

CERTO

# Council Meeting Materials

March 1, 2024



**College of Respiratory  
Therapists of Ontario**

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

## College of Respiratory Therapists of Ontario

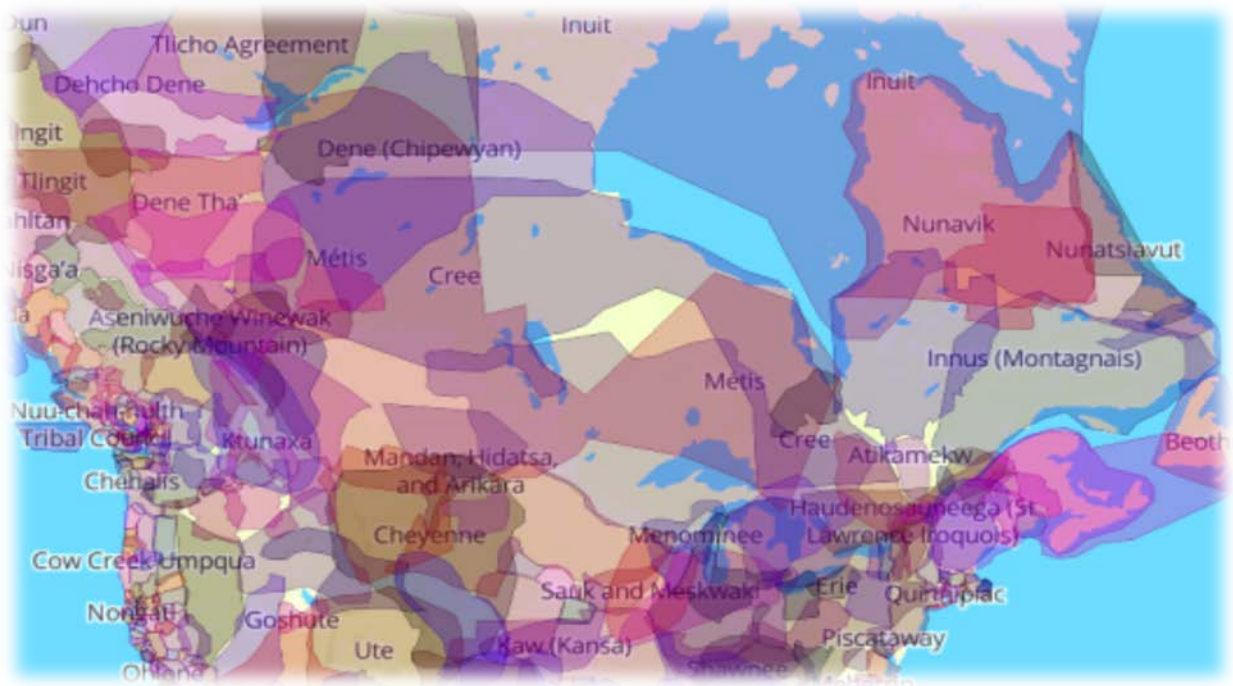
### Land Acknowledgement

I would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today, the traditional and unceded lands of the Anishinaabe peoples, and the people who have and do reside here.

While we meet today on a virtual platform, I would like to take a moment to acknowledge the importance of the land which we each call home. We do this to reaffirm our commitment and our responsibility to improve relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures.

From coast to coast to coast, I wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Please join me in a moment of reflection to acknowledge the effect of residential schools and colonialism on Indigenous families and communities and to consider how we are and can each, in our own way, try to move forward in a spirit of reconciliation and collaboration.



Generously shared by



# Council Motion

## AGENDA ITEM # 4.0

<b>Motion Title:</b>	Approval of March 1, 2024, Council Agenda
<b>Date of Meeting:</b>	March 1, 2024

It is moved by \_\_\_\_\_ and seconded by \_\_\_\_\_ that:

The Council approve the agenda for the March 1, 2024, meeting.

# CRTO Council Meeting Agenda

March 1, 2024

## AGENDA ITEM # 4.0

9 a.m. to 1 p.m.

Zoom Link: <https://us02web.zoom.us/j/88979991764>

Meeting ID: 889 7999 1764

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome and Introductions	--	Carole Hamp		
	2.0	Land Acknowledgement	2	Chair		
	3.0	Conflict of Interest Declarations	--	Carole Hamp		
	4.0	Approval of Council Agenda	3-6	Chair	Decision	Governance & Accountability
	5.0	Minutes from December 1, 2023	7-16	Chair	Decision	Governance & Accountability
<b>6.0</b>	<b>Strategic Issues</b>					
	6.1	2021 – 2025 Strategic Direction Report	17-32	Carole Hamp	Information	Governance & Accountability
	6.2	Key Performance Indicators (KPIs) Report	33-43	CRTO Staff	Information	Governance & Accountability
	6.3	Draft 2023 College Performance Measurement Framework	44-49	Carole Hamp	Information	Governance & Accountability
	6.4	Revised CRTO By-Laws (final approval)	50-108	Ania Walsh	Decision	Governance & Accountability
	6.5	Risk Register	109-116	Ania Walsh	Information	Governance & Accountability
	6.6	Draft Budget 2024/2025	117-129	Carole Hamp	Decision	Governance & Accountability
<b>7.0</b>	<b>Operational &amp; Administrative Issues</b>					
	7.1	CRTO Update Report	130-133	CRTO Staff	Information	Core Business Practices
	7.2	Financial Statements	134-140	Carole Hamp	Decision	Core Business Practices
	7.3	Investment Portfolio	141-146	Carole Hamp	Decision	Core Business Practices
	7.4	Presentation by RBC Investment Advisor Team	--	RBC Team	Information	Core Business Practices
	7.5	Membership Statistics	147-148	Lisa Ng	Information	Core Business Practices

# CRTO Council Meeting Agenda

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<b>8.0 Committee Reports</b> (for information)					
8.1	Executive Committee Report	<b>149</b>	Lindsay Martinek		Governance & Accountability
8.2	Registration Committee Report	<b>150-152</b>	Kelly Munoz		Governance & Accountability
8.3	Quality Assurance Committee Report	<b>153</b>	Laura Dahman		Governance & Accountability
8.4	Patient Relations Committee Report	<b>154</b>	Shawn Jacobson		Governance & Accountability
8.5	Inquiries, Complaints and Reports Committee Report	<b>155-156</b>	Kim Morris		Governance & Accountability
8.6	Discipline Committee Report	<b>157</b>	Jillian Wilson		Governance & Accountability
8.7	Fitness to Practise Committee Report	<b>158</b>	Jillian Wilson		Governance & Accountability
8.8	Finance & Audit Committee Report	<b>159</b>	Jeffrey Dionne		Governance & Accountability
<b>9.0 Committee Items Arising</b>					
Registration Committee					
9.1	Vulnerable Sector Checks Policy (final approval)	<b>160-168</b>	Shaf Rahman	Decision	Enhancing Professionalism/ Public Protection
9.2	Terms of Reference and Action Plan	<b>169-176</b>	Kelly Munoz	Decision	Governance & Accountability
9.3	Approval of Respiratory Therapy Programs	<b>177-188</b>	Kelly Munoz	Decision	Core Business Practices
Quality Assurance Committee					
9.4	PDP Deferral Policy	<b>189-192</b>	Kelly Arndt	Decision	Governance & Accountability
Finance & Audit Committee					
9.5	Terms of Reference and Action Plan	<b>193-199</b>	Shaf Rahman	Decision	Governance & Accountability
<b>10.0 Legislative and General Policy Issues</b>					
10.1	Handling, Administration & Dispensing of Controlled Substances Professional Policy (final approval)	<b>200-207</b>	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
10.2	RTs as Anaesthesia Assistants PPG (final approval)	<b>208-223</b>	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
10.3	Registration & Use of Title PPG (final approval)	<b>224-243</b>	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection

# CRTO Council Meeting Agenda

March 1, 2024

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10.4	Mandatory Reporting by Members Fact Sheet - Updated	<b>244-254</b>	Shaf Rahman	Information	Enhancing Professionalism/ Public Protection
10.5	Revised Honoraria and Reimbursement Policy	<b>255-261</b>	Carole Hamp	Decision	Governance & Accountability
<b>11.0</b>	<b>Other Business</b>				
<b>12.0</b>	<b>Next Meeting – June 7, 2024 – In-Person Council Meeting &amp; Education Day</b> Doubletree by Hilton Hotel – 103 Chestnut Street, Toronto. M5G 1R3				
<b>13.0</b>	<b>Adjournment</b>				
	<b>Open Forum</b>				

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## Council Self-Evaluation Survey

# Council Motion

## AGENDA ITEM # 5.0

<b>Motion Title:</b>	Minutes from December 1, 2023
<b>Date of Meeting:</b>	March 1, 2024

It is moved by \_\_\_\_\_ and seconded by \_\_\_\_\_ that:

The Council approve the minutes from the December 1, 2023, meeting.

# Draft Minutes from December 1, 2023

<b>Agenda Item #:</b>	5.0
<b>Item:</b>	Draft Minutes from December 1, 2023

## Meeting Minutes December 1, 2023

### **CRTO Council Meeting Minutes**

**Scheduled on December 1, 2023, from 9:00 am to 1:00 pm**

**Location: Zoom Videoconference**

<b>PRESENT:</b>	Lindsay Martinek, RRT, President Kim Morris, Vice-President Derek Clark, Public Member Jeff Dionne, RRT Sandy Fodey, RRT Shawn Jacobson, RRT	Christa Krause, RRT Kelly Munoz, RRT Jody Saarvala, RRT Jeffrey Schiller, Public Member Pappur Shankar, Public Member Jillian Wilson, RRT
<b>STAFF:</b>	Carole Hamp, RRT, Registrar & CEO Shaf Rahman, Deputy Registrar Kelly Arndt, RRT, Quality Practice Manager Anastasia Kokolakis, Professional Conduct Coordinator Peter Laframboise, Professional Conduct Manager	Lisa Ng, Registration Manager Denise Steele, Professional Programs Coordinator Abeeha Syed, Professional Conduct Associate Stephanie Tjandra, Finance & Office Manager Ania Walsh, Regulatory Affairs Manager
<b>GUESTS:</b>	Tiffany Mak, Ministry of Health	
<b>REGRETS:</b>	Angela Miller, RRT Allison Peddle, Public Member Andriy Kolos, Public Member	



# Draft Minutes from December 1, 2023

## 1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:01 a.m. Carole Hamp, Registrar & CEO, made introductions and read the land acknowledgement.

## 2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

## 3.0: 2023 CRTO ELECTION RESULTS & EXECUTIVE COMMITTEE ELECTIONS

Carole Hamp, Registrar & CEO, provided an overview of the Executive Committee elections process. A call for nominations from the floor was made. The following Council members were declared as acclaimed to the Executive Committee for a one-year term:

- Lindsay Martinek, RRT
- Kim Morris, Public Member
- Jeff Dionne, RRT
- Jody Saarvala, RRT
- Derek Clark, Public Member

An election by secret ballot was conducted from among the Executive Committee for President and Vice President of Council. Lindsay Martinek was elected to the role of President, and Kim Morris was elected to the position of Vice-President. Lindsay and Kim then became Chair and Vice-Chair (respectively) of the Executive Committee.

## 4.0: APPROVAL OF COUNCIL AGENDA

Council reviewed meeting agenda for December 1, 2023. An amendment was noted for item 8.4, Jeff Dionne will be presenting the Committee Report.

**MOTION # 4.0**      MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Lindsay Martinek, RRT, that Council approves the Council Agenda for December 1, 2023, as amended.

**MOTION # 4.0 CARRIED.**

## 5.0: MINUTES FROM SEPTEMBER 22, 2023

Council reviewed the meeting minutes from September 22, 2023.

**MOTION # 5.0**      MOVED BY, Jeff Schiller, and SECONDED BY, Kelly Munoz, RRT, that Council approves the Council Minutes from September 22, 2023, meeting.

**MOTION # 5.0 CARRIED.**

# Draft Minutes from December 1, 2023

## 6.0: STRATEGIC ISSUES

### 6.1 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

Carole Hamp presented the 2021 – 2025 Strategic Direction Update Report. Council reviewed the action plan for September – November and the KPIs report which includes the initiatives that have been completed by staff. The KPIs report will be available for distribution to Council.

### 6.2 DRAFT REVISED BY-LAWS

Carole Hamp presented the draft revised By-Laws. The revisions are required due to the creation of the Emergency Class of Registration. There was a discussion on the rationale on the amount decided for the emergency class fee.

**MOTION # 6.2**            MOVED BY, Pappur Shankar, and SECONDED BY, Jody Saarvala, RRT, that Council approves the draft revised CRTO By-Law 3: Membership for consultation.

**MOTION # 6.2 CARRIED.**

### 6.3 2023 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

Carole Hamp presented the 2023 College Performance Measurement Framework (CPMF). Council reviewed the summary of the criteria and objectives of the framework. It is expected that the 2023 CPMF will be completed and submitted in March 2024.

### 6.4 RISK REGISTER

Ania Walsh, Regulatory Affairs Manager, presented the quarterly risk management report. There have been no significant changes to the report at this point. Council reviewed the risk assessment and outlook anticipated for the upcoming quarter.

### 6.5 COUNCIL & COMMITTEE COMPETENCY PROFILE

Carole Hamp presented the Council & Committee Competency Profile. This competency profile framework has been developed in conjunction with one of the key competencies in the CPMF with regards to governance.

**MOTION # 6.5**            MOVED BY, Christa Krause, RRT, and SECONDED BY, Derek Clark, that Council approves the Council & Committee Competency Profile.

# Draft Minutes from December 1, 2023

**MOTION # 6.5 CARRIED.**

## 6.6 CRTO COUNCIL EVALUATION FRAMEWORK

Carole Hamp presented the Council Evaluation Framework. The framework is premised on principles of good governance within the legislative landscape of the Regulated Healthcare Professions Act (RHPA).

**MOTION # 6.6**      MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Pappur Shankar, that Council approves the Council Evaluation Framework.

**MOTION # 6.6 CARRIED.**

## 7.0: OPERATIONAL & ADMINISTRATIVE ISSUES

### 7.1 REGISTRAR'S REPORT

Carole Hamp reported on general CRTO activities and initiatives.

#### Internal

##### Current Initiatives

- Criminal Reference/Vulnerable Sector Checks
- Office Space Plans

##### Staffing

- Welcome to Anastasia Kokolakis, Professional Conduct Coordinator, to the team.
- Completed the hiring of the Communications Coordinator. Wellie Chihaluca will be joining the team on December 4.

##### Administration

- 2023 General Elections – there was a discussion on the low voter turnout and a suggestion for the CRTO to possibly develop a survey to get more information from members through the Patient Relations Committee.
- External Financial Auditor

#### External

- Emergency Class of Registration
- Accreditation Canada (AC)
- NARTRB

### 7.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements for March 1, 2023 – October 31, 2023. The highlights of

# Draft Minutes from December 1, 2023

the balance sheet and income statement were presented. There were no concerns or questions noted.

**MOTION # 7.2**            MOVED BY, Derek Clark, and SECONDED BY, Jeff Schiller, that Council approves the quarterly financial statements from March 1, 2023, to October 31, 2023.

**MOTION # 7.2 CARRIED.**

## 7.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. The CRTO's investment advisor from RBC is scheduled to present the updated investment portfolio at the next Finance and Audit meeting.

**MOTION # 7.3**            MOVED BY, Christa Krause, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approves the Investment Portfolio Summary as of October 31, 2023.

**MOTION # 7.3 CARRIED.**

## 7.4 ENTRY-TO-PRACTICE CLINICAL SKILLS ASSESSMENT FEE FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Carole Hamp presented the rationale for the clinical skills assessment (CSA) for internationally educated health professionals (IEHP) fee increase from \$4,250 to \$5,000. If the motion is approved, the \$5,000 fee will come into effect on March 1, 2024. The schedule of fees and all information relevant to the fees for CSA will be updated on the website.

**MOTION # 7.4**            MOVED BY, Kim Morris, and SECONDED BY, Jody Saarvala, RRT, that Council approves a revision to the CRTO Schedule of Fees to reflect an increase in the Entry-to-Practice Clinical Skills Assessment from \$4,250 to \$5,000.

**MOTION # 7.4 CARRIED.**

## 7.5 DRAFT BUDGET PROJECTIONS

Carole Hamp presented the Draft Budget Projections for 2024/2025.

## 7.6 MEMBERSHIP STATISTICS

Lisa Ng, Registration Manager, presented the membership statistics, which included the total membership, status changes, and new applications received. The total membership reported was 4,000 as of November 30, 2023.

# Draft Minutes from December 1, 2023

There was a discussion on the follow up of the previous Council meeting topic regarding introducing the retired class.

## **8.0: COMMITTEE REPORTS**

### **8.1 EXECUTIVE COMMITTEE REPORT**

Council has reviewed the Executive Committee Report and there was no additional discussion at this meeting.

### **8.2 REGISTRATION COMMITTEE REPORT**

Council has reviewed the Registration Committee Report and there was no additional discussion at this meeting.

### **8.3 QUALITY ASSURANCE COMMITTEE REPORT**

Council has reviewed the Quality Assurance Committee Report and there was no additional discussion at this meeting.

### **8.4 PATIENT RELATIONS COMMITTEE REPORT**

Council has reviewed the Patient Relations Committee Report and there was no additional discussion at this meeting.

### **8.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT**

Council has reviewed the Inquiries, Complaints and Reports Committee Report and there was no additional discussion at this meeting.

### **8.6 DISCIPLINE COMMITTEE REPORT**

Council has reviewed the Discipline Committee Report and there was no additional discussion at this meeting.

### **8.7 FITNESS TO PRACTISE COMMITTEE REPORT**

Council has reviewed the Fitness to Practise Committee Report and there was no additional discussion at this meeting.

### **8.8 FINANCE & AUDIT COMMITTEE REPORT**

# Draft Minutes from December 1, 2023

Council has reviewed the Finance & Audit Committee Report and there was no additional discussion at this meeting.

## 9.0: COMMITTEE ITEMS ARISING

### 9.1 REVISED EMERGENCY REGISTRATION POLICY

Ania Walsh presented the Revised Emergency Registration Policy. The policy has been updated to reflect the changes associated with the creation of the emergency class and has been circulated for consultation.

If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next e-blast.

**MOTION # 9.1**                      MOVED BY, Derek Clark, and SECONDED BY, Kelly Munoz, RRT, that Council approves the revised Emergency Registration Policy.

**MOTION # 9.1 CARRIED.**

### 9.2 REGISTRATION COMMITTEE – VULNERABLE SECTOR CHECKS POLICY

Shaf Rahman, Deputy Registrar, presented the draft Vulnerable Sector Checks Policy. The draft policy has been reviewed by the Registration Committee.

If the motion is approved, the policy will be sent out for consultation in January 2024, and brought back to Council for the March 2024 meeting.

**MOTION # 9.2**                      MOVED BY, Derek Clark, and SECONDED BY, Kim Morris, that Council approves the draft Vulnerable Sector Checks Policy for consultation.

**MOTION # 9.2 CARRIED.**

## 10.0: LEGISLATIVE AND GENERAL POLICY ISSUES

### 10.1 REGISTRATION REGULATION AMENDMENTS

Ania Walsh presented an overview of the documents that need to be updated to reflect the recent regulatory amendments relating to the new Emergency Class, the “As of Right” exemption, and the exemptions under the Controlled Acts Regulation.

# Draft Minutes from December 1, 2023

Staff will continue to implement the regulatory changes and coordinate the policy review process.

## 10.2 REGISTRATION & USE OF TITLE PPG

Kelly Arndt, RRT, presented the draft revised Registration & Use of Title Professional Practice Guideline (PPG). The document has been updated to reflect the regulatory amendments related to the Emergency Class and the “As of Right” exemption. The PPG has been reviewed by the Registration Committee.

If the motion is approved, the PPG will be sent out for consultation in January 2024.

**MOTION # 10.2**      MOVED BY, Jeff Schiller, and SECONDED BY, Christa Krause, RRT, that Council approves the draft revised Registration and Use of Title PPG for consultation.

**MOTION # 10.2 CARRIED.**

## 10.3 REVISED UNAUTHORIZED USE OF TITLE AND HOLDING OUT POLICY

Ania Walsh presented the Revised Unauthorized Use of Title and Holding Out Policy. The policy has been reviewed and revised to ensure it is consistent with the recent regulatory changes, particularly the new Emergency Class and the “As of Right” exemption.

If the motion is approved, the policy will be posted on the CRTO website and communicated to the members in the next eblast.

**MOTION # 10.3**      MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Pappur Shankar, that Council approves the draft revised Unauthorized Use of Title and Holding Out Policy.

**MOTION # 10.3 CARRIED.**

## 11.0: OTHER BUSINESS

### 11.1 COUNCIL MEETING DATES FOR 2024

Carole Hamp presented the proposed Council meeting dates for 2024.

**MOTION # 11.1**      MOVED BY, Kim Morris, and SECONDED BY, Jody Saarvala, RRT, that Council approves the proposed dates for the 2024 Council meetings.

**MOTION # 11.1 CARRIED.**

## 12.0: NEXT MEETING

**Next Council Meeting:**

# Draft Minutes from December 1, 2023

March 1, 2024 via Zoom videoconference.

## 13.0: ADJOURNMENT

### Adjournment

The December 1, 2023, Council meeting adjourned at 12:01 pm.

DRAFT



## ITEM 6.1

### STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated Feb. 2024

Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Member Engagement</b>					
<b>Alignment of policies &amp; processes with the principles of Right-Touch regulation.</b>					
<b>Evidence-informed approach to QA selection, assessments &amp; remediation.</b>	<ul style="list-style-type: none"> <li>• <a href="#">Professional Development Program Policy</a> – reviewed and updated.</li> <li>• Began the planning phase of a full <b>Professional Development Program Review</b>. <ul style="list-style-type: none"> <li>○ Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.</li> </ul> </li> </ul>	Implementing the planning phase of a full PDP review.	Professional Development Program review – in progress.	Professional Development Program review – in progress.  Updated the PDP Policy with references to the new Emergency Class of Registration.	PDP Deferral Policy has been revised and approved by QAC to reflect the change that requires Members to submit deferral of PDP requests to be received by the CRTO 15 days prior to the deadline.  Professional Development Program review continues.
<b>Framework for the prioritization of investigations, complaints, &amp; reports.</b>	<ul style="list-style-type: none"> <li>• Completed an <b>external review of all Professional Conduct (PC) processes</b> and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.</li> <li>• Ongoing refinement of PC processes to prioritize investigations, complaints, and reports.</li> <li>• Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process.</li> </ul>	<p>Relying on the data obtained from a review of matters received in 2022, further refinements were undertaken in the PC process.</p> <p>New complaints and reports process intake documents were developed, and prior documents were updated.</p>	Relying on the data gathered in the last quarters, the PC process was further refined to include assessing options for investigations, ICRC decision reviews and accessible correspondence.	<p>Relying on the data gathered in the last quarters, PC staff undertook assessments about whether ICRC decisions can be written in-house as opposed to external decision writers and the current CRTO redaction policy with the aim of reducing timeliness.</p> <p>The employer mandatory reporting guide was also reviewed to ensure accessibility and accuracy.</p>	<p>Relying on the data gathered in the last quarters, PC staff:</p> <ul style="list-style-type: none"> <li>• Prepared ICRC decisions in-house (in some cases), which expedited disposition</li> <li>• Continued an assessment of the current CRTO redaction policy with the aim to reduce timeliness; and</li> <li>• Revised the member mandatory reporting guide to ensure</li> </ul>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
		Complaints and reports correspondence templates were updated.			accessibility and accuracy.
<b>Transparent, objective, impartial, &amp; fair practices.</b>					
<b>Clear direction regarding the registration requirements for all applicants.</b>	<ul style="list-style-type: none"> <li>• <b>9 Registration Policies</b> reviewed and updated.</li> <li>• <b>3 Registration Fact Sheets</b> reviewed and updated and/or developed.</li> <li>• Updated and reviewed the <b>Guide to TCLs Imposed by the Registration Committee.</b></li> <li>• Retained a consulting agency to align the CROTO’s approved <b>language proficiency</b> standards to the federally approved language proficiency tests for Canadian Immigration.</li> <li>• Updated the <b>Applicants’ web pages</b> with relevant links.</li> <li>• Conducted a detailed review of the <b>Registration Verification Form</b> with members of the National Alliance.</li> <li>• Conducted a comprehensive review of the <b>Registration Regulation</b> (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.</li> </ul>	<p>Reviewed and updated several Registration Guides and web pages.</p> <p>Draft revisions to the CROTO Registration Regulation (O. Reg. 17/12 General – Part VIII) presented to Council for approval for submission to the Ministry.</p>	<p>Reviewed and revised the Emergency Registration Policy. The policy will be sent out for consultation in December.</p> <p>The 2022 Fair Registration Practices Report was submitted to the Office of the Fairness Commissioner.</p>	<p>Drafted a new Vulnerable Sector Checks Policy.</p> <p>Posted the 2022 Fair Registration Practices Report.</p> <p>Conducted a detailed review of the Graduate Certificate of Registration Policy and the Registration and Use of Title PPG to address the new Emergency Class and “As of Right” provisions.</p> <p>Reviewed the Emergency Registration Policy consultation feedback. The updated policy will be presented to Council in December.</p>	<p>The 2024/25 Schedule of Fees and application guides have been updated with the new Clinical Skills Assessment fee.</p> <p>Reviewed and updated the Conditions on a Graduate Certificate of Registration, Inactive Certificate of Registration, and the Examination Fact Sheets and all application guides.</p> <p>The Internationally Educated Health Professionals (IEHP) working group developed a neonatal and pediatric scenario scheduled for implementation in February 2024.</p>
<b>A complaints process supported by publicly accessible policies &amp; procedures.</b>	<ul style="list-style-type: none"> <li>• <b>4 Professional Conduct (PC)</b> policies reviewed and updated.</li> <li>• Developed the <b>Funding for Therapy and Counselling Program Fact Sheet.</b></li> <li>• Ongoing analysis for identifying a need for additional Professional Conduct policies and</li> </ul>	<p>Ongoing analysis for identifying a need for additional Professional Conduct policies.</p> <p>The complaints process guide was revised to reflect our current process.</p>	<p>Ongoing analysis for identifying a need for additional Professional Conduct policies.</p> <p>Reviewed and updated the Mandatory Reporting by</p>	<p>Started to draft a new policy: Conduct between Members and Complainants during a College Investigation.</p> <p>Ongoing analysis for identifying a need for</p>	<p>Drafting a new policy addressing the conduct between Members and complainants during a CROTO Investigation.</p> <p>Ongoing analysis for identifying a need for</p>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	the development of new policies as they are identified.	Developed and posted the Funding for Therapy and Counselling Fact Sheet.	Employers/Facilities Fact Sheet.	additional Professional Conduct policies.	additional Professional Conduct policies.  Updated the Mandatory Reporting by Members and Employers/Facilities Fact Sheets.
<b>Accessible &amp; timely communication.</b>					
<p><b>Increase the information available on our website in written and online module format.</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Policy Consultation</a> - 16 draft revised policies posted on the CRYPTO website for consultation.</li> <li>• Updated and posted several documents on the CRYPTO website (microsites, or in pdf format), this includes:               <ul style="list-style-type: none"> <li>○ The March 04, 2022, CRYPTO By-laws</li> <li>○ 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG &amp; Oxygen Therapy)</li> <li>○ 17 Policies</li> <li>○ 2 Fact Sheets</li> <li>○ Guide to TCLs Imposed by the Registration Committee</li> </ul> </li> <li>• Added the following documents to the CRYPTO website:               <ul style="list-style-type: none"> <li>○ Strategic Plan Progress Report</li> <li>○ Succession Plan for Senior Leadership Policy.</li> <li>○ Open Forum Policy</li> <li>○ Terms of Use – Website and Social Media</li> <li>○ CRYPTO Risk Management Framework</li> </ul> </li> <li>• The <a href="#">2021 CPMF Full &amp; Summary Reports</a> were posted on the CRYPTO website.</li> </ul>	<p>The new Funding for Therapy and Counselling Program Fact Sheet and supporting application forms were posted on the CRYPTO website.</p> <p>Updates regarding the use of ultrasound in RT practice provided by email and on the CRYPTO website.</p> <p>Revised CRYPTO By-laws posted on the CRYPTO website in a microsite format.</p> <p>Revised Infection, Prevention &amp; Control Clinical Best Practice Guideline posted on the CRYPTO website.</p> <p>Draft revised RTs Providing Virtual Care PPG posted for consultation.</p>	<p>Updated the Council and Committees webpages, including the elections process information and a new webpage for committee appointees.</p> <p>The updated Mandatory Reporting by Employers/Facilities Fact Sheet was posted on the CRYPTO website.</p> <p>Finalized the Delegation e-learning module. The module is now available in PDKeeper.</p> <p>Draft revised Abuse Awareness and Prevention PPG posted for consultation.</p> <p>Revised RTs Providing Virtual Care PPG posted on the CRYPTO website.</p>	<p>The following revised policies were posted on the CRYPTO website for consultation:</p> <ul style="list-style-type: none"> <li>• Emergency Registration Policy</li> <li>• Handling, Administration and Dispensing of Controlled Substances Professional Practice Policy.</li> </ul> <p>Draft revised Respiratory Therapists as Anesthesia Assistants PPG posted for consultation.</p> <p>The <a href="#">2022 Fair Registration Practices Report</a> was posted on the CRYPTO website.</p>	<p>The draft <b>Vulnerable Sector Checks Policy</b> was posted on the CRYPTO website for consultation.</p> <p>The draft revised <b>By-law 3: Membership</b> was posted on the CRYPTO website for consultation.</p> <p>The draft revised <b>Registration and Use of Title PPG</b> was posted on the CRYPTO website for consultation.</p> <p>Links to the above consultation surveys were posted on the CRYPTO's website homepage slider and shared through the CRYPTO social media accounts.</p>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<ul style="list-style-type: none"> <li>Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents).</li> </ul>	<p>The 2022 <a href="#">CPMF Full &amp; Summary</a> Reports were posted on the CRTO website.</p> <p>The <a href="#">2021 Fair Registration Practices Report</a> was posted on the CRTO website.</p>			
<p><b>Optimize the use of various communication platforms.</b></p>	<ul style="list-style-type: none"> <li>Utilized several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>Monthly Practice Blogs</li> <li>Twitter (22 tweets over this period)</li> <li>Monthly ebulletin</li> <li>Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates).</li> </ul> </li> <li>Stakeholder meetings/presentations (e.g., presentations to members at their employment sites, the professional association conf, graduating students, and attending RT Program Advisory Committee (PAC) meetings).</li> </ul>	<p>Four tweets</p> <p>Two email e-blasts</p> <p><b>Stakeholder meetings/presentations:</b></p> <ul style="list-style-type: none"> <li>Two presentations to graduating students.</li> </ul>	<p>Four email e-blasts</p> <p><b>Stakeholder meetings/presentations:</b></p> <ul style="list-style-type: none"> <li>Two stakeholder presentations</li> <li>Three advisory committee meetings; and</li> <li>One panel meeting with hospital staff.</li> </ul>	<p>Several webpages were updated, including:</p> <ul style="list-style-type: none"> <li>2024/25 registration fees update</li> <li>2023 election results in Districts 3, 4 and 6</li> <li>New Emergency Class of Registration</li> <li>“As of Right” exemption</li> <li>Employers reporting obligations and form.</li> </ul> <p>Two email e-blasts</p> <p><b>Stakeholder meetings/presentations:</b></p> <ul style="list-style-type: none"> <li>1 presentation to 3rd RT students</li> <li>1 meeting with a regulator in another province</li> <li>1 meeting with a hospital RT group</li> <li>1 presentation at a stethoscope ceremony</li> </ul>	<p>Four email e-blasts (one general CRTO update, 3 related to the registration renewal).</p> <p>Updated four Fact Sheets:</p> <ul style="list-style-type: none"> <li>Mandatory Reporting by Employers/Facilities</li> <li>Mandatory Reporting by Members</li> <li>Conditions on a Graduate Certificate of Registration</li> <li>Examination</li> </ul> <p><b>Stakeholder meetings/presentations:</b></p> <ul style="list-style-type: none"> <li>2 student presentations</li> <li>1 presentation at a hospital</li> </ul>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Governance &amp; Accountability</b>					
<b>A highly competent &amp; effective Council.</b>					
<p><b>Publicly accessible Council &amp; Committee competency self-evaluation &amp; an online, pre-application learning module.</b></p>	<ul style="list-style-type: none"> <li>ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.</li> <li>Draft developed for enhanced competency self-evaluation for prospective Council &amp; Committee members.</li> </ul>	<p>Draft Council &amp; Committee Member Competency Profile presented at the May Council meeting.</p> <p>Revised CRTO By-law includes a new elections eligibility requirement – that is, members must complete the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.</p>	<p>Online orientation module relating to the duties, obligations and expectations of Council and Committees was developed and is now posted on the CRTO website. Election candidates and committee appointees must complete the module as part of the nomination/application process.</p> <p>The new elections nomination form and the committee appointees’ application from include an updated competency profile section.</p> <p>Developed a new Committee Member Appointments webpage and application forms.</p>	<p>The new elections nomination form and the committee appointees’ application from include an updated competency profile section.</p> <p>Post-Council self-evaluation implemented and monitored to expand and improve upon.</p>	<p>The <a href="#">Committee Competency Profile</a> and <a href="#">Council Evaluation Framework</a> were reviewed and subsequently approved at the Dec. 1, 2023, Council meeting.</p> <p>Post-Council self-evaluation implemented and monitored to expand and improve upon.</p>
<p><b>Framework to regularly evaluate the effectiveness of Council meetings &amp; Council with a third-party assessment of</b></p>	<ul style="list-style-type: none"> <li>Conducted a <b>Council Effectiveness survey</b> (BoardSource) and reported results at the May Council meeting.</li> <li>Consultant was retained to conduct a third-party assessment of the CRTO’s March 2023 Council meeting.</li> </ul>	<p>Summary of the third-party evaluation presented at the May Council meeting along with an action plan to address proposed areas of improvement.</p>	<p>Post-Council self-evaluation implemented and monitored to expand and improve upon.</p>	<p>The third-party evaluation report action plan continues to be monitored to expand and improve upon.</p>	<p>The third-party evaluation report action plan continues to be monitored to expand and improve upon.</p>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Council (min. every three years).</b>					
<b>Ongoing training provided to Council &amp; Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.</b>	<ul style="list-style-type: none"> <li>Developed three eLearning modules for prospective and current Council and Committee members:               <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> </ul> </li> <li>Facilitated Anti-Racism &amp; Anti-Oppression training for CRTC Council, Committee and staff.</li> <li>The Chairing a Meeting module was presented at the annual Chair's Dinner</li> <li>Council Education Day (Sept. 23<sup>rd</sup>) focused on the following:               <ul style="list-style-type: none"> <li>Privacy</li> <li>Cybersecurity</li> <li>Virtual meetings</li> </ul> </li> <li>Required all Council &amp; Committee members to provide evidence that they had reviewed the educational material posted in the CRTC's portal, which includes:               <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> <li>Language of Finance</li> <li>Annual Financial Audit</li> <li>Monitoring Progress</li> <li>Meeting in a Virtual World</li> </ul> </li> </ul>	<p>May Chair's Dinner:</p> <ul style="list-style-type: none"> <li>Right Touch Regulation presentation</li> </ul> <p>May Education Day:</p> <ul style="list-style-type: none"> <li>Cybersecurity: Insurance Requirements and Implications</li> <li>Risk Management Workshop</li> </ul> <p>PRC training/orientation.</p>	<p>The new online orientation module relating to the duties, obligations and expectations of Council and Committees was developed and is now available to all election candidates and applicants to CRTC committees.</p>	<p>The new online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTC committees.</p> <p>Conducted new Council member orientation.</p>	<p>The new online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTC committees.</p> <p>Conducted annual training/orientation for the Registration Committee.</p>
<b>Independent, evidence-informed &amp; transparent decision-making processes.</b>					





Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Publicly accessible Code of Conduct &amp; Conflict of Interest Policy for Council &amp; Committee members.</b>	<ul style="list-style-type: none"> <li>Revised <a href="#">By-laws</a> (approved at the March 4, 2022 Council meeting) include an updated <a href="#">Code of Conduct</a> and <a href="#">Rules of Order</a> that have been standardized and attached as a schedule.</li> <li>The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings.</li> </ul>	The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.	<p>The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.</p> <p>The new elections nomination form and the committee appointees' application from include an updated conflict of interest and record of affiliations section.</p>	The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.	The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.
<b>An ongoing commitment to performance improvement.</b>					
<b>Tracking &amp; review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.</b>	<ul style="list-style-type: none"> <li>One of the recommendations from the <b>external review of all Professional Conduct processes</b> is to enhance data collection, tracking and reporting.</li> <li>The <b>Finance &amp; Audit Committee</b> began the development of KPIs relevant to the financial management of the CRTO.</li> <li>The <b>2021 – 2025 Strategic Direction Update Report</b> was presented at the May 27<sup>th</sup> Council meeting.</li> <li>Updated <b>QAC &amp; ICRC Terms of Reference and Action Plans</b> approved at the May 27<sup>th</sup> Council meeting.</li> <li>Draft KPI report is under development</li> </ul>	Draft KPI report is under development	Staff drafted a KPIs report to be presented at the Sept. Council.	A detailed KPIs report linked to the CRTO strategic objectives presented at the September 22, 2023 Council.	A detailed KPIs report linked to the CRTO strategic objectives presented at the Dec. 1, 2023, Council.
<b>Ongoing monitoring of the KPI dashboard.</b>	<ul style="list-style-type: none"> <li>Currently under development.</li> </ul>	Currently under development.	Currently under development.	KPIs in all major program areas have been identified and will be reported to Council on an ongoing basis.	KPIs in all major program areas have been identified and are reported to Council on an ongoing basis.



