and in compliance with our confidentiality obligations. The procedure is based on the Health Profession Regulators of Ontario (HPRO) Disclosure of Information to System Partners Guideline, developed to help streamline how health regulatory Colleges disclose information to system partners.

			<ul style="list-style-type: none"> In 2024, the CRTO developed an internal staff action plan to promptly address any IT infrastructure disruptions and cyber security incidents and further enhance its security measures. The CRTO retained a Cybersecurity Breach Coach in 2024 to review staff action plan and provide additional recommendations.
		<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>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. <p>ii. The following cybersecurity measures have been updated and put in place to protect against unauthorized disclosure of information:</p> <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 Endpoint Anti-Malware Protection Multi-factor Authentication Disable unused accounts for applications and systems VPN to access system and resources over the Internet Guest wi-fi to prevent unauthorized devices from connecting to the network. <p>iii. The following policies, practices and processes have been implemented to address accidental or unauthorized disclosure of information:</p> <ul style="list-style-type: none"> Role-based access control to manage who can access what data based on roles and responsibilities Data categorization to protect confidential and highly sensitive data Periodically review access rights to prevent unauthorized access Acceptable uses of company systems and Email to prevent data leaks Guidelines on social media usage and external communication Review access logs and system configurations to detect suspicious activities and identify vulnerabilities

			<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 (internal) 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 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:

Yes

- 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), [2022 CPMF Report](#) (pg. 42) and [2023 CPMF Report](#) (pg. 38).

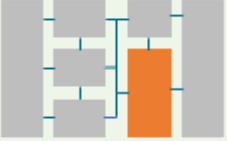
Update: As outlined in the most recent [Strategic Plan Progress Report](#), in 2024 the CRTO reviewed and revised:

- 8 regulatory policies
 - o [Handling, Administration & Dispensing of Controlled Substances Policy](#)
 - o [Professional Development Program Policy](#)
 - o [Professional Development Program Deferral Policy](#)
 - o [Application for Registration Document Requirements Policy](#)
 - o [Language Proficiency Requirements Policy](#)
 - o [Applications for Registration or Reinstatement – Currency Policy](#)
 - o [Entry-to-Practice Assessment Policy](#)
 - o [Vulnerable Sector Checks Policy](#) (new policy)
- 3 Professional Practice Guidelines (PPGs):
 - o [Orders for Medical Care PPG](#)
 - o [RTs as Anesthesia Assistants PPG](#)
 - o [Registration and Use of Title PPG](#)
- 1 Position Statement:
 - o [Zero Tolerance of Sexual and Other Forms of Abuse](#)

		<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>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: Yes</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 CRTO Policy Framework (pg. 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 such as changes in practice, patient experience, current affairs, and other trends. For example, in 2024, the CRTO developed a new Vulnerable Sector Checks Policy. The policy was drafted, in part, based on a detailed review of how other regulators approach criminal background checks. The policy includes an exemption that applies to recent graduates of approved Ontario programs. This exemption is based on the data we received from Ontario RT programs. ii. The Guiding Principles outlined in the CRTO 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 CRTO conducts research into the relevant data (e.g., complaints and reports, professional practice queries). In addition, under its Risk Management Framework, the CRTO established a systemic approach to risk management by, for example, integrating risk considerations in our projects, which include policy development and review. In 2024, the CRTO updated the Policy Framework, to clearly articulate that risk considerations are part of the policy development/review cycle. As part of this update, the CRTO also developed an internal policy review checklist to ensure that risk considerations are addressed during a policy review. iii. Once it has been determined that a policy or other regulatory document needs to be developed or revised, the CRTO 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 (CRTO Policy Framework, pg. 13). iv. The CRTO, 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 CRTO 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).