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Enhancing Professionalism</b>					
<b>Policies, standards of practice, &amp; practice guidelines based on the best available evidence.</b>					
<p><b>Policy framework &amp; review/revision of all policies and practice guidelines.</b></p>	<ul style="list-style-type: none"> <li>Continued the full-scale policy review under the <a href="#">Policy Framework</a>.</li> <li><b>28 policies updated/approved</b></li> </ul>	<p>The CRTO continues its policy review guided by the Policy Framework.</p> <p><b>2 policies updated/approved:</b></p> <ol style="list-style-type: none"> <li>Professional Development Program Policy</li> <li>Signing Officer and Authorized Personnel-Banking and Investments Policy</li> </ol> <p><b>3 archived policies:</b></p> <ol style="list-style-type: none"> <li>Elections Policy</li> <li>Funding for Supportive Measures (Patient/Client) Policy</li> <li>Funding for Supportive Measures (Non-Patient/Client) Policy</li> </ol>	<p>The CRTO continues its policy review guided by the Policy Framework.</p> <p><b>Emergency Registration Policy</b> – draft revisions approved by the Registration Committee. The policy will be posted for consultation in September 2023.</p>	<p>The CRTO continues its policy review guided by the Policy Framework.</p> <p><b>2 Draft revised policies sent out for consultation:</b></p> <ul style="list-style-type: none"> <li>Emergency Registration Policy</li> <li>Handling, Administration and Dispensing of Controlled Substances Professional Practice Policy</li> </ul> <p><b>6 Policies updated/approved:</b></p> <ul style="list-style-type: none"> <li>Revised Reserves Policy</li> <li>PDP Policy</li> <li>Supervision Policy</li> <li>Graduate Certificates of Registration Policy</li> <li>Application for Registration – File Closure Policy</li> <li>New (internal) Employee Performance Review &amp; Compensation Policy approved by the Registrar</li> </ul>	<p>The CRTO continues its policy review guided by the Policy Framework.</p> <ul style="list-style-type: none"> <li>Revised Emergency Registration Policy approved by Council</li> <li>Completed the revised Handling, Administration and Dispensing of Controlled Substances Policy consultation</li> <li>New draft Vulnerable Sector Checks Policy sent out for consultation</li> <li>Approved the revised Unauthorized Use of Title and Holding out Policy</li> <li>Revised Records Management and Retention Policy (internal) approved by the Registrar</li> </ul>





Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Professional Practice Guidelines (PPGs) are regularly revised &amp; sent out for consultation</b>	<ul style="list-style-type: none"> <li>PPGs <b>sent out for consultation:</b> <ol style="list-style-type: none"> <li>Administering and Dispensing Medication PPG</li> <li>Responsibilities Under Consent Legislation PPG</li> <li>Infection, Prevention &amp; Control CBPG</li> </ol> </li> </ul>	<p>Draft revised Virtual Care PPG – approved by Council for consultation.</p> <p>Draft revised Abuse Awareness and Prevention PPG approved for consultation.</p>	<p>Draft revised Abuse Awareness and Prevention PPG posted for consultation.</p>	<p>Draft revised RT's as Anesthesia Assistants PPG approved for consultation.</p>	<p>RTs as Anesthesia Assistants PPG consultation complete; the PPG will be presented at the March 2024 Council meeting.</p> <p>Draft revised Registration and Use of Title PPG sent out for consultation.</p> <p>Review of Community Practice PPG underway.</p> <p>Abuse PPG being finalized for posting following additional legal review.</p>
<b>Revised Professional Practice Guidelines (PPGs) approved by Council</b>	<ul style="list-style-type: none"> <li>Revised <b>PPGs approved by Council:</b> <ol style="list-style-type: none"> <li>Conflict of Interest PPG</li> <li>Responsibilities Under Consent Legislation PPG</li> <li>Oxygen Therapy Clinical Best Practice Guideline (CBPG)</li> <li>Administering and Dispensing Medication PPG</li> </ol> </li> </ul>	<p>Final approval:</p> <ul style="list-style-type: none"> <li>Revised Infection, Prevention &amp; Control Clinical Best Practice Guideline approved by Council in March.</li> <li>Revised Respiratory Therapists Providing Virtual Care PPG (to be submitted to Council for final approval in May).</li> </ul>	<p>Revised Infection, Prevention &amp; Control Clinical Best Practice Guideline posted on the CRTO website.</p> <p>Revised Virtual Care PPG posted on the CRTO website.</p>	<p>Draft revised Abuse Awareness and Prevention PPG approved at the Sept. 22, 2023, Council meeting.</p>	
<b>Review/Revision of CRTO By-Laws &amp; Regulations (as required)</b>	<ul style="list-style-type: none"> <li>Revised <a href="#">CRTO By-laws</a> approved at the March 2022 Council meeting.</li> <li>Draft By-Law revisions were presented to Council (Dec. 2) for approval for consultation with our stakeholders.</li> </ul>	<p>Revised CRTO By-laws approved at the March 2023 Council meeting.</p> <p>Revised Ontario Regulation 596/94 was approved at the March 2023 Council</p>		<p>Drafted By-Law revisions to address the new Emergency Class of Registration. The draft By-law will be presented at the December Council for approval for consultation.</p>	<p>Draft revised By-Law 3: Membership sent out for consultation.</p>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<ul style="list-style-type: none"> <li>Conducted a comprehensive review and drafted amendments to the Ontario Regulation 596/94 to address the new Emergency Class of Registration and other changes related to, for example, registration requirements.</li> </ul>	meeting for submission to the MOH.			
<b>Standards of Practice &amp; Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).</b>	<ul style="list-style-type: none"> <li>Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI.</li> </ul>	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.
<b>Supporting the application of new or amended practice standards.</b>					
<b>Online modules to support difficult-to-understand and novel practice standards.</b>	<ul style="list-style-type: none"> <li>Draft Delegation &amp; Authorizing Mechanisms online modules created.</li> <li>Preparing an online module for student/graduate RTs.</li> </ul>	Finalization of Delegation e-learning module.	Finalized the Delegation e-learning module. The module is now available in PDKeeper.		Delegation and Portfolio videos being translated to French.
<b>The application of Risk-Based regulation.</b>					
<b>Formal risk assessments in all RC, QAC &amp; ICRC decisions.</b>	<p><b>PC</b> - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p><b>QAC</b> - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA</p>	<b>PC</b> - ICRC orientation included an introduction to the ICRC decision risk assessment tool and ICRC member participation in the case study application. The ICRC employs the tool	<b>PC</b> - The ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. PC staff and Governance staff collaborated on the identification of risks related to complaints and	<b>PC</b> - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. <b>QAC</b> – The QAC applied risk-based approach in its recent review of nine applications for	<b>PC</b> – The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. <b>QA</b> - Launch review continues. A review of Members who require



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<p>Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.</p> <p><b>Reg</b> - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p>in all of its dispositions of complaints and reports.</p> <p><b>QAC</b> - Review of 2022/2023 Launch results (identify patterns in questions answered incorrectly).</p> <p><b>RC</b> - All Registration Committee (RC) panels utilize an updated risk assessment tool for making registration decisions - 6 RC Panels were conducted during this reporting period.</p>	<p>reports to further inform the risk assessment process going forward.</p> <p><b>QA</b> - Meeting with Portfolio Assessors to review Portfolio template to strength the platform. Plan for assessment of the impact of the Portfolio e-module on quality of 2024 Portfolios and required coaching sessions.</p> <p><b>RC</b> - The Registration Committee panels continue to utilize the updated risk assessment tool for making registration decisions. 3 RC panels conducted during this reporting period.</p>	<p>deferral of the 2023/24 Portfolio.</p> <p><b>RC</b> - The Registration Committee panels continue to utilize the updated risk assessment tool for making registration decision. 3 RC Panel files conducted during this reporting period.</p>	<p>coaching sessions for their Portfolio underway to examine practice years and profile to provide data for a risk-based approach to Professional Development.</p> <p><b>RC</b> – The annual Registration Committee orientation session included a section related to risk management.</p> <p>The RC Panels continue to utilize the risk assessment tool for making registration decisions, with one RC Panel file conducted during this reporting period.</p>

**Healthcare Community**

**Actively seeking collaborative opportunities with other health regulatory colleges & system partners.**

<p><b>Creation of common standards (where possible) both provincially and nationally.</b></p>	<ul style="list-style-type: none"> <li>Participated in the following initiatives with other regulators:               <ul style="list-style-type: none"> <li>HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,                   <ul style="list-style-type: none"> <li>Council Competencies Evaluation Framework</li> <li>Information Sharing Policy</li> <li>Anti-BIPOC Racism Working Group</li> </ul> </li> <li>NARTRB</li> </ul> </li> </ul>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p> <p>Staff attended the Canadian Network of Agencies of</p>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p> <p>Staff participated in several events with other professional regulators, e.g.:</p>
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Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<ul style="list-style-type: none"> <li>○ Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists.</li> <li>○ Review of the current NARTRB Jurisdictional Verification form.</li> <li>● Participated in the HPRO 2022 Communicators’ Day Conference.</li> </ul>	<p>Helped to facilitate the validation survey for the revised NARTRB Entry-to-practice Competency Profile.</p> <p>Updated the Language Proficiency for Respiratory Therapy document.</p>		<p>Regulation conference focused on professional regulation.</p>	<ul style="list-style-type: none"> <li>● Right Touch Regulation</li> <li>● Effective Risk Management in Changing Times</li> <li>● International Mobility &amp; Professional Registration</li> <li>● Media Scrutiny and Public Outrage – How Can Regulators Respond?</li> </ul>
<b>Engaging with stakeholders to enhance quality patient care.</b>					
<p><b>Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.</b></p>	<ul style="list-style-type: none"> <li>● The <a href="#">CRTO Policy Framework</a> consists of a consultation process for revised policies, practice guidelines, by-laws and Standards of Practice. Draft Policies and Guidelines are posted online for consultation. All survey results were reviewed by Council/respective Committee prior to approval.</li> <li>● <b>20 Consultations were conducted under the Policy Framework.</b></li> </ul>	<p>Public Consultations:</p> <ul style="list-style-type: none"> <li>● Draft Abuse Awareness &amp; Prevention PPG.</li> <li>● Draft Respiratory Therapists Providing Virtual Care PPG</li> <li>● Revised Infection Prevention &amp; Control CBPG</li> <li>● The amended Ontario Regulation 596/94</li> </ul>	<p>Public Consultations:</p> <ul style="list-style-type: none"> <li>● Draft Abuse Awareness &amp; Prevention PPG.</li> </ul> <p>PC staff conducted a review of the feedback form to be completed by complainants after the disposition of their complaint. The review of past templates was completed. The drafting of new questions to be used in the updated complainant feedback form is in progress.</p>	<p>Public Consultations:</p> <ul style="list-style-type: none"> <li>● Emergency Registration Policy</li> <li>● Handling, Administration and Dispensing of Controlled Substances Professional Practice Policy</li> <li>● Respiratory Therapists As Anesthesia Assistants PPG</li> </ul> <p>The Employers’ “Submit a Report” webpage was updated based on feedback received.</p> <p>PC staff is drafting new questions to be used in the updated complainant feedback form.</p>	<p>Public Consultations:</p> <ul style="list-style-type: none"> <li>● Vulnerable Sector Checks Policy</li> <li>● Registration and Use of Title PPG</li> <li>● By-law 3: Membership</li> </ul> <p>Professional Conduct team - drafting updates to the complainant's feedback form.</p>
<b>Core Business Practices</b>					
<b>Clear financial alignment with strategic priorities.</b>					



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Revised financial statement &amp; investment portfolio presentation</b>	<ul style="list-style-type: none"> <li>Streamlined the financial statement reporting format to highlight how it aligns with College’s strategic direction and key priorities.</li> <li>Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting.</li> <li>Reviewed proposals &amp; presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service.</li> </ul>	Began transferring investments under the new investment management.	Transfer of investments under the new investment management.	Continued transfer of investments under the new investment management.	<p>The FAC revised the Council Investment Material Presentation.</p> <p>Presentation by investment advisors’ team to provide annual update on status of CRTO investments.</p>
<b>Finance &amp; Audit Committee (FAC)</b>	<ul style="list-style-type: none"> <li>Established the FAC Goals &amp; Terms of Reference</li> <li>Assisted the Executive Committee in the review of the CRTO’s 2021 – 2022 Financial Audit, the 2022 – 2023 budget, &amp; evaluation of the External Auditor.</li> <li>Developed a Membership Fee Assessment Tool</li> </ul>	<p>Membership Fee Assessment Tool developed to be utilized by the Executive Committee, the Finance &amp; Audit Committee and Council to annually review the membership fee schedule.</p> <p>Updated Signing Officers and Authorized Personnel-Banking &amp; Investments Policy.</p> <p>A subcommittee of the FAC conducted a recruitment process to identify an appropriate financial advisor for the CRTO.</p>	<p>FAC has reviewed relevant information using the Membership Fee Assessment Tool and made recommendations to Executive Committee.</p> <p>A Request for Proposal was sent out to prospective Auditor Firms. Review of responses ongoing.</p>	<p>Based on the FAC recommendation Council approved the followings:</p> <ul style="list-style-type: none"> <li>Registration fee increase for the 2024/25 renewal year.</li> <li>New external auditor.</li> </ul>	<p>Reviewed and updated the FAC Terms of Reference and Action Plan.</p> <p>Reviewed the FAC’s role in monitoring of CRTO investments.</p> <p>Reviewed the draft budget for 2024/25.</p>
<b>A policy that clearly outlines the</b>	<ul style="list-style-type: none"> <li>Review and subsequent approval of the following policies: <ul style="list-style-type: none"> <li>Revised Investments Policy</li> </ul> </li> </ul>	Review of the Reserve Policy	Reserve Policy has been reviewed and validated by the auditors.	The Reserves policy has been reviewed and updated.	



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>management of financial reserves</b>	<ul style="list-style-type: none"> <li>○ New Reserves Policy</li> <li>○ Revised Honoraria &amp; Expenses Policy</li> <li>○ Revised Procurement of Goods &amp; Services Policy</li> </ul>				
<b>Embedding the principles of diversity, equity, and inclusion in College processes.</b>					
<b>Diversity, Equity and Inclusion (DEI) training for Council, Committee &amp; staff members</b>	<ul style="list-style-type: none"> <li>• The CRTO’s DEI Plan approved at the March Council meeting.</li> <li>• Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. <a href="#">DEI Summary Report</a> provided by CED.</li> <li>• CEC also conducted a survey with the membership regarding the CRTO’s role in promoting DEI. A summary report of these findings was provided to the CRTO in February.</li> <li>• CRTO staff participated in HPRO’s Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions.</li> <li>• Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members.</li> <li>• Indigenous Awareness module completed by staff for National Day for Truth &amp; Reconciliation.</li> <li>• Facilitated ARAO discussion took place involving CRTO Council, Committees and staff.</li> <li>• Navigating <i>Canada’s Complex Histories</i> e-course (in honour of National Truth &amp; Reconciliation Day) was completed &amp; discussed by all CRTO staff.</li> </ul>	<p>The CRTO embarked on phase 3 of the DEI Strategy with the development of the DEI Steering Committee. This committee consists of several Patient Relations Committee (PRC) members and two CRTO staff meetings. The DEI Steering Committee met for a brainstorming session in early May, which was facilitated by the CEC consultants.</p>	<p>CEC sent out the draft Action Plan.</p> <p>Ongoing monitoring of the DEI Strategy implementation.</p>	<p>Ongoing monitoring of the DEI Strategy implementation.</p> <p>Staff identified DEI short- and long-term key performance indicators for the CRTO.</p>	<p>Staff attended the following two events in recognition of Black History Month:</p> <ul style="list-style-type: none"> <li>• CNAR UnLearn and Learn Session on Addressing Anti-Black Racism</li> <li>• Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month</li> </ul> <p>Developed Employee Performance Review &amp; Compensation Policy to ensure transparent, fair, equity-based compensation for all CRTO employees.</p>





Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Equity Impact Assessment</b>	<ul style="list-style-type: none"> <li>• Council approved the use of the Ministry of Health’s Health Equity Impact Assessment (HEIA) tool and workbook.</li> <li>• The PRC is in the process of revising HEIA to meet the CRTO’s needs.</li> </ul>	The Patient Relations Committee (PRC) reviewed an update on the Equity Impact Assessment & Implementation Strategy.			
<b>A comprehensive Risk Management Framework</b>					
<b>The formal process to identify &amp; monitor internal &amp; external organizational risk (e.g., financial &amp; human resources, cyber security, etc.)</b>	<ul style="list-style-type: none"> <li>• IT Infrastructure Architecture review completed &amp; process begun to implement recommendations.               <ul style="list-style-type: none"> <li>○ Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.</li> <li>○ Installed a dedicated firewall to reduce security risk and improve the organization’s security posture.</li> <li>○ Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera).</li> </ul> </li> <li>• Cybersecurity presentation by ISA to Council and staff.</li> <li>• Started the process of moving all members’ files to a digital format.</li> <li>• The CRTO <a href="#">Risk Management Framework</a> was approved at the Council meeting.</li> </ul>	Risk Management workshop at the May Council meeting, Draft Risk Register presented at the May Council meeting.	<p>Plan cybersecurity tabletop exercise for staff.</p> <p>Record digitalization project in progress.</p> <p>Staff updated the Risk Register template based on the May 2023 Risk Management workshop.</p>	<p>The updated Risk Register report presented to Council in September.</p> <p>Record digitalization project in progress.</p> <p>Staff completed October Security Awareness Month training and November Phishing Campaign.</p> <p>Coordinated and signed contract for tabletop exercise.</p> <p>Ongoing meetings with vendor related to new database implementation.</p> <p>Based on a recommendation from the Finance and Audit Committee, Council approved a fee increase for the 2024/25 registration year. This is to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest.</p>	<p>The updated Risk Register report presented to Council in December.</p> <p>All staff participated in a cyber security tabletop exercise conducted by an external consultant. Staff completed January Security Awareness training; and February Phishing Campaign.</p> <p>Ongoing meetings with vendor related to new database implementation.</p> <p>Record digitalization project in progress.</p> <p>Continued review and development of standard operating procedures in core program areas.</p>



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<b>Succession plan for senior leadership</b>	<ul style="list-style-type: none"><li>• Appointment of a Deputy Registrar &amp; creation of a new Manager of Regulatory Affairs position.</li><li>• Succession Planning for Senior Leadership Policy approved by Council.</li></ul>				<p>Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness.</p> <p>Continued review and development of standard operating procedures in core program areas.</p>



# Item 6.2

College of Respiratory Therapists of Ontario  
Ordre des thérapeutes respiratoires de l'Ontario

## 2021 – 2025 Strategic Direction Quarterly KPIs Report

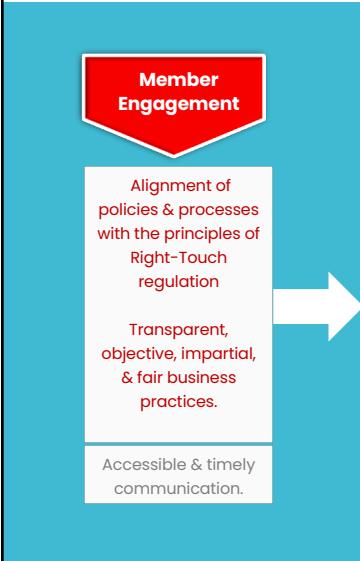
March 1, 2024  
Carole Hamp, Registrar & CEO

1

## CERTO 2021 – 2025 Strategic Direction

Member Engagement	Governance & Accountability	Enhancing Professionalism	Healthcare Community	Core Business Practices
Alignment of policies & processes with the principles of Right-Touch regulation.	A highly competent & effective Council.	Policies, standards of practice, & practice guidelines based on the best available evidence.	Actively seeking collaborative opportunities with other health regulatory colleges & system partners.	Clear financial alignment with strategic priorities.
Transparent, objective, impartial, & fair business practices.	Independent, evidence informed & transparent decision-making processes.	The application of Risk-Based regulation.	Engaging with stakeholders to enhance quality patient care.	Embedding the principles of diversity, equity and inclusion in all College processes.
Accessible & timely communication.	An ongoing commitment to performance improvement.			A comprehensive Risk Management Framework.

2



**Member Engagement**

Alignment of policies & processes with the principles of Right-Touch regulation

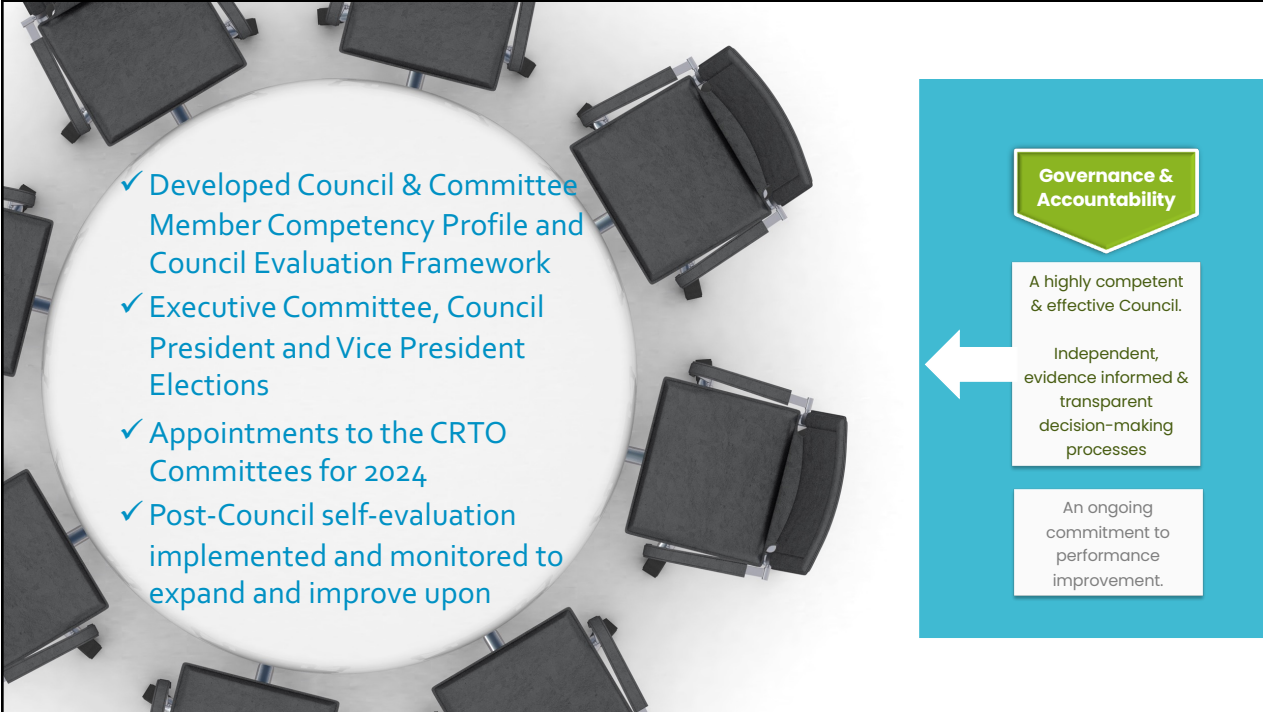
Transparent, objective, impartial, & fair business practices.

Accessible & timely communication.

### 2023/24 Q4 HIGHLIGHTS

- ✓ Full **Professional Development Program (PDP)** review – in progress
- ✓ PDP Deferral Policy review
- ✓ PC staff undertook **process and document assessments** aimed at reducing timelines (e.g., decision writing and redaction) and ensuring accessibility and accuracy
- ✓ Updated the Member and **employer mandatory reporting** Fact Sheets
- ✓ Conducted a thorough review and updated several Fact Sheets, guides and webpages to ensure consistency with recent regulations amendments and changes under the schedule of fees

3



- ✓ Developed Council & Committee Member Competency Profile and Council Evaluation Framework
- ✓ Executive Committee, Council President and Vice President Elections
- ✓ Appointments to the CRTO Committees for 2024
- ✓ Post-Council self-evaluation implemented and monitored to expand and improve upon

**Governance & Accountability**

A highly competent & effective Council.

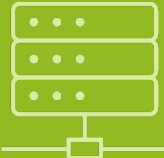
Independent, evidence informed & transparent decision-making processes

An ongoing commitment to performance improvement.

4

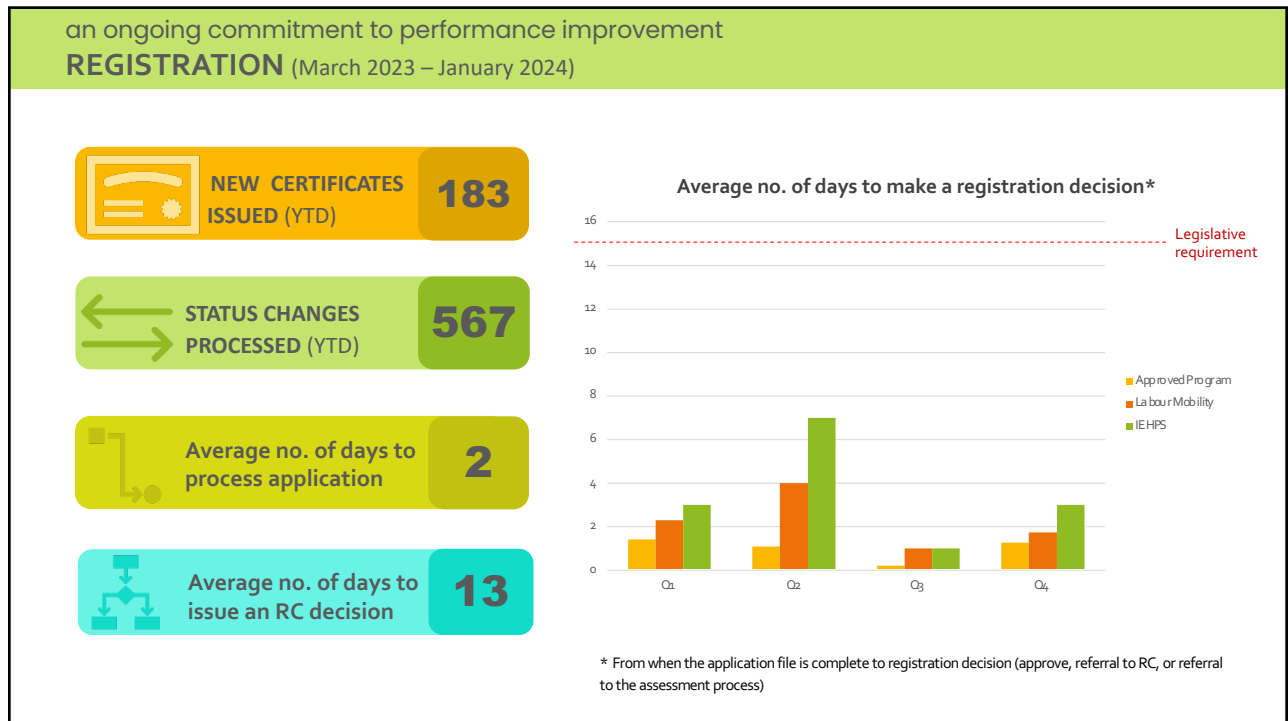
an ongoing commitment to performance improvement

**CORE PROGRAMS**



Program	Indicator
<b>Registration</b>	<ul style="list-style-type: none"> <li>Number of days (average) to process an application, make a registration decision</li> <li>Number of days (average) to issue an RC decision</li> <li>Number of new certificates issued</li> <li>Number of status changes processed</li> <li>Snapshot: IEHPS assessments</li> </ul>
<b>Professional Conduct</b>	<ul style="list-style-type: none"> <li>Snapshot: new, closed, ongoing complaints/reports</li> <li>Number of days (average) to compete a complaint file or report</li> <li>New complaints and reports by theme</li> </ul>
<b>Quality Assurance and Practice</b>	<ul style="list-style-type: none"> <li>Launch RT Jurisprudence Assessment scores</li> <li>PORTfolio submissions</li> <li>Relevant learning module compliance</li> <li>No. of practice inquiries received</li> <li>Inquiries by theme</li> </ul>

5



6

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**REGISTRATION** (as on January 31, 2024)

**42** ACTIVE IEHP ASSESSMENT FILES

**27**

IEHP applicants in the process of submitting the required supporting documentation

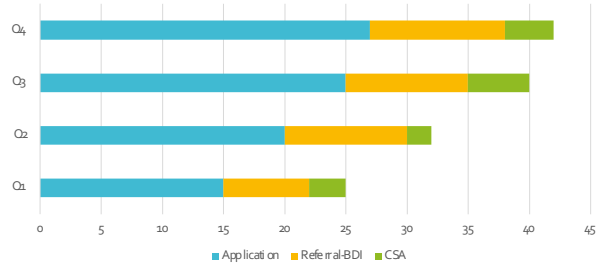
**11**

Applicants referred to the assessment who have completed or are in the process of completing the program review & interview stage

**4**

Applicants at the Clinical Skills Assessment stage (scheduled to complete or waiting for results)

ACTIVE IEHP ASSESSMENT FILES (2023-24 Q 1,2,3,4)



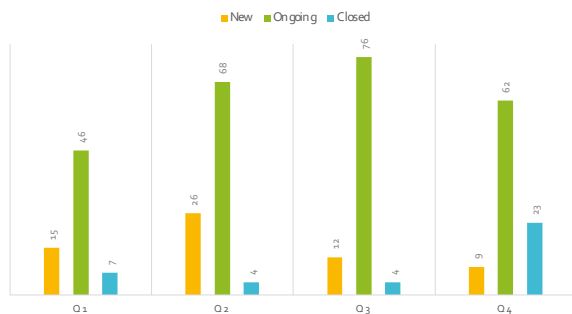
IEHP APPLICANTS BY COUNTRY OF EDUCATION

PHILIPPINES	13
USA	12
INDIA	8
IRAN	4
PAKISTAN	2
AFGHANISTAN	1
CHINA	1
NIGERIA	1
QATAR	0

7

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**PROFESSIONAL CONDUCT** (March 2023 – January 2024)

NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES



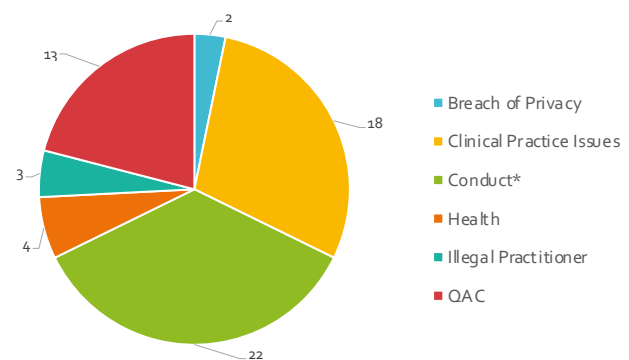
New complaints/  
reports (YTD)

**62**

Average disposition  
time (in days)

**175**

NEW COMPLAINTS AND REPORTS BY THEME (YTD)



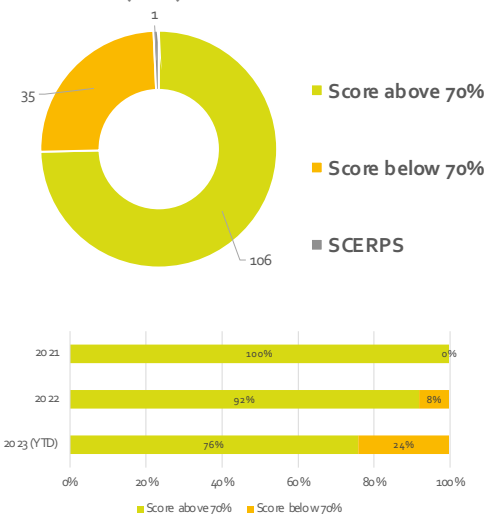
\*Conduct Detail

	Q1	Q2	Q3	Q4	Total
Abusive Conduct	1	0	1	0	2
Conduct of Member re Social Media	1	1	0	0	2
Disruptive Conduct with Colleagues	1	4	1	1	7
Professional Misconduct	1	1	4	2	8
Unprofessional Conduct in Personal Life	1	0	1	1	3

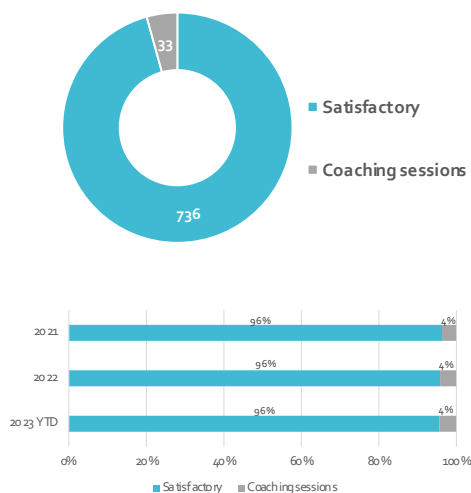
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**QUALITY ASSURANCE** (March 2023 – January 2024)

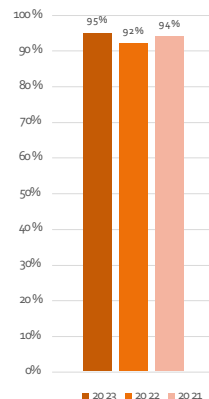
Launch RT (YTD)



PORTfolio (YTD)



Relevant Compliance

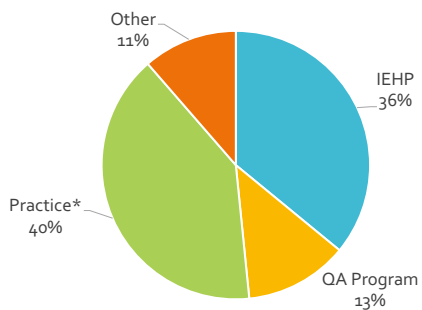


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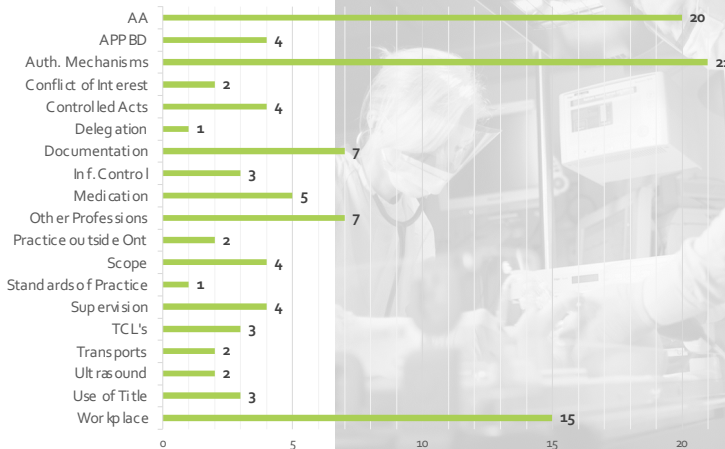
an ongoing commitment to performance improvement  
**QUALITY PRACTICE**

Total Number of Inquiries Received (July 2023 – January 2024) **281**

Quality Practice Inquiries (July 2023 - Jan. 2024)



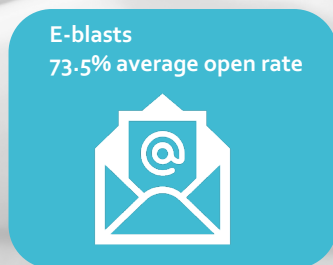
\*Practice Inquiries by Theme



10

## Accessible & timely communications

2023/24 (YTD)



### Top 3 most visited webpages:

- Approved RT Programs (7.1K)
- Members – CRTO (6.7K)
- Public – CRTO (6.4K)

7 New/Updated Fact Sheets

8 E-blasts

8 Consultations

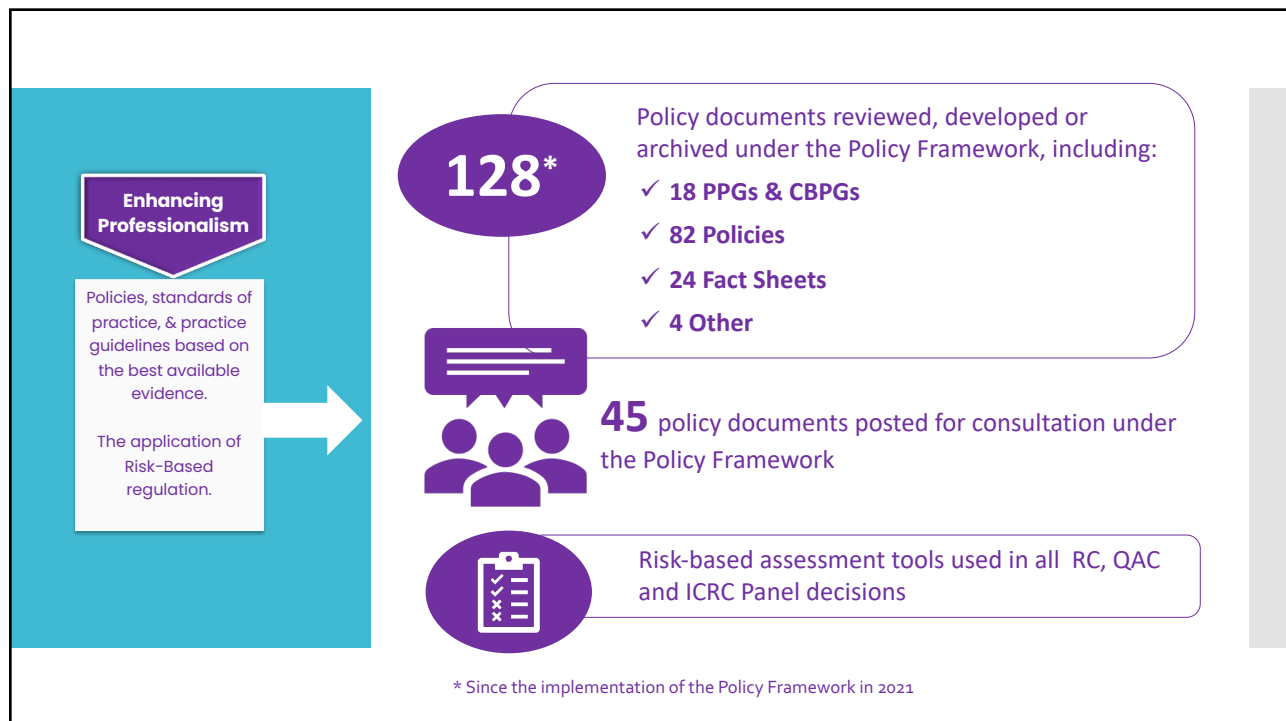
2 e-Learning Modules

17 Social Media Posts

### Where website visitors are from:

- Canada(22K)
- USA (935)
- Philippines (343)
- India (304)
- UK (129)
- Saudi Arabia (128)
- UAE (104)

11



12

## COLLABORATIVE INITIATIVES (YTD)

- **HPRO**
  - Council Competencies Evaluation Framework
  - Information Sharing
  - Anti-BIPOC Racism Working Group
- **CNAR workshops and virtual discussions** (e.g., Right Touch Regulation, International Mobility)
- **NARTRB:**
  - Common Registration Verification form
  - Standards of Practice
  - Entry-to-practice Competency Profile
  - IEHP Assessment

Healthcare Community

Actively seeking collaborative opportunities with other health regulatory colleges & system partners

Engaging with stakeholders to enhance quality patient care

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## Financial Management

Core Business Practices

Clear financial alignment with strategic priorities.

Embedding the principles of diversity, equity and inclusion in all College processes.

A comprehensive Risk Management Framework.

- 2024/25 Budget Preparation
- Finance and Audit Committee – revised Council Investment Material Presentation
- New financial advisor
- New external auditor

14

an ongoing commitment to performance improvement  
**OPERATIONS – Finance**

BALANCE SHEET	Jan. 31, 2023	Jan. 31, 2024
<b>Current Ratio (CR)</b> Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	4.0	4.1
<b>Dept Ratio (DR)</b> Compares total liabilities to total assets to determine the level of debt held by an organization. (the lower the number (e.g., < 0.5), the greater the stability of the organization).	0.25	0.25
<b>Cash Reserve (CR)</b> Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	2.7 months	7.5 months

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**OPERATIONS – Finance**

INCOME STATEMENT	Jan. 31, 2023	Jan. 31, 2024
<b>Bottom Line (BL)</b> Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.	\$225,351.92 surplus	\$319,322.46 surplus
<b>Revenue Growth Rate % (RGR%)</b> Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.	1.7%	5.6%
<b>Expense Growth Rate % (EGR%)</b> Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.	11.7%	2%

16



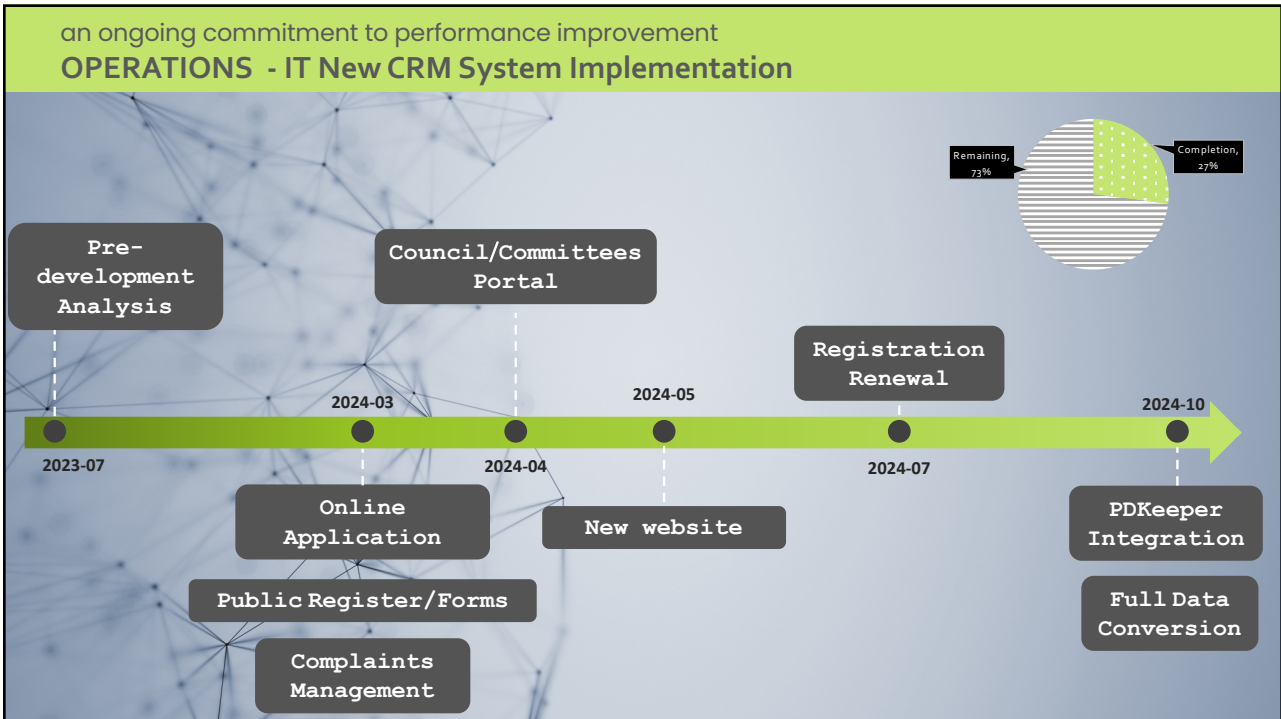
an ongoing commitment to performance improvement  
**OPERATIONS - Staffing**



- New Employee Performance Review & Compensation Policy
- Employee Retention Rate/Average Tenure (by position)
- Dismissal Rate
- Employee Satisfaction Rating
- Training Costs & Effectiveness
- Absenteeism Rate
- Diversity (gender, ethnicity, etc.)
- Compensation Rate (when compared to industry benchmarks) of our current 11 staff positions:
  - 8 fall below the competitive salary band
  - 3 are substantially below, in that staff are not currently being compensated at even the lowest end of the band

17

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**OPERATIONS - IT New CRM System Implementation**



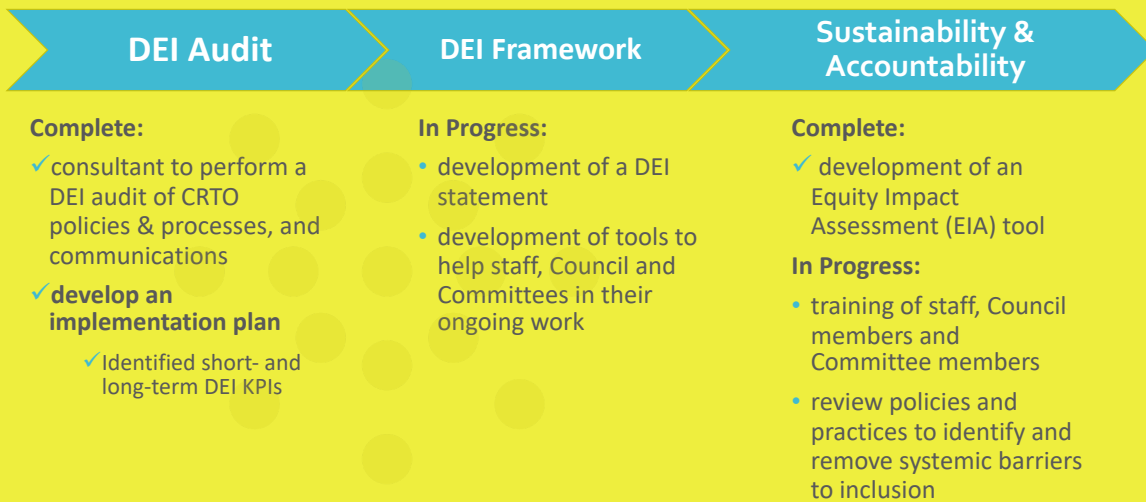
The timeline shows the following milestones and tasks:

- 2023-07:** Pre-development Analysis
- 2024-03:** Online Application, Public Register/Forms, Complaints Management
- 2024-04:** Council/Committees Portal, New website
- 2024-05:** Registration Renewal
- 2024-07:** Registration Renewal
- 2024-10:** PDKeeper Integration, Full Data Conversion

A circular progress indicator shows 27% completion (green) and 73% remaining (grey).

18

# Diversity, Equity and Inclusion Strategy



19

## DEI Action Plan

**Short Term Action Plan**  
(to be completed by March 2024)

- Develop inclusive interview question bank
- ✓ Develop anonymous feedback mechanism for staff
- ✓ Update compensation packages, salary grades, and job-level competencies
- ✓ Conduct (biannual) compensation / career progression conversations
- ✓ Develop an approach to acknowledge observances at CRTO – completed
- ✓ Encourage to include pronouns in communications



20

**Core Business Practices**

Clear financial alignment with strategic priorities.

Embedding the principles of diversity, equity and inclusion in all College processes.

A comprehensive Risk Management Framework. ➔

## Risk Management

- ✓ Updated risk register template for tracking and reporting key risks
- ✓ Staff training: cyber security tabletop exercise, January Security Awareness and February Phishing Campaign
- ✓ Record digitalization project in progress
- ✓ The ICRC, QAC and RC continue to employ risk assessment tools in their decision dispositions of complaints and reports
- ✓ Ongoing meetings with the vendor related to new database implementation
- ✓ Continued review and development of standard operating procedures in core program areas

The diagram illustrates a risk management cycle. It starts with 'CRTO Context' (including RHPA, RPA, RT Practice, and MCH RC) leading to 'Risk Assessment' (Identification, Analysis, Evaluation), then 'Risk Treatment', and finally 'Record & Report'. This cycle is supported by two feedback loops: 'Monitor & Review' at the top and 'Communicate & Consult' at the bottom, both indicated by dashed lines.

21

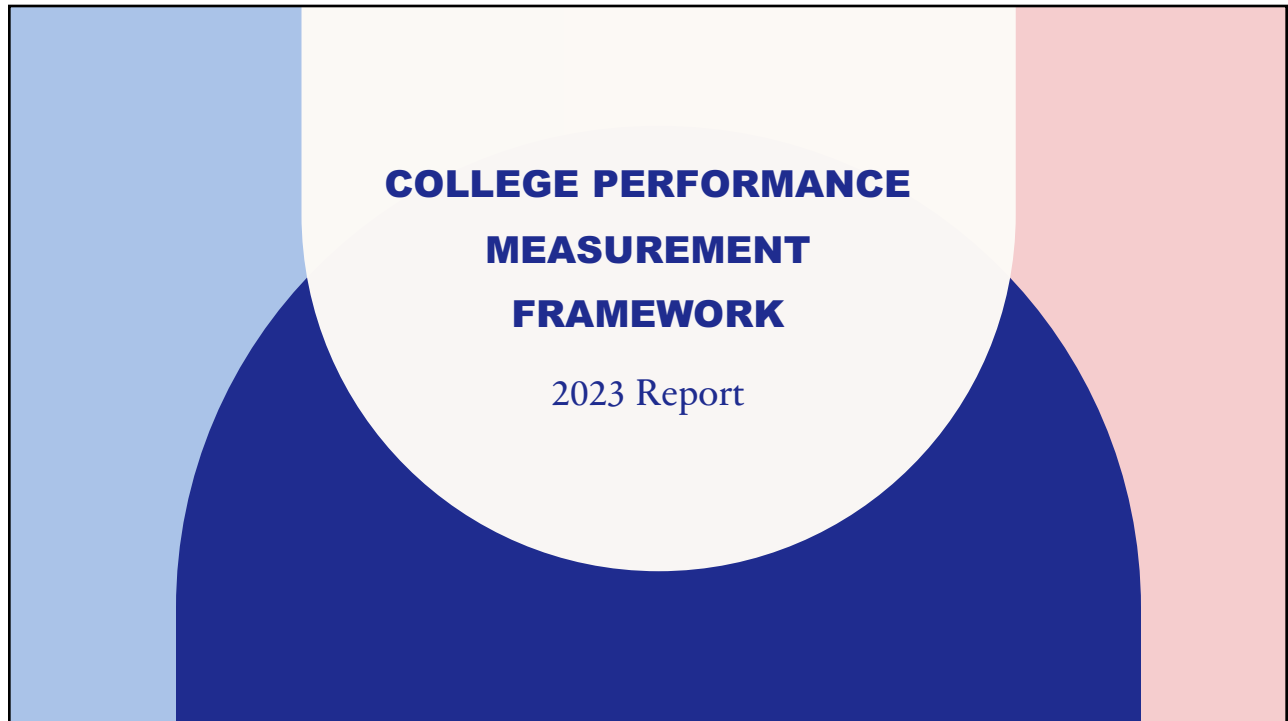
2021 – 2025

Strategic Direction

Quarterly KPIs

22

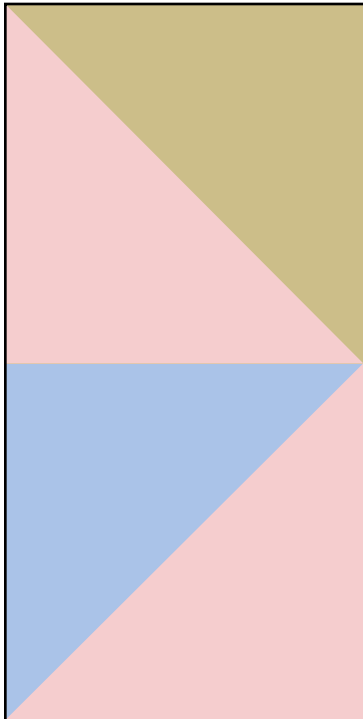
## Item 6.3



1



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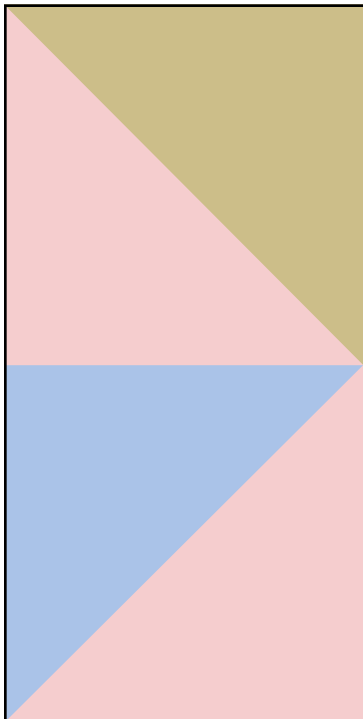
## BACKGROUND

The CPMF was developed by the Ontario Ministry of Health (MOH) to answer the question, “*how well are Colleges executing their mandate, which is to act in the public interest?*” This initiative is intended to:

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

Each year, beginning in 2020, health regulatory Colleges began reporting on 14 performance-based standards within seven measurement domains. The report also includes 14 context measures to provide statistical data related to the standards.

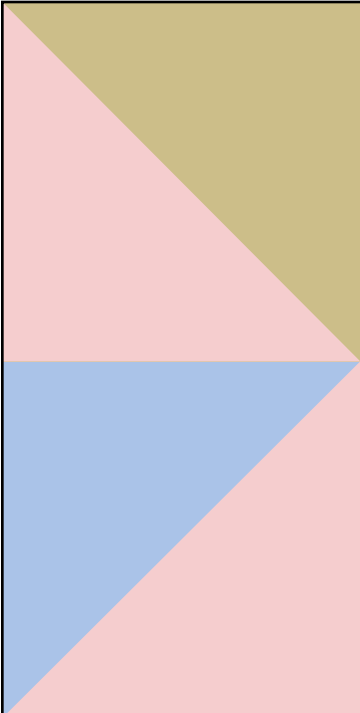
3



## CPMF MEASUREMENT DOMAINS

1. **Governance** (3 standards and 21 measures)
  - competent and effective Council and Committees; transparent decision-making process and actions.
2. **Resources** (1 standard and 4 measures)
  - responsible stewardship of human and financial resources.
3. **System Partners** (2 standards - measures not scored)
  - active engagement with other health regulatory Colleges and system partners.
4. **Information Management** (1 standard and 2 measures)
  - collected information that is protected from unauthorized disclosure.

4



## CPMF MEASUREMENT DOMAINS

5. **Regulatory Policies** (1 standard and 3 measures)
  - policies, standards of practice, and practice guidelines that are based on the best available evidence.
6. **Suitability to Practice** (5 standards and 16 measures)
  - risk-based and right-touch quality assurance, registration and professional conduct practices.
7. **Measurement, Reporting, and Improvement** (1 standard and 4 measures)
  - ongoing monitoring and reporting of organizational performance.

5



## WHAT'S NEW IN 2022

6

This year, eight (8) measures have been categorized as Benchmark Evidence that Colleges are expected to meet or work towards meeting, and these are:

1. **Governance 1.1 a i** – Professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria.
2. **Governance 1.1 b i** - Professional members are eligible to stand for election to a statutory committee only after meeting pre-defined competency and suitability criteria.
3. **Resources 4.1 c i** - Colleges regularly review and update their written operational policies to ensure that the organization has the necessary staffing complement (e.g., Succession planning for Senior Leadership).
4. **Information Management 7.1 a ii – iii** - College protects against and addresses unauthorized disclosure of information through cybersecurity measures & processes to address accidental or unauthorized disclosure of information.

6

## WHAT'S NEW IN 2022

7

5. **Regulatory Policies 8.1.a** - Colleges regularly evaluate their policies, standards and guidelines to determine whether they are appropriate, require revisions, or require new direction or guidance based on the current practice environment.
6. **Regulatory Policies 8.1 b i – iv** - When developing or amending policies, standards and practice guidelines, Colleges use an evidence-informed approach (e.g., the risk posed to the public, current practice environment, etc.).
7. **Suitability to Practice 11.1 a iii** - The different stages of the complaints process and all relevant supports available to complainants are evaluated by the College to ensure the information provided to complainants is clear and useful.
8. **Measurement, Reporting & Improvements 14.2 a** - Council uses performance and risk review findings to identify where improvement activities are needed.

7

## HOW WE ARE PERFORMING

8

There are 50 measures, and for each, Colleges are required to self-declare whether they met the criteria – “yes”, “partially,” or “no”.  
(Benchmark Evidence)

	2021	2022	2023
<b>Yes</b>	22	39 (5)	47 (7)
<b>Partially</b>	25	10 (3)	3 (1)
<b>No</b>	3	1 (0)	0

8

## WHERE WE HAVE GROWN

### Governance

- Pre-defined competency and suitability criteria
- Pre-nomination online e-learning module.
- Third-party assessment of Council & framework regular evaluation.

### Resources

- Validation of financial reserve policy.

9

## WHERE WE HAVE GROWN

### Information Management

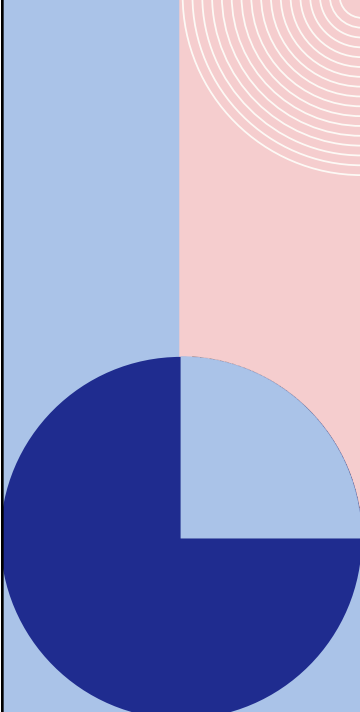
- Cybersecurity measures to protect against unauthorized disclosure of information.

### Measurement, Reporting & Improvement

- Regularly report to Council on its performance and risk review.

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## **AREAS FOR CONTINUED GROWTH**

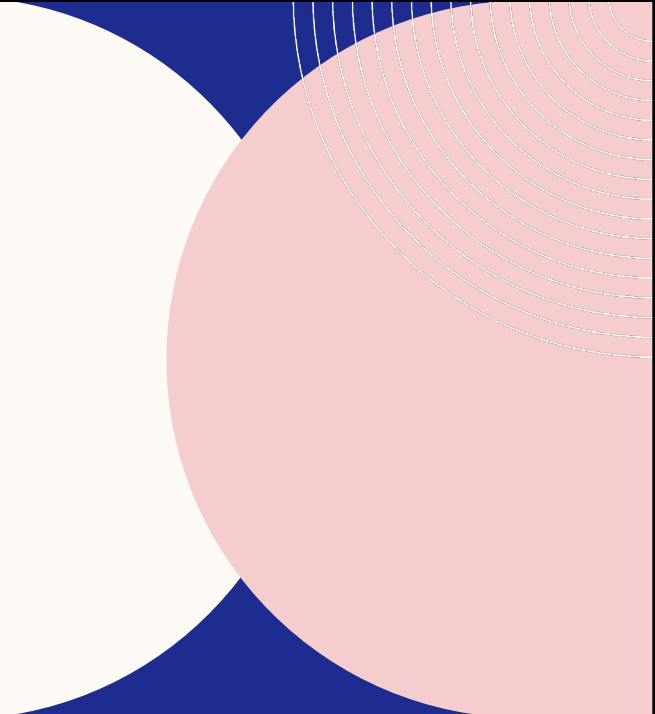
### **Governance**

- Regularly conducting Equity Impact Assessments to ensure that decisions are fair and that policies, programs, & processes are not discriminatory.


### **Suitability to Practice**

- Development a feedback mechanism to ensure the information provided to complainants is clear and useful.

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## **THANK YOU**



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# Council Briefing Note

**AGENDA ITEM # 6.4**

**March 1, 2024**

<b>From:</b>	Ania Walsh, Manager, Regulatory Affairs
<b>Topic:</b>	Draft Revised By-Laws
<b>Purpose:</b>	For Decision – Final Approval
<b>Strategic Focus:</b>	Governance & Accountability
<b>Attachment(s):</b>	Appendix A: By-Law 1 – General CRTO Administration Appendix B: By-Law 2 – Council & Committee Appendix C: By-Law 3 – Membership Appendix D - Proposed Schedule of Fees
<b>Motion 1:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approve the draft revised CRTO By-Law 1, 2 and 3.</b>
<b>Motion 2:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approve a revision to the CRTO Schedule of Fees to include the \$350 Emergency Certificate registration fee (initial) and the \$350 Emergency Certificate renewal fee.</b>

**PUBLIC INTEREST RATIONALE:**

The By-laws provide a mechanism to direct the administrative and internal operations of the CRTO and its Council and to regulate the practice of the profession in the public interest. The By-laws are informed by principles of good governance, based on best practices, and developed with the public interest in mind. This includes ensuring that the CRTO has the financial resources to fulfill its public protection mandate.

*The Regulated Health Professions Act (RHPA) states that “it is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.” This duty also includes the need to facilitate efficient registration of RTs during a declared emergency.*

**ISSUE:**

Effective August 31, 2023, the Ontario Ministry of Health (MOH) amended portions of Ontario Regulation 596/94 [General, Part VII (Prescribed Procedures), VII.1(Prescribed Substances) and VIII (Registration)] to enable the new Emergency Class of Registration. This has necessitated several revisions to CRTO policy documents, including the By-Laws.

**BACKGROUND:**

The Emergency Class provisions are now in effect, and the CRTO is in the process of implementing these new regulatory amendments. This includes amending the By-laws with references to the new class of registration.

Only a few minor changes were identified under By-Laws 1: General CRTO Administration and 2: Council & Committees. However, By-law 3: Membership, required more significant revisions. At the December 1, 2023, meeting, Council approved that the draft revised By-law 3 be posted for public consultation. The consultation period closed on February 8, 2024, and all the By-Law amendments are now being presented to Council for final approval.

NOTE: Applications to the Emergency Class will be open only when the CRTO Council or the government determines that there is an emergency and that it is in the public interest to register applicants in the Emergency Class.

**ANALYSIS:****Revisions to By-Laws 1 - General CRTO Administration: (Appendix A)**

- **Definitions**  
Signing Officer – revised to align with the CRTO policy
- **12. Financial Audit**  
12.01 – removed the reference to an “annual general meeting” because legal advice we received several years ago was that an AGM is not required.

**Revisions to By-Laws 2 - Council & Committee: (Appendix B)**

- **Definitions**  
Member – revised to align with how this is defined in the other two By-Laws.
- **2.29 Disqualification**  
Revised to clarify that to remove a disqualified Public Council Member, Council needs to submit a report to the Public Appointments Secretariat requesting the member’s removal.

- **Schedule A  
Code of Conduct**  
1.10 – removed reference to Confidentiality “Procedure” as one does not exist.

### Revisions to By-Laws 3 – Membership: (Appendix C & D)

- **Application of Fees**  
4.02 – clarified that the non-refundable application fee applies to individuals applying for the Emergency Class of Registration.
- **Annual Fees**  
4.05 – clarified that the annual March 1<sup>st</sup> deadline for renewal applies to Members registered in the General, Graduate or Inactive Class of Registration.
- **Emergency Certificate Registration Fees**  
This new section outlines that the registration and renewal fees for the Emergency Class, as well as when these fees will be due, will be set out in the CRTO Schedule of Fees.

Under the *Registration Regulation* (s. 63.2)

- (1) Unless stated otherwise on the certificate, an emergency class certificate of registration **expires 12 months after it is issued unless it is renewed.**
- (2) Unless stated otherwise on the certificate, a **renewed emergency class certificate of registration expires 12 months after it is issued unless it is renewed again.**
- (3) Despite subsections (1) and (2), an emergency class certificate of registration **expires six months after the date the Council determines that emergency circumstances no longer exist.**

Based on the above provisions and a review of our By-laws, it is recommended the initial Emergency Certificate registration and renewal fee be set at **\$350**. The standard \$75 application fee will apply (same as the General and Graduate application fee). Under the Emergency Registration Policy, during emergencies, the application fee can be waived at the Registrar's discretion.

The rationale for the \$350 Emergency Certificate registration and renewal fee is as follows:

- Due to the inherent unpredictability of emergencies, the granting of Emergency Certificates of Registration and its expiry will most likely occur outside of the regular renewal cycle, which is based on the CRTO's fiscal year (March 1 to February 28/9).
- The initial Emergency Certificate registration fee will not be prorated.

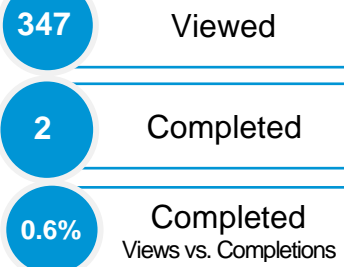
- The Emergency Certificate is intended to be time-limited and to enable individuals to enter practice as quickly and with as few barriers (including financial barriers) as possible.

### **PUBLIC CONSULTATION**

The draft By-Law amendments were posted for consultation on the CRTO website on December 7, 2023. A link to the consultation survey was also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts and the December e-blast.

The consultation survey received 347 views, and two respondents completed it. Both respondents found the proposed revisions to be clear and understandable. One respondent indicated that the By-Law is not free from omissions and/or errors. Their comments and the full consultation results are on the next page.

### **CONSULTATION FEEDBACK**



**Length of time consultation was open: 63 days**

**Date consultation closed: February 8, 2024**

### **RECOMMENDATION:**

The Executive Committee reviewed the consultation feedback at its February 8, 2024 meeting. No additional changes have been proposed to the By-laws as a result of the feedback received. Following their review, the Executive Committee recommended that Council approve:

- the revised CRTO By-Laws 1, 2 and 3; and
- the addition of the \$350 Emergency Certificate registration fee (initial) and the \$350 Emergency Certificate renewal fee to the CRTO Schedule of Fees.

### **NEXT STEPS:**

If the motions are approved, the By-laws and the Schedule of Fees will be published on the CRTO website.

## CONSULTATION RESULTS

<b>Answers to Questions</b>		
<b>Revision to the CRTO By-Law 3: Membership</b>		
As of: 2/9/2024 9:37:15 AM		
<b>Page: Revision to the CRTO By-Law 3: Membership</b>		
<b>Question: Introduction/Overview</b>		
<b>Page: About You</b>		
<b>Question: Are you a...</b>		
<i>Number Who Answered: 2</i>		
Respiratory Therapist (including retired)	1	50 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	50 %
<b>Question: I live in...</b>		
<i>Number Who Answered: 2</i>		
Ontario	2	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
<b>Page: Questions</b>		
<b>Question: Is the purpose of the revisions to the CRTO By-Law 3: Membership clear?</b>		
<i>Number Who Answered: 2</i>		
<b>Yes</b>	<b>No</b>	
2	0	
100 %	0 %	
<b>Question: If no, please provide further details:</b>		
<i>Number Who Answered: 0</i>		
<b>Question: Do you agree that the proposed revisions to the CRTO By-Law 3: Membership are clear and understandable?</b>		
<i>Number Who Answered: 2</i>		
<b>Yes</b>	<b>No</b>	
2	0	
100 %	0 %	
<b>Question: If no, please provide further details:</b>		
<i>Number Who Answered: 0</i>		
<b>Question: Is the CRTO By-Law 3: Membership free from omissions and/or errors?</b>		
<i>Number Who Answered: 2</i>		
<b>Yes</b>	<b>No</b>	
1	1	
50 %	50 %	
<b>Question: If no, please provide further details:</b>		
<i>Number Who Answered: 1</i>		
Requires further feedback, consultation, and alignment with the purpose of helathcare and the CRTO mandate.		
<b>Question: Does this CRTO By-Law 3: Membership provide you with a sufficient understanding of what fees will apply to the new Emergency Class of Registration?</b>		
<i>Number Who Answered: 2</i>		
<b>Yes</b>	<b>No</b>	
2	0	

100 %	0 %
<b>Question: If no, please provide further details:</b>	
<i>Number Who Answered: 0</i>	
<b>Page: Additional Comments</b>	
<b>Question: Do you have any additional comments you would like to share?</b>	
<i>Number Who Answered: 1</i>	
<p>4.02 – clarifies that the non-refundable (\$75.00) application fee applies to individuals applying for the Emergency Certificate of Registration. A fee of ZERO DOLLARS should be applied to individuals applying for the Emergency Certificate of Registration. Inherent in the reason the registration class has been designed for emergencies to assist patients during a crisis there should be an appreciation for the Respiratory Therapist who is willing and able to lend a hand during a crisis. We need to align our priorities and CRTO mandate to PROTECT THE PUBLIC in words and ACTIONS. Note: At the December 1, 2023, meeting, Council set the Emergency Certificate registration and renewal fees at \$350.00]. See above. Align the priorities to protect the public, the patients and the registration and renewal fees under the Emergency Certificate need to be ZERO if indeed it is truly an emergency. O. If the Member does not complete the obligation within fifteen (15) days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees. Unless there are unforeseen and exceptional circumstances. These are outlined as follows although not limited to..</p>	



College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

# By-Law 1: General CRTO Administration

Approved by Council: March 3, 2023

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.



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## 1. DEFINITIONS

**1.01** In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

**Act**

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

**Appointed Officer**

An employee of the CRTO appointed by the Council, or the Executive Committee, as an officer

**Auditor**

The person or firm appointed under Article 12.01 of this By-Law

**Authorized Personnel**

A person authorized to carry out the CRTO's banking and investment and includes the President, Vice-President, Registrar, Deputy Registrar and Finance and Office Manager, as outlined in a policy of the CRTO

**Chair**

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CRTO; includes Vice-Chair who is the alternate designate

**Code**

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*

**Committee**

A Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a Committee and any other Committees established by the Council under these By-Laws

**Council**

The board of directors of the CRTO, responsible for managing and administering its affairs in accordance with the *Code*

**Council Member**

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

**CRTO**

The acronym for the College of Respiratory Therapists of Ontario

**Duly Constituted**

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws-

**Ex-Officio**

By virtue of one's office, e.g., the Registrar is an ex-officio member of CRTO committees by virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and are not counted when determining if a quorum is present

**Fiscal Year**

Refers to the period of March 1 to the last day of the following February

**In-Camera**

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

**Inspector**

An individual appointed by the CRTO to act as an inspector; may also be referred to as “assessors” or other terms set in Policy

**Member**

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTO

**Officer of the CRTO**

Includes the President, the Vice-President, the Registrar or an appointed officer

**Panel**

A sub-group of a Committee of the CRTO

**Policies and Procedures**

The documented processes or courses of action undertaken by the CRTO in anticipation of or response to foreseeable or recurring concerns or issues

**Presiding Officer**

The person who chairs a meeting of Council or a Committee

**Proceeding**

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

**Profession**

The profession of Respiratory Care or Respiratory Therapy

**Professional Committee Appointee**

A Member of the CRTO who is not a member of the Council, and who has been acclaimed, appointed, or elected to the pool of Members available to serve on committees

**Professional Council Member**

A member elected to the Council in accordance with the [byBy](#)-laws and includes a member elected in a by-election or appointed to fill a vacancy

**Professional Corporation** (or health profession corporation)

Refers to a Member, incorporated under the *Business Corporations Act*, who holds a valid certificate of authorization issued under the *Regulated Health Professions Act* (including regulations), or the *Health Professions Procedural Code*

**Public Council Member**

A person, who is not a Member of the CRTO/profession, and who is appointed to the Council by the Lieutenant Governor in Council

**Register**

Includes the register as defined under S.23(2) of the *Code* and this By-Law; may also be referred to as the "public register"

**Registrar**

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in Article 4 of this By-Law; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

**Regular Meeting**

A meeting of the Council to which By-Law 2: Council and Committees, Article 4.01(a) refers

**Related Company**

A company, corporation, business partnership or entity that is owned or controlled, wholly, substantially, or actually, directly or indirectly, by a person or another person related to the person

### **Related Person**

Any person connected with another person by blood relationship, marriage, common-law, partnership or adoption, namely:

- persons are connected by blood relationship if one is the child or other descendant of the other or one is the brother or sister of the other;
- persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other;
- persons are connected by common-law if the persons have a conjugal relationship and live together, have a cohabitation agreement or are the parents (together) of a child;
- persons are connected by a partnership when they live together or have a close personal relationship that is of primary importance in both lives;
- persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other person or a blood relation of the other person.

### **Respiratory Therapist**

A Member of the CRTO

### **Respiratory Therapy**

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

### **RHPA**

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

### **Signing Officer**

A person authorized to sign documents on behalf of the CRTO and includes the President, Vice-President, Registrar, ~~and~~ Deputy Registrar ~~and Manager of Quality Practice~~, as outlined in CRTO policy

### **Sitting Council Member**

An elected or appointed member of the CRTO Council

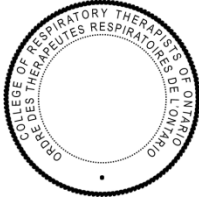
### **Special Meeting**

A meeting of the Council to which By-Law 2: Council and Committees, Article [34](#).01(b) refers

## 2. SEAL

**2.01** The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed aforesaid, or by any other person or persons appointed as authorized to sign on behalf of the CRTO.

**2.02** The seal of the CRTO is depicted below.



**2.03** The logo and name mark depicted on the CRTO website shall be the logo and name mark of the CRTO as depicted below. The CRTO asserts all intellectual property rights over the logo and name mark.



## 3. HEAD OFFICE

**3.01** The Head Office of the CRTO shall be located within the city in which the Provincial Legislature sits. The physical premises occupied by the CRTO shall be determined by Council.

## 4. REGISTRAR

**4.01** The Registrar may be hired or fired only by a motion passed by a two-thirds (2/3) majority of the sitting Council Members in attendance at a Council meeting.

**4.02** The Registrar is also the Chief Executive Officer of the CRTO.

**4.03** The Registrar shall, among other things:

- a) give all notices required to be given to Council Members and Members of the CRTO;
- b) be the custodian of the seal of the CRTO and keep/maintain all copies of all contracts, agreements, certificates, approvals and all other documents to which the CRTO is a party or which are otherwise pertinent to the administrative and domestic affairs of the CRTO;
- c) keep full and accurate account of all financial affairs of the CRTO in proper form and deposit all monies or valuables in the name and to the credit of the CRTO in such depositories as may, from time to time, be designated by the Council;
- d) disburse the funds of the CRTO under the direction of the Council, taking proper vouchers therefore and render to the Council, whenever required, an account of all transactions and of the financial position of the CRTO;

## By-Law 1: General CRTO Administration

- e) engage, dismiss, supervise and determine the terms of employment of all other employees of the CRTO;
- f) keep the register in the form required by the *RHPA*, the regulations, the By-Law and the Policies and Procedures of the CRTO;
- g) be responsible for and direct the administration of the affairs and operations of the CRTO;
- h) prepare the CRTO's annual operating budget for review by Executive Committee;
- i) supervise the nomination and election of Council Members and Professional Committee Appointees;
- j) implement such forms as they consider necessary or advisable to enable the CRTO to fulfil its obligations under the *RHPA*, the regulations and the By-Law and to enable the CRTO to administer its affairs in an appropriate manner;
- k) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Law and the Policies and Procedures of the CRTO;
- l) carry out such duties as authorized or required by the *Code*;
- m) represent the CRTO and its positions to stakeholders; and
- n) perform such other duties as may be determined, from time to time, by the Council.

**4.04** The Registrar is an ex-officio member of all Committees.

**4.05** The Registrar is expected to:

- a) attend all Council meetings; and
- b) attend such Committee meetings as are required in the proper performance of their duties.

**4.06** The Registrar (or their appointed designate) shall, in addition to the President, act as official spokesperson for the CRTO.

## 5. ACTING REGISTRAR

**5.01** A person who has been appointed by the Council as Acting Registrar during the prolonged absence or disability of the Registrar, shall discharge all the duties of the Registrar. During extended absences of the Registrar, the Council may appoint an Acting Registrar.

## 6. BY-LAWS

**6.01** By-Laws of the CRTO may be made, amended, or revoked by a two-thirds (2/3) vote of the sitting Council Members in attendance at a duly constituted meeting or by the signatures of all actual Council Members.

**6.02** Notice of motion to make, amend or revoke a By-Law must be given to Council Members fourteen (14) days prior to the meeting referred to in By-Law 2: Council and Committees, Article 4.01.

## By-Law 1: General CRTO Administration

- 6.03** Every By-Law and every amendment and revocation thereof shall be dated and maintained in the CRTO's records.
- 6.04** In accordance with Ss. 94(2) of the *Code*, such proposed changes to the By-Laws that are required by the *Code* to be circulated to every Member at least 60 days prior to the Council's vote to approve the amendment.
- 6.05** A copy of the By-Laws made by Council shall be provided to the Minister and to Members as required under Ss. 94(3) of the *Code*.

## 7. DOCUMENTS

- 7.01** Except where specifically referred to elsewhere in this By-Law, and subject to the *Act* and the regulations, all documents requiring the signature of the CRTO may be signed by the Registrar or the President.
- 7.02** Except where otherwise provided by law, the Registrar may sign summonses and notices on behalf of any Committee of the CRTO.
- 7.03** The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed as aforesaid.
- 7.04** The certificates of registration given to Members for display shall contain the signatures of the Registrar and President.
- 7.05** Unless otherwise provided in the *RHPA*, the *Code*, the Regulations, or provision in the CRTO By-Laws, documents requiring the signature and seal of the CRTO shall bear the signatures of the Registrar and/or President together with CRTO seal, or a likeness (electronic) thereof.

## 8. BANKING

- 8.01** In this Article, "bank" means the bank appointed under Article 8.02 of this By-Law.
- 8.02** The Council shall appoint one or more banks chartered under the *Bank Act Canada* for the use of the CRTO upon the recommendation of the Executive Committee.
- 8.03** All money belonging to the CRTO shall be deposited in the name of the CRTO with the bank.
- 8.04** The Registrar or designate may endorse any negotiable instrument for collection on the CRTO's account through the bank or for deposit to the credit of the CRTO with the bank, in accordance with any applicable policy of the CRTO.

## 9. INVESTMENT

- 9.01** The CRTO's funds may be invested within the restrictions set out in this By-Law, the policies and other investment guidelines of the CRTO.



## By-Law 1: General CRTO Administration

- 9.02** Funds of the CRTO required for operation and those in excess of funds required for operation during the fiscal year, as identified in the annual budget, may only be invested in accordance with the CRTO investment policies.
- 9.03** Investments must be authorized by two (2) authorized personnel.

## 10. BORROWING

- 10.01** The Council may from time to time by resolution:
- borrow money on the credit of the CRTO;
  - limit or increase the amount or amounts to be borrowed; and
  - secure any present or future borrowing, or any debt, obligation, or liability of the CRTO, by charging, mortgaging or pledging all or any of the real or personal property of the CRTO, whether present or future.
- 10.02** Two (2) signing officers must sign documents to implement the decision made under Article 10.01 of this By-Law.

## 11. EXPENDITURES

- 11.01** Goods and services, excluding employment contracts and expenses associated with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO, may be purchased or leased for the benefit of the CRTO if the purchase or lease is approved by:
- the Registrar if the resulting unbudgeted obligation does not exceed \$15,000;
  - the Registrar and one other signing officer if the resulting unbudgeted obligation does not exceed \$30,000; or
  - Council if the resulting unbudgeted obligation exceeds \$30,000.
- 11.02** All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange shall be signed by:
- two (2) internal signing officers if the amount is less than \$15,000 including all payroll cheques and source deduction remittances;
  - one (1) internal and one external signing officer for amounts \$15,000 or more except for payroll cheques and source deduction remittances as described in (a).

## 12. FINANCIAL AUDIT

- 12.01** The Council shall at each spring Council meeting appoint auditors who are duly licensed under the *Public Accountancy Act* to hold office until ~~that meeting the next annual general meeting~~ and, if an appointment is not so made, the auditors in office shall continue until successors are appointed.

- 12.02** In the event that the auditors appointed in Article 12.01 of this By-Law are unable to continue their duties as agreed, the Council may appoint new auditors.
- 12.03** The auditors shall present their report to the Council at its spring Council meeting, at which the financial statements of the CRTO are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the CRTO and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.
- 12.04** The auditors have the right to access, at all reasonable times, all records, documents, books accounts and vouchers of the CRTO and are entitled to require from the Council Members, officers, employees, and Members of the CRTO such information as is necessary in their opinion to enable them to report as required by law or under this Article.

### 13. MANAGEMENT OF PROPERTY

- 13.01** The Registrar shall maintain responsibility for the management and maintenance of all CRTO property.
- 13.02** Property and other assets carried on the inventory of the CRTO will be insured against loss or damage.

### 14. MEMBERSHIP IN OTHER ORGANIZATIONS

- 14.01** The CRTO may maintain memberships or affiliations with other organizations [(e.g., Council on Licensure, Enforcement and Regulation (CLEAR), Canadian Network of Agencies for Regulation (CNAR))] in order to further the goals of the CRTO, and shall pay the annual or other fees required.
- 14.02** The CRTO may maintain membership with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) and shall pay the annual fee required for the membership.
- 14.03** The CRTO may maintain membership with the Health Profession Regulators of Ontario (HPRO) and shall pay the annual fee required for the membership.
- 14.04** The Registrar and the President or designate(s) shall represent the CRTO at meetings of the organizations identified in this Article.

### 15. APPOINTMENT OF INSPECTORS

- 15.01** The Registrar may appoint any person, other than a Council Member or Professional Committee Appointee, to act as an inspector for and on behalf of the CRTO. Inspectors so appointed shall have such authority and shall perform such duties as set in the Act, regulations or CRTO Policies and Procedures.

## 16. DISSOLUTION

- 16.01** In the event the CRTO is dissolved, the Council shall, after paying and making provisions for the payment of all debts and liabilities, transfer any assets that remain after dissolution to an organization with similar purposes and which is exempt from income tax under the *Income Tax Act (Canada)* and whose incorporating documents or By-Laws prohibit the organization from paying any of its income to or for the benefit of any of its Members.



College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

# By-Law 2: Council and Committees

Approved by Council: March 3, 2023

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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## DEFINITIONS

**1.01** In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

**Act**

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

**Appointed Officer**

An employee of the CRTO appointed by the Council, or the Executive Committee, as an officer

**Chair**

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CRTO; includes Vice-Chair who is the alternate designate

**Code**

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

**Committee**

A Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a committee and any other committees established by the Council under these By-Laws

**Council**

The board of directors of the CRTO, responsible for managing and administering its affairs in accordance with the *Code*

**Council Member**

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

**CRTO**

The acronym for the College of Respiratory Therapists of Ontario

**Duly Constituted**

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws

**Ex-Officio**

By virtue of one's office, e.g., the Registrar is an ex-officio member of CRTC committees by virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and is not counted when determining if a quorum is present

**In-Camera**

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

**Member**

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTC (~~General, Graduate, Limited, Inactive~~)

**Officer of the CRTC**

Includes the President, the Vice-President, the Registrar or an appointed officer

**Panel**

A sub-group of a Committee of the CRTC

**Policies and Procedures**

The documented processes or courses of action undertaken by the CRTC in response to recurring issues

**Presiding Officer**

The person who chairs a meeting of Council or a Committee

**Proceeding**

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

**Profession**

The profession of Respiratory Care or Respiratory Therapy

**Professional Committee Appointee**

A Member of the CRTC who is not a member of the Council, and who has been appointed by the Registrar to the pool available to serve on committees (but not on Council)

**Professional Council Member**

A member elected to the Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy.

**Public Committee Appointees**

A person who is not a Member of the CRTO, and who has been appointed by the Registrar to the pool available to sit on a committee (but not on Council)

**Public Council Member**

A person, who is not a Member of the CRTO, and who is appointed to the Council by the Lieutenant Governor in Council

**Registrar**

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO Administration, Article 4; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

**Regular Meeting**

A meeting of the Council to which Article 4.01(a) of this By-Law refers

**Respiratory Therapist**

A Member of the CRTO

**Respiratory Therapy**

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

**RHPA**

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

**Sitting Council Member**

An appointed or elected member of the CRTO Council

**Special Meeting**

A meeting of the Council to which Article 4.01(b) of this By-Law refers



## 2. ELECTIONS, APPOINTMENTS & DUTIES OF COUNCIL AND COMMITTEE MEMBERS

### Appointment Process

- 2.01**
- a) The appointment of Professional Committee Appointees will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.09. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve.
  - b) The appointment of a Public Committee Appointee will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.10. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve.

### Election Districts

- 2.02** For the purpose of the election of Council Members, the electoral districts are as follows:
- a) Electoral district **1** is composed of the territorial districts of Kenora, Rainy River and Thunder Bay.
  - b) Electoral district **2** is composed of the territorial districts of Cochrane, Timiskaming, Sudbury, Algoma, Manitoulin, Parry Sound, Nipissing and Muskoka.
  - c) Electoral district **3** is composed of the geographic areas of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and Ottawa.
  - d) Electoral district **4** is composed of the geographic areas of Haliburton, Kawartha Lakes, Peterborough, Northumberland, Simcoe, Durham, York, Peel and Toronto.
  - e) Electoral district **5** is composed of geographic areas of Halton, Hamilton, Niagara, Waterloo, Haldimand, Norfolk, Brant, Dufferin and Wellington.
  - f) Electoral district **6** is composed of geographic areas of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Chatham-Kent and Essex.
  - g) Electoral district **7** is composed of the whole of the province of Ontario.
- 2.03** Nine Members of the CRTO shall be elected to the Council with one (1) Council Member for each of electoral districts 1, 2, 3, 6 and 7 and two (2) Council Members for each of electoral districts 4 and 5.

## Years of Elections

- 2.04** An election of Council Members shall be held on a day fixed by the Registrar:
- a) in October 2023 and in October in every third (3<sup>rd</sup>) year after that for each of electoral districts 3, 4 and 6; and
  - b) in October 2024 and in October in every third (3<sup>rd</sup>) year after that for each of electoral districts 1, 2, 5 and 7.
- 2.05** The nomination or election deadlines may be extended if the Registrar determines that there are exceptional circumstances to warrant an extension.

## Members' Eligibility for Elections

- 2.06** A Member is eligible to vote by electronic ballot in an electoral district if:
- a) on the day the voting opens, the Member principally practises the profession in that district; or
  - b) the Member is not practising the profession on the day the voting opens, the Member principally resides in that district.
- 2.07** A Member is eligible for election as a Council Member, in electoral districts 1, 2, 3, 4, 5 and 6 or for appointment to fill a vacancy in one of those districts if,
- a) on the date of the nomination through to the date of election or on the date of the appointment, the member:
    - i. subject to these By-Law, practises or resides in the electoral district for which they are seeking election or appointment;
    - ii. holds a General or Limited certificate of registration;
    - iii. is not running for election in another electoral district;
    - iv. is not in default of the payment of any fees;
    - v. is not the subject of any current or past disciplinary or incapacity proceeding by a body that governs this profession in any jurisdiction;
    - vi. is not the subject of any current or past disciplinary or incapacity proceeding by a body that governs any other profession in any jurisdiction;
    - vii. holds a certificate of registration that is not subject to a term, condition or limitation arising from a professional misconduct, incompetence, incapacity or quality assurance proceeding;
    - viii. has not been found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial review) of:
      1. a criminal offence;
      2. any offence relating the prescribing, compounding, dispensing, selling or administering of drugs; or

3. any offence relevant to their suitability to be licensed or registered with any professional regulatory body;
  - ix. is not an employee, director, officer, or elected member of any provincial or national professional association or special interest group related to the profession;
  - x. is not an appointed committee Chairperson or member of a committee of any provincial or national respiratory therapy associations, such that it is reasonable to expect that a real or apparent conflict of interest may arise;
  - xi. is not an elected representative, director, officer or employee of, or a party to a contractual relationship to provide services;
  - xii. if running for election, is nominated by three (3) voters who are eligible to vote pursuant to this By-Law;
  - xiii. if running for election has completed the nomination form in the format provided by the Registrar and submitted it to the CRTC electronically by the deadline set by the Registrar; and
  - xiv. completes the College's orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.
- b) within the twelve (12) months before the date of the nomination or appointment, the member has not been:
- i. an employee of the CRTC; or
  - ii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops or produces "entry to practice" examinations related to the profession; or
  - iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
- c) within the six (6) years before the date of the nomination or appointment, the member has not been disqualified from sitting on the Council or Committee Appointee.
- d) within the six (6) years before the date of the nomination or appointment, the member has not:
- i. had their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;
  - ii. had their certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; or
  - iii. received a new certificate of registration following revocation of their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

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- 2.08** A Member is eligible for election as a Council Member in electoral district 7 or for appointment to fill a vacancy in that district if,
- a) on the date of the nomination through to the date of the election or appointment the member meets the criteria in Article 2.07 (except for article (a)i); and
  - b) is a faculty member employed by one of the approved Respiratory Therapy educational programs in Ontario.

### Professional Committee Appointees Eligibility

- 2.09** A member of the profession is eligible to be appointed as a Professional Committee Appointee if, on the date of appointment they meet all the requirements outlined in Article 2.07 as well as the following:
- a) They complete an application provided by the Registrar.
  - b) They practice and reside in Ontario.

### Public Committee Appointees Eligibility

- 2.10** A member of the public is eligible to be appointed as a Public Committee Member if, on the date of appointment they meet all the requirements outlined in Article 2.07 [except for Articles a) i – v and a) vii] as well as the following:
- a) They reside in Ontario;
  - b) They complete an application provided by the Registrar.

### Terms of Office

- 2.11**
- a) The term of office of an elected Council Member is three years. The maximum length of service of a Council Member is nine (9) consecutive years.
  - b) The term of office of a Professional Committee Appointee or a Public Committee Appointee is one (1) year. There is no maximum length of service of a Professional Committee Appointee or a Public Committee Appointee.
- 2.12**
- a) The term of office of a Council Member begins with the first regular Council meeting following the election and the Council Member shall continue to serve until their successor takes office in accordance with this By-Law unless the member is disqualified under these By-Laws, or as set out in the RHPA.
  - b) The term of office of a Public Committee Appointee or a Professional Committee Appointee begins on the date of their appointment to a committee and they shall continue to serve until their term has ended or they are disqualified under these By-Laws.

## Nominations for Council Members

- 2.13** If the number of candidates nominated for an electoral district is equal to the number of Members to be elected in the electoral district, the Registrar shall declare the candidates to be elected by acclamation.
- 2.14** If the number of Council Member candidates nominated for an electoral district is fewer than the number of Council Members to be elected in the electoral district, the Council may do any one of the following, subject to the provisions of the *Act*.
- a) direct the Registrar to hold an election for Council Members; or
  - b) declare the candidates for Council to be elected by acclamation and direct the Registrar to hold an election for the remaining Council Member positions; or
  - c) declare the candidates for Council members to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions.

## Voting Process

- 2.15** The Registrar shall set the date for an election annually in accordance with Article 2.04.
- 2.16** The Registrar shall establish procedures and set any necessary deadlines including procedures and deadlines relating to the receiving of nominations, candidate statements and votes.
- 2.17** Except for an election in which the Registrar has declared a candidate elected to Council by acclamation, the Registrar shall, at least 30 days before the date of an election, send to every Member entitled to vote in the election:
- a) access to an electronic ballot listing all eligible candidates;
  - b) instructions for voting, including information on the electronic voting process; and
  - c) each candidate's statement.
- 2.18** Any eligible voter who did not receive access to their election ballot must send their request for access in writing to the Registrar. The request must be sent from the Member's email address on file with the CRTO. The Registrar shall provide the Member with such access provided the request is received at least 48 hours before the election day.
- 2.19** A Member may cast as many votes on a ballot as there are Members to be elected from the electoral district in which the member is eligible to vote.
- 2.20** Only electronic ballots cast no later than 4:00 p.m. on the last day of the election period will be counted.
- 2.21** The candidate who receives the most votes for the position they are running for is elected.
- 2.22** A Member shall not cast more than one vote for any one candidate.
- 2.23** If there is a tie, the Registrar shall break the tie, by lot.

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- 2.24** A candidate may request a recount by giving written notice to the Registrar within ten (10) days of notification of the results of the election.
- 2.25** The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.
- 2.26** The election process and the counting of votes will be overseen by an external third party (the “scrutineer”) selected by the Executive Committee. The scrutineer will be announced to the membership at the beginning of the nomination period.
- 2.27** As soon as feasible after the votes have been tallied, the Registrar shall:
- a) advise each eligible candidate of the results of the election, the number of votes they received and the candidate’s right to request a recount in accordance with article 2.24
  - b) report the results to the CRTO members and Council.