		<p>v. The CRTO’s public members are involved in every phase of our policy development process, in their participation on Committees and Council. Also, when required, the CRTO will utilize the services of the Citizen’s Advisory Group as a means of obtaining information on public expectations.</p> <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, consultation summaries are posted 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. 13).</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>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="758 782 2193 841">The College fulfills this requirement:</td> <td data-bbox="2193 782 2580 841">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 841 2580 1443"> <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>In 2024, the CRTO updated the Policy Framework to ensure that DEI considerations are included in the policy development/review cycle. As part of this update, the CRTO also developed an internal policy review checklist that includes the key DEI considerations. These are consistent with the CRTO’s Diversity, Equity and Inclusion Strategy, our DEI Plan and Equity Impact Assessment tool. All of these documents 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? </td> </tr> </table>	The College fulfills this requirement:	Yes	<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>In 2024, the CRTO updated the Policy Framework to ensure that DEI considerations are included in the policy development/review cycle. As part of this update, the CRTO also developed an internal policy review checklist that includes the key DEI considerations. These are consistent with the CRTO’s Diversity, Equity and Inclusion Strategy, our DEI Plan and Equity Impact Assessment tool. All of these documents 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? 	
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			<p>Examples:</p> <ul style="list-style-type: none"> • 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). <p>Using HPRO EDI Organizational Self-Assessment and Action Guide developed as part of the Health Profession Regulators of Ontario (HPRO) 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>
<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: 9.1 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), 2022 CPMF Report (pg. 46) and 2023 CPMF Report (pg. 42) .</p> <p>Update</p> <p>The Vulnerable Sector Checks Policy was approved by the CRTO’s Council on March 1, 2024 (see March 1, 2024, Council meeting package, pg. 160-167), and came into effect on September 1, 2024. Applicants for registration are required to submit a copy of their Vulnerable Sector Check as part of their application.</p> <p>The Application for Registration Document Requirements Policy lists the documents applicants must submit. On June 7, 2024, the CRTO Council approved revisions to the policy to ensure that it reflects the CRTO’s current registration processes and the new Vulnerable Sector Check requirement (see June 7, 2024, Council meeting package, pg. 189-195).</p>	Met in 2023, continues to meet in 2024
			<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>	

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>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> <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 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 2024, the following registration policies were reviewed and updated under the Policy Framework:</p> <ul style="list-style-type: none"> • Vulnerable Sector Checks Policy – approved at the March 1, 2024, Council Meeting (pg. 160-168) • Application for Registration Document Requirements Policy – approved at the June 7, 2024, Council Meeting (pg. 189-195) • Language Proficiency Requirements Policy – approved at the June 7, 2024, Council Meeting [pg. 172-194; addition of the Pearson Test of English Core]), and at the September 13, 2024, Council Meeting (pg. 113-126, addressing combined test component scores) • Entry-to-Practice Assessment Policy – approved at the December 6, 2024, Council Meeting (pg. 94-106) • Applications for Registration or Reinstatement – Currency Requirement Policy – approved at the December 6, 2024, Council Meeting (pg. 94-106.) <p>In addition, in anticipation of the new Registration Regulation (effective January 1, 2025), several existing registration policy documents have been reviewed in 2024 and will be presented for Council approval in 2025.</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:

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. In 2024, this meant that applicants 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 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. It is important to note that the currency requirement changed on January 1, 2025, when the new Registration Regulation came into effect. Under the new regulation, applicants for registration must:

- Have completed their education program (or assessment) within three years before the date of their application for registration, or
- Have practiced Respiratory Therapy for at least 1,125 hours within those three years

The new currency requirements were determined, in part based on a detailed review of other regulatory bodies' approaches and are intended to help harmonize the registration requirements for Respiratory Therapists across Canada. The changes were drafted from a risk-based perspective to ensure that members and applicants have the current knowledge, skills and judgment required to provide safe and competent care and to more accurately ascertain applicants and members' currency, taking into consideration factors such as time and duration of last practice. The new Registration Regulation also includes a currency condition that will apply to members registered in the General Class. In 2025, the CRTO will develop policies to support the implementation of this new provision.

The [Applicants for Registration or Reinstatement – Currency Policy](#) (previously the 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. On December 6, 2024, the CRTO Council approved revisions to the policy to reflect changes in the currency requirements under the new Registration Regulation [see [December 6, 2024, Council Meeting materials](#) (pg. 94-106)].

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 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. In anticipation of the new Registration Regulation, the CRTO drafted revisions to the policy. These changes were approved by Council at the December 6, 2024 meeting (see [December 6, 2024, Council Meeting materials](#) (pg. 94-106)).

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.

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)

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 2023, continues to meet in 2024
	<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: No Action Plan Issued <p>The CRTO continues to meet this requirement - see 2020 CPMF Report (pg. 50), 2021 CPMF Report (pg. 51), 2022 CPMF Report (pg. 51) and 2023 CPMF Report (pg. 46).</p> <p>Update</p> <p>Under the OFC Risk-informed Compliance Framework, the CRTO received a low-risk rating for the 2024-2026 Risk Cycle (see the Annual Report of the Office of the Fairness Commissioner 2023-2024, pg. 18).</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

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).

Further clarification:

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.

College Response

The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
 - Name of Standard – Delegation
 - Duration of the period that support was provided
 - Activities undertaken to support registrants
 - % of registrants reached/participated by each activity
 - Evaluation conducted on the effectiveness of support provided – Yes, Member’s knowledge of the Delegation e-learning module was assessed in the 2024 RelevantT evaluation. 2024 RelevantT survey results indicated that 95% of Members felt the module content clarified their obligations.

Does the College always provide this level of support: Yes

If not, please provide a brief explanation:

The CRTO continues to meet this requirement – see [2020 CPMF Report](#) (pg. 43), [2021 CPMF Report](#) (pg. 52), [2022 CPMF Report](#) (pg. 52) and [2023 CPMF Report](#) (pg. 47)

Update

- A new eLearning module on Authorizing Mechanisms was developed and launched in 2024. Members will be evaluated on this module when they complete their RelevantT assessment during the 2025 registration renewal period.

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: 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 .	
a. The College has processes and policies in place outlining: 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>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: Yes • <i>If yes, please insert link to the policy.</i> CRTC Professional Development Policy <p>The CRTC continues to meet this requirement – see 2021 CPMF Report (pg. 53), 2022 CPMF Report (pg. 53) and 2023 CPMF Report (pg. 48)</p> <p>Update</p> <ul style="list-style-type: none"> • In 2024, the CRTC reviewed the Launch Jurisprudence pass/fail rates, including data on what school members completing Launch graduated from. Schools were subsequently informed of their student’s success rate. Presentations to graduating RT classes commenced in 2024 and will continue in 2025. • In 2024, the CRTC developed a video on “Completing Your Portfolio” to clarify instructions for completion. A review of members who, after submitting their Portfolio, require a Coaching Session was also conducted. Data is being collected regarding the length of practice for those Members to provide direction for improvement (new grad vs close to retirement). Data from the 2025 Portfolio cycle will be used to determine its effectiveness (by reviewing and comparing the number of coaching sessions to previous years). • Relevant continued to be used to provide a review for all members on areas of change, revised guidelines or common themes in professional practice inquiries.
	Met in 2023, continues to meet in 2024
	Choose an item.
	<i>Additional comments for clarification (optional)</i>

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 2023, continues to meet in 2024	
			<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) 2023 CPMF Report (pg. 49).</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 2023, continues to meet in 2024	
			<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), 2022 CPMF Report (pg. 55) and 2023 CPMF Report (pg. 49).</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.

<p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. <p>The CRTO Professional Development Program Policy (pg. 2 - 3) articulates the process the CRTO uses to monitor the completion of QA remediation activities. Specified Continuing Education or Remediation Programs (SCERP) can be ordered for failure to complete or successfully pass PDP requirements. 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.</p> <p>The remediation process for the PORTfolio requirement 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:</p> <ul style="list-style-type: none"> • Consider changes for future PORTfolio submissions, • Revise and resubmit their current PORTfolio, or • Resubmit their PORTfolio again the following year. <p>ICRC remediation is conducted internally. The process is as follows:</p> <ol style="list-style-type: none"> 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. 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. 	<p>Yes</p>
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			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.	
			<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 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 2024, the CRTO continued to employ its [ICRC – Overall Process Guide Checklist](#) (see 11.1a.i - 1). 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 see [Complaints Process.pdf](#). 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 (<https://www.crto.on.ca/pdf/FactSheets/ADR.FS-225.pdf>) and a guide entitled [Complaints Process: Information for the Ontario Public](#). The CRTO's [Funding for Therapy and Counselling Fact Sheet](#) is publicly available on the CRTO website along with corresponding application forms. 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, the investigator will contact the complainant for an interview, documentation will be gathered, the 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)