## Disqualification

- 2.28** A Council Member, a Professional Committee Appointee or a Public Committee Appointee is disqualified from sitting on the Council or committee if they:
- a) are found to have committed an act of professional misconduct or are found to be incompetent by a panel of the Discipline Committee;
  - b) are found to be incapacitated by a panel of the Fitness to Practise Committee;
  - c) become the subject of a discipline or incapacity proceeding;
  - d) fail, without reasonable justification, to attend two (2) meetings of the Council or of a Committee of which they are a member during their term;
  - e) fail, without reasonable justification, to attend a panel for which they have been selected;
  - f) fail to fulfil the duties of Council Member and Committee Appointee in accordance with Schedule A: Code of Conduct & Conflict of Interest of this By-Law;
  - g) breach the confidentiality policy of the CRTO;
  - h) in the case of districts 1, 2, 3, 4, 5 and 6, cease to practise and/or reside in the electoral district for which they were elected;
  - i) in the case of district 7, cease to be a faculty member for more than ninety (90) days;
  - j) in the case of an elected Council Member or a Professional Committee Appointee cease to hold a current General or Limited certificate of registration;
  - k) become or have been found by the Council to be:
    - i. an employee of the CRTO;
    - ii. an employee, director, officer, or elected member of a professional association, special interest group related to the profession; or
    - iii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops examinations related to the profession; or

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- iv. holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
  - l) have been found by the Council to have been ineligible for election or appointment in accordance with the By-Laws; or
  - m) fail, in the opinion of Council, to discharge properly or honestly any office to which they have been elected or appointed.
- 2.29**
  - a) A [Professional](#) Council Member who is disqualified from sitting on the Council ceases to be a Council Member.
  - b) [Where a Public Council Member is disqualified from sitting on the Council, the Council will send a report to the Public Appointments Secretariat requesting the removal of the member concerned from the Council.](#)
  - ~~b~~c) A Professional Committee Appointee who is disqualified ceases to be a Professional Committee Appointee.
  - ~~e~~d) A Public Committee Appointee who is disqualified ceases to be a Public Committee Appointee.
- 2.30** If the seat of an elected Council Member becomes vacant less than twelve (12) months before the expiry of the term of office, the Council may:
  - a) direct the Registrar to hold an election; or
  - b) leave the seat vacant.
- 2.31** If the seat of an elected Council Member becomes vacant twelve (12) months or more before the expiry of the term of office, the Registrar shall hold an election as soon as possible.
- 2.32** The term of a Council Member appointed or elected to fill a vacancy shall continue until the time the former Council Member's term would have expired.
- 2.33** A Council Member, Professional Committee Appointee or Public Committee Appointee who wishes to apply for employment with the CRTO must resign from the Council or Committee position before applying to the CRTO for employment.

## 3. CODE OF CONDUCT AND CONFLICT OF INTEREST FOR COUNCIL & COMMITTEE MEMBERS

- 3.01** All Council and Committee Members shall abide by the Code of Conduct and the rules regarding Conflict of interest included in Schedule A of this By-Law.
- 3.02** The Code of Conduct for Council and Committee Members forms Schedule A of this By-Law. Council and Committee Members must sign the CRTO's Code of Conduct and Conflict of Interest Agreement prior to the start of each meeting.
- 3.03** Council shall be entitled to adopt such rules of order as it deems appropriate to govern the

conduct of each Board meeting; provided that, in the event of a conflict between such rules of order and one or more provisions of the *RHPA*, the *Act* or the CRTO By-Laws, the provisions of the *RHPA*, the *Act*, or the By-Laws shall prevail.

**3.04** All Council and Committee Members shall abide by the Rules of Order included in Schedule B of this By-Law.

## 4. COUNCIL MEETINGS

**4.01** The Council shall hold,

- a) at least four (4) regularly scheduled meetings per year, which shall be called by the President;
- b) special meetings which may be called by the President, or by any five (5) Council Members who deposit with the Registrar a written requisition for the meeting containing the matter or matters for decision at the meeting.

**4.02** Meetings of the Council shall take place in Ontario at a place, date and time designated by the President or the five (5) Council Members calling the meeting.

**4.03** The Registrar shall cause each Council Member to be notified of the place, date and time of a Council meeting at least fourteen (14) days before a meeting.

**4.04** Council meeting materials will be posted publicly at least two (2) weeks prior to the posted Council date. A supplemental posting for any updated or additional agenda items will be posted one (1) week before the meeting, as needed.

**4.05** The Registrar shall cause to be included in or with the notification of a special meeting the matter or matters for decision contained in the requisition of the meeting deposited with them.

**4.06** A Council Member may, at any time, waive notice of a meeting.

**4.07** A Council meeting may consider or transact,

- a) at a special meeting, only the matter or matters for decision at the meeting contained in the requisition deposited with the Registrar,
- b) at a regular meeting:
  - i. matters brought by the Executive Committee;
  - ii. recommendations from Committees;
  - iii. motions of which a notice of motion was given by a Council Member at the preceding Council meeting; and
  - iv. matters which the Council Members may agree to decide by a two-thirds (2/3) vote of those in attendance,
- c) at any meeting, routine and procedural matters in accordance with the rules of order as



defined in Schedule B of this By-Law.

- 4.08** A majority (more than 50%) of Council Members shall constitute a quorum.
- 4.09** The President shall organize an agenda for each Council meeting.
- 4.10** The President, or their appointee for the purpose, shall preside over meetings of the Council.
- 4.11** Matters shall be decided by vote as follows:
- a) Making amending and revoking the By-Law and regulations shall require a two-thirds (2/3) majority vote of those Council Members in attendance.
  - b) Unless otherwise required by law or by this By-Law, every motion which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by those Council Members in attendance.
  - c) If there is a tie vote on a motion, the motion shall be defeated.
- 4.12** Except where a secret ballot is required, every vote at a Council meeting shall be by a show of hands but, if any two (2) Council Members so require, the presiding officer shall require the Council Members voting in the affirmative and in the negative, respectively, to stand until they are counted and, in either case, the presiding officer shall declare the result and their declaration is final.
- 4.13** The presiding officer shall cause minutes to be taken of the proceedings of the Council meeting, and the minutes, when approved at a subsequent Council meeting are prima facie proof of the accuracy of the contents of the minutes and are open to the public, except for those portions of the minutes which relate to parts of the meeting held *in-camera*.
- 4.14** Council meetings are open to the public in accordance with section 7 of the *Code*. Council may exclude the public from a meeting, or part of a meeting, as defined in the *Code* through an in-camera motion.
- a) If Council goes *in-camera* the meeting minutes must record the reason for the in-camera session. The in-camera portion of the meeting should last only as long as required to discuss the issue or portion of the issue that requires the *in-camera* session.
- 4.15** Any meetings of the Council may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.
- 4.16** The rules of order in Schedule B of this By-Law apply to meetings of the Council and Committees. In all cases not provided for by these rules, the most recent edition of Roberts Rules of Order, as published from time to time, shall be followed so far as they may be applicable to the Council and Committees, provided that said Rules of Order are not inconsistent with the *RHPA*, the Regulations or By-Laws of the CRTO. Where such inconsistency exists, the *RHPA*, the Regulations or By-Laws of the CRTO shall govern.

## 5. EXECUTIVE COMMITTEE

- 5.01** The Executive Committee shall be elected from the sitting Council Members and composed of:
- a) three (3) Council Members who are Members of the CRTO; and
  - b) two (2) Public Council Members.
- 5.02** The President and Vice-President of the Council shall be included in the membership of the Executive Committee.
- a) The President of the Council shall be the Chair of the Executive Committee.
  - b) The Vice-President of the Council shall be the Vice-Chair of the Executive Committee.
  - c) If the immediate Past President is still a Council Member, but they are not elected to the Executive Committee, they shall be an ex-officio member of the Executive Committee without the right to vote or be counted for a quorum.
- 5.03** The Council shall, at the first meeting following each regularly scheduled election, or at least annually, elect from amongst those Council Members in attendance, a President, Vice-President, and three (3) other Council Members to the Executive Committee to hold office for a one (1) year term.
- 5.04** Nominations for the Executive Committee:
- a) The Registrar shall send a notice of elections and a call for nominations for the positions of President, Vice-President, and the three (3) additional members of the Executive Committee, to all Council Members by November 1 each year.
  - b) Candidates for election to the Executive Committee must be nominated by at least two (2) members of Council and cannot nominate themselves.
  - c) Nominations may be submitted at any time prior to the election, and additional nominations will be accepted from the floor on the day of the election.
  - d) Notwithstanding Article 5.05 (b) of this By-Law, where the Registrar does not receive sufficient interest for any of the five (5) Executive Committee positions by 21 days prior to the election date, a Nomination Committee will be established to seek nominations for those remaining Committee positions.
  - e) The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee, at least one of whom shall be a public member and at least one of whom shall be a professional member.
- 5.05**
- a) The election of the President, Vice-President and Executive Committee shall be by secret ballot, in accordance with the policies and procedures approved by Council and, where more than two (2) Council Members are nominated, the nominee who receives the lowest number of votes on each ballot shall be deleted from nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one (1) nominee receives a majority of the votes cast.
  - b) The election will be conducted by the Registrar and will be the first order of business at

the first Council meeting following a general election, or where there is no general election of Council Members, will correspond to the date of when the election would have been held in other years.

- c) The Registrar will make a call for nominations for the positions of President, Vice-President, and three other Executive Committee Members, proceeding in that order.
- d) Once all elections are completed the Registrar will ensure the ballots are destroyed.

- 5.06**
- a) If the office of the President becomes vacant, the Vice-President shall serve as President until the Council holds an election for the position of President at the next regular meeting or at a special meeting which the Vice- President may call for that purpose.
  - b) Any further Executive Committee vacancies shall be dealt with under Article 5.05 of this By-Law.

**5.07** Unless otherwise specified in this By-Law, the Executive Committee:

- a) annually selects and appoints the members, a Chair and Vice-Chair for each remaining Committee;
- b) oversees the financial management of the CRTO; and
- c) reviews the CRTO's annual operating budget for approval at the last Council meeting of the fiscal year.

**5.08** In selecting the members for each Statutory and Non-Statutory Committee, the Executive Committee shall:

- a) provide each Council Member, Public Committee Appointee and Professional Committee Appointee the opportunity to express their preferences with respect to committees;
- b) appoint Council Members, Public Committee Appointee and Professional Committee Appointees to sit on committees, giving due consideration to:
  - i. the preferences expressed by the members;
  - ii. the number of members required;
  - iii. the desirability of providing a mix of experienced and new members on committees;
  - iv. the skills and competencies of the members; and
  - v. any other relevant factors.
- c) for Professional Committee Appointees, appoint only from the pool of Professional Committee Appointees appointed pursuant to the By-Law.
- d) for Public Committee Appointees, appoint only from the pool for Public Committee Appointees appointed pursuant to the By-Laws.

**5.09** The President shall:

- a) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Laws and the Policies and Procedures of the CRTO;
- b) chair all meetings of the Council;

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- c) be the Chair of the Executive Committee;
- d) administer the Registrar's performance appraisal; and
- e) attend all Committee meetings as they deem appropriate and with the express permission of the Committee chair.

### 5.10 The Vice-President shall:

- a) generally assist the President;
- b) exercise the powers and duties of the President during the President's absence or inability to act;
- c) perform such other duties as may be assigned by the Council; and
- d) administer the Registrar's performance appraisal.

### 5.11 Each Executive Committee Member shall perform such duties as may be assigned by the Executive Committee.

### 5.12 A quorum shall consist of a majority of the voting members of the Committee, at least one of whom is a Public Council Member.

## 6. POWERS OF COUNCIL AND EXECUTIVE COMMITTEE

### 6.01 The Council shall have full power with respect to the affairs of the CRTO, including making, amending the By-Law and revoking Regulations. No Regulation or By-Law or resolution passed or made by the Council, or any other action taken by the Council, requires confirmation or ratification by the Members of the CRTO in order to become valid or to bind the CRTO.

### 6.02 As set out in the *RHPA*, the Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make or amend the By-Law, or amend or revoke a Regulation.

## 7. COMMITTEES

### 7.01 Council may, from time to time, create Non-Statutory committees. The creation or dissolution of such a Committee requires a motion from Council. Non-Statutory Committees may be supported by legal and/or technical consultants as required.

### 7.02 In appointing members to any Committee, Council Members, Public Committee Appointee or Professional Committee Appointees may be appointed unless the By-Law or policies of the CRTO provide otherwise.

### 7.03 Appointments to Committees remain in effect until the member is re-assigned, resigns, retires or is disqualified.

- 7.04** Any Member of the Committee is eligible to be appointed as Chair or Vice-Chair by the Executive Committee. Appointments are made at the conclusion of the last Council meeting of the calendar year.
- a) The term of all Chair and Vice-Chair positions is one (1) year with the opportunity for reappointments.
  - b) Appointments to Chair and Vice Chair positions shall be made utilizing the CRTO's appointment guidelines.
- 7.05** Committee Chairs shall:
- a) preside over meetings of the Committee;
  - b) ensure minutes are recorded and review minutes prior to distribution to the Committee;
  - c) approve per diem and expense payment for Committee Members;
  - d) identify attendance or other problems with Committee Members.
- 7.06** Committee Vice-Chairs shall:
- a) assist the Committee Chair;
  - b) exercise the duties of the Chair during the Chair's absence or inability to act; and
  - c) perform other may be assigned by the Chair.

## 8. REGISTRATION COMMITTEE

- 8.01** The Registration Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
  - b) at least one (1) Public Council Member;
  - c) at least two (2) Professional Committee Appointees;
  - d) an academic member of Council; and
  - e) up to one Public Member Appointee.
- 8.02** A panel of the Registration Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a Public Council Member.

## 9. INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

- 9.01** The Inquiries, Complaints and Reports Committee shall consist of at least eight (8) voting members with:
- a) at least two (2) Professional Council Members;
  - b) at least two (2) Public Council Members;
  - c) at least two (2) Professional Committee Appointees; and
  - d) up to one (1) Public Member Appointee.

- 9.02** A panel of the Inquiries, Complaints and Reports Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a Public Council Member.

## 10. DISCIPLINE COMMITTEE

- 10.01** The Discipline Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
  - b) at least two (2) Public Council Members;
  - c) at least one (1) Professional Committee Appointee; and
  - d) up to one (1) Public Member Appointee.

## 11. FITNESS TO PRACTISE COMMITTEE

- 11.01** The Fitness to Practise Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
  - b) at least two (2) Public Council Members;
  - c) at least one (1) Professional Committee Appointee; and
  - d) up to one (1) Public Member Appointee.

## 12. QUALITY ASSURANCE COMMITTEE

- 12.01** The Quality Assurance Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
  - b) at least one (1) Public Council Member or Public Committee Appointee; and
  - c) at least two (2) Professional Committee Appointees.
- 12.02** A panel of the Quality Assurance Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a Public Council Member or Public Committee Appointee.

## 13. PATIENT RELATIONS COMMITTEE

- 13.01** The Patient Relations Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
  - b) at least one (1) Public Council Member or Public Committee Appointee; and
  - c) at least two (2) Professional Committee Appointees.

## 14. COMMITTEE MEETINGS

- 14.01** Each Committee shall meet at the call of its Chair, at a place in Ontario, subject to Article 14.09 of this By-Law, on a date and time designated by the Chair.
- 14.02** Committees shall operate in accordance with the Policies and Procedures of the CRTO.
- 14.03** No formal notice is required for a meeting of a Committee, but reasonable efforts will be made to notify all the Committee Members informally of every meeting and to arrange meeting dates and times for the convenience of the Committee Members.
- 14.04** Committee meeting materials are posted at least one (1) week prior to the scheduled Committee meeting date.
- 14.05** Unless otherwise provided in the *Code* or specified in the By-Law, a majority (more than 50%) of the actual members of a Committee constitutes a quorum.
- 14.06** The Chair, or their appointee for the purpose, shall preside over meetings of the Committee.
- 14.07** Every motion which comes before a Committee may be decided by a majority of the votes cast at the meeting, including the presiding officer's and, in the case of a tie vote, the motion is defeated.
- 14.08** The presiding officer shall cause minutes to be taken of the proceedings of the Committee meeting.
- 14.09** Meetings of any Committee or of panels, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously. This includes in person, by teleconference, by videoconference, or other means that satisfy Committee Members.

## 15. REMUNERATION

- 15.01** The fees payable for honoraria and expenses of Council, Committees and Working Group members who are Members of the CRTO shall be as set in Policy.
- 15.02** Council Members who are appointed by the Lieutenant Governor in Council will be paid honoraria and expenses by the Health Boards Secretariat of the Government of Ontario.

## 16. INDEMNIFICATION AND DIRECTORS' INSURANCE

- 16.01** Every Council Member, Professional Committee Appointee, Public Member Appointee, officer, employee or appointee of the CRTO, including independent contractors, assessors, investigators and inspectors, and each of their heirs, executors, administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the CRTO from and against:

- a) any liability and all costs, charges and expenses that such person sustains or incurs in respect of any action, suit or proceeding that is proposed or commenced against such person for or respect of anything done or permitted by the person in respect of the execution of the duties of such person's office; and
- b) subject to the Policies and Procedures of the CRTC and the Government of Ontario, all costs, charges or expenses that such person sustains or incurs in respect of the affairs of the CRTC, except any liability or costs, charges or expenses occasioned by such person's wilful neglect or default.

**16.02** The CRTC shall at all times maintain "Errors and Omissions Insurance" covering the Council Members and Committees, staff members, independent contractors or officers of the CRTC.





## Schedule A of By-Law 2: Council and Committees

### 1. CODE OF CONDUCT

The Code of Conduct applies to all Council and Committee Members of the CRTO. They must earn and preserve the confidence of the public by demonstrating a high standard of ethical and professional conduct, ~~carry out and fulfill their expectations and obligations~~ carry out and fulfill their expectations and obligations to meet the CRTO's public protection mandate, support strong governance practices, and safeguard the integrity of the CRTO.

The Code of Conduct is broken down into four core values and the principles that exemplify them.

#### Fiduciary Duties

Council and Committee Members stand in a fiduciary relationship to the CRTO and they must:

- 1.01** Act honestly, objectively, in good faith, and in the best interest of the CRTO consistent with its mandate to protect the public and this duty supersedes any loyalties to other organizations, associations, persons or personal or professional interests.
- 1.02** Uphold the decisions made by a majority of the Council and Committees, regardless of the level of prior disagreement.
- 1.03** Adhere to the CRTO's established governance model.

#### Accountability and Competence

Council and Committee Members are accountable to the public for their decisions and actions, and they must:

- 1.04** Exercise all powers and discharge all responsibilities in good faith and in the best interests of the CRTO consistent with its mission statement, goals and objectives, and its mandate to protect the public.
- 1.05** At all times conduct themselves in a way that protects the CRTO's reputation, and in particular, act with fairness, honesty, and integrity.
- 1.06** Be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* ("RHPA") and its regulations and the *Code*, the *Respiratory Therapy Act 1991*, Regulations, and the By-Laws and Policies- and Procedures of the CRTO.
- 1.07** Participate in all required orientation and training sessions.
- 1.08** Regularly attend all Council and/or Committee meetings including by reviewing all materials in advance, being on time and engaging constructively in discussions in a respectful and courteous manner, recognizing the diverse background, skills and experience of all other Council Members, Committee Members, and staff.

## Schedule A of By-Law 2: Council and Committees

### Code of Conduct & Conflict of Interest

- 1.09** Respond to communications from staff, Council and Committee Members regarding Council and Committee business, in a timely manner.
- 1.10** Strictly abide by the Confidentiality Agreement with the CRTO, the Confidentiality Policy ~~and~~ [Procedure](#) of the CRTO, and the confidentiality provisions of the *Regulated Health Professions Act, 1991* and the *Code*.

### Integrity

Council and Committee Members are committed to maintaining the highest standards of professional and personal conduct and they must:

- 1.11** Conduct themselves in a manner that respects the integrity of the CRTO by striving to be fair, impartial, and unbiased in their decision making.
- 1.12** Avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and comply with CRTO's By-Laws and Policies relating to conflict of interest.
- 1.13** Preserve confidentiality of all information before the Council or Committee unless disclosure has been authorized by the Council or is otherwise permitted under the *RHPA*.
- 1.14** Maintain appropriate decorum in all Council and Committee meetings by adhering to the rules of order adopted by the CRTO Council.
- 1.15** Refrain from speaking, or appearing to speak, on behalf of the CRTO, unless explicitly authorized to do so by the Registrar or Executive Committee.
- 1.16** Refrain from engaging in any discussions with other Council or Committee Members that take place outside the formal Council or Committee decision-making process that are intended to influence the decisions that the Council or a Committee makes.
- 1.17** Respect the boundaries of staff whose role is not to report to or work for individual Council or Committee Members including not contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Council or Committee or where otherwise appropriate.
- 1.18** Maintain appropriate boundaries with all other Council Members, Committee Members and staff, including refraining from behaviour that may reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment, and intervening when observing such behaviour by others.

### Diversity and Inclusion

Council and Committee Members lead by example to support and respect the individuality and personal values of their colleagues and staff, they must:

- 1.19** Promote a culturally safe environment, recognizing and supporting inclusiveness and diversity of all people.

**Code of Conduct & Conflict of Interest**

- 1.20** Be respectful of different viewpoints or positions that may be expressed, in good faith, by other Council and Committee Members during Council or Committee deliberations.
- 1.21** Support an environment for Council, Committee Members, staff, registrants, stakeholders, and rights holders that is free from bullying, harassment, whether sexual or otherwise, physical or verbal abuse, threats or violence.

## 2. CONFLICT OF INTEREST

### Definition

- 2.01** Council Members and Committee Members shall not carry out their duties when they are in a conflict of interest.
- 2.02** A conflict of interest may be actual, potential or perceived.
  - a) A conflict of interest exists where a reasonable person could conclude that the personal or private interests of the individual Council Member or Committee Member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties as a Council Member or Committee Member.
  - b) An actual conflict exists when (1) the member has a private interest, (2) the member knows of the private interest, and (3) there is sufficient connection between the private interest and the member's public responsibilities to influence the performance of them.
  - c) A potential conflict exists as soon as a real conflict is foreseeable.
  - d) A perceived conflict exists when there is a reasonable apprehension, which reasonably well-informed persons could properly have, that a conflict of interest exists.
- 2.03** It is not a conflict of interest for a Council Member or a Committee Member to:
  - a) participate in a matter that affects all or most CRTO Members similarly unless the Member has an interest over and above that of all or most CRTO Members or the impact of the interest on the member is substantially greater than that of all or most other members;
  - b) participate in a matter that affects all or most public members similarly unless the public member has an interest over and above that of other public members or the impact of the interest on the public member is substantially greater than that of all or most other public members;
  - c) accept reasonable, usual and customary hospitality.

## Code of Conduct & Conflict of Interest

### Avoiding a Conflict of Interest

- 2.04** A Council Member or Committee Member who has, or believes they have, a conflict of interest in a matter before the Council, a Committee or a panel shall:
- a) declare the conflict to the President, Registrar or Committee Chair at the earliest opportunity;
  - b) not participate in the discussion of or voting on the matter; and
  - c) withdraw from the meeting, or in the case of a Council meeting that is open, withdraw from the Council table, for any discussion of or voting on the matter.
- 2.05** Council Members and Committee Members, related persons and related companies who wish to enter into contracts with the CRTO within one year of the end of their appointment or term, will have their proposals or applications referred to the Executive Committee for consideration, for the purpose of avoiding conflicts of interest.
- 2.06** Any Council Member or Committee Member who believes another Council Member or Committee Member has a conflict in relation to an issue before Council, a Committee or a panel which has not apparently been declared, may discuss the issue with the Council Member or Committee Member. If the matter is not resolved to the satisfaction of the Council Member or Committee Member who perceives the conflict, that Council Member or Committee Member shall discuss it with the President, Registrar or Committee Chair, or raise it as a point of order in the meeting. If the President, Registrar or Committee Chair is unable to resolve the issue, it shall be brought to Council (unless it is inappropriate to do so, for example, in a matter arising on a Panel for a hearing) to determine if a conflict of interest exists. The decision of Council, as to whether or not a conflict of interest exists, is final.
- 2.07** A Council Member or Committee Member who acts in a conflict of interest is subject to disqualification under By-Law 2: Council and Committees, Article 2.28.
- 2.08** All declared conflicts and their resolution shall be recorded.

### Managing Personal Bias

- 2.09** Council Members or Committee Members dealing with a member-specific matter must be impartial and appear to those present to be impartial.
- 2.10** Bias may be defined as holding, or appearing to hold, a preformed judgment or opinion or forming a judgment or opinion without thoughtful examination of all the facts, issues, and arguments. In any proceeding it is essential that the decision-makers be free of conflict of interest and bias. There are four (4) common ways in which a reasonable apprehension of bias may be created:
- i. where a relationship exists between a Council Member or Committee Member and a participant in the proceeding;
  - ii. by the conduct of a Council Member or Committee Member during the proceeding;

**Code of Conduct & Conflict of Interest**

- iii. through prior involvement or prejudgment by a Council Member or Committee Member;
  - iv. where a Council Member or Committee Member has a conflict of interest.
- 2.11** A close relationship, either personal or business, between a Council Member or Committee Member and the subject of the proceeding, the subject matter of the proceeding, or a participant in a proceeding may create an apprehension of bias. Such relationships include:
- a) relatives, personal friends, neighbours and acquaintances;
  - b) business partners or professional acquaintances;
  - c) persons with whom the panel member had a dispute in the past;
  - d) employer/employee and student/teacher relationships; or
  - e) practising in close association with (e.g., in the same hospital).

In deciding whether the relationship constitutes an appearance of bias, one must consider the nature and extent of the relationship, what type of information would pass between the panel member and participant, how long ago the relationship existed, the nature and size of the profession and the CRTO's policy in such matters.



## Schedule B of By-Law 2: Council and Committees

### 1. RULES OF ORDER OF THE COUNCIL AND COMMITTEES

- 1.01** When any Council or Committee Member wishes to speak, they shall so indicate by raising their hand, and shall address the presiding officer and confine themselves to the question under discussion.
- 1.02** When two (2) or more Council or Committee Members raise their hand to speak, the presiding officer shall call upon one Member to speak first.
- 1.03** No Council or Committee Member, shall interrupt another Council or Committee Member except to raise a point of order. The interrupting Council or Committee Member shall confine themselves strictly to the point of order.
- 1.04** Any Council or Committee Member in speaking or otherwise who transgresses these rules, if called to order either by the presiding officer or on a point raised by another Council or Committee Member, shall immediately cease speaking while the point is being stated, after which they may explain and shall then obey the decision of the presiding officer.
- 1.05** A Council or Committee Member may speak only once upon any question, except:
- a) in explanation of a material point of their speech which may have been misquoted or misunderstood, but then they are not to introduce any new matter or argument;
  - b) the proposer of a substantive motion, who shall be allowed a reply which shall close the debate, or
  - c) with the permission of the presiding officer.
- 1.06** No Council or Committee Member may speak longer than seven (7) minutes upon any question except with the permission of the presiding officer.
- 1.07** When the question under discussion contains distinct propositions, any Council or Committee Member may require the vote upon each proposition to be taken separately.
- 1.08** When the presiding officer puts the question, no Council or Committee Member shall enter or leave the chamber, and no further debate is permitted.
- 1.09** Any question when once decided by the Council or Committee Members shall not be reintroduced within six (6) months except by a two-thirds (2/3) majority vote of the members in attendance.
- 1.10** All motions shall be recorded and seconded, before being debated. When a motion is seconded, it may be re-read by the presiding officer or their designate. When the question under

**Rules of Order of the Council and Committees**

discussion has not been printed and distributed, any Council or Committee Member may require it to be at any time during the debate, but not so as to interrupt a member while speaking.

- 1.11** A Council or Committee Member who has made a motion may withdraw the same without the permission of the seconder or the consent of the Council or Committee. Rule 1.10 does not prevent another Council or Committee Member from making the same motion.
- 1.12** The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council or Committee without debate. In explaining a point of order or practice, they shall state the rule or authority applicable to the case.
- 1.13** When a question is under debate, no motion is received except to amend it, to postpone it (which may be indefinitely or to a day or time certain), to put the question, to adjourn the debate, to adjourn the meeting, or to refer the question to a Committee.
- 1.14** A motion to amend the main question shall be disposed of before the main question is decided and, where there is more than one motion to amend, they shall be decided in the reverse order to which they were made.
- 1.15** Whenever the presiding officer is of the opinion that a motion offered to the Council or Committee is contrary to these rules or the By-Law, they shall apprise the Council or Committee thereof immediately, rule the motion out of order, and quote the rule or authority applicable to the case.

## Appendix C



College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

# By-Law 3: Membership

Approved by Council: March 3, 2023

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.



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## 1. DEFINITIONS

**1.01** In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

**Act**

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

**Code**

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

**CRTO**

The acronym for the College of Respiratory Therapists of Ontario

**Fees**

The fees payable to the CRTO by a member or applicant

**Member**

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTO

**Panel**

A sub-group of a Committee of the CRTO

**Policies and Procedures**

The documented processes or courses of action undertaken by the CRTO in response to recurring issues

**Proceeding**

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

**Profession**

The profession of Respiratory Care or Respiratory Therapy

**Registrar**

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO Administration, Article 4; includes a person

appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

**Respiratory Therapist**

A Member of the CRTO

**Respiratory Therapy**

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

**RHPA**

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

## 2. THE REGISTER

**2.01** The Registrar shall maintain a register in accordance with section 23 of the *Code* and in accordance with Regulation 261/18 made under the *RHPA*.

### Additional Information in the Register

In addition to the information set out in subsection 23(2) of the *Code*, the Register shall contain the following publicly available information:

- 2.02** If there have been any changes to the Member's name since the date of the Member's initial application for registration, the former name(s) of the Member;
- 2.03** The name, address and telephone number of every employer for whom the Member is employed as a respiratory therapist and, if the Member is self-employed as a respiratory therapist, the address and telephone number of every location where the Member practices other than addresses of individual clients;
- 2.04** For each practice location the area of practice identified by the Member as their "main area of practice";
- 2.05** The language(s) in which the Member is able to provide respiratory therapy services;
- 2.06** The Member's registration number;
- 2.07** The Member's current registration status;
- 2.08** The date on which the Member's current certificate was issued and cessation or expiration date;
- 2.09** If the Member ceased to be a Member, a notation specifying the reason for the cessation of Membership and the date on which the Member ceased to be a Member;

## By-Law 3: Membership

- 2.10** Where a Member has been charged with an offence under the *Criminal Code of Canada*, *Health Insurance Act*, *Controlled Drugs and Substances Act (Canada)*, or any other charge that relates to the Member's suitability to practise, the fact and content of the charge, the date and place of the charge, where applicable bail conditions, and, where known the date and outcome of the charge(s);
- 2.11** Information about a finding by a court that the Member has been found guilty of an offence under the *Health Insurance Act*, or any other offence that relates to the Member's suitability to practise, including:
- i. the date and a summary of the finding,
  - ii. the date and the sentence imposed, if any, and
  - iii. where the finding is under appeal, a notation to that effect;
- 2.12** Any information jointly agreed to be placed on the register by the CRTO and the Member;
- 2.13** The name and location of practice, if known, of individuals reported to the CRTO for holding themselves out as respiratory therapists or as qualified to practise as a respiratory therapist or in a specialty of respiratory therapy, in accordance with S.9 of the *Respiratory Therapy Act, 1991*.

## Considerations

- 2.14** In the event that the Member is not employed or not self-employed as a respiratory therapist a notation shall be made on the register to indicate the Member does not have a business address.
- 2.15** In the event that the Member's business address is the same as the Member's residential address, the Member shall provide a designated business address if the Member does not want their residential address to be posted as their business address for the purposes of the CRTO's public register.
- 2.16** Information that is subject to a publication ban shall not be placed in the register.

## 3. DUTY TO PROVIDE INFORMATION

- 3.01** In addition to the information listed in Articles 2.01 to 2.16 of this By-law, if requested in a manner determined by the Registrar, Members shall immediately provide the following information about the Member to the CRTO:
- a) address and phone number of primary residence;
  - b) date of birth;
  - c) languages spoken;
  - d) preferred email address;
  - e) information related to entry to practice examination results;
  - f) information related to respiratory therapy or related education;
  - g) information related to employment history;

- h) proof of professional liability insurance;
- i) employment information for each practice location, including:
  - i. title and position;
  - ii. employment category and status;
  - iii. name of supervisor;
  - iv. employer facsimile number;
  - v. a description of respiratory therapy activities; and
  - vi. areas of practice.
- k) information for the purpose of Ministry health human resources planning as required under section 36.1 of the *RHPA*;
- l) information about participation in the Quality Assurance Program;
- m) information about any charge on or after January 1, 2016:
  - i. under the *Criminal Code of Canada*, including any bail conditions;
  - ii. under the *Health Insurance Act*;
  - iii. related to prescribing, compounding, dispensing, selling or administering drugs;
  - iv. that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offence under the *Highway Traffic Act*);
  - v. relating to the member's impairment or intoxication; or
  - vi. any other charge or offence relevant to the member's suitability to practise the profession.
- n) information about any finding by a court made after June 3, 2009 of professional negligence or malpractice against the member;
- o) information regarding professional registration and conduct; and
- p) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

**3.02** Within thirty (30) days of the effective date of the change, Members shall notify the CRTO in writing of any change in the information provided on their previous registration renewal form or application for registration form, including:

- a) name(s);
  - i. The Member must provide information satisfactory to the Registrar confirming that the Member has legally changed their name; and
  - ii. The Registrar must be satisfied that the name change is not for any improper purpose.
- b) address and telephone number of the member's primary residence;

## By-Law 3: Membership

- c) member's business name, address telephone and facsimile number;
- d) preferred email address;
- e) employment status;
- f) conduct information as noted in Article 3.01(m-o) of this By-law; and/or
- g) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

## 4. FEES

### Schedule of Fees

**4.01** The CRTO shall maintain a Schedule of Fees that is available on the CRTO's website.

### Application Fees

**4.02** There is a non-refundable application fee for a General, Graduate, ~~or~~ Limited or Emergency certificate of registration.

**4.03** A Member applying for a change in class of certificate of registration shall be exempt from paying the application fee.

### Annual Fees

**4.04** In this Article, "fiscal year" means the CRTO's membership year that begins on March 1 and ends on the last day of the following February.

**4.05** Every Member registered with a General, Graduate, Limited or Inactive certificate of registration shall pay the annual fee before March 1 of each year.

**4.06** For applicants who have been approved for registration with the CRTO, the annual fee for a General, Graduate or Limited certificate of registration is prorated on a quarterly basis, as defined in the Schedule of Fees.

**4.07** Where a Member holding an Inactive certificate of registration is reissued a General or Limited certificate of registration, in accordance with the Registration Regulation and the By-Laws, the annual fee for the year in which the General or Limited certificate is reissued is prorated on a quarterly basis.

**4.08** The Registrar shall notify each Member of the amount of the annual fee and the day on which the fee is due. The Member's obligation to pay the annual fee remains even if the Member fails to receive such notice.

### Emergency Certificate Registration Fees

4.XX Every applicant who has been approved for registration in the Emergency Class shall pay the Emergency Certificate Initial Registration fee, as set in the Schedule of Fees, before the Emergency certificate issue date.

4.XX Where applicable, every Member registered with an Emergency certificate of registration shall pay the Emergency Certificate Registration Renewal fee, as set in the Schedule of Fees, on or before the certificate expiry date.

### Late Penalty Fee

**4.09** If a Member registered with a General, Graduate, ~~or Limited~~ or Inactive certificate of registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.

**4.10** ~~If a Member registered with an Inactive certificate or registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.~~

**4.11** If a Member fails to submit the completed registration renewal by the date it is due, then the Member shall pay a penalty as if the Member had failed to pay the annual fee on time.

**4.12** If a Member fails to complete any obligation outlined in the CRTO Professional Development Program Policy by the established deadline, one post-deadline reminder will be sent by the CRTO. If the Member does not complete the obligation within fifteen (15) days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees.

### Reinstatement Fee

**4.13** There is a fee for reinstating a certificate of registration that has been suspended under subsection 65(1) of the Registration ~~#R~~Regulation or section 24 of the *Code*.

### Other Fees

**4.14** Where consideration of an application for a certificate of registration involves an evaluation by the CRTO of the applicant's educational program, additional training, or experience, the applicant shall pay an evaluation fee, as set in the Schedule of Fees.

**4.15** A fee shall be payable by a Member where payment is made by cheque, and the cheque is returned to the CRTO due to insufficient funds.

## By-Law 3: Membership

**4.16** At renewal time, if a payment with non-sufficient funds (NSF) is received by the CRTO on March 1, an additional late penalty fee may be charged.

### Fee Refunds

**4.17** A fee paid under this Article is non-refundable with the following exceptions;

**4.18** The Registrar shall issue a refund to a Member who has paid the annual fee and,

- a) who resigns their General, Graduate or Limited certificate between March 1 and November 30;
- b) who changes their General or Limited certificate to Inactive between March 1 and November 30; or
- c) whose Graduate certificate expires between March 1 and November 30.

**4.19** The amount of the refund will be equal to the annual fee paid *minus* the following:

- 25% of the annual fee paid – if the change in membership occurs between March 1 and May 31
- 50% of the annual fee paid – if the change in membership occurs between June 1 and August 31
- 75% of the annual fee paid – if the change in membership occurs between September 1 and November 30.

### Fee Increases

**4.20** At each fiscal year, the fees set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless the Council decides to waive a fee increase for that year.

## 5. PROFESSIONAL INCORPORATIONS

**5.01** There is a fee for the issuance of a certificate of authorization, including for any reinstatement of a certificate of authorization, of a professional corporation.

**5.02** There is a fee for the annual renewal of a certificate of authorization.

**5.03** There is a fee for the issuing of a document or certificate respecting a professional corporation.

**5.04** Every member of the CRTO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms, upon the written request of the Registrar within fifteen (15) days and upon any change in the information within fifteen (15) days of the change:

- (1) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;



### By-Law 3: Membership

- (2) any business names used by the professional corporation;
- (3) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
- (4) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
- (5) the head office address, telephone number, facsimile number and email address of the professional corporation;
- (6) the address and telephone number of the major location or locations at which the professional services offered by the professional corporation are provided; and
- (7) a brief description of the professional activities carried out by the professional corporation.

**5.05** The information specified in Article 5.04 of this By-Law is designated as public for the purposes of paragraph 4 of subsection 23(3) of the *Code*.

**5.06** The Registrar may issue a revised Certificate of Authorization to the corporation if the corporation changes its name after the certificate of authorization has been issued to it and provides proof of name change to the Registrar.

## 6. PROFESSIONAL LIABILITY INSURANCE

**6.01** A Member engaging in the practice of respiratory therapy shall carry professional liability insurance with the following characteristics:

- a) the minimum coverage shall be no less than \$2,000,000 per occurrence;
- b) the aggregate coverage shall be no less than \$4,000,000;
- c) if coverage is through a “claims made” policy, an extended reporting period provision of at least two (2) years;
- d) any deductible must be \$1,000.00 or less per occurrence;
- e) any exclusionary conditions and terms must be consistent with standard industry practice with respect to insurance of this type;
- f) the insurer must be licensed with the Financial Services Commission of Ontario or the Office of the Superintendent of Financial Institutions of Canada; and
- g) the Member must be personally insured under the insurance policy.

### Sexual Abuse Therapy and Counselling Fund Endorsement

**6.02** The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that,

### By-Law 3: Membership

- a) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the *Code*; and
- b) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the *Regulated Health Professions Act, 1991*, for therapy and counselling as a result of sexual abuse by the Member.

## Appendix D

# Schedule of Fees

<https://www.crto.on.ca/members/schedule-of-fees/>

<b>Registration</b>	<b>2024-2025</b> (Mar 1, 2024 – Feb 28, 2025)
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Application Fee	\$75
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<b>Annual Registration Fee</b>
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General Certificate	\$700
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Graduate Certificate	\$700
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Limited Certificate	\$700
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Inactive Certificate	\$125
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<b>Emergency Certificate Registration Fee</b>
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Emergency Certificate Initial Registration	\$350
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Emergency Certificate Renewal	\$350
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<b>Prorated Fees for Registration*</b>
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(General, Graduate or Limited Certificates)
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March 01 – May 31	\$700
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June 01 – Aug. 31	\$525
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Sept. 01 – Nov. 30	\$350
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Dec. 01 – end Feb.	\$175
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<b>Fee Refunds*</b>
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(General, Graduate or Limited Certificates)
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	Annual fee minus:
March 01 – May 31	\$175
June 01 – Aug. 31	\$350
Sept. 01 – Nov. 30	\$525
Dec. 01 – end Feb.	No fee refund

### Late Fees

General, Graduate or Limited Certificate	\$162.50
Inactive Certificate	\$50
Late PDP Submission	\$25

### Reinstatement Fees

Reinstatement from Suspension	\$325
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### Other Fees

Fee for NSF Cheque	\$45
Entry-to-Practice Competency Assessment Appeal Fee	\$250

### Competency Assessment

Phase 1 & 2 – Program Review and Interview	\$500
Phase 3 – Clinical Skills Assessment	\$5,000

### Professional Incorporation Fees

Issuing a Certificate of Authorization	\$650
Annual Renewal Fee for Corporations	\$650

*\* There is no pro-rating for Inactive certificates*

# Council Briefing Note

**AGENDA ITEM # 6.5**

**March 1, 2024**

<b>From:</b>	Ania Walsh, Manager, Regulatory Affairs
<b>Topic:</b>	Risk Register
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Governance and Accountability
<b>Attachment(s):</b>	Appendix A – Risk Register Summary Report

## **PUBLIC INTEREST RATIONALE**

The College of Respiratory Therapists of Ontario (CRTO) regulates the practice of Respiratory Therapy in the public interest. In serving the public interest, the CRTO has a fiduciary duty to manage risk. This expectation applies not only to the risks associated with regulating the practice of the RT profession (regulatory risk) but also, on an organizational level, to the management of risk in all aspects of the CRTO's operations and programs (e.g., continuity of operations and financial sustainability).

## **ISSUE**

The CRTO's [Risk Management Framework](#) articulates how the CRTO integrates risk management into its strategic planning, project and operations management and reporting. As outlined in the framework document, Council is ultimately responsible for overseeing the CRTO's risk management strategy. This includes monitoring CRTO's activities and maintaining oversight of risks that can impact CRTO's strategic objectives. The attached Risk Register Summary Report is a high-level reporting tool used to provide regular quarterly updates to the Council. The summary is based on a more detailed internal Risk Register that is maintained by staff.

Since the December 2023 Council meeting, there have been two changes in the reported risk ratings, that is:

- The risk rating for ineffective communications changed from High to Medium; and
- Health Human Resources risk has been assessed as Medium.

Any updates to the risk descriptions, controls and treatment plans are marked in blue font in the summary report. The report also includes a table tracking the risk rating for current and prior reporting periods, as well as our anticipated risk outlook.

**NEXT STEPS**

Staff will continue to provide quarterly risk management reports, updating the Risk Register as required and reporting on the implementation of the action plan items. The Risk Management framework is also being updated to define the criteria used in our risk assessment process.