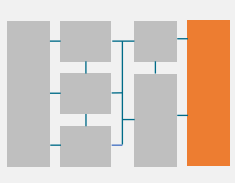
	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the 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, confirming their understanding of the process and inviting 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>In 2024, the CRTO finalized a feedback form to be sent to complainants after the disposition of their complaint. The form asks 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 also includes an open text box in which parties to the complaints process can suggest process improvements.</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>Yes</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) and 2023 CPMF Report (pg. 53).</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 2023, continues to meet in 2024</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 2023, continues to meet in 2024
		<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), 2022 CPMF Report (pg. 60) and 2023 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>	
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 2024, 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, 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. 	

			<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 CROTO 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), CROTO has a contract with a translation service to quickly translate relevant documentation into French. CROTO 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 CROTO 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 CROTO 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 2023, continues to meet in 2024	
	<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), 2022 CPMF Report (pg. 62) and 2023 CPMF Report (pg. 56).</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 2023, continues to meet in 2024</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) and 2023 CPMF Report (pg. 57).</p> <p>The CRTO shared information with the CPSO in 2024 regarding a possible misuse of the title doctor by an RRT.</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 2023, continues to meet in 2024
		<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>The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 64) and 2023 CPMF Report (pg. 58).</p> <p>In the 2021 - 2025 Strategic Direction & Key Priorities (Governance & Accountability), the CRTO identifies an ongoing commitment to performance improvement. In 2024, the CRTO continued to use the Key Performance Indicators (KPIs) 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 Direction update report, December 6, 2024, Council meeting package (pg. 32-49).</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>	<p>Met in 2023, continues to meet in 2024</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>The CRTO continues to meet this requirement – see 2023 CPMF Report (pg. 59).</p> <p>Update</p> <ul style="list-style-type: none"> i. In 2024, the CRTO continued to use the Key Performance Indicators (KPIs) reporting template to provide regular, quarterly KPIs updates at Council meetings. For an example of the KPIs report, please see the December 6, 2024, Council meeting package (pg. 32-49). ii. At each Council meeting, staff presents information about the activities and/or projects that are underway. For example, please see the December 6, 2024, Council meeting package and the following reports: <ul style="list-style-type: none"> 1. CRTO Update Report (pg. 58-61) 2. Quarterly financial statements & investment portfolio summary (pg. 62-75) 3. Committee reports (pg. 84-93) 4. Risk Register report (pg. 50-57) 5. Strategic Direction Progress (pg. 18-31) and KPIs report (pg.32-49) iii. In 2024, the CRTO continued to use its reporting template to provide regular risk management reports to Council. For an example of the report, please see the December 6, 2024, Council meeting package (pg. 76-78). 	
		<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.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
	<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>At the September 13, 2024 meeting (see pg. 127-132), the CRTO Council approved changes to the Investment Policy. These changes include, for example, a provision clarifying the Investment Manager’s responsibilities and allocation of funds. These changes help to enhance the CRTO’s financial management and mitigate the financial risks identified under the Risk Management Framework (e.g., see the Risk Register Summary Report, presented to Council on September 13, 2024, pg. 59-64).</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>	
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:	Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>The CRTO continues to meet this requirement – see 2022 CPMF Report (pg. 66) and 2023 CPMF Report (pg. 61).</p> <p>In 2024, the CRTO continued to present its updated Strategic Plan Progress Report at each quarterly Council meeting (e.g., December 6, 2024 – p8. 18-31) and then make it publicly available on our website (see Strategic Plan Progress Report). The framework for this report is directly linked to key priorities outlined in the CRTO 2021 – 2025 Strategic Direction. The CRTO also publishes its Annual Report on the website, along with its audited Detailed Financial Statements (for example, please see the 2023-24 Annual Report).</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<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.

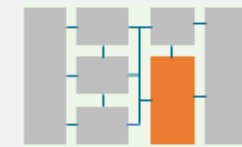
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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 2024*		
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 2024. 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 were assigned to complete the Launch RT Jurisprudence Assessment (professional development and peer assessment)	3906	
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development and peer assessment)	237	
iii. # Members who's score fell below the Launch RT benchmark and were required to submit	51	
iv. # Members whose score fell below the Launch RT benchmark after resubmission and were required to undergo a SCERP	NR	
v. # Members who's score feel below the Launch RT benchmark after SCERP	NR	
vi. # Members who submitted their Portfolio (professional development, self peer & practice assessment)	676	
vii. # Members whose Portfolio did not meet the criteria for successful completion and were required to undergo a Peer Coaching session	33	

** 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](#)

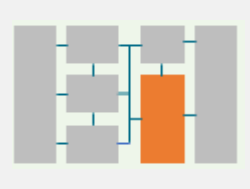
Additional comments for clarification (if needed)

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 (PORTfolioOM) - 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 2024	Launch: 237	100% of new CRTO Members 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 2024, understanding that some cases may carry over.</i>
	Relevant: 3906	92% completion by Members	
	Portfolio: 676	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 2024.	NR	NR	
NR			

Additional comments for clarification (if needed)

Table 3 – Context Measure 4

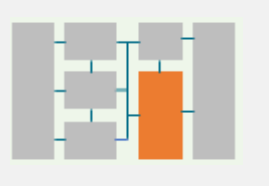
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	<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>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	84	100%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0		
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</p>			
<i>Additional comments for clarification (if needed)</i>			
-			

Table 4 – Context Measure 5

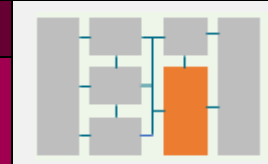
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	0		0	
II. Billing and Fees	0		0	
III. Communication	NR	NR	0	
IV. Competence / Patient Care	0		NR	NR
V. Intent to Mislead including Fraud	0		0	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	0		0	
VIII. Sexual Abuse	0		0	
IX. Harassment / Boundary Violations	0		0	
X. Unauthorized Practice	0		0	
XI. Other <please specify>	0		14 (QAC)	67%
Total number of formal complaints and Registrar’s Investigations**	3	100%	22	100%

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.

<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: Choose an item.		
<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 2024	7	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	9	
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 2024	14	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%
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	66%
IV. Formal complaints that proceeded to ICRC and are still pending	1	33%
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	0	
<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: Choose an item.							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024							
Distribution of ICRC decisions by theme in 2024*		# 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	0	0	0	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	0	0	0	NR	0	NR	0
VII. Record Keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	NR	NR	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	0	0	0	0	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 2024.
 ++ 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

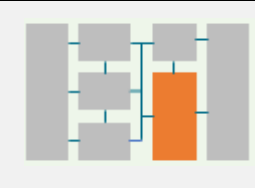
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile 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 2024	335	<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 2024	352	
Disposal		
<i>Additional comments for clarification (if needed)</i>		
-		

Table 8 – Context Measure 12

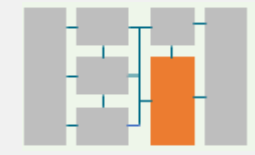
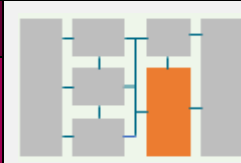
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	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 2024	0	
II. A contested discipline hearing in working days in CY 2024	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

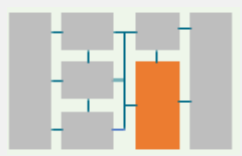
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding 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: Choose an item. <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](#)