**CRTO Risk Register (Summary)**

**March 1, 2024**

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
01	<b>Organizational Operations</b>	<p><b>Significant staff turnover &amp;/or loss of key leadership</b></p> <p><b>Loss of critical organization knowledge</b></p> <ul style="list-style-type: none"> <li>Competitive labour market past COVID</li> <li>Illness or injury</li> <li>Staff absenteeism</li> </ul>	<p>Human Capital</p> <p>Member Relationships</p> <ul style="list-style-type: none"> <li>potential disruptions in the daily functioning of the CRTO</li> <li>insufficient staff to maintain essential College functions</li> </ul>	<p>Succession Plan Policy</p> <p>Onboarding procedures and resources for new hires</p> <p>Strong leadership on Council</p> <p>DEI Strategic Plan in place</p> <p>Registrar’s Performance Review Policy</p> <p><a href="#">Standard operating procedures in most program areas</a></p>	Medium	<p>Ongoing monitoring</p> <p>Staff cross training</p> <p>Plan for key roles within the organization to provide coverage in the event of departure or illness – <a href="#">March January 2024</a></p> <p><a href="#">Continue to develop and update</a> standard operating procedures in all program areas.</p> <p>DEI strategy implementation (talent processes and organizational culture) – in progress, to be fully implemented by Dec. 2024</p>
02	<b>Organizational Operations</b>	<p><b>Sudden/unexpected substantial increase in expenses and/or decrease in revenue</b></p> <ul style="list-style-type: none"> <li>Cost/expense escalations (e.g., significant increase in investigation expenses)</li> <li>Potential decrease in membership fees</li> <li><a href="#">Sudden loss of investment funds due to market volatility</a></li> </ul>	<p>Budget Adherence</p> <p>Member Relationships</p> <ul style="list-style-type: none"> <li>Deviation from budget; depletion of reserves</li> <li>Disruptions in the daily functioning of the College</li> <li>Insufficient resources to maintain essential College functions</li> </ul>	<p>Reserve Funds and Investments Policies</p> <p>Finance and Audit Committee oversight</p> <p>External audit</p> <p><a href="#">Registration fees increase for 2024/25</a></p> <p><a href="#">New investment advisor monitoring all CRTO investments</a></p> <p><a href="#">Fees Assessment Tool</a></p>	Medium	<p><a href="#">FAC review of the registration fees using the Fee Assessment Tool – Sept 2023</a></p> <p><a href="#">New investment advisor</a></p> <p>Ongoing monitoring</p> <p><a href="#">Annual updates from Financial Advisor regarding the status of investments and economic outlook – beginning in March 2024</a></p>
03	<b>Organizational Governance</b>	<b>Disruption in the effectiveness of Council</b>	<p>Member Relationships</p> <p>Compliance</p>	Proactive approach with government to ensure we	High	Increased utilization of HPRO as a government relations advocate

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		<ul style="list-style-type: none"> <li>Loss of a public member on Council; delays in government public members' appointments</li> <li>Potential deterioration or dysfunctionality of the relationship between staff and Council</li> <li>Gap in compensation between public and professional Council members</li> </ul>	<p>Reputation Public Protections</p> <ul style="list-style-type: none"> <li>Delays in Council decision-making</li> <li>CRTO non-compliant with statutory requirements</li> <li>Decrease in member engagement</li> </ul>	<p>have sufficient public members</p> <p>Relationship building through collaboration between staff and Council</p> <p>Committee appointments are competency-based, thus strengthening committees</p> <p>Governance e-learning modules</p> <p>Ongoing training for Council and Committee members</p> <p>Onboarding process</p> <p>Code of Conduct &amp; Conflict of Interest Policy</p> <p>Council evaluation</p> <p><a href="#">Updated election communication materials</a></p> <p><a href="#">Council &amp; Committee competency self-evaluation</a></p>		<p><a href="#">Update election communication materials—Sept 2023</a></p> <p><a href="#">Develop Council &amp; Committee competency self-evaluation—Dec. 2023</a></p> <p>Ongoing engagement with Council/committee members</p>
04	<b>Organizational Operations</b>	<p><b>IT infrastructure disruption and/or compromise of data integrity</b></p> <ul style="list-style-type: none"> <li><a href="#">Phishing</a></li> <li>Ransomware attacks</li> <li>Denial-of-service attacks</li> <li>Unauthorized disclosure of personal/confidential information</li> </ul>	<p>Member Relationships Compliance Reputation</p> <ul style="list-style-type: none"> <li>Potential service disruption</li> <li>CRTO non-compliant with statutory requirements</li> <li>Negative media attention</li> <li>Concerns/complaints from interested parties</li> </ul>	<p>3rd party systems monitoring</p> <p>Cyber-audits and white-hat simulation of attacks</p> <p>Staff training</p> <p>Built-in scanning on USBs for all computers</p> <p>Cyber insurance</p> <p>Multi-Factor Authentication for access to systems is in place</p>	High	<p>Verification of cybersecurity of key 3rd party vendors</p> <p>Develop communication plan for use in event of a cyber-attack – March 2024</p> <p><a href="#">Conduct an internal audit of the information stored on servers—March 2024</a></p> <p><a href="#">Development of internal staff action plan to promptly address any IT infrastructure disruptions and cyber security incidents – December 2024</a></p> <p><a href="#">Increase email security/protection</a></p>



Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
				Internal audit of the information stored on servers Regular patch compliance		Ongoing network file cleanup based on the internal audit findings
05	<b>Organizational Operations</b>	<b>Ineffective communications</b> <ul style="list-style-type: none"> <li>Outdated, incorrect information on the CRTO website/social media channels</li> </ul>	Member Relationships Compliance Reputation Public Protection <ul style="list-style-type: none"> <li>Public unaware of the CRTO and unable to access the complaints process</li> <li>Member dissatisfaction; lack of engagement with the CRTO</li> <li>Concerns from interested parties</li> <li>Members' non-compliance with statutory requirements</li> </ul>	Periodic/regular audit of website content Staff training Member outreach initiatives – eBlasts, reminders, etc. Full-time communications professional on staff	High Medium	<del>Increase human resource capacity around communications—Dec 2023</del> New website to be developed – January June 2024 Monitor response rates to CRTO consultations Develop a new communications strategy Monitor document posting timelines (e.g., from approval to posting)
06	<b>Organizational Compliance</b>	<b>Misalignment with regulatory requirements</b> <ul style="list-style-type: none"> <li>Changes in technology (e.g., new database, new online application system)</li> </ul>	Compliance Public Protection <ul style="list-style-type: none"> <li>Potential delays in application processing and/or complaints and reports processing</li> </ul>	<del>Partial</del> Ongoing monitoring of registration processing timelines Staff training Ongoing communications with developers regarding system needs	Medium	<del>Establish internal audits to monitor registration processing timelines—Dec-2023</del> <del>Include registration performance data in Council reports—Sept 2023 Council</del> Ensure adequate staffing in core program areas – ongoing Continue to monitor registration and professional conduct processing timelines

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
07	<b>Regulatory Professional Practice</b>	<b>Insufficient/out-of-date practice information</b> <ul style="list-style-type: none"> <li>Changes in practice expectations/scope</li> <li>Changes in regulatory requirements (e.g., reporting, infection control, etc.)</li> </ul>	Public Protection Member Relations <ul style="list-style-type: none"> <li>Members' non-compliance with statutory requirements</li> <li>Concerns/complaints from interested parties</li> </ul>	Regular checks on the quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope <a href="#">Monitoring and reporting of practice-related inquiries</a>	Medium	<del>Develop mechanisms for ongoing monitoring and reporting of practice-related inquiries</del> <a href="#">Continue to monitor and report on practice-related inquiries</a> Regular legislative and regulatory scans (HPRO working group)
08	<b>Regulatory</b>	<b>Unauthorized Practice</b> <ul style="list-style-type: none"> <li>Impact of the “As of Right” initiative</li> </ul>	Public Protection <ul style="list-style-type: none"> <li>Increase in unauthorized practice concerns/reports received</li> </ul>	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports <a href="#">New webpage for Employers to address “As of Right”</a>	Medium	<del>Develop a new webpage for Employers to address “As of Right”, link to any guidance documents from the government—Oct. 2003</del> Continue to monitor unauthorized practice complaints/reports
09	<b>Organizational Operational</b>	<b>Inconsistent Processes/Records Management</b> <ul style="list-style-type: none"> <li>Lack of written procedures in key program areas</li> <li><a href="#">Staff changes/departure</a></li> </ul>	Compliance Member relations <ul style="list-style-type: none"> <li>Potential delays in core program areas</li> <li>CRTO non-compliant with statutory requirements</li> </ul>	Policy Framework Registration guides (internal and external) PC process guides IT walkthroughs Records Management and Retention Policy <a href="#">Standard operating procedures in most program areas</a>	Medium	Review each department’s procedures, guidelines and workflows; identify what procedures need to be updated and/or developed – June 2024 <a href="#">Continue to develop and update standard operating procedures in all program areas.</a>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
10	Regulatory	<p><b>Health Human Resources</b></p> <ul style="list-style-type: none"> <li>Insufficient number of RTs to meet the demands of the healthcare system</li> </ul>	Public Protection	<p>Emergency Class of Registration</p> <p>Emergency Registration Policy</p> <p>Streamlined registration processes and efficient processing timelines</p>	Medium	<p>Continue to monitor Member demographic data</p> <p>Ongoing engagement with other regulators and system partners (e.g., through HPRO)</p> <p>Continued monitoring of government initiatives related to health human resources</p>

## Risk Register/Outlook

Risks		Risk Assessment		Risk Outlook	Notes
Category	Risk Description	Current Quarter	Prior Quarter		
Organizational Operations	Significant staff turnover &/or loss of key leadership Loss of critical organization knowledge	●	●	↔	
Organizational Operations	Sudden/unexpected substantial increase in expenses and/or decrease in revenue	●	●	⬇	The 2024/25 registration fees increase will help to mitigate any unexpected increase in expenses and/or decrease in revenue
Organizational Governance	Disruption in the effectiveness of Council	●	●	↔	
Organizational Operations	IT infrastructure disruption and/or compromise of data integrity.	●	●	↔	
Organizational Operations	Ineffective communications	●	●	↔	Full-time communications professional on staff
Organizational Compliance	Misalignment with regulatory requirements (Registration)	●	●	⬆	New database implementation; potential delays in application processing or missing data when migrating data to new database
Regulatory Professional Practice	Insufficient/out-of-date practice information	●	●	↔	
Regulatory	Unauthorized Practice	●	●	↔	
Organizational Operational	Inconsistent Processes/Records Management	●	●	↔	
Regulatory	Health Human Resources	●	N/A	↔	

# Council Briefing Note

**AGENDA ITEM # 6.6**

**March 1, 2024**

<b>From:</b>	Carole Hamp, RRT – Registrar & CEO
<b>Topic:</b>	Draft 2024/25 Budget
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Governance & Accountability
<b>Attachment(s):</b>	Appendix A: Draft 2024/25 Budget Appendix B: Draft 2024/25 Budget Summary Appendix C: Draft 2024-2025 Budget Highlights Appendix D: Budget Sorting Codes
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approves the draft budget for 2024/25.</b>

**PUBLIC INTEREST RATIONALE:**

To ensure the CRTO has the optimal financial resources to meet its statutory objectives and regulatory mandate, now and in the future.

**ISSUE:**

In accordance with the CRTO By-Laws [s. 5.07 (c) - By-Law 2: Council & Committees], the Executive Committee “*reviews the CRTO’s annual operating budget for approval at the last Council meeting of the fiscal year*”. The Council then reviews and approves the draft budget at its next meeting.

**BACKGROUND:**

To better track costs associated with specific functions, some minor adjustments were made to the 2024/25 budget structure.

**Modifications to the Existing Budget** (see Appendix A)

- Removed staff wellness allotment from **5020 Benefits** and created a new *5021 Staff Health Expense* to better track the use of the staff wellness allotment.

- Combined **5140 Consulting – General** and **5141 Consulting - Core Functions** into a single *5140 Consulting* budget line.
- Moved **5142 Governance** under **5555 Government Relations**.
- Combined **5320 Office Maintenance/Upkeep** and **5321 Office Expenses** into a single *Office Expenses* budget line.
- Removed **5523 Competency Assessment Training & Development** and will reallocate this expense into *5521 Competency Assessment-Phase1&2* and *5522 Competency Assessment-CSA*, respectively.
- Added **5524 CSA Expense** to more clearly capture expenses incurred by the CSA Assessors (travel, accommodations, etc.).
- Combined **5546 Communications** and **5547 Communications - Social Media** into a single *Communications* budget line.
- Removed **6130 Council-Travel Time Per Diems**.
- Removed **Travel Time Per Diems, Meals, Accommodations, Travel Expenses and Telephone** from all Committees.

As has been done with the Financial Statements, a streamlined presentation format has been created for the draft budget. The intent of this is to enhance Council's ability to determine whether there are:

- sufficient current operating funds to meet our strategic and statutory objectives; and
- the necessary reserves available to address unanticipated needs.

#### **Changes to the budget allocations** (see Appendix B)

- **Projected Revenue** - increase over the current fiscal year due to increases in:
  - **Registration Fees** – project increase due to ↑ in both membership and member fees.
  - **Investment Income** - \$52,002.28 ↑ over this time last fiscal year.
- **Projected Total Expenses** - increase over the current fiscal year due primarily to increases in:
  - **Wages & Benefits** – increased to allow for 12 full-time staff, one part-time and the planned addition of an additional full-time staff member in the final quarter

of 2024/25. All other staffing expenses were also increased accordingly.

- **Operational Expenses**
  - **Accounting & Audit** – increased costs for the new audit firm.
  - **Translation** – increased projected costs due to the implement the new database.
- **Occupancy Costs**
  - **Rent & Occupancy** – projected additional costs to vacate current office space and move to the new location.
- **ICRC, FTP & Discipline Cases**
  - Not all current expenses have been realized to date.
  - Have kept the proposed budget high enough to accommodate upcoming discipline hearings.
- **Database & Technology**
  - ↑ costs for current database & website development.
- **Payment Processing Costs**
  - **Credit Card Merchant Fees** – most of this expense is realized in February. We hope to integrate etransfer capabilities into our new database.
- **Governance**
  - **Accreditation Services** – increased costs for Accreditation Canada services.
- **Council & Committee Expenses**
  - Not all current expenses have been realized to date.

#### **ANALYSIS:**

#### **The 2024/25 CRTO Workplan includes:**

- Aligning staff compensation with the 2023 Mungall Consulting Group Compensation Report and optimizing human resource capacity.
- Transitioning to a one-day/week rental agreement requires digitalizing paper records and a virtualized server.
- Implementing a new database implementation and launching a new website.

- Exploring simulation site options for our IEHP Clinical Skills Assessment to contain costs.
- Establishing Cybersecurity Response & Communication Plans as part of our organizational Risk Management Framework.

**RECOMMENDATION:**

The Council approves the draft budget for 2024/25.



Appendix A: 2024/25 Proposed Budget

College of Respiratory Therapists of Ontario  
Proposed Budget 2024-2025

	Mar/23 - Jan/24	Current Budget	Proposed Budget 2023-24	Comments
<b>Income</b>				
4100 Registration Application Fees	14,850.00	16,870.00	\$ 15,000.00	\$75 x 200 applicants
4200 Registration & Renewal Fees	\$ 2,441,887.50	2,508,100.00	\$ 2,767,500.00	New (200 x \$700) = \$140,000 + General (3700 x \$700) = 2,590,000 + Inactive (300 x \$125) = \$37,500.
4210 Competency Assessment-Stage1&2	9,000.00	4,000.00	\$ 7,500.00	15 x \$500 = \$7,500
4211 Competency Assessment (CSA)	38,350.00	8,500.00	\$ 37,000.00	(4 x \$4,250) = \$17,000 + (4 x \$5,000) = \$20,000 = \$37,000
4300 Penalty Fees	12,062.55	8,000.00	\$ 12,000.00	Late fee (\$162.50 - Active; \$25 - QA late fee)
4400 Misc. Revenue	30.00	250.00	\$ 250.00	e.g.: IEHP appeal fee \$250
4600 Investment Income	81,116.32	35,000.00	\$ 70,000.00	Based on 2023/24 investment earnings YTD
<b>Total Income</b>	<b>\$ 2,597,296.37</b>	<b>\$ 2,580,720.00</b>	<b>\$ 2,909,250.00</b>	
<b>Expenses</b>				
5000 Admin./Operational Expenses				
5010 Staff Salaries	1,167,976.55	1,294,499.27	\$ 1,395,211.77	based on 12 staff + 1 IC (plus \$20,000 for 1 additional staff for 4 months)
5020 Staff Benefits	101,928.12	101,385.60	\$ 103,929.30	90% of \$115,477 (incl. tax)
5021 Staff Health Expense			\$6,000	\$500 Health expense x 12 staff (separated from 5020 Staff Benefits)
5030 CPP&EI-Employer Contribution	55,974.68	56,919.88	\$ 63,916.06	CPP max (\$3867.50), EI max (\$1049.12)
5031 Staff RSP	40,282.18	31,899.76	\$ 41,856.35	3% CRTO portion
5035 Employer Health Tax (EHT)	5,907.05	2,326.85	\$ 7,706.63	gov't formula: Salary value - \$1M* 1.95%
5040 Staff Training & Development	3,581.54	4,000.00	\$ 4,000.00	Inservices, lunch & learns
5041 Staff Personal Education	4,000.00	4,000.00	\$ 9,600.00	\$800 x 12 staff
5045 Staff-Travel & Expense-Misc.	18,186.74	10,000.00	\$ 20,000.00	increase to accommodate more in-person conferences, etc.
5050 Equipment (Non-Capitalized)	186.52	2,000.00	\$ 2,000.00	office furniture (possible costs to remove)
5060 Rent & Occupancy	207,003.79	232,590.00	\$ 240,222.90	\$19059.00 x 2 + \$20,210.49 x 10
5070 Equipment Leases & Maintenance	10,676.91	13,876.00	\$ 13,876.00	Zerox (\$3011 x 4) + Pitney Bowes (\$186.52 x 4) + WaterLogic (\$271 x 4)
5090 Insurance	4,267.08	6,019.86	\$ 6,320.85	increase of 4.89%
5110 Accounting & Audit	2,260.00	15,000.00	\$ 18,645.00	GG - HST included
5120 Legal - General	22,692.64	25,000.00	\$ 25,000.00	
5121 Legal - Investigation&Hearing	8,419.08	15,000.00	\$ 15,000.00	Costs related to PC legal advise (SML)
5130 Expenses-Investigations&Hearing	552.94	15,000.00	\$ 10,000.00	Costs related to PC (e.g., consultation with experts)
5131 Investigation Services	121,764.24	125,000.00	\$ 125,000.00	Investigation services
5140 Consulting (General)	7,887.40	13,000.00	\$ 15,000.00	Combined 5140 (General) & 5141 (Core Functions)
5141 Core Functions	2,260.00	25,000.00		
5142 Governance	8,061.06	40,000.00		Moved 5142 (Governance) under 5555 (Government Relations).
5210 Telephone/Fax/Internet	16,855.46	15,000.00	\$ 18,000.00	Selectcom, staff cellphone allowance, ZoiPer
5220 Computer Software	27,600.92	50,000.00	\$ 35,000.00	Adobe, MS, GoAnimate, QuickBooks
5221 Computer Hardware	1,499.60	2,500.00	\$ 2,500.00	(e.g., laptops - \$1250 reimbursement) + monitors
5223 Website Hosting	5,605.31	3,000.00	\$ 5,000.00	Azure (not needed with new website), Enticity (part of the year)
5224 Website Development	24,712.92	20,000.00	\$ 25,000.00	Enticity, OlaTech (In1Touch database)
5230 Postage/Courier - General	986.37	1,500.00	\$ 1,500.00	Purolator, Stamps

5240 Printing - General	896.86	250.00	\$	1,000.00	Xerox, Print Zone
5250 Translation - General	19,205.63	15,000.00	\$	25,000.00	Policy & by-laws review, PPGs, database & website
5310 Office Supplies	1,766.56	2,000.00	\$	2,000.00	(e.g., Printer cartridges)
5320 Office Maintenance/Upkeep	4,691.37	8,000.00			Combined 5320 (Office Maintenance/Upkeep) with 5321 (Office Expenses)
5321 Office Expenses	5,190.56	5,000.00	\$	10,000.00	Staff retreats, donations, office related expenses (renamed from "Office Meeting Expenses")
5330 Bank Account Charges	1,773.61	1,600.00	\$	1,600.00	
5331 Paypal Charges	1,211.49	1,249.41	\$	1,200.00	\$1083.84 last year
5340 Credit Card Merchant Fees	13,962.96	62,533.86	\$	80,000.00	\$78,261.46 last year
5350 Conference Registration Fees	4,587.50	5,000.00	\$	6,000.00	CLEAR, CNAR, CSRT
5380 Membership/Subscriptions	38,915.44	23,766.67	\$	40,000.00	CAG, NARTRB, CNAR, HPRO, AARC
5385 Accreditation Services	3,089.72	12,000.00	\$	13,250.00	Accreditation Canada (increased to \$13 250)
5500 QA Portfolio Reviewers	19,023.09	20,000.00	\$	20,000.00	
5516 QA PORTfolio Annual Fee	39,550.00	39,550.00	\$	39,550.00	PDKeepr (PORTfolio, RelevanT, Launch & SCERP elearning modules)
5521 Competency Assessment-Phase1&2	3,900.00	4,000.00	\$	7,500.00	15 x \$500 = \$7,500
5522 Competency Assessment-CSA	39,569.34	17,000.00	\$	37,000.00	(4 x \$4,250) = \$17,000 + (4 x \$5,000) = \$20,000 = \$37,000
5524 CSA Expense					to be added - travel, accommodation, expense reimbursement of assessors & staff
5523 Comp. Assessment-Train/Dev't	0.00	1,500.00			Remove - put under 5521/5522
5545 Outreach Activities-Travel/Exp.	-2,515.01	2,000.00	\$	2,000.00	In-person sites visits (Actual spending \$365.04 YTD)
5546 Communications	0.00	1,000.00	\$	2,000.00	Informz, iStock [Combined 5546 (General ) & 5547 (Social Media)]
5547 Communications - Social Media	0.00	1,000.00			
5555 Government Relations	0.00	30,000.00	\$	30,000.00	CPMF-related initiatives [Moved 5142 (Governance) under 5555 (Government Relations)]
5600 Chairs Event (Dinner)	2,209.70	1,000.00	\$	5,000.00	1 Chair's Dinner/year (guest speaker)
5610 Education Day Expenses	0.00	3,000.00	\$	2,000.00	Education Day Speakers expenses
5620 Data Base Development	99,690.86	140,000.00	\$	140,000.00	
5622 Cybersecurity	25,029.50	75,250.00	\$	75,250.00	Incident Response Service, ISA services. Table-top exercise
5623 Database Subscription	33,799.43	23,000.00	\$	40,000.00	ASI - increased # of subscriptions + OlaTech monthly is \$6780 x 12
5624 Database Hosting	3,361.77	9,500.00	\$	4,000.00	Azue - will not need after new database is implemented
5635 Data Management	0.00	45,000.00	\$	30,000.00	Scanning remaining files
5700 Unrealized Gain/Loss (investments)	-5,689.00				
<b>Total 5000 Admin./Operational Expenses</b>	<b>\$ 2,224,350.48</b>	<b>\$ 2,673,717.16</b>	<b>\$</b>	<b>2,824,634.87</b>	
<b>6000 Council</b>					
6010 Council - Meeting Per Diems	6,875.00			5,200.00	based on 3 virtual and 1 in-person mtg (full day) (9 prof. members) + 1 Chair Dinner (12 C/V)
6020 Council - Prep Time Per Diems	5,450.00			1,400.00	
6130 Council-Travel Time Per Diems					remove
6040 Council - Meals	212.67			900.00	formula is 50% of expenses
6050 Council - Accommodation	2,164.97			1,400.00	2 prof. members are in Dist. 4, no need for accom.
6060 Council - Travel Expense	2,933.63			3,000.00	
6090 Council - Meeting Room Expense	5,258.62			6,000.00	
6097 Council-Education/Training Cost				1,000.00	
<b>Total 6000 Council</b>	<b>\$ 22,894.89</b>	<b>15,200.00</b>	<b>\$</b>	<b>18,900.00</b>	based on 1 in-person + 3 virtual Council Mtg. (full day), & 3 e-votes+1 On-Board +1 Chairs' Dinner
<b>6100 Executive</b>					
6110 Executive - Meeting Per Diems	600.00	0.00		800.00	based on 4 (1/2 day) virtual mtg and 1 e-vote (3 prof. members)

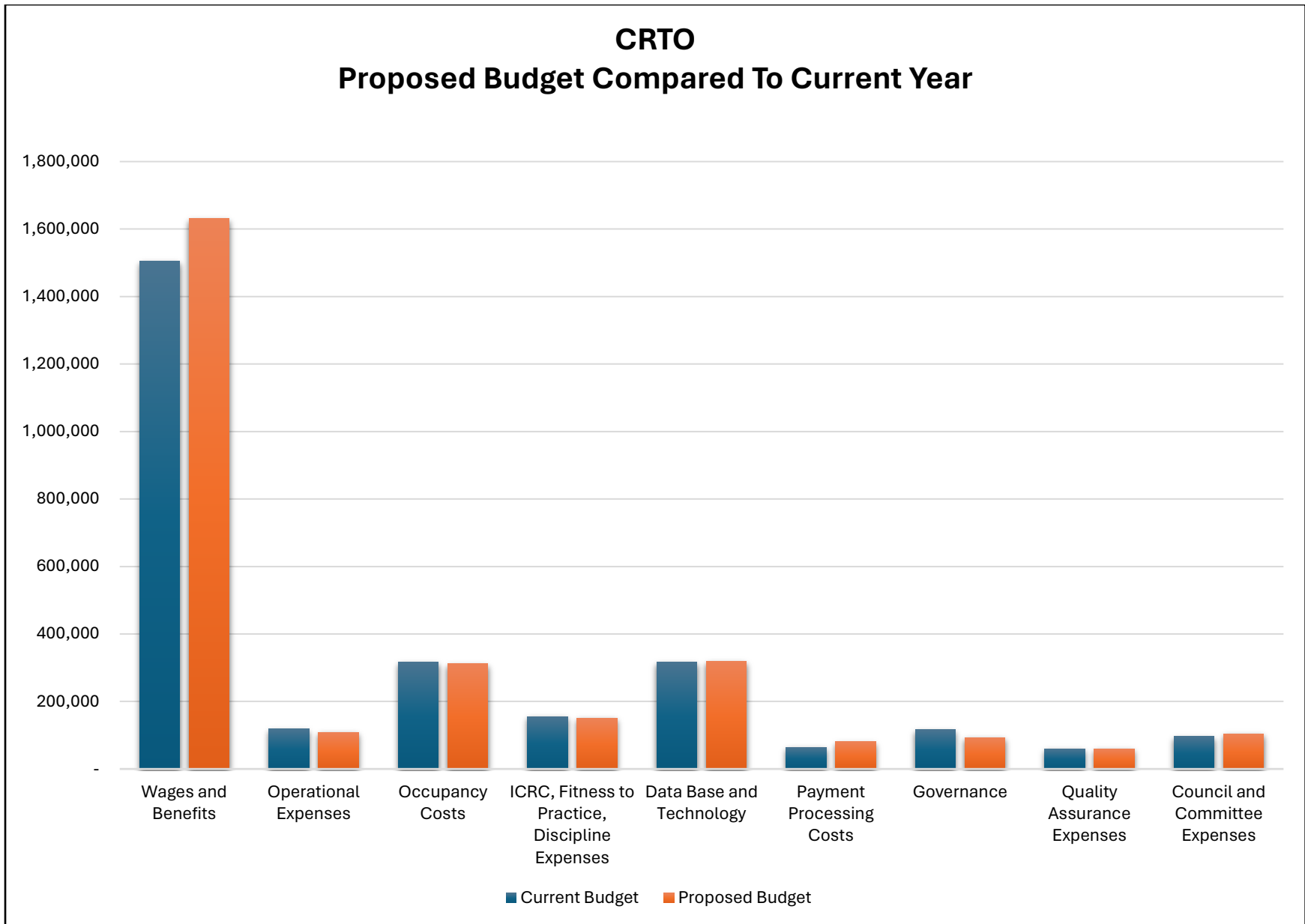
6120 Executive - Prep Time Per Diems	450.00	0.00	400.00	
6130 Executive-Travel Time Per Diems		0.00		remove
6140 Executive - Meals		0.00		remove
6150 Executive Accomodation		0.00		remove
6160 Executive - Travel Expense		0.00		remove
6170 Executive Telephone		0.00		remove
<b>Total 6100 Executive</b>	<b>\$ 1,050.00</b>	<b>\$ 2,100.00</b>	<b>\$ 1,200.00</b>	based on 4 (1/2 day) virtual and 1 e-vote (3 prof. members)
<b>6200 Registration</b>				
6210 Registration-Meeting Per Diems	1,950.00		2,300.00	based on 10 (1/2 day) virtual mtg and 1 e-vote (9 prof. members)
6220 Registration-PrepTimePerDiems	1,625.00		1,150.00	
6230 Registration-TravelTimePerDiems		0.00		remove
6240 Registration - Meals		0.00		remove
6250 Registration - Accomodation		0.00		remove
6260 Registration - Travel Expense		0.00		remove
6270 Registration - Telephone		0.00		remove
6297 Registration- Educ/Training		0.00		remove
<b>Total 6200 Registration</b>	<b>\$ 3,575.00</b>	<b>\$ 6,500.00</b>	<b>\$ 3,450.00</b>	based on 10 (1/2 day) mtg. + 1 e-votes (9 prof. members)
<b>6300 Pat.Rel.</b>				
6310 Pat.Rel.-Meeting Per Diems	1,225.00	0.00	3,000.00	based on 5 (1/2 day) mtg. (6 prof. members)
6320 Pat.Rel.-Prep Time Per Diems	1,050.00	0.00	1,500.00	
6330 Pat.Rel.-Travel Time Per Diems		0.00		remove
6340 Pat.Rel.-Meals		0.00		remove
6350 Pat.Rel.-Accomodation		0.00		remove
6360 Pat.Rel.-Travel Expenses		0.00		remove
6370 Pat.Rel.-Telephone		0.00		remove
<b>Total 6300 Pat.Rel.</b>	<b>\$ 2,275.00</b>	<b>\$ 7,100.00</b>	<b>4,500.00</b>	based on 5 (1/2 day) mtg. (6 prof. members)
<b>6400 QA</b>				
6410 QA - Meeting Per Diems	1,700.00	0.00	\$ 1,300.00	based on 4 (1/2 day) mtg (8 prof. members)
6420 QA - Prep Time Per Diems	1,200.00	0.00	\$ 650.00	
6430 QA - Travel Time Per Diems		0.00		remove
6440 QA - Meals		0.00		remove
6450 QA - Accommodation		0.00		remove
6460 QA - Travel Expense		0.00		remove
6470 QA - Telephone		0.00		remove
<b>Total 6400 QA</b>	<b>\$ 2,900.00</b>	<b>\$ 8,400.00</b>	<b>\$ 1,950.00</b>	based on 4 (1/2 day) mtg + 12 e-vote (8 prof. members)
<b>6500 ICRC</b>				
6510 ICRC-Mtg Per Diems	5,225.00	0.00	\$ 27,500.00	based on 25 (1/2 day) mtg. (11 prof. members)
6520 ICRC-Prep Time	6,775.00	0.00	\$ 13,750.00	
6530 ICRC-TravelTime		0.00		remove
6540 ICRC-Meals		0.00		remove

6550 ICRC-Accommodation			0.00		remove
6560 ICRC-Travel Expense			0.00		remove
6570 ICRC-Telephone			0.00		remove
6597 ICRC-Educ/Training			0.00		
<b>Total 6500 ICRC</b>	<b>\$ 12,650.00</b>	<b>\$ 45,000.00</b>	<b>\$ 41,250.00</b>		based on 25 (1/2 day) mtg, + 50 e-votes (11 prof. members)
<b>6600 Discipline</b>					
6610 Discipline-Mtg Per Diems			0.00	\$ 1,900.00	based on 1 in-person mtg (full day) (9 prof. members)
6620 Discipline-Prep Time			0.00	\$ 950.00	
6630 Discipline-TravelTime			0.00		
6640 Discipline-Meals			0.00		
6650 Discipline-Accommodation			0.00		
6660 Discipline-Travel Expense			0.00		
6670 Discipline-Telephone			0.00		
6697 Discipline-Education/Training	900.00		0.00	\$ 900.00	Discipline Workshop
<b>Total 6600 Discipline</b>	<b>\$ 900.00</b>	<b>\$ 2,850.00</b>	<b>\$ 3,750.00</b>		based on 1 in-person mtg (full day) + 1 Workshop (9 prof. members)
<b>6700 Fitness</b>					
6710 Fitness-Mtg Per Diems	0.00	0.00	0.00	\$ 1,900.00	based on 1 in-person mtg (full day) (9 prof. members)
6720 Fitness-Prep Time	0.00	0.00	0.00	\$ 950.00	
6730 Fitness-TravelTime			0.00		
6740 Fitness-Meals	0.00	0.00	0.00		
6750 Fitness-Accommodation			0.00		
6760 Fitness-Travel Expense			0.00		
6770 Fitness-Telephone			0.00		
6797 Fitness-Education/Training	0.00	0.00	0.00	\$ 900.00	Discipline Workshop
<b>Total 6600 Discipline</b>	<b>\$ 0.00</b>	<b>\$ 1,700.00</b>	<b>\$ 3,750.00</b>		based on 1 in-person mtg (full day) + 1 Workshop (9 prof. members)
<b>6800 Finance and Audit</b>					
6810 Finance and Audit-Mtg Per Diems	725.00			900.00	based on 4 (1/2 day) mtg + 2 e-votes (1 invited + 3 prof. members)
6820 Finance and Audit-Prep Time	1,100.00			450.00	
6830 Finance and Audit-Travel time					remove
6840 Finance and Audit-Meals					remove
6850 Finance and Audit-Accommodation					remove
6860 Finance and Audit-Travel Expense					remove
6870 Finance and Audit-Telephone					remove
6897 Finance and Audit-Education/Training	0.00			1,000.00	
<b>Total 6800 Finance and Audit</b>	<b>\$ 4,100.00</b>	<b>\$ 5,700.00</b>	<b>\$ 2,350.00</b>		based on 4 (1/2 day) mtg. + 4 e-votes (1 invited + 3 prof. members)
<b>Total Expense</b>	<b>\$ 2,274,695.37</b>	<b>\$ 2,768,267.16</b>	<b>\$ 2,905,734.87</b>		
<b>Net Operating Income</b>	<b>\$ 322,601.00</b>	<b>-\$ 187,547.16</b>	<b>\$ 3,515.13</b>		

Appendix B: Draft 2024/25 Budget Summary

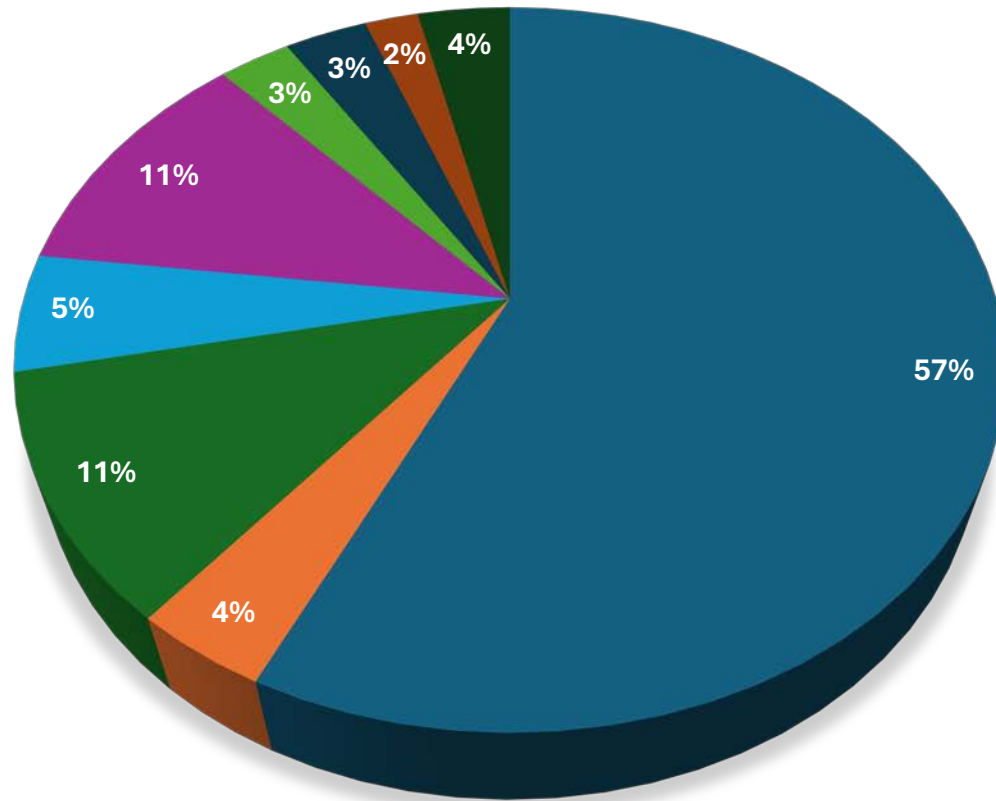
Code		Actual YTD Results	Current Budget \$	% of total	Proposed Budget \$	% of total
1	Registration Fees	2,457,000	2,525,000	98.7%	2,783,000	97.1%
99	Competency Assessment (net) See below	4,000	(10,000)	-0.4%	-	0.0%
4	Other Income	12,000	8,000	0.3%	12,000	0.4%
5	Investment Income	87,000	35,000	1.4%	70,000	2.4%
	<b>Total Revenue</b>	<b>2,560,000</b>	<b>2,558,000</b>	<b>100.0%</b>	<b>2,865,000</b>	<b>99.9%</b>
6	Wages and Benefits	1,398,000	1,505,000	54.8%	1,631,000	57.1%
7	Operational Expenses	74,000	119,000	4.3%	108,000	3.8%
8	Occupancy Costs	264,000	316,000	11.5%	312,000	10.9%
9	ICRC, Fitness to Practice, Discipline Expenses	131,000	155,000	5.6%	150,000	5.2%
10	Data Base and Technology	192,000	316,000	11.5%	319,000	11.2%
11	Payment Processing Costs	15,000	64,000	2.3%	81,000	2.8%
12	Governance	52,000	116,000	4.2%	93,000	3.3%
13	Quality Assurance Expenses	59,000	60,000	2.2%	60,000	2.1%
14	Council and Committee Expenses	53,000	96,000	3.5%	104,000	3.6%
	<b>Total Expenses</b>	<b>2,238,000</b>	<b>2,747,000</b>	<b>100.0%</b>	<b>2,858,000</b>	<b>100.0%</b>
	Surplus / (Deficit)	322,000	(189,000)		7,000	

Appendix C: Draft 2024-2025 Budget Highlights



Appendix C: Draft 2024-2025 Budget Highlights

### CRTO Proposed Budget



■ Wages and Benefits

■ Operational Expenses

■ Occupancy Costs

■ ICRC, Fitness to Practice, Discipline Expenses

■ Data Base and Technology

■ Payment Processing Costs

■ Governance

■ Quality Assurance Expenses

■ Council and Committee Expenses

**Appendix D: Budget Sorting Codes**

<b>Code</b>	<b>Reporting Line</b>	<b>Line Item #</b>	<b>Description</b>
<b>1</b>	<b>Registration Fees</b>	4100	Registration Application Fees
		4200	Registration & Renewal Fees
<b>2</b>	<b>Competency Assessment Revenue</b>	4210	Comp Assess 1&2
		4211	Comp Assess CSA
<b>3</b>	<b>Competency Assessment Expenses</b>	5521	Comp Assess Phase 1&2
		5522	Comp Assess - CSA
		5524	CSA Expenses
<b>4</b>	<b>Other Income</b>	4300	Penalty Fees
		4400	Misc. Revenue
<b>5</b>	<b>Investment Income</b>	4600	Investment Income
<b>6</b>	<b>Wages and benefits</b>	5010	Staff Salaries
		5020	Staff Benefits
		5021	Staff Health Expenses
		5030	CPP & EI-Employ. Contr.
		5031	Staff RSP
		5035	EHT
		5040	Staff Training & Dev't
		5041	Staff Personal Education
		5045	Staff Travel & Exp
		<b>7</b>	<b>Operational Expenses</b>
5110	Accounting & Audit		
5120	Legal - General		
5140	Consulting - General		
5230	Postage/Courier - General		
5240	Printing - General		
5250	Translation - General		
5310	Office Supplies		
5321	Office Expenses		
5330	Bank Account Charges		
5546	Communications		
<b>8</b>	<b>Occupancy Costs</b>		
		5060	Rent & Occupancy
		5070	Equip Leases & Maintenance
		5210	Telephone/Fax/Internet
		5220	Computer Software
		5221	Computer Hardware
<b>9</b>	<b>IRCR, FTP &amp; Discipline Expenses</b>	5121	Legal – Investigations & Hearings
		5130	Expenses – Investigations & Hearings
		5131	Investigation Services



<b>10</b>	<b>Database &amp; Technology</b>	5223	Website Hosting
		5224	Website Development
		5620	Database Development
		5622	Cybersecurity
		5623	Database Subscription
		5624	Database Hosting
		5635	Data Management
<b>11</b>	<b>Payment Processing Costs</b>	5331	PayPal Charges
		5340	Credit Card Merchant fees
<b>12</b>	<b>Governance</b>	5142	Governance
		5350	Conference Registration Fees
		5380	Membership/Subscriptions
		5385	Accreditation Services
		5545	Outreach Activities - Travel
		5555	Government Relations
		5610	Education Day Expenses
<b>13</b>	<b>Quality Assurance Expenses</b>	5500	QA PORTfolio Reviewers
		5516	QA PORTfolio Annual Fee
<b>14</b>	<b>Council &amp; Committee Expenses</b>	5600	Chair's Event
		6000	Total Council
		6100	Total Executive
		6200	Total Registration
		6300	Total Patient Relations
		6400	Total Quality Assurance
		6500	Total ICRC
		6600	Total Discipline
		6700	Total Fitness to Practice
		6800	Total Finance & Audit

# CRTO Update Report – Council Meeting

## March 1, 2024

### AGENDA ITEM #7.1

<b>From:</b>	CRTO Staff
<b>Topic:</b>	CRTO Update Report
<b>Purpose:</b>	For Information

### INTERNAL

#### CURRENT INITIATIVES

##### **NEW Vulnerable Sector Check (VSC) Policy (Shaf)**

Recognizing that RTs treat patients who are often in highly vulnerable positions, it is recommended that CRTO's applicants for registration be required to complete a Vulnerable Sector Check (VSC) as part of their application for registration.

If the draft of this new policy is approved, the VSC requirement will apply to all applicants seeking to register with the CRTO. The policy will not apply to current Members of the CRTO who are applying for a change of class (e.g., Graduate Members applying for the General Certificate of Registration or Inactive Members applying to the General Class). Recent graduates of Ontario RT programs may be exempted from the VSC requirement if they meet the conditions outlined in the policy, such as having completed a VSC in the last 12 months for their clinical placement and the results being completely clear.

This policy was posted for public consultation on January 12, 2024, with a deadline of February 12<sup>th</sup>. As of the writing of this update, there were 27 views but no completed surveys.

##### **Office Space Plans**

We are moving forward with our plans to share office space with the Ontario College of Opticians (COO) on a one-day/week basis. We will soon contact the building management for 180 Dundas Street and notify them that we will not renew our lease after it expires at the end of 2024.

We are preparing for another full-day staff site visit to work out some logistics (e.g., internet and telephone access, signage, branding, etc.). In addition, we will need to explore what to do with all our existing office furnishings.

# CRTO Report

## STAFFING

We invite you to join us in officially welcoming **Wellie Chihaluca** to our team. Wellie assumed the role of Communications Coordinator in early December 2023, bringing with her a wealth of experience in the regulatory world. It's great to have you with us, Wellie!

## ADMINISTRATION

### **NEW Financial Auditor (Shaf & Stephanie)**

Grewal Guyatt LLP is the new CRTO's auditor, and all the necessary meetings have already been scheduled with CRTO staff and their team to prepare for the upcoming 2023/24 fiscal year audit. These series of meetings are as follows:

1. To discuss requirements for the Audit Plan with CRTO staff.
2. Audit Plan Presentation to Finance & Audit Committee (FAC)
3. Audit Findings Presentation to FAC and Executive Committee.
4. Audit Findings Presentation to Council (Friday, June 7<sup>th</sup>)

### **NEW CRTO Database & Website (Temeka)**

In1Touch (OlaTech) was retained in June 2023 to implement a new database and website for the CRTO. That work is well underway, and we are nearing completion of the Online Application. The current anticipated completion date is early November 2024.

### **Cybersecurity Tabletop Exercise & Response Plan (Temeka)**

On January 25<sup>th</sup>, CRTO staff participated in their very first cybersecurity tabletop exercise. This exercise aimed to test our current Incident Response capabilities against a Ransomware scenario. Staff from ISA Cybersecurity (the company that the CRTO has retained to address our cybersecurity needs) presented a structured simulation scenario to assess our preparedness in the event of an attack.

ISA will provide the CRTO with a draft report of the tabletop exercise, which we will review before their final report is created. These key learnings will then be incorporated into our **Cybersecurity Response Plan**, a vital element of the CRTO's overall **Risk Management Framework**. Staff have met post-tabletop exercises to debrief and identify the essential next steps, such as finalizing our draft **Crisis Communication Plan**.

### **Diversity, Equity & Inclusions (DEI) Initiatives (Stephanie)**

There are several projects underway regarding the CRTO's ongoing DEI improvement strategy, such as:

- The creation of an internal diversity calendar to allow staff the opportunity to share religious or cultural days of significance they may observe.
- Established a mechanism that enables staff to share feedback regarding their employee experience anonymously.
- CRTO staff engagement in Black History Month educational & celebration events.
- Exploring how the CRTO can gather sociodemographic data on its membership, to better understand the current landscape on diversity of representation and identify possible barriers. This work will begin with learning about how this was implemented and communicated by other health regulatory Colleges.

## **2023/24 Annual Report (Wellie)**

Work has already begun on our upcoming Annual Report, which will be presented for approval at the June 7<sup>th</sup> Council meeting. This year, we will shake things up by giving our report a Risk Management theme. The intent is to provide a more direct link between the activities of the CRTO and its various Committees to the College's Strategic Directions and Risk Management Framework. We would also like to add headshots of our Committee Chairs (so that request will be coming soon).

## **2024 Chair's Dinner & Education Day (Stephanie)**

Plans are underway for our annual Chair's Dinner (June 6<sup>th</sup>) and Education (half) Day (June 7<sup>th</sup> after Council). We hope to secure a speaker to present to our Council and Committee Chairs on Compassionate Regulation. For our Education Day, we have retained an Indigenous-owned and operated company (Santele's Healing Circles) that provides cultural-based education and workshops centred on truth and reconciliation. They will conduct a Blanket Exercise and Smudging Ceremony in the afternoon following our Council meeting.

## **EXTERNAL**

### **2023 College Performance Measurement Framework (CPMF)**

CRTO Staff have again embarked on developing its CPMF report to the MOH, due at the end of March 2024. An overview of our most current outcomes relative to the expectations set out in the report will be presented to Council at the March meeting.

### **Changes to Scope of Practice**

The MOH has recently released a guidance document that sets out the expectations and requirements when submitting a proposal to change a profession's scope of practice. A proposal to change a profession's scope of practice may include:

1. Revising the profession's scope of practice statement;

2. Changing the Controlled Acts it can perform (e.g., authorizing a new controlled act) and/or
3. Amending regulations made under other legislation (e.g., Controlled Acts Regulation).

Once CRTO Staff have completed the 2023 CPMF report, they will focus on creating focus groups and exploring this opportunity to expand the RT scope.

## **RT Education Programs**

Accreditation Canada has reached out recently to the CRTO requesting we appoint a regulatory board representative to the upcoming survey at Sir Sanford Fleming College. The off-site is expected to occur in April, and the on-site will take place from September 23-27, 2024. Kelly Arndt will represent the CRTO as a surveyor for this accreditation process.

The on-site review for Qatar's University of Doha for Science and Technology (UDST) was conducted in early November, and we have just learned that they received an "Accredited with Condition" designation that is valid until February 28, 2026. UDST's follow-up report is due on or before July 1, 2025, at which time the survey team will meet to verify their compliance with the required program improvements.

In addition, we have recently heard from three additional educational facilities that are considering starting an RT program; Georgian College (Barrie), Mohawk College (Hamilton) and Loyalist College (Belleville).

## **National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)**

The 2023 NARTRB National Competency Framework for Entry-to-practice Respiratory Therapists in Canada and its corresponding Education and Examination Resource document have not been finalized and are being formatted by Enticity. These documents will be released to the public on April 1, 2024.

The next board meeting of the NARTRB will be held in Calgary just prior to the CSRT conference in early May.

## **Health Profession Regulators of Ontario (HPRO) Governance Training for RHPA Colleges**

For Council Members who have not already attended, we strongly encourage you to attend one of HPRO's upcoming Governance workshops. They will be provided on the following dates:

- Spring session - May 14<sup>th</sup> & 21<sup>st</sup> (9:30 – 12:30)
- Fall session - Sept. 19<sup>th</sup> & 26<sup>th</sup> (9:30 – 12:30)

# Council Briefing Note

**AGENDA ITEM #7.2**

**March 1, 2024**

<b>From:</b>	Carole Hamp. CRTO Registrar & CEO
<b>Topic:</b>	Financial Statements – March 1, 2023 – January 31, 2024
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	<b>Core Business Practices:</b> Clear financial alignment with strategic priorities.
<b>Attachment(s):</b>	Appendix A: Highlights of the Financial Summary Appendix B: Balance Sheet Summary Report Appendix C: Income Statement Summary Report Appendix D: Income Statement Reporting Codes
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approves the quarterly financial statements for March 1, 2023 – January 31, 2024.</b>

**PUBLIC INTEREST RATIONALE:**

To ensure the CRTO has the financial resources to meet its statutory objectives and regulatory mandate, now and in the future.

**ISSUE:**

The College Performance Measurement Framework (CPMF) states that a College’s strategic plan and budget should be designed to complement and support each other. To that end, the budget allocation should align with the activities, projects and programs the CRTO undertakes to attain its mandate.

**BACKGROUND:**

To align the CRTO’s finances more closely with its strategic plan, it is necessary to provide a streamlined set of financial reports to Council.

**ANALYSIS:****Balance Sheet**

- Increase in Total Assets of \$136,479.04, primarily due to increase in investment income.
- Decrease in Total Restricted Funds due to the transfer of \$160,000 last year into the operating budget.
- \$611,923.41 in unrestricted reserves, which is equivalent to approximately 3 months of operating expenses.

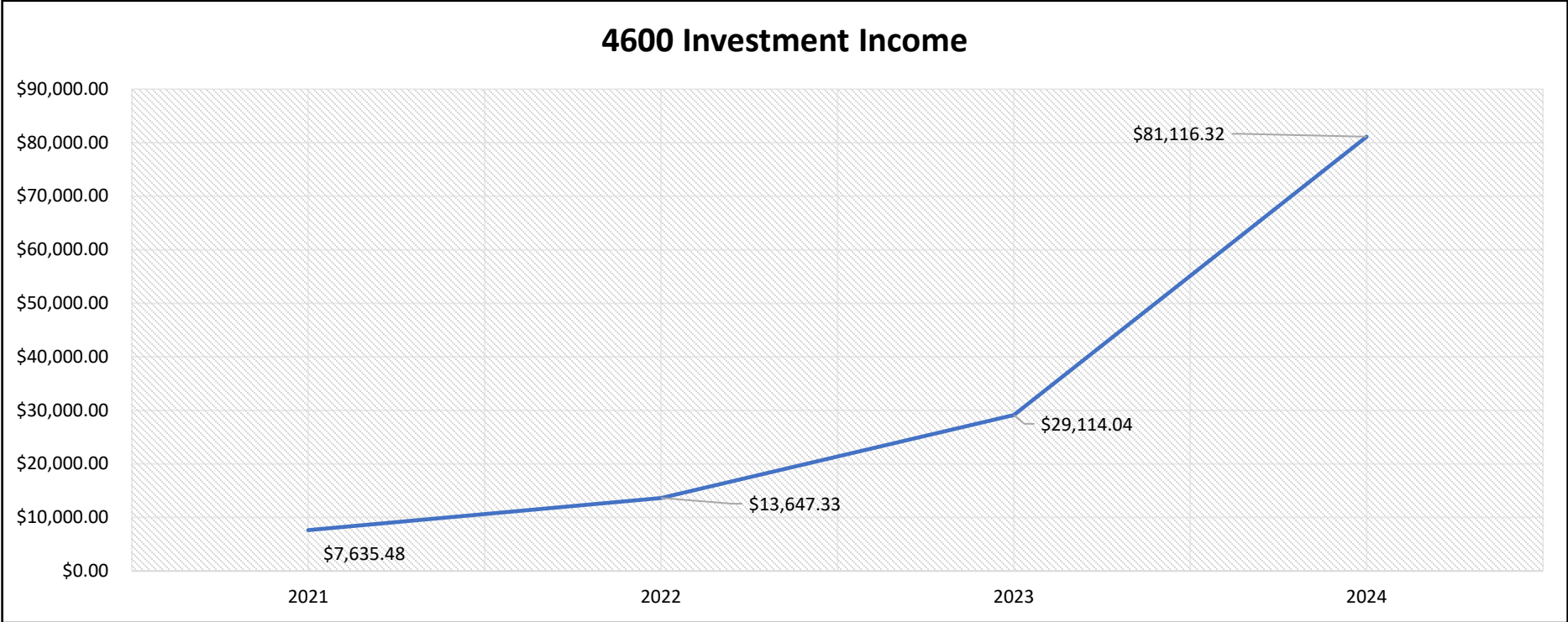
**Income Statement**

- **Income**
  - With one more month left in our fiscal year, the actual revenue is higher than projected, primarily due to a bigger return on our investments (just over \$81,000) as compared to this time last year (\$29,114.14).
- **Expenses**
  - With one more month left in our fiscal year, we are at or around 90% of our budget allotment in the three most costly expenditures:
    - Staff salaries
    - Rent & Occupancy
    - Investigation Services
  - Net operating expenses are currently \$319,322.46, with approximately \$208,000.00 in expenses anticipated in February.

**RECOMMENDATIONS:**

That Council approves the quarterly financial statements for March 1, 2023 – January 31, 2024.

**Appendix A: Highlights of the Financial Summary**





**Appendix B: Balance Sheet Summary Report**

<b>Total Liabilites &amp; Equity</b>	<b>\$ 2,283,492.84</b>	<b>\$ 2,209,643.67</b>
<b>CRTO Balance Sheet Summary</b>		
	<b>As of January 31, 2024</b>	<b>As of Janaury 31. 2023</b>
<b>Assets</b>		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 502,963.50	\$ 554,680.89
Accounts Receivable	\$ -	\$ -
Investments	\$ 1,683,339.86	\$ 1,538,598.39
Prepays	\$ 53,733.62	\$ 53,733.62
Total current assets	\$ 2,240,036.98	\$ 2,147,012.90
Total Non-Current Assets	\$ 43,455.86	\$ 62,630.77
<b>Total assets</b>	<b>\$ 2,283,492.84</b>	<b>\$ 2,209,643.67</b>
<b>Liabilities</b>		
Accrued liability	\$ 54,405.87	\$ 86,908.29
<b>Net Assets</b>		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 20,000.00	\$ 80,000.00
Reserve for Fee Stabilization	\$ 150,000.00	\$ 250,000.00
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00
Special projects reserve fund	\$ 300,000.00	\$ 300,000.00
<i>Total Restricted funds</i>	<b>\$ 1,120,000.00</b>	<b>\$ 1,280,000.00</b>
<b>Unrestricted Reserves</b>	<b>\$ 611,923.41</b>	<b>\$ 387,196.82</b>
Budgeted Monthly Operating Expenses = \$208,333.00		
Current Unrestricted Reserves = 3 months operating expenses		

**Appendix C: Income Statement Summary Report**

Code	CRTO Statement Summary	Income Mar 1-January 31, 2024	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - January 31, 2024
0	Revenue	2,550,058.87	\$ 2,568,220.00	-\$ 18,161.13	-0.7%	\$ 2,456,851.64
0.5	Competency Assessment Income	47,250.00	\$ 12,500.00	\$ 34,750.00	278.0%	\$ 15,250.00
	<b>Total Income</b>	<b>\$ 2,597,308.87</b>	<b>\$ 2,580,720.00</b>	<b>\$ 16,588.87</b>	<b>0.6%</b>	<b>\$ 2,472,101.64</b>
0.6	Competency Assessment Expense	\$ 45,304.21	\$ 24,000.00	\$ 21,304.21	88.8%	\$ 12,737.74
1	Wages and benefits	\$ 1,391,433.35	\$ 1,505,031.36	-\$ 113,598.01	-7.5%	\$ 1,267,671.45
2	Occupancy costs	\$ 226,639.15	\$ 260,485.86	-\$ 33,846.71	-13.0%	\$ 215,999.45
3	Professional services	\$ 41,808.10	\$ 85,000.00	-\$ 43,191.90	-50.8%	\$ 53,711.49
4	Investigation and hearing expense	\$ 130,736.26	\$ 155,000.00	-\$ 24,263.74	-15.7%	\$ 142,761.30
5	Technology / Website	\$ 192,199.79	\$ 287,750.00	-\$ 95,550.21	-33.2%	\$ 73,417.65
6	General operating expenses	\$ 59,528.44	\$ 126,450.00	-\$ 66,921.56	-52.9%	\$ 118,172.01
7	Credit card and Paypal fees	\$ 30,241.41	\$ 66,249.41	-\$ 36,008.00	-54.4%	\$ 24,049.40
8	Memerbership and dues	\$ 38,915.44	\$ 37,000.00	\$ 1,915.44	88.8%	\$ 27,684.20
9	Quality assurance expenses	\$ 58,573.09	\$ 59,550.00	-\$ 976.91	-1.6%	\$ 61,725.00
11	Unrealized (gains) losses	-\$ 6,077.00	\$ -			-\$ 5,541.00
12	Council and committee	\$ 48,789.59	\$ 66,265.94	-\$ 17,476.35	-26.4%	\$ 55,182.13
14	Consulting	\$ 18,208.46	\$ 78,000.00	-\$ 59,791.54	-76.7%	\$ 161,066.58
99	Equipment purchased	\$ 1,686.12	\$ 4,500.00	-\$ 2,813.88	-62.5%	\$ 23,746.22
	<b>Total Expenses</b>	<b>\$ 2,277,986.41</b>	<b>\$ 2,755,282.57</b>			<b>\$ 2,232,383.62</b>
	<b>Net Income</b>	<b>\$ 319,322.46</b>				<b>\$ 239,718.02</b>

**Appendix D: Income Statement Reporting Codes**

<b>Code</b>	<b>Reporting Line</b>	<b>Line Item #</b>	<b>Description</b>
<b>0</b>	<b>Revenue</b>	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4400	Misc Rev
		4600	Invest Income
<b>0.5</b>	<b>Competency assessment revenue</b>	4210	Comp Assess 1&2
		4211	Comp Assess CSA
<b>0.6</b>	<b>Competency assessment expenses</b>	5521	Comp Assess Phase 1&2
		5522	Comp Assess - CSA
		5523	Comp Assess - Train/Dev't
<b>1</b>	<b>Wages and benefits</b>	5010	Salaries
		5020	Benefits
		5030	CPP & EI
		5031	RSP
		5035	EHT
		5040	Training and Dev
		5041	Personal Education
5045	Staff Travel & Exp		
<b>2</b>	<b>Occupancy costs</b>	5060	Rent
		5070	Equip lease and Mtce
		5090	Insurance
		5320	Office mtce / upkeep
<b>3</b>	<b>Professional services</b>	5110	Audit
		5120	Legal - general
		5210	Telephone, etc
		5555	Government Relations
<b>4</b>	<b>Investigation and hearing expense</b>	5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
<b>5</b>	<b>Technology / Website</b>	5223	Website hosting
		5224	Website development
		5620	Database development
		5623	Database Annual software fee
		5624	Database hosting
		5622	Cybersecurity
<b>6</b>	<b>General operating expenses</b>	5220	Computer software
		5230	Postage, etc
		5240	Printing - general
		5250	Translation - general
		5310	Office supplies
		5321	Office expenses
		5330	Bank account charges
5350	Conf reg fees		

		5545	Outreach / Travel
		5546	Communications - general
			Communications - Social
		5547	Media
		5610	Education day expenses
		5624	Data Management
<b>7</b>	<b>Credit card and PayPal fees</b>	5331	PayPal charges
		5340	Credit card merch fees
<b>8</b>	<b>Membership and dues</b>	5380	Membership / subs
		5385	Accreditation services
<b>9</b>	<b>Quality assurance expenses</b>	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
<b>11</b>	<b>Unrealized (gains) losses</b>	5700	Unrealized (gain) / loss
<b>12</b>	<b>Council and committee</b>	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
<b>14</b>	<b>Consulting</b>	5140	Consulting - general
		5154	Consulting - core functions
		5142	Consulting - governance
<b>99</b>	<b>Equipment purchased</b>	5050	Equip purchases
		5221	Computer hardware

# Council Briefing Note

**AGENDA ITEM #7.3**

**March 1, 2024**

<b>From:</b>	Carole Hamp, RRT – Registrar & CEO
<b>Topic:</b>	Investment Portfolio – as of January 31, 2024
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	Appendix A: Combined Investment Portfolio Summary Appendix B: Summary of RBC Holdings Appendix C: RBC Performance Comparison Chart Appendix D: Summary of Types of RBC Holdings
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that:</b>  <b>The Council approves the Investment Portfolio Summary as of January 31, 2024.</b>

## **PUBLIC INTEREST RATIONALE:**

Careful management of the CRTO's investments is essential to ensure the organization has the necessary resources to continue fulfilling its mandate of acting in the public interest.

## **ISSUE:**

The CRTO is striving for improvements regarding our investments in 3 areas:

1. A more comprehensive investment strategy.
2. More streamlined reporting tools.
3. Clear alignment with the CRTO's Strategic Direction & Key Priorities.

## **BACKGROUND:**

The CRTO is currently in the process of transferring its investments over to RBC. Some of the CIBC investments will need to remain as is until they reach maturity. We will retain our chequing account and the remaining High-Interest Savings Accounts at CIBC for now. However, we have begun the process of switching our corporate credit card service over to RBC.

## **ANALYSIS:**

The target goal for our investments is an asset allocation mix of 50% fixed income and 50%

equity. However, \$200,000 remains invested in GICs at CIBC. Once they reach maturity mid-way through 2024, these funds will be transferred over to the RBC once they mature mid-year 2024.

Our target minimum annual rate of return is 4 – 5%.

**RECOMMENDATION:**

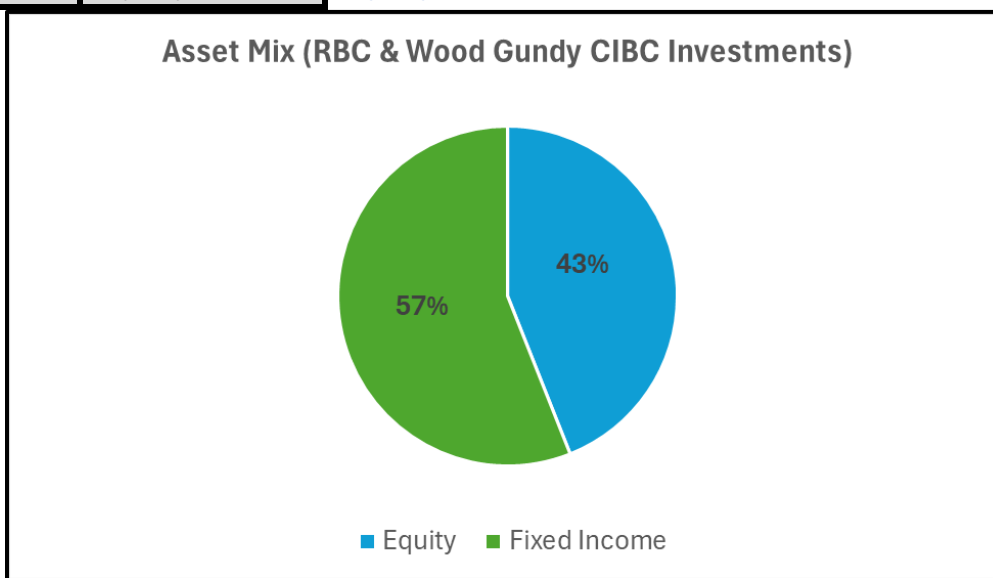
That Council approves the Investment Portfolio Summary.

**Appendix A: Combined Investment Portfolio Summary**

Cash & Cash Equivalents	As of Jan. 31/24	Jan. 31, 2023
CIBC Chequing Account	\$502,664.00	\$540,915.00
Wood Gundy Cash Account	\$662.00	\$0
CIBC Renaissance High-Interest Savings	\$447,742.94	\$428,047.00
CIBC High-Interest Savings	closed	\$103,670.00
RBC Cash Balance	\$2,225.24	
<b>Total Cash</b>	<b>\$953,294.18</b>	<b>\$1,072,632.00</b>

Investments		Interest Rates	Due Date	Comments
CIBC Fairstone Bank	\$100,000.00	4.37%	July 4/24	
CIBC Concentra Bank	\$100,000.00	4.10%	June 13/24	
RBC Investments	\$1,102,871.32			
<b>Total Investments</b>	<b>\$1,302,871.32</b>	.		

<b>Total Cash &amp; Investments</b>	<b>\$2,256,165.50</b>	<b>\$2,073,218.00</b>
-------------------------------------	-----------------------	-----------------------



**Appendix B: Summary of RBC Holdings** (as of February 16, 2024)

Total Value

**+1,108,259.81 CAD**

+821,696.11 USD

Total Book Cost ⓘ

**+1,042,282.63 CAD**

+773,107.37 USD

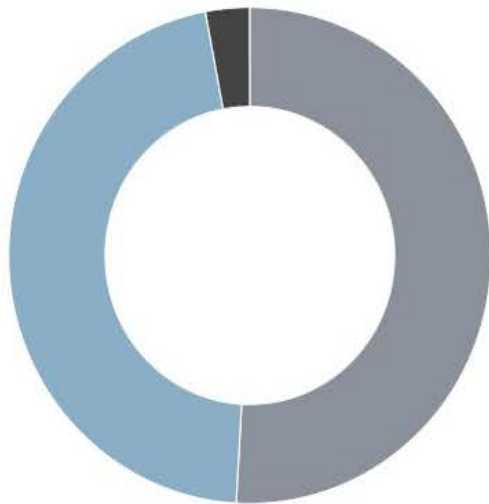
Unrealized Gain/Loss ⓘ

**+58,995.63 CAD**

+5.66%

[Exchange Rate](#) : 1 USD = 1.34875 CAD | Balances as of Feb 16, 2024

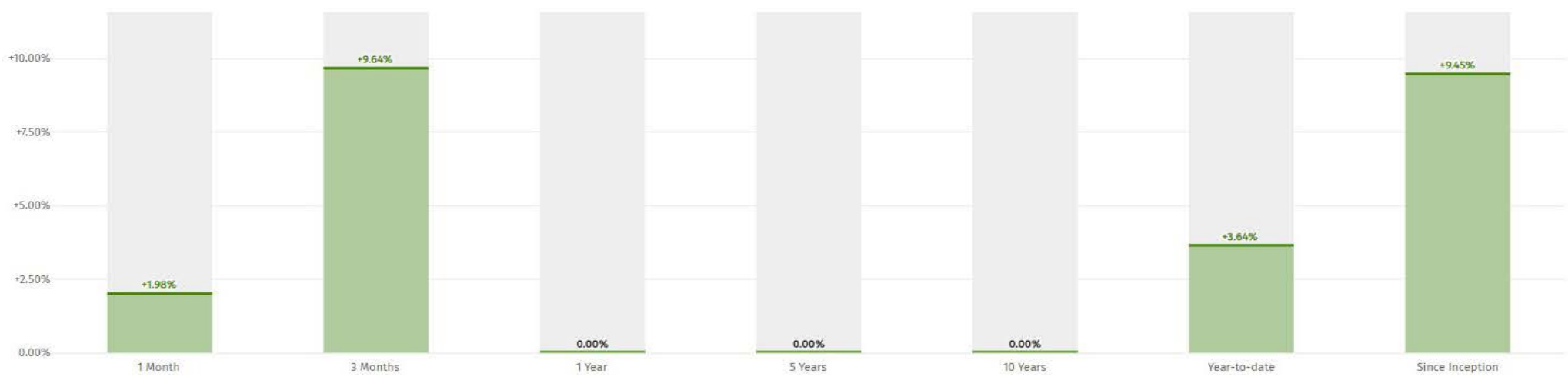
**Asset Mix**



Asset Class	Total Value	Currency	% Allocation
Cash and Cash Equivalents	32,758.84	CAD	2.96%
Fixed Income	511,343.32	CAD	46.14%
Equity	564,157.64	CAD	50.91%



**Appendix C: RBC Performance Comparison Chart (as of February 16, 2024)**



Tracking Since Jun 04, 2023

1 Month

3 Month

1 Year

5 Year

10 Year

Year-To-Date

Since Inception

+1.98%

+9.64%

0.00%

0.00%

0.00%

+3.64%

+9.45%

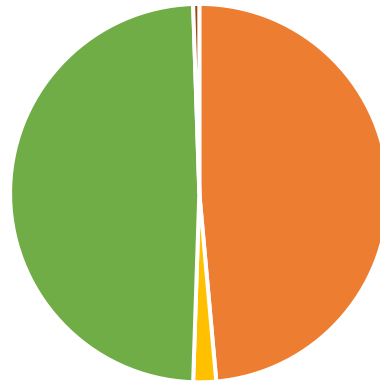
**Appendix D: Summary of RBC Holdings (as of February 16, 2024)**

Product Type (in CAD)

Show/Hide Columns: 4 of 7 selected

Product Type ▲	Total Value	Book Cost	\$ Unrealized Gain/Loss
Common Shares	536,799.41	479,807.31	+56,992.10
ETFs	21,584.09	18,225.49	+3,358.60
Fixed Income	541,076.62	538,520.08	-1,399.47
Trust Units (includes REITs)	5,774.15	5,729.75	+44.40

**Types of Holdings**



■ Common Shares
 ■ ETFs
 ■ Fixed Income
 ■ Trust Units

# Council Briefing Note


AGENDA ITEM # 7.5

March 1, 2024

<b>From:</b>	Lisa Ng, Manager of Registration
<b>Topic:</b>	Membership Statistics
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Core Business Practices

## CRTO Membership Statistics for the March 1, 2024, Council

(Report generated on January 31, 2024)



		At last Council	1 year ago	5 years ago
Membership	March 2024	Dec. 2023	Jan. 2023	March 2019
<b>Total members</b>	<b>4014</b>	<b>3999</b>	<b>3948</b>	<b>3632</b>
General Class	3695	3688	3619	3343
→ New Members (RRT)	→ 8 <sup>1</sup>	132	--	--
Graduate Class	48	21	50	50
Limited Class	4	4	4	6
Inactive Class	267	286	275	233
Status Changes	March 2023 – Jan. 2024	March 2023 – Dec. 2023	March 2022- Jan. 2023	March 2018- Feb. 2019
<b>Resigned</b>	<b>72</b>	<b>50</b>	<b>73</b>	<b>102</b>
Retired	42	27	41	50
Moved out of Ontario	15	11	11	19
Working in other profession	8	6	12	19
Personal/Other Reasons	7	6	8	13
Undertaking	0	0	1	1
<b>Suspended</b>	<b>18</b>	<b>18</b>	<b>12</b>	<b>15</b>
due to non-payment of fees	18	18	12	14
due to disciplinary decisions	0	0	0	1
other reasons	0	0	0	0
<b>Revoked</b>	<b>12</b>	<b>11</b>	<b>8</b>	<b>26</b>
due to non-payment of fees	8	8	4	21
due to disciplinary decisions	0	0	0	0
due to expiration of GRT Cert	4	3	4	5

<sup>1</sup> From Dec 1, 2023 to Jan 31, 2024

<b>Reinstated<sup>2</sup></b>	<b>16</b>	<b>11</b>	<b>16</b>	<b>5</b>
from resigned	9	5	10	1
→ From other provinces	→ 9	→ 4	--	--
→ Other reasons	→ 0	→ 1	--	--
from suspended	3	3	3	2
from revoked	4	3	3	2
<b>New Applications</b>	<b>March 2023 – Jan. 2024</b>	<b>March 2023 – Dec. 2023</b>	<b>March 2022- Jan. 2023</b>	<b>March 2018 – Feb. 2019</b>
<b>Applications Received</b>	<b>218</b>	<b>195</b>	<b>213</b>	<b>235</b>
Ontario Graduates	163	154	175	216
Other Canadian Grads <sup>3</sup>	20	15	16	13
→ Alberta	→ 5	→ 5	--	--
→ British Columbia	→ 5	→ 4	--	--
→ Newfoundland	→ 1	→ 1	--	--
→ Quebec	→ 9	→ 5	--	--
USA Graduates	8	7	7	2
International Graduates	27	19	14	4

<sup>2</sup> Captures data from Members that resigned, were suspended and/or revoked and then reinstated as Members of the CRTO.

<sup>3</sup> Includes applicants from other provinces that may have applied under labour mobility.

# Committee Report Items

## **AGENDA ITEM 8.1**

### **EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL**

December 1, 2023-February 29, 2024

Since the last Council meeting, the Executive Committee met via video conference on February 8, 2023. The following is a summary of that meeting:

#### **Items Reviewed and Approved**

- Revised CRTO By-Laws (to enable Emergency Class of Registration)
- Draft 2024/25 Budget
- Remuneration Schedule for Council & Committee Members
- Quarterly Financial Statements & Investment Portfolio
- Revised Executive Committee Goals & Terms of Reference

#### **Items Discussed**

- 2021 – 2025 Strategic Direction Update Report
- CRTO Update Report
- Committee Appointments

Respectfully submitted,  
Lindsay Martinek, RRT  
Executive Committee Chair

# Committee Report Items

## AGENDA ITEM 8.2

### REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 1, 2023 - February 29, 2024

Since the last report, the Registration Committee (RC) met via video conference on January 29, 2024, and February 15, 2024. In addition, a Panel of the RC met on February 15, 2024, to consider a referral from the Registrar.

#### Referral Summary

Reason for Referral
One application was referred to the Panel of the Registration Committee to consider whether or not it is in the public interest to approve the application based on the Applicant’s entry-to-practice assessment results. The Applicant had completed all three stages of the assessment.

#### January 29, 2024, Meeting Report:

- **Registration Orientation:** Julie Maciura, the CRTO's legal counsel provided members of the RC with an annual orientation and training session. The presentation focused on registration requirements, decision-making, human rights, the Health Professions Appeal and Review Board (HPARB), and the Office of the Fairness Commissioner (OFC).

#### February 15, 2024, Meeting Report:

- **Terms of Reference and Action Plan for 2024:** The terms of reference and action plan were updated based on the anticipated Registration Regulation changes and to clarify the language and update references to other documents.
- **Registration Committee Appointments:** The Chair appointed members of the Registration Committee to two Panels (Panel A and Panel B) to consider referrals from the Registrar. This will streamline the panel appointment process for the year.
- **Decision Tree:** Staff provided an overview of the Decision Tree that assists Registration Committee panels in making decisions on files referred to the Registration Committee.
- **CRTO Update Report:** Carole Hamp, Registrar & CEO, provided the Registration Committee with an update on several CRTO initiatives, including:
  - New Vulnerable Sector Checks (VSC) Policy
  - Office Space Plan
  - Staffing – New Communications Coordinator – Wellie Chihaluca

# Committee Report Items

- New Financial Auditor – Grewal Guyatt LLP
  - New CRTO Database and website – with the anticipated completion date of November 2024
  - Cybersecurity Tabletop Exercise and Response Plan – CRTO staff completed a cybersecurity tabletop exercise on January 25, 2024, and is currently working to develop a Cybersecurity Response Plan
  - Diversity, Equity and Inclusions (DEI) initiatives
  - 2023/2024 Annual Report – CRTO Staff began working to develop the annual report for last year
  - 2024 Chair’s Dinner and Education Day
  - 2023 College Performance Measurement Framework (CPMF)
  - Accreditation Canada
  - National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)
- 
- **Office of the Fairness Commissioner (OFC):** Staff provided an overview of the role of the OFC and the CRTO’s responsibilities under the Fair Access legislation, which includes the submission of an annual Fair Registration Practices Report, and the Risk-Informed Compliance Framework (RICF). The CRTO submitted the RICF on December 14, 2023.
  
  - **International Educated Health Professionals:** Staff provided an overview of the assessment process and updated the Committee on the applicants who are currently undergoing the Entry-to-Practice Assessment. There are 42 active IEHP applications in various stages in the assessment process.
  
  - **Health Professions Appeal and Review Board (HPARB):** Staff provided a brief overview of the role that the Health Professions Appeal & Review Board (HPARB) plays in the CRTO’s registration process and an update on the current file that is appealed to the HPARB.
  
  - **Vulnerable Sector Checks (VSC) Policy:** Recognizing that RTs treat patients who are often in highly vulnerable positions, the draft VSC policy requires applicants to complete a Vulnerable Sector Check as part of their application for registration. The draft VSC Policy was posted for consultation on the CRTO’s website on January 12, 2024, and also shared through the CRTO’s social media accounts. The consultation closed on February 12, 2023. The Registration Committee reviewed the results of the consultation and recommends that the Council approve the draft VSC Policy (item 9.1).
  
  - **Registration and Use of Title PPG:** The Registration and Use of Title PPG provides guidance with respect to the different classes of registration, protected titles and the requirements of maintaining one’s registration with the CRTO. Previously revised in 2020, the Registration and Use of Title PPG has been reviewed and updated with references to the new Emergency Class and the “As of Right” exemption. The document has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory

# Committee Report Items

requirements have been addressed. The document was posted to the CRTO's website on January 12, 2024, for public consultation, and shared through the CRTO's social media accounts. The Registration Committee reviewed the results of the consultation and recommends the Council approve the revised Registration and Use of Title PPG (item 10.3).

- **Emergency Class of Registration:** The Emergency Class of Registration came into effect on August 31, 2023, and the Registration Committee was briefed on its implementation process.
- **Approval of Canadian Respiratory Therapy Programs:** The Registration Committee reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. The Registration Committee recommends that the Council approve the 2024 approved program list based on the program's accreditation status (see item 9.4).

Respectfully submitted,  
Kelly Munoz, RRT  
Registration Committee Chair



# Committee Report Items

## **AGENDA ITEM #8.3**

### **QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL**

December 1, 2023-February 29, 2024

Since the last Council meeting, there has been one meeting and two panels of the Quality Assurance Committee (QAC), held via email vote. The following is a summary of those decisions:

#### **Professional Development Program (PDP) Deferral Policy**

The QAC reviewed and approved the draft PDP Deferral Policy, which reflects the change to the deferral request process. Previously, RTs were permitted to submit a request for a deferral of a component of their PDP requirements due to extenuating circumstances. Our policy states that “Members must submit deferral request in writing before the completion deadline”. This permits Members to request deferrals up to midnight the day before the component is due. At that time, the deferral request must be reviewed by the Quality Assurance Committee.

As a result, this decision on the request may take considerable time past the deadline, resulting in delayed PDP submission (in the event of a denial of the request). Based on a regulatory and jurisdictional review, the Committee approved the amendment requiring 15 days' notice before the submission deadline for deferral requests.

#### **Approval of a New Portfolio Assessor**

As per our PDP policy, new applicants to our Peer Assessor program must submit an application or resume to the QAC for approval. The application was reviewed by the QAC and approved.

#### **Review of a Failure to Successfully Complete the Launch Jurisprudence Exam**

A panel reviewed the results of a new Graduate RT’s two attempts at completing the Launch Jurisprudence Exam. The panel issued an order to complete a Specified Continuing Education or Remedial Program (SCERP). The Member completed the SCERP, which was an online module and was then directed to complete Launch one final time.

Respectfully submitted,  
Laura Dahmann, RRT  
Quality Assurance Committee Chair

# Committee Report Items

## **AGENDA ITEM 8.4**

### **PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL**

December 1, 2023 to February 29, 2024

Since the last Council meeting, there have been no Patient Relations Committee (PRC) meetings. Work continues on the PRC-led Diversity Equity & Inclusion (DEI) project.

Respectfully submitted,  
Shawn Jacobson,  
Patient Relations Committee

# Committee Report Items

## AGENDA ITEM 8.5

### INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE - CHAIR'S REPORT TO COUNCIL

Dec 1, 2023, to February 29, 2024

#### ICRC Deliberations:

Since the last Council meeting, the ICRC held four (4) meetings via Zoom. One meeting involved the review of fourteen (14) referrals from the Quality Assurance Committee. Another meeting involved the review of two (2) investigations related to a employer reports concerning the same Member. The other two (2) meetings were regarding investigations of complaints.

#### Public Complaints:

1. In April of 2023, a complaint was received by the CRTO that alleged that the Member acted outside of their scope of practice.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel identified some concerns with gaps in the Member's knowledge and skill. The Panel believed that written advice and recommendations to the Member would best address these concerns and protect the public interest.

2. In April of 2023, a complaint was received by the CRTO that alleged that the Member had failed to properly assess and intervene and was not therapeutic in their communication.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel decided to take no action on the basis that there was no information to support that the Member breached the Standards of Practice of the CRTO.

# Committee Report Items

## **Employer Reports:**

1. In September of 2022, and in March of 2023, the CRTO received employer reports relating to the termination of a Member for issues relating to unprofessional conduct towards colleagues.

After a careful review of the investigation reports and the Member's submissions, and a prosecutorial viability opinion from legal counsel, the Panel referred specified allegations to the Discipline Panel.

## **Quality Assurance Referrals:**

1. In May of 2022, the Quality Assurance Committee (QAC), referred 14 matters to the ICRC alleging that the Members had failed to complete Quality Assurance requirements.

After a careful review of the investigation reports and Member submissions, the Panel took no action in one (1) matter, issued advice and recommendations in five (5) matters, issued written cautions in three (3) matters, and ordered a Specified Continuing Education or Remedial Program in five (5) matters.

## **New Matters:**

Since the last Council meeting, the CRTO received six (6) new matters. The new matters are comprised of three (3) Employer Reports and three (3) Complaints.

Two (2) of the Employer Reports and the Complaints are currently under review by the Registrar. The other Employer Report was disposed of at the Registrar level.

## **Policy Framework:**

The ICRC continues to review its policies per the CRTO Policy Framework.

Respectfully submitted,  
Kim Morris  
Inquiries, Complaints and Reports Committee Chair

# Committee Report Items

## **AGENDA ITEM 8.6**

### **DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL**

December 1, 2023, to February 29, 2024

Since the last Council meeting, two matters were referred to the Discipline Committee. Both matters involved employer reports concerning the same Member. The Notice of Hearing for the referrals will be posted on the Public Register as soon as it has been drafted by legal counsel.

There have been no Discipline hearings since the last Council meeting.

Respectfully submitted,  
Tracy Bradley, RRT  
Discipline Committee Chair

# Committee Report Items

## **AGENDA ITEM 8.7**

### **FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL**

December 1, 2023, to February 29, 2024

Since the last Council meeting, there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

Respectfully submitted,  
Tracy Bradley, RRT  
Fitness to Practise Committee Chair

# Committee Report Items

## **AGENDA ITEM 8.8**

### **FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL**

December 1, 2023 – February 29, 2024

The Finance & Audit Committee (FAC) held a meeting on February 9, 2024. The following is a summary of the items reviewed and discussed during the meeting:

#### **1.) Terms of Reference and Action Plan**

FAC reviewed the Terms of Reference and Action Plan for 2024. A few sections on the Terms of Reference that outlines that FAC reports to Council will be updated to FAC reports to Executive Committee. The responsibilities section on the Terms of Reference will be updated to outline the reporting obligation if there is a financial issue/crisis.

#### **2.) Investment Portfolio & Strategy Presentation**

The RBC Investment Advisor team presented the CRTO's investment portfolio and strategy. The Committee also discussed ideas around improving the structure and content of the presentation for future FAC and Council meetings. In addition, the RBC team will assist in the review of the CRTO Investment Policy.

#### **3.) Investment Material Presentation**

FAC reviewed the revisions to the investment material presentation for future FAC & Council meetings, which contains pertinent information and chart comparison regarding the investment portfolio.

#### **4.) Draft 2024-2025 Budget.**

FAC reviewed the Draft 2024-2025 budget.

Respectfully submitted,  
Jeffrey Dionne, RRT  
Vice-Chair, Finance & Audit Committee

# Council Briefing Note

**AGENDA ITEM # 9.1**

**March 1, 2024**

<b>From:</b>	Registration Committee
<b>Topic:</b>	Vulnerable Sector Checks Policy
<b>Purpose:</b>	Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A: DRAFT Vulnerable Sector Checks Policy Appendix B: Survey Consultation Results
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the DRAFT Vulnerable Sector Checks Policy.</b>

## **PUBLIC INTEREST RATIONALE:**

Ensuring the CRTO has the necessary safeguards in place to meet its mandate of regulating the profession of Respiratory Therapy in the public interest/safety. To this end the CRTO must ensure that applicants' past and present conduct affords reasonable grounds for belief that they will practice respiratory therapy with decency, integrity, and honesty and in accordance with the law.

## **BACKGROUND:**

Under section 53(1)1 of the *Respiratory Therapy Act, 1991 (O. Reg. 596/94)*, all CRTO applicants must disclose to the CRTO details of any criminal offence of which the applicant has been found guilty, including any offence under the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*. Our current approach relies on the applicant being forthcoming and truthful without any mechanism in place for the CRTO to ensure that the applicant has provided full disclosure of their criminal matters.

Accordingly, to ensure that the CRTO is conducting a diligent background check of their applicants for registration, the CRTO embarked on research and development of the Vulnerable Sector Check Policy (see Appendix A), which included a comprehensive environmental scan and a review by CRTO's legal counsel.

At the December 2023 Council meeting, Council reviewed the draft policy and approved that the policy be posted for public consultation.



**ISSUE:**

As the CRTO developed the Vulnerable Sector Check Policy, specific considerations were researched, and the results of the research were brought forward to both the Registration Committee and the CRTO Council for discussion and feedback. These considerations included:

- 1.) What is the most appropriate form of criminal reference check to conduct?
- 2.) Should the CRTO also conduct criminal reference checks of current members? If yes, how should the CRTO go about conducting a criminal reference check for current members?
- 3.) What are the costs associated with a criminal reference check, and who will incur the cost of a reference check?
- 4.) How long of a period is a criminal reference check valid?
- 5.) Ontario RT grads often obtain a criminal record check for their clinical placement, and as such, would the CRTO be duplicating the requirements by requiring them to obtain two criminal checks in such a short span, one for their placement and one for their CRTO application?

**ANALYSIS/DISCUSSION:**

This section will discuss the questions posed in the “ISSUE” section of the briefing note.

**1.) What is the most appropriate form of criminal reference check to conduct?**

Recognizing that RTs treat patients who are often in extremely vulnerable positions, it is recommended that the CRTO use the Vulnerable Sector Check (VSC), as it is the most comprehensive form of a criminal background check. The VSC provides the disclosure of findings of guilt in which a pardon has not been issued or granted, any other court orders against an individual (including outstanding warrant/charge), any findings of not criminally responsible on account of mental disorder, and any non-convictions including charges that were dismissed, withdrawn, or stayed.

During its research, the CRTO determined that approximately 81% of regulators who responded to a survey regarding criminal records checks indicated they perform one on applicants. Further, of the respondents, approximately 60% indicated they conduct a VSC. Based on this research, both the Registration Committee and Council agreed that the best type of check to perform would be the VSC.

**2.) Should we also conduct criminal reference checks of current members?**

During its research, the CRTO determined that approximately 92% of the regulators who provided information to the CRTO regarding criminal records checks indicated that they do not require current members to provide a criminal record check, and they rely solely on the member’s renewal declarations which is either built into their by-laws or required under the applicable governing

legislation. As part of its renewal process, the CRTO also asks its members to declare any conduct concerns, including criminal charges, convictions, discharge, or bail conditions.

Based on this information, both the Registration Committee and Council agreed not to expand the requirement to submit a Vulnerable Sector Check to its current members and instead rely on the member's declaration. If a member is deemed to have provided false information to the CRTO, they would be referred to the ICRC for allegations of professional misconduct.

### **3.) What are the costs associated with a criminal record check and who will incur the cost of a record check?**

Based on the jurisdictions in Ontario, the cost of a VSC conducted by the local police jurisdictions will cost somewhere between \$45-\$70.

If the CRTO were to incur the cost of such a request, the administrative hurdles to administer such a program would cause delays in the processing of applications. Further, at a projected cost of \$60 per record check, with an average of 230 applications a year, the cost would be high, at approximately, \$13,800.

Whereas, if an applicant was required to submit their record check as part of the application process, the CRTO would be in a better position to process the information in an expedited manner. Further, the cost per applicant/member would not be an unjust burden.

Both the Registration Committee and Council agreed with the results of the CRTO's research on the costs and agreed that the cost should be covered by the applicant.

### **4.) How long of a period is a criminal reference check valid?**

VSCs are a point-in-time search and are only valid on the day they are issued since information can change daily. Therefore, a timeframe of validity must be established. Once a VSC is obtained by an applicant, a maximum amount of time must be established for the applicant to provide that information to the CRTO, and for the CRTO to consider the VSC to be valid.

Based on its research, the CRTO determined that organizations that require VSCs will accept them either six months or one year out from the date of issuance. In discussion at the Registration Committee and at Council, it was determined that **six months** of validity would be appropriate to ensure that any VSCs received are reasonably up-to-date and that they would provide reasonable assurance to the CRTO that the applicant will practice respiratory therapy with decency, integrity, and honesty and in accordance with the law.

**5.) Ontario RT grads often obtain a criminal record check for their clinical placement, and as such, would the CRTO be duplicating the requirements by requiring them to obtain two criminal checks in such a short span, one for their placement and one for their CRTO application?**

After discussions at both the Registration Committee and Council, a concern was flagged that applicants who graduated from an RT program in Ontario and did their clinical placement in Ontario, would have to duplicate their efforts to provide a VSC to both their clinical placement and the CRTO.

As such, an exemption was carved out in the policy that allows for recent graduates of an Ontario RT program to sign an undertaking and provide a copy of their (clinical placement) VSC in lieu of providing a new VSC to the CRTO (see section 4.0 b, Appendix A).

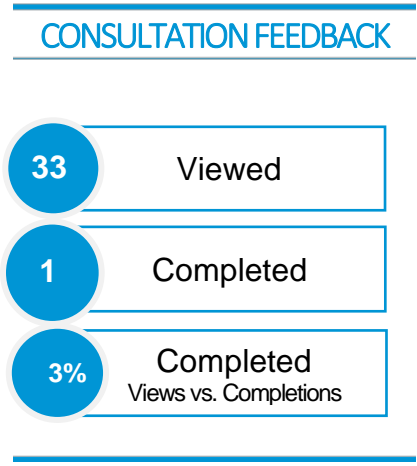
**PUBLIC CONSULTATION**

The draft Vulnerable Sector Check Policy was posted for consultation on the CRTO website on January 12, 2024. A link to the consultation survey was also posted on the CRTO’s website homepage slider and shared through the CRTO social media accounts.

The consultation survey received 33 views, and one respondent completed it. The respondent found the policy to be written in a way that is clear and understandable. Their additional comments and the full consultation results are on the next page.

**Length of time consultation was open: 31 days**

**Date consultation closed: February 12, 2024**



**RECOMMENDATION:**


The Registration Committee recommends that the Council approve the draft Vulnerable Sector Checks Policy.

**NEXT STEPS:**

If the motion is approved, CRTO staff will begin preparations to implement the policy starting September 1, 2024. These preparations will include:

- Additions to CRTO database for tracking of the requirement
- Updating application forms and applicable guides
- Generating letter templates to provide to police jurisdictions (if required) to verify the reason for requesting a VSC.
- Conducting trial runs of the application process including submission of VSC to ensure the process is streamlined and efficient when it goes live on September 2024.

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	<b>Vulnerable Sector Checks</b>	
	<b>Type:</b> Policy	<b>Origin Date:</b>
	<b>Section:</b> RG	<b>Approved By Council on:</b>
	<b>Document Number:</b> RG-000	<b>Next Revision Date:</b>

**1.0 POLICY STATEMENT**

As part of its public interest mandate, the College of Respiratory Therapists of Ontario (Cрто) must ensure that applicants' past and present conduct affords reasonable grounds for belief that they will practice respiratory therapy with decency, integrity, and honesty and in accordance with the law. To this end, it is the policy of the CRTO that all applicants for registration submit the results of a Vulnerable Sector Check (VSC) as part of their application for registration with the CRTO.

**2.0 PURPOSE**

The CRTO uses the VSCs as part of its review of applicants' suitability to practice. The purpose of this policy is to explain the VSC requirement as it applies to applicants for registration with the CRTO.

**3.0 APPLICABILITY & SCOPE OF POLICY**

- a) This policy applies to all applicants who are seeking to register with the CRTO, including applicants for initial registration and those who are applying for reinstatement (e.g., from suspension (except for administrative suspensions), resignation, or revocation). The policy does not apply to current Members of the CRTO who are applying for a change of class (e.g., Graduate Members applying for the General Certificate of Registration or Inactive Members applying to the General Class).
- b) The VSC must meet the following requirements:
  - i. The VSC Report must be dated no more than **six months** before the date of application for registration with the CRTO.
  - ii. The VSC must be completed on **all names** the applicant is currently using or has ever used (e.g., maiden names).
  - iii. The **name(s)** and **date of birth** on the VSC report must match those listed on the applicant's application for registration with the CRTO.
- c) The applicant is responsible for any **costs** related to obtaining the VSC.



- d) The CRTO will only accept the **original** VSC report obtained from the applicant's local Canadian police service. Applicants who receive an electronic copy of the VSC are required to submit the copy through their applicant portal. Applicants who receive a paper copy of their VSC are required to mail the original copy to the CRTO's Registration Department.
- e) VSCs are specific to the institution requesting the check. Accordingly, the CRTO cannot accept a VSC issued to another organization, with the exemption as outlined in Section 4.0 (b) of this policy.

#### 4.0 EXEMPTIONS

- a.) Applicants who do not or have not lived in Canada and who are unable to obtain a VSC are required to provide criminal records check that is acceptable to the Registrar (e.g., international police certificate).
- b.) Recent graduates of approved Ontario RT programs may be exempted from the VSC requirement if they:
  1. Sign an Undertaking with the CRTO indicating that:
    - i. They have completed a VSC in the last 12 months for the purpose of their clinical placement and the results were completely clear;
    - ii. They have never been charged with or found guilty of a criminal offence; and
    - iii. They agree to promptly obtain and provide the CRTO with a new VSC if requested by the Registrar.
  2. Provide a copy of the VSC completed for the clinical placement to the CRTO with the undertaking.

#### 5.0 AUTHORITY & MONITORING

Under section 53. (1) of the Registration Regulation (O. Reg. 596/94 Part VIII):

- An applicant for a certificate of registration of any class must fully disclose details of any criminal offence of which the applicant has been found guilty, including any offence under the *Controlled Drugs and Substances Act (Canada)* or the *Food and Drugs Act (Canada)*; and
- The applicant's past and present conduct afford reasonable grounds for belief that the applicant,
  - i. is mentally competent to practise respiratory therapy,
  - ii. will practise respiratory therapy with decency, integrity, and honesty and in accordance with the law, and
  - iii. will display an appropriately professional attitude.

If the results of the VSC include the disclosure of a criminal record (positive record), the applicant will be required to submit additional information and/or documentation (e.g., court transcript). The Registrar will review the findings to determine whether there are concerns about the



applicant's suitability to practice. If the Registrar has concerns about the applicant's suitability to practice, their application may be referred to the CRTO's Registration Committee for review and decision.

## 6.0 RELATED DOCUMENTS

- [O. Reg. 596/94: GENERAL \(ontario.ca\)](#)
- [Determining Applicants' Suitability to Practice Fact Sheet](#)

## 7.0 CONTACT INFORMATION

**College of Respiratory Therapists of Ontario**  
180 Dundas Street West, Suite 2103  
Toronto, ON M5G 1Z8

**Telephone:** 416-591-7800

**Toll-Free (in Ontario):** 1-800-261-0528

**Fax:** 416-591-7890

**General Email:** [questions@crto.on.ca](mailto:questions@crto.on.ca)

# APPENDIX B:

## CONSULTATION RESULTS

<b>Answers to Questions</b> <b>Vulnerable Sector Check Consultation</b> As of: 2/13/2024 9:27:54 AM		
<b>Page: Consultation Overview</b>		
<b>Question: Introduction/Overview</b>		
<b>Page: About You</b>		
<b>Question: Are you a...</b>		
<i>Number Who Answered: 1</i>		
Respiratory Therapist (including retired)	0	0 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	100 %
<b>Question: I live in...</b>		
<i>Number Who Answered: 1</i>		
Ontario	1	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
<b>Page: Questions</b>		
<b>Question: Is the Vulnerable Sector Checks Policy written in a way that is clear and understandable?</b>		
<i>Number Who Answered: 1</i>		
<b>Yes</b>	<b>No</b>	
1	0	
100 %	0 %	
<b>Question: If no, please provide further details:</b>		
<i>Number Who Answered: 0</i>		
<b>Question: Is the Vulnerable Sector Checks Policy free from omissions and/or errors?</b>		
<i>Number Who Answered: 1</i>		
<b>Yes</b>	<b>No</b>	
0	1	
0 %	100 %	
<b>Question: If no, please provide further details:</b>		
<i>Number Who Answered: 1</i>		
<a href="#">Accuracy, confidentiality, fraud. See comments..</a>		
<b>Question: Does the Policy provide you with a sufficient understanding of the Vulnerable Sector Checks requirement and how it will apply to applicants for registration with the CRTO?</b>		
<i>Number Who Answered: 1</i>		
<b>Yes</b>	<b>No</b>	
1	0	
100 %	0 %	
<b>Question: If no, please provide further details:</b>		
<b>Page: Additional Comments</b>		
<b>Question: Do you have any additional comments you would like to share?</b>		
<i>Number Who Answered: 1</i>		
<a href="#">How will ongoing fraud be addressed? International falsification of documents? AI generated loopholes? How will the CRTO protect these sensitive documents and information from initiation, storage, and destruction? What are the security standards? Once the member is no longer part of the CRTO will a A Certificate of Destruction (COD) be issued matching the destruction method to the media Principle 5 of the Personal Information Protection and</a>		

## APPENDIX B:

Electronic Documents Act (PIPEDA) states that "personal information that is no longer required to fulfil the identified purposes should be destroyed, erased, or made anonymous. Organizations shall develop guidelines and implement procedures to govern the destruction of personal information."<sup>Footnote1</sup> Moreover, Paragraph 4.7.5 specifies that care shall be used in the disposal or destruction of personal information, to prevent unauthorized parties from gaining access to the information.<sup>Footnote2</sup>



# Council Briefing Note

**AGENDA ITEM # 9.2**

**March 1, 2024**

<b>From:</b>	Kelly Munoz, RRT
<b>Topic:</b>	Registration Committee Terms of Reference and Action Plan
<b>Purpose:</b>	For Approval
<b>Strategic Focus:</b>	Governance & Accountability
<b>Attachment(s):</b>	Appendix A – Registration Committee Terms of Reference & Action Plan
<b>Motion(s)</b>	<b>It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Registration Committee Terms of Reference and Action Plan for 2024.</b>

## **PUBLIC INTEREST RATIONALE:**

To ensure the actions of the Registration Committee are aligned with its key roles & responsibilities.

## **BACKGROUND:**

Under the Registration Committee (RC) Terms of Reference, it is recommended that the committee review its terms of reference annually. On February 15, 2024, members of the Registration Committee reviewed the RC Terms of Reference (see Appendix A). Changes were made to the RC Term of Reference to reflect the status of the Registration Regulation amendments, and existing registration-related policies. Additionally, minor updates were added to clarify the language with respect to the quorum and to ensure that references to other documents are correct.

## **ANALYSIS:**

The following is a highlight of the recommended changes to the RC Terms of Reference and Action Plan:

- Quorum section
  - Added “more than 50%” to clarify what constitutes a majority of the voting members and to align with the language provided in the [CRTO’s By-Law 2](#), section 14.05.
  - Reference to the Registration Committee is added to provide clarity in language.
- Circulation of Minutes
  - Reference to the Registration Committee is added to provide clarity in language.
- Action Plan
  - The draft 2024 Action Plan has been updated to reflect the status of the Registration Regulation amendments, and existing registration-related policies.

**RECOMMENDATION:**

To recommend that the CRTO Council review and approve the revised Registration Committee Terms of Reference and Action Plan for 2024.

**NEXT STEPS:**

If approved by the Council, the revised Terms of Reference and Action Plan will be used as a guidance document for the Registration Committee for 2024.

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Registration Committee**

NUMBER:  
**CP-RC-TERMS-162**

Date originally approved:  
**January 8, 1996**

Date last revision approved:  
**March 3, 2023**

## Terms of Reference

It is recommended that the committee terms of reference be reviewed annually and amended where necessary, for example, in response to statutory, regulatory or policy amendments.

### PURPOSE:

To develop and implement the Registration Regulation in accordance with the *Regulated Health Professions Act 1991 (RHPA)*, the *Respiratory Therapy Act 1991 (RTA)*, By-Laws and the policies of the CRTO.

### RESPONSIBILITIES & OPPORTUNITIES:

- Develop policies and make recommendations regarding the criteria for certificates of registration with the CRTO.
- Form panels as required, to make decisions regarding members and applicants.
- Review and approve Certification Programs for Advanced Prescribed Procedures below the Dermis.
- Review and monitor the results of the CRTO approved examination and ensure that the examination meets its objectives.
- Ensure that the CRTO's entry-to-practice competencies are relevant and current.
- Monitor whether approved education institutions are teaching and effectively evaluating the entry to practice competencies and recommend to Council any changes to the list of approved education programs.
- Review issues related to internationally educated applicants and monitor the assessment process.
- Submit a formal written annual report from the Chair, of the Committee's activities for the period from March 1st until the last day of February.
- Ensure that the CRTO's registration practises are transparent, objective, impartial and fair.

### REGISTRATION POLICIES, GUIDELINES & RELATED LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
  - Ontario Regulation 596/94 Part VIII - Registration Regulation
  - Ontario Regulation 596/94 Part VII – Prescribed Procedures
  - Ontario Regulation 596/94 Part VII.1 – Prescribed Substances
- Graduate Certificate of Registration Policy (RG-403)
- Entry-to-Practice Exam Policy (RG-406)
- Language Proficiency Requirements Policy (RG-407)
- Approval of Canadian Education Programs Policy (RG-408)
- Registration Currency Policy (RG-410)

- Emergency Registration Policy (RG-412)
- Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)
- Application for Registration Documents Requirement Policy (RG-420)
- Entry-to-Practice Competency Assessment Policy (RG-425)
- Application for Registration – File Closure Policy (RG-426)
- Entry-to-Practice Competency Assessment Appeal Policy (RG-429)
- Registration and Use of Title Professional Practice Guideline (PPG)
- Certificate Programs for Advanced Prescribed Procedures Below the Dermis (APPBD) Professional Practice Guideline (PPG)

### MEMBERSHIP:

As per By-Law 2: Council and Committees section 8.01, the Committee shall consist of at least five (5) voting members with:

- at least one (1) Professional Council Member;
- at least one (1) Public Council Member;
- an Academic Member of Council;
- at least two (2) Professional Committee Appointees; and
- -up to one Public Member Appointee.

In addition, the Registrar is an ex-officio member of the Committee.

A panel shall consist of at least three (3) members of the Committee, at least one of whom must be a professional Council Member or Professional Committee Appointee, and at least one of whom is a Public Council Member.

### REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide an approved or amended terms of reference and proposed annual plan. The Committee shall report to Council at each Council meeting outlining all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities at the close of each fiscal year. Panels of the Committee have independent authority as laid out in the *RHPA*, Panels are responsible to the Committee and Council in broad terms but not in relation to specific cases being heard by a panel.

### CHAIR:

The Chair and Vice-Chair will be appointed by Executive Committee on an annual basis. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair's absence.

### FREQUENCY OF MEETINGS:

The Committee shall hold at least two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRTO By-Law 2: Committee Meetings section 14.

### QUORUM:

A quorum shall consist of a majority (more than 50%) of the voting members of the Registration Committee, at least one (1) of whom must be a Public Council Member.

### TERMS OF APPOINTMENT:

All Committee members will be appointed by the Executive Committee on an annual basis. Committee members may be re-appointed.

### CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Registration Committee and made available to all members of Council upon request. Minutes are confidential and are not available to the public.

### TRAINING:

Members of the Registration Committee will receive training annually on:

- how to assess qualifications and make registration and review decisions;
- dealing with any special considerations that may apply in the assessment of applicants and the process for applying those considerations; and
- human rights and anti-discrimination.

## ACTION PLAN FOR THE PERIOD ENDING (FEBRUARY 2024)

**Actions identified with an asterisk (\*) must be undertaken at least annually.**

Actions are taken from the Responsibilities and Opportunities section of the Terms of Reference. This is a living document and will be submitted to Council for approval after the first Committee meeting each fiscal year. Any additional activities must be approved before adding to the plan and show the date of addition. The action plan will inform the Committee’s annual report. Policies and Guidelines are reviewed on a five year cycle or as needed.

Status can be “complete”, “carried over” or “N/A” for year-end reporting.

Action	How	When	Status
1. Conduct a review of the <i>Ontario Regulation 596/94 Part VIII</i> - Registration Regulation and entry-to-practice requirements and make recommendations to Council as appropriate.			
a. Identify any changes or proposed changes to legislation: <ul style="list-style-type: none"> <li>• <del>Emergency Registration Regulation</del></li> <li>• Additional changes</li> </ul>	Staff will monitor and brief the <u>Registration</u> Committee.	<u>Changes to the regulation were submitted to the Ministry in May 2023. Update from the government are pending. The final version of the regulation (incorporating the Emergency Class) must be finalized after a 60-day consultation period) and submitted to the Ministry by May 1, 2023</u>	Pending
2. Conduct a review of the <i>Ontario Regulation 596/94 Part VII</i> – Prescribed Procedures (below the dermis).			
a. Identify any changes or proposed changes to legislation. <ul style="list-style-type: none"> <li>• <del>References to the (new) Emergency Class</del></li> </ul>	Staff will monitor and brief the <u>Registration</u> Committee.	As required.	<u>Under review</u> <u>As required.</u>
3. Conduct a review of the <i>Ontario Regulation 596/94 Part VII.1</i> – Prescribed Substances			
a. Identify any changes or proposed changes to legislation. <ul style="list-style-type: none"> <li>• <del>References to the (new) Emergency Class</del></li> </ul>	Staff will monitor and brief the <u>Registration</u> Committee.	As required.	<u>Under review</u> <u>As required.</u>

Action	How	When	Status
<b>4. Conduct a review of the following practice guidelines:</b>			
a. Review the Registration and Use of Title PPG and identify any changes or proposed changes to the guideline.	<u>The Registration</u> Committee will review the Registration and Use of Title Practice Guideline and recommend changes if necessary.	<u>The document was <del>last</del> approved in March 2020.</u>  <u>The revised Draft Registration and Use of Title PPG is to be submitted to Council for final approval in March 2024.</u>	<u>Review pending the Registration Regulation amendments Pending.</u>
b. Review the Certificate Programs for Advanced Prescribed Procedures Below the Dermis PPG.	<u>The Registration</u> Committee will review the practice guideline entitled "Certification Programs for Advanced Prescribed Procedures Below the Dermis" and recommend changes if necessary.	<u>This document was <del>last</del> approved in March 2020</u>	<u>Review pending any amendments to the Prescribed Procedures Regulation Under review.</u>
<b>5. Conduct a review of the policies that support the Registration Committee.</b>			
a. Graduate Certificate of Registration Policy (RG-403)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved <del>updated May 27, in 2022</del> November 2023, by the Registration Committee</u>	<u>Review pending the Registration Regulation amendments As required.</u>
b. Entry-to-Practice Exam Policy (RG-406)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document <del>was last</del> approved in September 2021 by Council.</u>	<u>Review pending the Registration Regulation amendments As required.</u>
c. Language Proficiency Requirements Policy (RG-407)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in Dec-ember 14, 2022 by Council.</u>	Complete
d. Approval of Canadian Education Programs Policy (RG-408)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document <del>was last</del> approved in May-27, 2022 by Council.</u>	Complete
e. Registration Currency Policy (RG-410)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in April-8, 2022 by Council.</u>	<u>Review pending the Registration Regulation</u>

Action	How	When	Status
			<del>amendments</del> <u>Under review.</u>
f. Emergency Registration Policy (RG-412)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in September 2021 by Council.</u>	<del>Review pending the Registration Regulation amendments</del> <u>Complete</u>
g. Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in April-8, 2022 by Council.</u>	Complete
h. Application for Registration Documents Requirement Policy (RG-420)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in May 27, 2022 by Council.</u>	<del>Complete</del> <u>Under review.</u>
i. Entry-to-Practice Competency Assessment Policy (RG-425)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document <del>last</del>was last approved in April-8, 2022 by Council.</u>	<del>Review pending the Registration Regulation amendments</del> <u>As required.</u>
j. Application for Registration – File Closure Policy (RG-426)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved<del>-updated</del> May 27, in 2022November 2023 by the Registration Committee.</u>	Complete
k. Entry-to-Practice Competency Assessment Appeal Policy (RG-429)	<u>The Registration</u> Committee will review documents and recommend changes if necessary.	<u>This document was <del>last</del> approved in April 8, 2022 by Council.</u>	Complete
l. <del>New - Criminal Background-Vulnerable Sector</del> Checks Policy	<del>Committee to consider if a new policy is required</del> <u>The Policy is under consideration and approval by Council.</u>	<del>Sept. 2023</del> <u>Pending Council approval on March 1, 2024.</u>	<u>Under review.</u>



# Council Briefing Note

**AGENDA ITEM # 9.3**

**March 1, 2024**

<b>From:</b>	Kelly Munoz, RRT
<b>Topic:</b>	Approval of Canadian Respiratory Therapy Programs
<b>Purpose:</b>	For Approval
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	Appendix A – Approval of Canadian Education Programs Policy Appendix B – Approval of Canadian Education Program Procedure Appendix C – List of Respiratory Therapy Programs on Accreditation Canada’s website as of February 2, 2024
<b>Motion(s)</b>	<b>It is moved by _____ and seconded by _____ that:</b> <b>The CRTO Council approves the Respiratory Therapy Programs for 2024 based on the programs’ accreditation status with Accreditation Canada.</b>

## **PUBLIC INTEREST RATIONALE:**

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting Respiratory Therapy entry-to-practice requirements in Ontario in the interest of the public. The approval process for Respiratory Therapy education programs helps to ensure that graduates of these programs have the required entry-to-practice competencies to provide safe, effective, and ethical care.

## **ISSUE:**

The Approval of Canadian Respiratory Therapy Programs Policy sets out the criteria used by the Registration Committee to recommend approval of Respiratory Therapy programs for the purpose of section 55(2) of the [Registration Regulation](#) (ON. Regulation 596/94, Part VIII).

At the February 15, 2024 meeting, members of the Registration Committee reviewed the [Accreditation Canada](#) program list. This list is provided to the Council for review and final approval (Appendix C).

## **BACKGROUND:**

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting entry-to-practice requirements in Ontario. The Registration Regulation sets out the requirements for registration with the CRTO, including requirements that an applicant must:

55(2) (a) have successfully completed a respiratory therapy program offered in Canada that, at the time of completion, was approved or accredited by the Council or by a body approved by the Council.

This process is one of the mechanisms that assist the CRTO in ensuring that applicants who wish to enter the profession possess the minimum competencies required for the safe and effective practice of the profession.

**ANALYSIS:**

The process to approve the Canadian Respiratory Therapy program is outlined in the Approval of Canadian Education Programs Policy and Procedure (attached as Appendices).

To obtain “approved program” status, a Canadian Respiratory Therapy education program must obtain and maintain satisfactory accreditation status with Accreditation Canada. The standards applied by Accreditation Canada are viewed by the Council as relevant to the approval of respiratory therapy education programs. The list of Respiratory Therapy Programs and their accreditation status included in Appendix C is based on the Accreditation Canada website (as of February 2, 2024).


**RECOMMENDATION:**

To recommend that the CRTO Council review and approve the Respiratory Therapy Programs for 2024 based on the programs’ accreditation status with Accreditation Canada.

**NEXT STEPS:**

The list of approved programs posted on the CRTO’s website will be updated accordingly. Staff will continue to monitor the programs’ accreditation status. The next scheduled review by the Registration Committee is set for the first Committee meeting in 2025.

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	<b>Approval of Canadian Education Programs</b>	
	<b>Type:</b> Policy	<b>Origin Date:</b> February 23, 2007
	<b>Section:</b> RG	<b>Approved By Council on:</b> May 27, 2022
	<b>Document Number:</b> RG-408	<b>Next Revision Date:</b> May 2027

### 1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting Respiratory Therapy entry-to-practice requirements in Ontario in the interest of the public. It is the policy of the CRTO to support an appropriate approvals process for Respiratory Therapy education programs and to ensure these programs remain current.

### 2.0 PURPOSE

This policy sets out the approach used by the Registration Committee to recommend approval of Canadian Respiratory Therapy Programs<sup>1</sup> to the CRTO's Council.

### 3.0 APPROVED STATUS

To obtain "approved program" status, the education program must obtain and maintain **accredited** status with [Accreditation Canada](#). Any Respiratory Therapy education program that has been accredited by Accreditation Canada is considered an "approved program" by the CRTO Council.

### 4.0 NON-ACCREDITED PROGRAMS

Graduates of a non-accredited Respiratory Therapy Program are referred to the CRTO's [entry-to-practice assessment process](#). The assessment process provides a mechanism for applicants to demonstrate to the Registration Committee that they have knowledge, skills, and judgment that is equivalent to graduates of an approved Respiratory Therapy program.

### 5.0 RELATED DOCUMENTS

- [Accreditation Canada](#)
- [CRTO's entry-to-practice assessment process](#)

### 6.0 DEFINITIONS

- **Approved Programs** – Programs that are accredited with Accreditation Canada
- **Accredited** – The education program complies with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.

<sup>1</sup> As per Ontario Regulation 596/94, Part VIII (*Registration*) clause 55(2) (a)



- **Accredited with Condition** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within two (2) years of conditional accreditation award.
- **Registered** – An unaccredited education program that has successfully applied for accreditation, and accreditation processes are underway.

## 7.0 CONTACT INFORMATION

### **College of Respiratory Therapists of Ontario**

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Toronto, ON M5G 1Z8


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## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	<b>Approval of Canadian Education Programs</b>	
	<b>Type: Procedure</b>	<b>Origin Date:</b> July 9, 2008
	<b>Section:</b> RG	<b>Updated on:</b> May 27, 2022
	<b>Document Number:</b> RG-408	<b>Next Revision Date:</b> May 2027

### BACKGROUND

The Registration Committee makes recommendations to Council concerning education programs' approval status on an annual basis.

The College of Respiratory Therapists of Ontario (CRTO) uses Accreditation Canada to accredit Respiratory Therapy education programs. Approval status is based on Accreditation Canada's accreditation categories.

### OBJECTIVE

This procedure outlines Accreditation Canada's accreditation categories and what the CRTO staff and the Registration Committee will do when reviewing information related to Canadian Respiratory Therapy Programs' accreditation status.

### ACCREDITATION CATEGORIES

The following accreditation status(es) are acceptable for CRTO's "approved program" status:

- **ACCREDITED** – The educational program is in compliance with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.

A Canadian Respiratory Therapy Program receiving one of the following categories of accreditation will be monitored by the Registration Committee. A recommendation to Council regarding approved status will be made on a case-by-case basis:

- **ACCREDITED WITH CONDITION** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up(s) within two (2) years of conditional accreditation award.
- **REGISTERED** – An unaccredited educational program that has successfully applied for accreditation, and accreditation processes are underway.



## **MONITORING**

CRTO staff will monitor Canadian Respiratory Therapy Programs' accreditation status and:

- a. report to the Registration Committee any changes to the programs' accreditation status as soon as this information becomes available, including any concerns regarding the quality, performance or relevance of the program;
- b. advise the Registration Committee concerning the status of new programs as soon as this information becomes available; and
- c. provide an annual report to the Registration Committee.

## **APPROVALS/AUTHORITY OF THE REGISTRATION COMMITTEE**

The Registration Committee will review information related to Canadian Respiratory Therapy Programs and makes recommendations to Council concerning approval. Information to be considered by the Registration Committee when making a recommendation to Council includes:

- accreditation status; and
- any other information that it considers relevant.

## **APPENDIX**

[Accreditation Canada Status Page](#)

## **RELATED DOCUMENTS**

Approved Canadian Programs Policy RG-408

# List of educational programs (accredited and registered)

Last updated: January 26, 2024

Health Education Accreditation is a quality assurance process that supports health education programs in ensuring that graduates are ready to deliver quality care at entry to practice.

Accreditation Canada accredits the following health education programs:

- [Cardiology technology](#)
- [Clinical perfusion](#)
- [Clinical genetics technology](#)
- [Denturism](#)
- [Dietetics](#)
- [Diagnostic cytology](#)
- [Diagnostic medical sonography](#)
- [Magnetic resonance](#)
- [Medical laboratory assistant](#)
- [Medical laboratory technology](#)
- [Nuclear medicine](#)
- [Optician](#)
- [Orthoptics](#)
- [Paramedicine](#)
- [Physician assistant](#)
- [Radiation therapy](#)
- [Radiological technology](#)
- [Respiratory therapy](#)

**ACCREDITED** – The educational program is in compliance with the accreditation standard. The accreditation status will expire 6 years from the date of the accreditation award.

**ACCREDITED WITH CONDITION** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within 2 years of conditional accreditation award.

**REGISTERED** – An unaccredited educational program which has successfully applied for accreditation, and accreditation processes are underway. A registered status will expire 3 years from the date of registration.



# Respiratory therapy

## Alberta

Accreditation client	City	Educational program	Status	Expiry
Northern Alberta Institute of Technology	Edmonton	Respiratory Therapy	Accredited	2027/07/31
Southern Alberta Institute of Technology	Calgary	Respiratory Therapy	Accredited	2027/06/30

## British Columbia

Accreditation client	City	Educational program	Status	Expiry
Thompson Rivers University	Kamloops	Respiratory Therapy	Accredited	2025/03/31

## Manitoba

Accreditation client	City	Educational program	Status	Expiry
University of Manitoba	Winnipeg	Bachelor of Respiratory Therapy	Accredited	2027/09/30

## New Brunswick

Accreditation client	City	Educational program	Status	Expiry
Collège communautaire du Nouveau-Brunswick	Dieppe	Thérapie respiratoire	Accredited	2029/03/31
New Brunswick Community College	Saint John	Respiratory Therapy	Accredited	2029/02/28

## Newfoundland

Accreditation client	City	Educational program	Status	Expiry
College of the North Atlantic	St. John's	Respiratory Therapy	Accredited with condition	2024/05/31

## Nova Scotia

Accreditation client	City	Educational program	Status	Expiry
Dalhousie University	Halifax	Diploma in Health Science, Respiratory Therapy	Accredited	2027/05/31

## Ontario

Accreditation client	City	Educational program	Status	Expiry
Algonquin College of Applied Arts	Ottawa	Respiratory Therapy	Accredited	2027/05/31

Accreditation client	City	Educational program	Status	Expiry
and Technology				
Canadore College	North Bay	Respiratory Therapy	Accredited	2028/02/29
Collège La Cité	Ottawa	Thérapie respiratoire	Accredited	2027/07/31
Conestoga College Institute of Technology and Advanced Learning	Kitchener	Respiratory Therapy	Accredited	2028/05/31
Fanshawe College of Applied Arts & Technology	London	Respiratory Therapy	Accredited	2027/04/30
St. Clair College	Windsor	Respiratory Therapy	Accredited	2027/04/30
Sir Sandford Fleming College	Peterborough	Respiratory Therapy	Registered	
The Michener Institute of Education at UHN	Toronto	Respiratory Therapy	Accredited	2028/04/30

## Quebec

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Accreditation client	City	Educational program	Status	Expiry
Collège de Rosemont	Montreal	Techniques d'inhalothérapie	Accredited	2025/12/31
Vanier College	St-Laurent	Respiratory & Anaesthesia Technology	Accredited	2024/10/31

## International

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Accreditation client	City, Country	Educational program	Status	Expiry
University of Doha for Science and Technology	Doha, Qatar	Respiratory Therapy	Accredited	2024/04/30

# Council Briefing Note

**AGENDA ITEM # 9.4**

**March 1, 2024**

<b>From:</b>	Kelly Arndt RRT, Manager, Quality Practice
<b>Topic:</b>	Draft Revised Professional Practice Program (PDP) Deferral Policy
<b>Purpose:</b>	For Decision – Final Approval
<b>Strategic Focus:</b>	Governance & Accountability
<b>Attachment(s):</b>	Appendix A: Final PDP Deferral Policy
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approve the draft revised PDP Deferral Policy</b>

## **PUBLIC INTEREST RATIONALE:**

It is our policy to grant College of Respiratory Therapists of Ontario (CRTO) Members a temporary deferral of their Profession Development Program (PDP) requirements, provided certain defined criteria are met. This policy applies to all CRTO Members who are required to complete the Launch RT Jurisprudence Assessment and the PORTfolio.

## **ISSUE:**

Deferral requests for Member's Professional Development Program requirements were previously accepted up until midnight of the submission due date. All deferral requests are reviewed by a panel of the Quality Assurance Committee (QAC) and therefore, decisions are not made instantaneously. This can result in a delay in a Member's submission if the QAC does not approve their request.

## **BACKGROUND:**

Previously revised in 2022, the policy outlines the criteria for deferral and the role of the Quality Assurance Committee in that process.


**ANALYSIS:**

A regulatory scan was performed to review how other Colleges handle their deferral requests. It was noted that several do stipulate a deadline for deferral requests ahead of the component deadline. The QAC reviewed this data and voted on January 15, 2024, to restrict deferral requests to be received by the CRTO 15 days before the submission deadline.

**RECOMMENDATION:**

It is recommended that Council approve the PDP Deferral policy for publication.

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	<b>Deferral of Professional Development Program Requirements</b>	
	<b>Type:</b> Policy	<b>Origin Date:</b> September 22, 2006
	<b>Section:</b> QA	<b>Approved By Council on:</b> May 27, 2022
	<b>Document Number:</b> QA-104	<b>Next Revision Date:</b> May 2027

### 1.0 POLICY STATEMENT

It is our policy to grant College of Respiratory Therapists of Ontario (CRTO) Members a temporary deferral of their Profession Development Program (PDP) requirements, provided certain defined criteria are met.

### 2.0 PURPOSE

The purpose of this policy is to acknowledge that exceptional circumstances may temporarily make it difficult for Members to meet their PDP obligations within the time frame specified by the CRTO.

### 3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all CRTO Members who are required to complete the:

- Launch RT Jurisprudence Assessment
- PORTfolio<sup>OM</sup>

Please note that deferrals for the above PDP components will not be granted to Members who have been referred to the Quality Assurance Committee (QAC) by the Registration Committee.

### 4.0 RESPONSIBILITIES

#### Member Requesting the Deferral

Members must submit deferral request in writing, **no later than 15 days** before the completion deadline.

#### QAC Panel

A panel of the QAC will consider each deferral request on a case-by-case basis based on the Member's deferral application.

#### CRTO Staff



CRTO staff will communicate the QAC panel's decision to the Member.

## 5.0 AUTHORITY & MONITORING

Section 80.1 of the Health Professions Procedural Code (Regulated Health Professions Act, 1991) provides the framework for the quality assurance program that healthcare regulatory bodies are required to implement and maintain. In compliance with this legislation, as well as the Quality Assurance Regulation (O. Reg. 596/94 – Part IV), the College of Respiratory Therapists of Ontario's (CRTO) Professional Development Program (PDP) exists.

## 6.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO establishes timelines for completion of all PDP components, criteria for successful completion and monitors participation of CRTO Members in the PDP on an ongoing basis.

Failure to complete the PDP requirements without an approved deferral by the QAC can be considered an act of professional misconduct.

## 7.0 RELATED DOCUMENTS

- CRTO's [Professional Development Program Policy](#)
- [Respiratory Therapy Act, 1991](#)
- [Regulated Health Professions Act, 1991](#)
- [Schedule 2 Health Professions Procedural Code](#)
- CRTO's [Registration Currency Policy](#)

## 8.0 CONTACT INFORMATION

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# Council Briefing Note

**AGENDA ITEM # 9.5**

**March 1, 2024**

<b>From:</b>	<i>Shaf Rahman, Deputy Registrar</i>
<b>Topic:</b>	<i>Finance and Audit Committee Terms of Reference &amp; Action Plan</i>
<b>Purpose:</b>	<i>For Decision</i>
<b>Strategic Focus:</b>	<i>Governance &amp; Accountability</i>
<b>Attachment(s):</b>	<i>Appendix A: Finance and Audit Committee Terms of Reference &amp; Action Plan</i>
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the changes to the FAC Terms of Reference and Action Plan.</b>

**PUBLIC INTEREST RATIONALE:**

To ensure the actions of the Finance and Audit Committee (FAC) are aligned with its key roles & responsibilities.

**BACKGROUND:**

The Terms of Reference & Action Plan of the FAC was developed in 2022 to identify the key roles and responsibilities of the FAC. During its initial development, some items within the Action Plan were captured with the assumption that the Executive Committee of the CRTO would be eliminated within the governing legislation, the *Regulated Health Professions Act, 1991*; and that the FAC would takeover certain roles of the Executive Committee. However, the Ontario government has not enacted any changes to the *Regulated Health Professions Act, 1991* in relation to the elimination of the Executive Committee.

Accordingly, slight wording changes are required to be made to the FAC's Terms of Reference & Action Plan to reflect the fact that the FAC would not be providing recommendations/updates directly to the CRTO's Council, but rather to the Executive Committee, who in turn will forward any recommendations to CRTO Council.

In addition to these changes, the FAC has also clarified its reporting obligations to the Executive Committee in situations where a sudden financial crises/issue arises.

**ANALYSIS:**

The following changes to the FAC Terms of Reference & Action Plan are proposed:

**Change # 1:**

Throughout the Terms of Reference and Action Plan the wording has been updated to reflect that the FAC would provide any updates/recommendations to the Executive Committee for their consideration. This replaces the previous wording which stated that all updates/recommendations would be directly provided to CRTO Council.

The Responsibilities sections within the Terms of Reference that have been changed to reflect this include:

- a.) Section 1 – a & c
- b.) Section 2 – d & e

The sections within the Action Plan that have been changed to reflect this include:

- a.) Section 1 - a, b, c, d, e, f
- b.) Section 2 – d, e

**Change # 2:**

In certain sections of the Action Plan, specific months are mentioned for when a FAC meeting is to occur. However, given logistics and availability concerns, there are times that the meetings allocated for the months can't take place exactly during the timeframe indicated. Therefore, to ensure that the Action Plan is accurate and that the FAC meets the obligations of the Action Plan, wording has been suggested to ensure that the meetings occur in a timely manner as required, however, without delineating specific months for the meetings.

The sections within the Action Plan that have been changed to reflect this include:

- a.) Section 1 – a & b
- b.) Section 2 - a

**Change # 3:**

Under the subheading of Finance in the Responsibilities section of the Terms of Reference, the FAC has added an additional responsibility to account for monitoring and reporting on sudden financial crises/issues that face the CRTO. The Finance section added item 1g, to state:

- 1g.** In situations where a sudden and/or substantial financial crises/issue arises, the FAC is to immediately report on the situation to the Executive Committee

**RECOMMENDATION:**

That Council approve the revised Terms of Reference & Action Plan.

## APPENDIX A

TITLE: Terms of Reference & Action Plan: Finance & Audit

### COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Finance & Audit Committee**

NUMBER:  
**CP- TERMS OF REFERENCE**

Date originally approved:  
March 4, 2022

Date last revision approved:

### TERMS OF REFERENCE

It is recommended that the committee terms of reference be reviewed annually and amended where necessary, for example, in response to regulatory or policy amendments.

#### PURPOSE:

The Finance & Audit Committee is responsible for assisting the College of Respiratory Therapists of Ontario (CRTO) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

#### RESPONSIBILITIES

##### 1. Finance

- a. Review the quarterly unaudited financial statements for recommendation to ~~Council~~ the Executive Committee
- b. Monitor and report quarterly on the control and management of investments
- c. Review the draft annual budget prior to recommendation to ~~Council~~ the Executive Committee
- d. Monitor and recommend strategies to Council with respect to maintaining the not-for-profit status
- e. Review expenditures in excess of \$20,000 in compliance with the Bylaws
- f. Inform and advise Council on any financial matters as requested, including special projects and initiatives
- f.g. In situations where a sudden and/or substantial financial crises/issue arises, the FAC is to immediately report on the situation to the Executive Committee

##### 2. Audit

- a. Review and approve the audit plan, including scope, timelines, and fees
- b. Review and ensure auditor independence from management
- c. Monitor and evaluate the performance of the external auditor
- d. Recommend, where appropriate, approval of the audited financial statements to ~~Council~~ the Executive Committee
- e. Recommend to ~~Council~~ the Executive Committee the appointment of an audit firm
- f. Other recommendations with respect to the audit, as requested by Council

#### MEMBERSHIP:

The Finance & Audit Committee shall consist of\*:

- at least two (2) members of the Council who are members of the College;
- at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council;
- at least one (1) member of the Council who is also a member of the Executive Committee; and

TITLE: Terms of Reference & Action Plan: Finance & Audit

- Other individuals who are not members of the Council but have been appointed by the Executive as required.

In addition, the Registrar is an ex-officio member of the Committee.

\*to ensure adequate experience, attempts will be made to maintain at least 50% of the membership year over year.

### REPORTING RELATIONSHIP:

The Finance & Audit Committee is a non-statutory committee accountable directly to the CRTO's Council. The Finance & Audit Committee shall provide a report to the Council at each quarterly meeting, which outlines all Committee activities that have been undertaken since the last report. The Chair shall also submit a report of the Committee's activities at the close of each fiscal year to be included in the CRTO's Annual Report.

### CHAIR:

The Executive Committee will appoint the Chair of the Finance & Audit Committee on an annual basis. In the event that the Chair is unable to preside at a meeting, the Chair shall designate an acting Chair from among the Committee members.

### FREQUENCY OF MEETINGS:

The Committee shall hold at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

### QUORUM:

A quorum shall consist of a majority of the voting members of the Committee, at least one of whom must be appointed to the Council by the Lieutenant Governor in Council.

### VOTING:

Whenever possible, decision-making shall be conducted using a consensus model. When necessary, formal voting will be used. Unless otherwise outlined in the CRTO's bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

### TERMS OF APPOINTMENT:

Finance & Audit Committee members will be appointed annually by the Executive Committee. Each term is three (3) years to a maximum of nine (9) years in total.

### CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to members of the Council. Minutes are confidential and are not available to the public.

### RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- CRTO [By-Laws](#)
- CRTO Investment & Management of Net Assets Policy & Procedure.

## ACTION PLAN FOR THE PERIOD ENDING (February 2025)

Actions are taken from the Responsibilities section of the Terms of Reference. This is a living document and will be submitted to Council for approval when significant changes are made. Any additional activities must be approved before adding to the plan and will show the date of addition. The action plan will inform the Committee’s annual report.

Status can be “complete”, “in progress” or “pending”.

Action	How	When	Status
<b>1 Finance</b>			
a. Review quarterly statements	Identify, discuss and seek an explanation of significant variances from the budget  Identify, discuss and seek an explanation for any other concerns  Include in a report to <u>Council Executive Committee</u> recommending approval (as appropriate)	<del>Prior to Council meetings in:</del> <del>1) March</del> <del>2) June</del> <del>3) September</del> <del>4) December</del> <u>Prior to quarterly Council meetings.</u>	
b. Monitor and report on control and management of investments	Review the composition of investments  Ensure compliance with investment policies and bylaws  Include in a report to <u>Council Executive Committee</u>  (If changes required – Action Item)	<del>Prior to Council meetings in:</del> <del>1) March</del> <del>2) June</del> <del>3) September</del> <del>1) December</del> <u>Prior to quarterly Council meetings.</u>	
c. Review the draft annual budget	Consider the adequacy of the budget  Compare the current budget to the prior year  Discuss significant changes  Ensure compliance and alignment with	As early as possible in the calendar year prior to the March Council meeting	

	<p>strategic direction and key initiatives.</p> <p>Ensure compliance with regulations and maintenance of the not-for-profit status.</p> <p>Include in a report to <u>Council-Executive Committee</u> recommending approval (as appropriate) [Action Item]</p>		
d. Monitor and recommend strategies to <u>Council-Executive Committee</u> with respect to maintaining the not-for-profit status	<p>Monitor surplus in quarterly statements and the budget</p> <p>Include recommendations (if any) in a report to <u>Council-Executive Committee</u> [Action Item if required]</p>	Ongoing	
e. Review expenditures in excess of \$20,000 in compliance with the Bylaws	<p>Review requests brought forward by the Registrar for expenditures not previously approved in the budget (other than those not requiring approval – see bylaw)</p> <p>Include recommendation in the report to <u>Council-Executive Committee</u> [Action Item]</p>	As necessary	
f. Inform and advise <u>Council-Executive Committee</u> on any requested financial matters, including special projects and initiatives.	<p>Consider the financial implications of special projects and initiatives – brought forward by staff or committees.</p>	As necessary	
<b>2 Audit</b>			
a. Review and approve the audit plan, including scope, timelines, and fees	<p>Meet with the auditor or review communication.</p> <p>Consider any specific issues that Council or this committee has identified for attention.</p> <p>Consider fee in comparison to prior years</p> <p>Determine if the auditor has a specific focus</p>	<p><del>December or January, prior to year-end.</del></p> <p><u>Prior to commencing the audit for the previous fiscal year.</u></p>	

TITLE: Terms of Reference & Action Plan: Finance & Audit

<p>b. Review and ensure auditor independence from management</p>	<p>Inquire as to how the auditor ensures independence and considers adequacy</p>	<p>With a review of the audit plan</p>	
<p>c. Monitor and evaluate the performance of the external auditor</p>	<p>In order to ensure full and transparent disclosure:</p> <ul style="list-style-type: none"> <li>• Meet at least once with the auditor without management</li> <li>• Meet at least once with management (without the auditor)</li> </ul> <p>Enquire into major audit and financial risks and appropriateness of internal controls and strategies</p>	<p>During the audit process</p>	
<p>d. Recommend (where appropriate) the approval of the audited financial statements</p>	<p>Review draft audited financial statements</p> <p>Review auditor's report</p> <p>Review management letter</p> <p>Make recommendation <u>to the Executive Committee</u> [Action Item]</p>	<p>Spring (May or June) Council meeting</p>	
<p>e. Recommend the appointment of an auditor</p>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• performance of the current auditor</li> <li>• management's satisfaction</li> <li>• fees</li> <li>• independence of auditor</li> <li>• best practices for auditor rotation</li> </ul> <p>Recommend appointment to <del>Council</del> <u>the Executive Committee</u> [Action Item]</p>	<p>Spring (May or June) Council meeting</p>	
<p>f. Other recommendations with respect to the audit as requested by Council</p>	<p>As needed.</p>	<p>As needed</p>	

# Council Briefing Note

**AGENDA ITEM # 10.1**

**March 1, 2024**

<b>From:</b>	Kelly Arndt RRT, Manager, Quality Practice
<b>Topic:</b>	Final Draft Revised Possession, Administration and Dispensing of Controlled Substances Policy
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Final Possession, Administration and Dispensing of Controlled Substances Policy Appendix B – Consultation survey results
<b>Motion:</b>	It is moved by _____ and seconded by _____ that:  The Council approves the draft revised Possession, Administration and Dispensing of Controlled Substances Policy.

## **PUBLIC INTEREST RATIONALE**

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities with respect to controlled substances.

## **ISSUE:**

Previously revised in September 2021, the Possession, Administration and Dispensing of Controlled Substances Policy has been updated to reflect the new guidelines with respect to controlled substances and the definition of dispensing, transporting, and administering.

## **BACKGROUND:**

This policy has been updated and revised, using subject matter experts, to facilitate understanding and clear direction with respect to controlled substances.

## **ANALYSIS:**

### **Summary of Changes**

The format of this document is unchanged. A jurisdictional and regulatory scan, including the Ontario College of Pharmacists, was conducted to confirm the content of the document is



current and aligned with all relevant legislation and regulations. The content has been revised to include legislative requirements and updated links.

### Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website and tweeted on the CRTO Twitter account. In total, 77 people viewed the consultation survey, and 4 responses were received (5 Respiratory Therapists).

100% of respondents found the policy clear, understandable, and free from omissions and errors.

For full consultation results see next page.

**Length of time consultation was open:** 62 days

**Date consultation closed:** November 30, 2023

### RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Controlled Substances Policy.

### NEXT STEPS:

If the motion is approved, the policy will be published on the CRTO website.

### CONSULTATION FEEDBACK

**77**

Viewed

**4**

Completed

**5.19%**% Completed  
(Views vs. Completions)

### COLLEGE OF COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



#### Possession, Administration and Dispensing of Controlled Substances

**Type:** Professional Practice Policy

**Origin Date:** September 24, 2021

**Section:** PP

**Approved By Council on:** September 24, 2021

**Document Number:** PP-105

**Next Revision Date:** September 2026

#### 1.0 PRACTICE POLICY STATEMENT

The CRTO considers it acceptable for a Respiratory Therapist (RT) to possess, administer and accept delegation to dispense controlled substances, provided that appropriate authorizing mechanisms and employee policies are in place.

#### 2.0 PURPOSE

The CRTO is committed to providing guidance surrounding the possession, administration and dispensing of controlled substances to its Members. The purpose of this policy is to provide a strong framework to enhance the understanding of the role that RTs have in ensuring public and patient safety in the use of narcotics in the healthcare environment.

#### 3.0 APPLICABILITY & SCOPE OF POLICY

RTs who hold an Active General or Graduate Certificate of Registration with the CRTO may “administer a substance by injection or inhalation”, provided they have no terms, conditions or limitations preventing them from performing that authorized act. This included the administration of controlled substances (e.g., narcotics). While the list is not specific, the CRTO’s [Interpretation of Authorized Acts Professional Practice Guideline](#) (PPG) provides examples of medications RTs may administer.

#### 4.0 RESPONSIBILITIES

- **Scope of Practice and Competencies:** It is an expectation that any activity or procedure performed by an RT, including the administration of a controlled substance, falls within the RT’s professional and personal scope of practice. As with any task undertaken as part of their clinical practice, an RT must also have the requisite knowledge, skills, and judgment (competencies).
- **Delegation to Dispense:** One of the 14 controlled acts in the *Regulated Health Professions Act (RHPA)* is “prescribing, dispensing, selling or compounding a drug...”. The *Respiratory Therapy Act (RTA)* does not authorize RTs to perform this controlled act, and the only of



those four (4) tasks that an RT can receive delegation for is “dispensing”. Dispensing occurs when an RT is required to select, prepare, package, and transfer stock medication for one or more prescribed medication doses to a patient for administration later. The authority to dispense medications must be delegated to an RT from another regulated healthcare professional who is authorized to dispense and delegate dispensing. Note, it is preferable that delegation for dispensing should only occur if there is no pharmacist available. Once the delegation process is complete, the RT will require an order to dispense the controlled substance. More information on this act can be obtained with the CRTO’s Administering & Dispensing Medications PPG.

- **Possession and Transportation of a Controlled Substance:** The [Narcotics Control Regulation \(NCR\)](#) [s.3 (1)] defines “a hospital employee or practitioner” as someone who is authorized to possess a controlled substance. [Health Canada’s Guidance Document](#) statement on this is: “A hospital employee who is authorized by the person in charge of the hospital can provide controlled substances to a person pursuant to a prescription (or hospital written order) if the person is under treatment of the hospital as an in/out patient. This includes the hospital employee transporting the medication to an out-patient of the hospital. ” Therefore, the CRTO interprets this to authorize RTs employed at a hospital to possess and transport controlled substances. Neither “possession” nor “transportation” of a medication is a controlled act, however, most Automated Dispensing Units (ADU) are profiled to increase safety, requiring medications to be removed under a specific patient, and an order must be in place. This is not considered dispensing. Removal for the purposes of dispensing would require a patient-specific prescription.
- If an “override” is required to access stock medication in an emergent situation, facilities will have policies and procedures in place. Once in possession of the controlled substance, the RT may transport it to the location where it is to be administered, also without the requirement of an order.

**Authorization to Administer a Controlled Substance:** The [Controlled Drugs and Substances Act \(CDSA, section 38\)](#) states that practitioners must name the individual patient in the prescription. Therefore, because of this restriction, medical directives for a broad range of patients cannot be used to gain the authority to administer a controlled substance. **Note:** Nurse Practitioners (NPs) in Ontario can prescribe controlled substances if they have completed approved controlled substances education.

- **Handling and Storage of Controlled Substances:** All RTs must ensure that they have the knowledge, skills, and judgment to administer controlled substances in a responsible manner. It is important that RTs, along with all practitioners and staff, play a role in the safety, security, and disposal of controlled substances to avoid narcotic misuse and diversion.

## 5.0 AUTHORITY & MONITORING

- A controlled substance is one that Health Canada has determined to have significant potential for addiction and abuse, including prescription medications and illegal street drugs.



- The possession, handling, dispensing and administration of controlled substances are governed primarily by federal legislation, the *Controlled Drug and Substances Act (CDSA)* and the *Narcotics Control Regulations (NCR)*.
- The *CDSA* lists all controlled substances, which includes narcotic analgesics (e.g. Fentanyl), non-narcotic controlled drugs such as benzodiazepines (e.g. Midazolam) and barbiturates (e.g. Phenobarbital).
- The *NCR* deals specifically with how hospitals and pharmacies are licensed to handle controlled substances.

## 6.0 RELATED DOCUMENTS

- [CRTC's Standards of Practice](#)
- [CRTC's Administering and Dispensing PPG](#)
- [CRTC's Orders for Medical Care PPG](#)
- [Regulated Health Professions Act \(RHPA\)](#)
- [Respiratory Therapy Act \(RTA\)](#)
- [Drug and Pharmacies Regulation Act](#)
- [Narcotics Safety and Awareness Act](#)
- [Controlled Drugs and Substance Act and Regulation \(Health Canada\)](#)

## 7.0 APPENDICES

### Authorizing Mechanisms for Controlled Substances

	Medical Directive allowed?	Direct Order required? (i.e., patient specific)	Delegation required?
Handling (e.g., transporting)	No	No*	No
Administration	No	Yes	No
Dispensing	No	Yes	Yes

\* It is the CRTC's interpretation of the relevant legislation that an RRT does not require a direct order to transport a controlled substance from one area of the hospital to another, provided that they have the approval of their employer.

## 8.0 CONTACT INFORMATION

**College of Respiratory Therapists of Ontario**  
180 Dundas Street West,



College of Respiratory  
Therapists of Ontario  
-----  
Ordre des thérapeutes  
respiratoires de l'Ontario

Controlled Substances PP-105

Suite 2103  
Toronto, ON M5G 1Z8

**Telephone:** 416-591-7800  
**Toll-Free (in Ontario):** 1-800-261-0528  
**Fax:** 416-591-7890  
**General Email:** [questions@crto.on.ca](mailto:questions@crto.on.ca)

## Appendix B

# Answers to Questions Handling, Administration, and Dispensing of Controlled Substances Professional Practice Policy Consultation 2023

As of: 2/6/2024 1:06:57 PM

## Page: Handling, Administration and Dispensing of Controlled Substances Professional Practice policy

### Question: Introduction/Overview

Number Who Answered: 0

[View Details](#)

## Page: About You

### Question: Are you a...

Number Who Answered: 7

[View Details](#)

Respiratory Therapist (including retired)	5	71 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	2	29 %

### Question: I live in...

Number Who Answered: 7

[View Details](#)

Ontario	7	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

## Page: Questions

### Question: Handling, Administration and Dispensing of Controlled Substances

Number Who Answered: 0

[View Details](#)

### Question: Is the purpose of the Handling, Administration and Dispensing of Controlled Substances policy clear?

Number Who Answered: 4

[View Details](#)

Yes	No
4	0
100 %	0 %

### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

### Question: Do you agree the Handling, Administration and Dispensing of Controlled Substances policy is clear and understandable?

Number Who Answered: 4

[View Details](#)

Yes	No
4	0
100 %	0 %

### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

### Question: Is the Handling, Administration and Dispensing of Controlled Substances policy free from omissions and/or errors?

Number Who Answered: 4

[View Details](#)

Yes	No
4	0
100 %	0 %

### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

### Question: Does the Handling, Administration and Dispensing of Controlled Substances policy provide you with sufficient understanding of the expectations?

Number Who Answered: 4

[View Details](#)

Yes	No
4	0
100 %	0 %

### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

**Page: Additional Comments**

**Question: Do you have any additional comments you would like to share?**

*Number Who Answered: 0*

[View Details](#)

# Council Briefing Note

**AGENDA ITEM # 10.2**

**March 1, 2024**

<b>From:</b>	Kelly Arndt RRT, Manager, Quality Practice
<b>Topic:</b>	Final Draft Revised Respiratory Therapists (RTs) as Anesthesia Assistants (AAs) Professional Practice Guideline (PPG)
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Final Respiratory Therapists as AA’s PPG Appendix B – Consultation survey results
<b>Motion:</b>	Council approves draft for consultation

## **PUBLIC INTEREST RATIONALE:**

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities when practicing as Anesthesia Assistants.

## **ISSUE:**

Previously revised in September 2018, the AA PPG has been reviewed and updated. In the current state of healthcare, AA’s provide safe anesthetic practices, improving access to healthcare for patients, which can improve access options and wait times. This PPG provides information regarding the applicable legislation and expectations for RT’s who provide anesthesia assistance.

## **BACKGROUND:**

This PPG has been updated and revised, using subject matter experts, to facilitate understanding and clear direction with respect to anesthesia assistance.



**ANALYSIS:**

**Summary of Changes**

The format of this document is unchanged. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations. The content has been revised to include legislative requirements, and updated links

**Public Consultation**

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website and tweeted on the CRTO Twitter account. In total, 128 people viewed the consultation survey, and 6 responses were received (5 Respiratory Therapists).

83% of respondents found the policy clear, understandable, and free from omissions and errors. As a result of one suggestion, grammatical changes were made which did not impact the content of the PPG.

For full consultation results see Appendix B.

**Length of time consultation was open:** 62 days

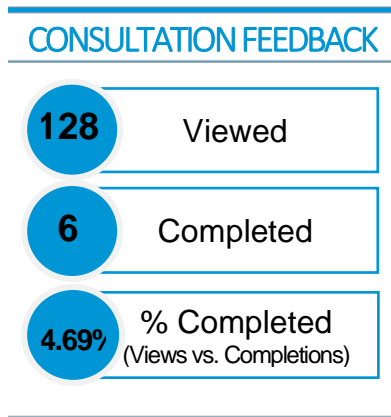
**Date consultation closed:** November 30, 2023

**RECOMMENDATION:**

It is recommended that the CRTO Council approve the revised AA PPG.

**NEXT STEPS:**

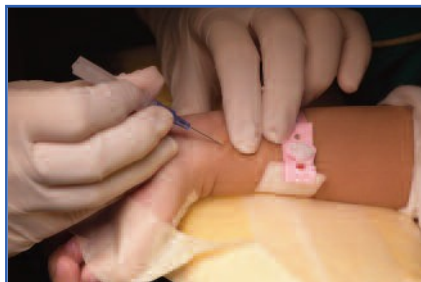
If the motion is approved, the PPG will be published on the CRTO website.



**Appendix A**

# Respiratory Therapists As Anesthesia Assistants

## PROFESSIONAL PRACTICE GUIDELINE



## Professional Practice Guideline

CRTO publications contain practice parameters and standards that should be considered by all Ontario Respiratory Therapists (RTs) in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CRTO publications may be used by the CRTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to Respiratory Therapists authority to perform certain procedures; including controlled acts and acts that fall within the public domain. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

The CRTO will update and revise this document every five years, or earlier, if necessary.

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## Introduction

For several decades, Registered Respiratory Therapists (RRTs) have worked alongside anesthesiologists in Ontario operating rooms, providing technical support on the proper use and maintenance of the anesthetic gas machine in addition to airway management. Since the implementation of the Anesthesia Care Team model in 2009, the role of Respiratory Therapists practicing under the supervision of an anesthesiologist has evolved to include several additional activities, such as the provision of conscious sedation, administration of anesthetic gas medications, insertion and management of arterial lines and the assessment of the depth of anesthesia. The locations where RRTs now provide these services have also expanded to include labor and delivery, emergency departments, and specialty suites such as endoscopy and private dental practices.

## Professional Titles, Roles & Responsibilities

### Professional Titles

The title for this role RRTs play in varies between institutions. Although the title of “Anesthesia Assistant” (AA) is not legislatively protected, it has been associated with this role in some facilities in Ontario. In the Canadian Anesthesia Society’s (CAS) [2022 Position Paper on Anesthesia Assistants](#) the CAS has supported the development of the “Anesthesia Care Team” (ACT) concept of care in which the specialist physician anesthesiologist practices with the assistance of dedicated, trained, and certified Anesthesia Assistant individuals.

Those working as AAs “should be experienced healthcare professionals who have pursued a defined period of didactic and clinical training specific to the competencies required to be an AA”.

In addition, the position of the CRTO and the CAS is that an RRT must not use the title of Anesthesia Assistant unless they have completed a recognized Anesthesia Assistant educational program.

### CSRT's Certified Clinical Anesthesia Assistant (CCAA)

The Canadian Society for Respiratory Therapy (CSRT) offers a credential for Anesthesia Assistants – the Certified Clinical Anesthesia Assistant (CCAA). This credential is awarded to regulated health care professionals who (1) have completed an accredited anesthesia assistant program, and (2) have successfully passed the credentialing exam offered by the Canadian Board for Respiratory Care (CBRC). Those holding the CCAA credential must remain registered with the CSRT and participate in the continuing education program for the CCAA.

Details of the program can be found on the CSRT website: [www.csrt.com](http://www.csrt.com).

The CCAA is not a substitute for registration with a regulatory body – in fact, maintenance of the CCAA requires ongoing registration with a regulator. ALL RTs wishing to practice in Ontario must be registered with the CRTO. The CRTO does not require its Members who work as AAs to obtain the CCAA designation.

### Working under the Direction and Supervision of an Anesthetist

The CAS 2022 Position Paper on Anesthesia Assistants stipulates that AAs work under the direction and supervision of an anesthetist. “The AA must not be used as a replacement for a physician anesthetist”. The same principle applies to all RTs, regardless of whether they have received AA training or not, which is that the RT is not to be the primary provider of anesthesia services.

## Scope of Practice, Competencies & Authorized Acts

### Scope of Practice

The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice outlined in the *Respiratory Therapy Act* (RTA), which is as follows:

*The providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.*

For a comprehensive list of examples of technical, professional and administrative duties an AA may assist with, see the [CAS 2019 Position Paper](#) and the [National Competency Framework 2016](#) document.

### Competencies

Many of the procedures that Respiratory Therapists perform in the area of anesthesia are entry-to-practice competencies taught in respiratory therapy programs, however the degree of competency and skill can be expanded with the completion of the additional training. For those skills beyond entry-to-practice competency, many of the RRTs performing these activities have undergone on-site training.

Others have completed Anesthesia Assistant educational programs.

Although the CRTO does not specifically require its Members to undergo additional certification or “proof” of formalized training from its Members to carry out or to enhance their practice, the CRTO supports and encourages a consistent and measurable process to enhance the skills of its members through the completion of the AA educational program.

### Authorized Acts Performed by AAs/RRTs in an Operating Room Setting

Many of the tasks performed by RRTs under the supervision of an anesthetists are done under the controlled acts that are authorized to Respiratory Therapists via the RTA, which are as follows:

1. ***Performing a prescribed procedure below the dermis***, such as:
  - Arterial line insertion
  - Intravenous and/or intra-arterial catheter insertion
  - Pulmonary artery catheters and central venous catheter insertion
2. ***Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.***
  - Routine and difficult airway management
  - Oro/nasogastric tube insertion
  - Performing Bronchoscopy
  - Assisting in emergence from anesthesia (e.g., tracheal extubation, removal of laryngeal mask airway)

3. ***Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx***



4. ***Administering a substance by injection or inhalation.***

- Assisting with induction and maintenance of anesthesia
- Providing procedural sedation (e.g., administration of narcotics)
- Administering blood products
- Ventilation management

5. ***Administering a prescribed substance by inhalation.***

More information on controlled acts authorized to Respiratory Therapists can be found in the [CRTO's Interpretation of Authorized Act Professional Practice Guideline](#).

### Procedural Sedation

The CAS position paper on Procedural sedation states that sedation may be provided by a team that includes a sedation supervisor (typically the anesthesiologist/physician) and an approved and credentialed sedation assistant(s) (e.g., Respiratory Therapist, Anesthesia Assistant.) Sedation administration may be delegated to the AA/RRT by the sedation supervision. The sedation supervisor retains responsibility for the patient and must remain immediately available to support the sedation assistant as necessary.

### Public Domain Activities Performed by AAs/RRTs in an Operating Room Setting

Other tasks performed by RRTs under the direction and supervision of an anesthetist are not controlled acts, and therefore rest within the public domain. This means that these activities can be performed by any healthcare professional who possesses the requisite competencies. The following are examples of public domain activities routinely performed by RRTs providing anesthesia services:

- Pre-operative assessments
- Set up, calibrate and troubleshooting anesthesia equipment and patient monitors
- Intraoperative and post-operative patient monitoring (e.g., EtCO<sub>2</sub>, SpO<sub>2</sub>)
- Patient transfer to/from various care areas (e.g., Post Anesthetic Care Unit, ED, ICU, Surgical Floor)

## Authorizing Mechanisms

AAs execute medical orders and directives as prescribed by anesthetists. The RTA requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except\* for:

- *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and*
- *Administering a prescribed substance by inhalation.*

\* **Please note:** depending on the practice setting, other legislation may require an order even for these acts (e.g., the Public Hospitals Act). Almost all controlled acts authorized to Respiratory Therapists require a valid order.

Both direct orders and medical directives are valid authorizing mechanisms and either be used by an RRT providing anesthesia services. The only exception to this is when controlled substances are administered, in which case a direct order must be used. More information on this can be found in the section entitled [Controlled Substances](#).

More information on authorizing mechanisms can be found in the [CRTO's Orders for Medical Care Professional Practice Guideline](#).

## Delegation

Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act. When the task to be performed is neither authorized to Respiratory Therapists nor part of the public domain, it must be delegated to the RRT from another competent, regulated health care professional who has the authority to perform the controlled act. The following are examples of tasks that RRTs might receive delegation for when providing anesthesia services:

- Dispensing medication
- Putting an instrument, hand or finger beyond the opening of the urethra, beyond the anal verge or into an artificial opening into the body
- Application of a form of energy for nerve conduction studies, cardioversion, defibrillation or transcutaneous cardiac pacing

More information on delegation can be found in the [CRTO's Delegation of Controlled Acts Professional Practice Guideline](#).

### Please Note:

RRTs who wish to use ultrasound in their practice (e.g., for guided arterial line insertions) no longer require delegation. However, an order is still required.

- As outlined in the [CRTO Orders for Medical Care Professional Practice Guideline \(PPG\)](#) (pp. 10 – 11) & the [CRTO Position Statement on Medical Directives](#), there are two types of orders:
  - i. A direct order (naming an individual patient)
  - ii. A medical directive (for a broad group/type of patient)

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has additional information on these processes, as well as [templates](#) that combine a medical directive with a delegation document.

## Controlled Substances

RRTs are authorized to administer controlled substances and other medications to a particular patient or group of patients, provided they have a valid order. It is essential to first determine if a controlled substance is being administered or dispensed. If the obtained medication is prepared and administered at that time to a patient, then it's considered to be administration and not dispensing (e.g., providing procedural sedation to a patient in the OR).

The *Controlled Drugs and Substances Act* states that the physician who orders a controlled substance must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance.

More information on controlled substances can be found in the CRTO's [Handling, Administration and Dispensing of Controlled Substances Position Statement](#).

## Dispensing

The RTA does not authorize RTs to dispense medication, however, this controlled act can be delegated to an RT from a regulated healthcare professional who has the authority to delegate dispensing. In addition, RTs can obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician.

More information on Dispensing can be found in the [CRTO's Administering & Dispensing Medications Professional Practice Guideline](#)

## Documentation

The purpose of documentation is to preserve a permanent and accurate record of the care a patient receives. This includes documentation in the patient's Personal Health Records (PHR), as well as equipment maintenance records, transfer of accountability (TOA) reports, adverse event/critical incident reports, etc. RTs working as AAs may document in a paper record, in an electronic system, or a combination, as specified by the facility where the patient care is provided. In addition, each phase of the continuum of anesthesia care (pre-operative, intra-operative and post-operative) has its own unique documentation requirements. However, RTs working as Anesthesia Assistants are required to adhere to the same documentation standards as RTs in any other practice setting and are responsible for documenting their own actions. Note: It is not acceptable to allow another healthcare provider to record or document for the AA/RRT.

More information on the CRTO's Documentation Standards can be found in the [CRTO's Documentation PPG](#) and [CRTO's Standards of Practice - Standard 7](#).



**College of Respiratory  
Therapists of Ontario**

---

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

This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

**Manager, Quality Practice**

College of Respiratory Therapists of Ontario  
180 Dundas Street West, Suite 2103  
Toronto, Ontario M5G 1Z8

**Phone 416-591-7800**  
**Toll Free 1-800-261-0528**

**Fax 416-591-7890**  
**E-mail [questions@crto.on.ca](mailto:questions@crto.on.ca)**



## Appendix B

# Answers to Questions

## Draft RT's as AA's PPG Consultation 2023

As of: 2/6/2024 12:35:28 PM

### Page: RT's as Anesthesia Assistants Professional Practice Guideline (PPG) Background

#### Question: Introduction/Overview

Number Who Answered: 0

[View Details](#)

### Page: About You

#### Question: Are you a...

Number Who Answered: 6

[View Details](#)

Respiratory Therapist (including retired)	5	83 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	17 %

#### Question: I live in...

Number Who Answered: 6

[View Details](#)

Ontario	6	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

### Page: Questions

#### Question: RT's as Anesthesia Assistants PPG

Number Who Answered: 0

[View Details](#)

#### Question: Is the purpose of the RT's as AA's PPG clear?

Number Who Answered: 6

[View Details](#)

Yes	No
5	1
83 %	17 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Do you agree that the RT's as AA's PPG is clear and understandable?

Number Who Answered: 6

[View Details](#)

Yes	No
5	1
83 %	17 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Is the RT's as AA's PPG free from omissions and/or errors?

Number Who Answered: 6

[View Details](#)

Yes	No
4	2
67 %	33 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Does this RT's as AA's PPG provide you with sufficient understanding of the expectations?

Number Who Answered: 6

[View Details](#)

Yes	No
4	2
67 %	33 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

### Page: Additional Comments

#### Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

[View Details](#)

# Council Briefing Note

**AGENDA ITEM # 10.3**

**March 1, 2024**

<b>From:</b>	Kelly Arndt, RRT, Manager, Quality Practice
<b>Topic:</b>	Final Draft Revised Registration and Use of Title Professional Practice Guideline (PPG)
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Final Registration and Use of Title Professional Practice Guideline (PPG) Appendix B – Consultation survey results
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the final draft revised Registration and Use of Title PPG.</b>

## **PUBLIC INTEREST RATIONALE:**

The Registration and Use of Title PPG provides guidance with respect to the different classes of registration, protected titles and the requirements of maintaining one’s registration with the CRTO. The protected title and registration requirement provisions assure that anyone identifying themselves as a Respiratory Therapist is authorized to practice, and as such, meets certain registration requirements and is professionally accountable for providing safe, competent and ethical care.

## **ISSUE:**

Previously revised in 2020, the Registration and Use of Title PPG has been reviewed and updated with references to the new Emergency Class and the “As of Right” exemption. The document has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been addressed.

## **BACKGROUND:**

In Ontario, “Respiratory Therapist” is a protected title. The title and any variation or abbreviation of the title (e.g., RT, RRT) are protected under the *Respiratory Therapy Act* (RTA). In addition, the RTA has a “holding out” provision that prohibits any person who is not a Member of the CRTO from holding themselves out as a person who is qualified to practice



Respiratory Therapy in Ontario (with the exception of Inter-jurisdictional Respiratory Therapists who meet the conditions under O. Reg. 199/23 Exemption – Restricted Titles).

The CRTO developed the Registration and Use of Title PPG to clarify Members' obligations with respect to their use of professional titles and designations and maintaining their registration with the CRTO.

## ANALYSIS:

### Summary of Changes

The format and intent of this document is unchanged. The content has been revised to reflect the recent regulatory amendments, in particular, the new Emergency Class of Registration and the "As of Right" exemption. For example, under:

- Classes of Registration:
  - Added the Emergency Certificates of Registration
- Protected Titles
  - Revised to clarify the "As of Right" exemption.
- Professional Designations, Professional Titles & Job Titles
  - Updated with references to the Emergency Certificates of Registration.

In addition, the conditions imposed on Graduate Certificates of Registration (listed under the Classes of Registration section) have been updated to reflect the recent changes under the *Controlled Acts Regulation*.

Other changes were made to improve readability and to ensure consistency with other CRTO documents.

### Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website and tweeted on the CRTO's Twitter account. In total, 34 people viewed the consultation survey, and 2 responses were received for some questions (1 Respiratory Therapist).

The respondent found the PPG understandable, however stated not free from omissions and errors. A comment was received from this respondent suggesting additional classes of

### CONSULTATION FEEDBACK

34 Viewed

2 Completed

5.89% % Completed  
(Views vs. Completions)

Registration not currently used by the CRTO, along with comments about students, who are not Members of the CRTO.

For full consultation results see Appendix B.

**Length of time consultation was open: 31 days**

**Date consultation closed: February 12, 2024**

**RECOMMENDATION:**

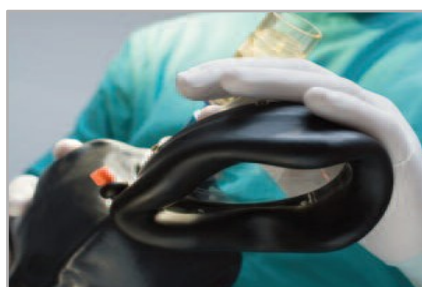
It is recommended that the CRTO Council review and approve the revised Registration and Use of Title PPG.

**NEXT STEPS:**

If the motion is approved, the PPG will be published on the CRTO website.

# Registration & Use of Title

## PROFESSIONAL PRACTICE GUIDELINE



## Professional Practice Guideline

College of Respiratory Therapists of Ontario (CRTO) publications contain practice parameters and standards that should be considered by all Ontario Respiratory Therapists (RTs) in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these CRTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to registration and use of title. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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## Introduction

The *Regulated Health Professions Act, 1991* (RHPA) sets out the framework for the regulation of health professions in Ontario. This piece of legislation grants the privilege of self-regulation to Respiratory Therapists as well as other healthcare professionals. The *RHPA* also permits each regulatory College to determine the appropriate registration requirements for its own profession. In addition, as a public protection mechanism, the profession-specific Acts restrict the use of certain professional titles and designations to members of health regulatory Colleges.

The *Respiratory Therapy Act, 1991* (RTA) confers the title “Respiratory Therapist” to those individuals who have met the College of Respiratory Therapists of Ontario’s (CRTO) registration requirements. The intent of this practice guideline is to offer clarification with respect to the different classes of registration, protected titles, and maintaining one’s registration with the CRTO.

## Classes of Registration

All Members of the CRTO are issued a “certificate of registration.” A member’s certificate may be issued in either the General, Graduate, Limited (Practical), Inactive or Emergency class. All CRTO Members are “Respiratory Therapists” regardless of the class of certificate of registration they hold.

### *General Certificate of Registration*

A General Certificate may be issued to an individual who has met all registration requirements, including academic requirements, and has successfully completed the registration examination approved by the CRTO, or met the registration requirements under labour mobility provisions. A Member holding a General Certificate of Registration, must use the designation “RRT” when practising the profession and may use “Registered Respiratory Therapist” or “Respiratory Therapist” as their protected title.

### *Graduate Certificate of Registration*

A Graduate Certificate may be issued to an individual who has met all registration requirements, including academic requirements, but has not yet successfully completed the registration examination approved by the CRTO. A Member holding a Graduate Certificate of Registration, must use the designation “GRT” and may use “Graduate Respiratory Therapist” as their protected title. This is a temporary class of registration. **A Graduate Certificate of Registration is automatically revoked after 18 months.**

The following conditions apply to a Graduate Certificate of Registration:

The (Graduate) Member shall,

1. at the first reasonable opportunity, advise every employer of any terms, conditions, and limitations that apply to the Member’s Graduate Certificate of registration if their employment is in the field of Respiratory Therapy;
2. only perform a controlled act that is authorized to the profession if it is performed under the general supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who, the Member holding the Graduate Certificate has reasonable grounds to believe, is authorized to perform the controlled act, and is competent to do so and who is available to be personally present at the site where the authorized act is performed on ten minutes notice;
3. not delegate a controlled act;
4. not perform advanced prescribed procedures below the dermis; and
5. not perform authorized act #5 “administering a prescribed substance by inhalation”.

**A Graduate Certificate is deemed to have been revoked 18 months after its initial date of issue.**

**Table 1: Controlled Acts Authorized to Respiratory Therapists**

Authorized Acts (under the <i>Respiratory Therapy Act</i> )	GRT Can Perform*
1. Performing a prescribed procedure below the dermis <del>-</del>	✓ (Basic procedures only)
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx <del>-</del>	✓
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx <del>-</del>	✓
4. Administering a substance by injection or inhalation <del>-</del>	✓
5. Administering a prescribed substance by inhalation <sup>1</sup> <del>-</del>	X
Exceptions (under the <i>Controlled Acts Regulation</i> )	GRT can Perform*
1. Performing a tracheostomy tube change <sup>2</sup>	✓
2. Use of diagnostic ultrasound <sup>3</sup>	✓

\*please note that general supervision is required.

**Notes:**

1. Graduate Respiratory Therapists (GRTs) are not permitted to independently self-initiate oxygen therapy as per authorized act #5 (“administering a prescribed substance”). However, GRTs can still administer oxygen, and other substances (e.g., bronchodilators) as per authorized act #4 (“administering a substance by injection or inhalation”) provided they have a valid order (direct or via a medical directive) from an authorized prescriber (e.g., physician).
2. All Members of the CRTO are permitted under the Controlled Acts Regulation to change a tracheostomy tube, subject to any terms, conditions and limitations on their certificates of registration. However, it is the position of the CRTO that GRTs are not permitted to perform a tracheostomy tube change for a stoma that is less than 24 hours old.
3. Ultrasound must be ordered by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario (Extended Class).



## PLEASE NOTE:

In addition to GRTs not being permitted to delegate controlled acts, the CRTO's position is that GRTs should not **accept** delegation of any controlled act.

**For example**, a GRT working in a pulmonary function lab cannot accept delegation to implement the controlled act "*Communicating to the individual or his or her personal representative a diagnosis...*". GRTs require general supervision for the acts authorized to RTs (listed above). It is, therefore, in the best interest of patients/clients for GRTs to first focus on developing their competency in core areas of RT practice.

### *Limited Certificates of Registration*

Limited Certificates were issued to individuals who had not met all requirements for a General Certificate of Registration but provided sufficient evidence to a Panel of the Registration Committee of their competence in a defined area of the scope of practice of the profession. The CRTO stopped issuing Limited Certificates of Registration on February 25, 1999. If a Member holds a Limited Certificate of Registration, they must use the designation "PRT" and may use "Practical Respiratory Therapist" (PRT) as their protected title.

#### **NOTE:**

It is important that Members clearly identify themselves by their respective professional designation and/or title on their name badge and when documenting in the patient/client record.

### *Inactive Certificates of Registration*

A Member registered with a General or Limited Certificate of Registration may apply for an Inactive Certificate of Registration provided they are not practicing the profession\* in the broadest sense of that phrase.

#### **NOTE:**

A GRT is not permitted to apply for an Inactive Certificate of Registration.

The following conditions apply to an Inactive Certificate of Registration: The (Inactive) Member shall not,

- engage in providing direct patient care;
- use the protected title or designation;
- supervise the practice of the profession; or
- make any claim or representation to having any competence in the profession

\*for additional information on what it means to be “practising the profession”, please review the CRTO’s [Am I Practising Fact Sheet](#).

**NOTE:**

An Inactive Member is not permitted to serve as a CRTO Council Member or Committee Appointee.

### *Emergency Certificates of Registration*

An Emergency Certificate may be issued when the government has requested that CRTO initiate registrations under the Emergency Class, or the CRTO Council has determined that there are emergency circumstances and that it is in the public interest to issue Emergency Certificates of Registration. If a Member holds an Emergency Certificate of Registration, they must use the designation RT(E) and may use “Respiratory Therapist (Emergency)” as their protected title.

An Emergency Certificate of Registration expires twelve (12) months after it is issued unless it is renewed or six (6) months after Council determines that emergency circumstances no longer exist.

The following conditions apply to an Emergency Certificate of Registration:

The Member shall,

- (a) at the first reasonable opportunity, advise every employer of any terms, conditions and limitations that apply to the Member’s Emergency Certificate of registration if their employment is in the field of respiratory therapy
- (b) only perform a controlled act that is authorized to the profession if it is performed under the general supervision of a Member who holds a certificate in the General Class of Registration and who is available to be present at the site on ten minutes notice; and
- (c) not delegate a controlled act\*.

\* It is the CRTO’s position that Members who cannot delegate a controlled act, cannot accept delegation for a controlled act.

## Protected Titles

In Ontario, the title “Respiratory Therapist” is protected under the *Respiratory Therapy Act, 1991* (RTA).

. This means that to use the “Respiratory Therapist” title or any variation or abbreviation of that title, and/or hold oneself out as qualified to practice respiratory therapy in Ontario, a person must be registered with the CRTO<sup>1</sup>.

### *Professional Designations, Protected Titles & Job Titles*

**Professional title** is the full expression of the title, as it corresponds to the Member’s certificate of registration.

**Designation** is the abbreviation of the professional title.

**Job title** is often the term given by employers, educational facilities, and certification bodies to designate certain professional roles. These titles are not protected under law but can be used in addition to the protected professional title/designation to highlight the RT’s credentials and/or position within their organization.

Section 67 of the Registration Regulation (O. Reg. 596/94) specifies that:

Members may use the **protected title** that corresponds to their certificates of registration (see table 2 below).

- Members must use the **designation** that corresponds to their certificates of registration (see table 2 below)

Job titles may also be used, but they must be accompanied by the appropriate designation.

**Table 2: Professional Designations, Protected Titles & Job Titles**

Class of Registration	Designation	Protected Title	Job Title
General	RRT	Registered Respiratory Therapist or Respiratory Therapist	Anesthesia Assistant (AA)
Graduate	GRT	Graduate Respiratory Therapist	Patient Educator Registered Polysomnography Technician (RPSGT)
Limited (Practical)	PRT	Practical Respiratory Therapist	Certified Respiratory Educator (CRE)

<sup>1</sup> With the exception of Inter-jurisdictional Respiratory Therapists who meet the conditions under O. Reg. 199/23 Exemption – Restricted Titles, which include having submitted an application for registration to the CRTO.

<b>Emergency</b>	<b>RT(E)</b>	Respiratory Therapist (Emergency)	
------------------	--------------	--------------------------------------	--

Documents or records signed by a Member or used by a Member in a professional capacity (e.g., business card) **must** include, at a minimum, their name and their professional designation (e.g., RRT).

### Example...

An RT who has successfully completed an Anesthesia Assistant certification program may use “AA” when working in their role as an AA, provided their designation is listed first (i.e., RRT/AA). Additional information regarding the AA role can be found in the CRTO’s Respiratory Therapists as Anesthesia Assistants Professional Practice Guideline.

### Registered Names

It is also important that when practising the profession, Members use the name that they have registered with the CRTO in all interactions with the public and the healthcare team. The name used to register with the CRTO is the one that is found on the Public Register and is used to identify the Member as being registered with the CRTO. The [Professional Misconduct Regulation \(O. Reg. 753/93\)](#) states that it is professional misconduct for a Member to be “using a name other than the Member’s name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession”.

#### PLEASE NOTE:

It is an expected standard of practice that RTs manage their professional and therapeutic relationships by “introducing themselves to patients/clients and other members of the healthcare team using their name and professional title” (CRTO [Standards of Practice - Standard 13](#). Professional Responsibilities - Responsibilities to the Profession and the Public).

If a Member feels that identifying themselves by name could put them at risk, they should seek further assistance by contacting the CRTO.

#### PLEASE NOTE:

In 1999, the CRTO adopted the use of the title **Registered Respiratory Care Practitioner (RRCP)** to identify Registered Respiratory Therapists (RRTs) in Ontario. At the time, it was felt that this title more accurately reflected the role of CRTO Members. However, Members who responded to a survey conducted by the CRTO in June 2002 were overwhelmingly in favour of returning the professional title and designation back to Registered Respiratory Therapist (RRT) because they believed that the RRCP designation caused confusion for both the healthcare team and the public. As a result, the CRTO Council voted in September 2003 to amend the [Registration Regulation](#) and returned Registered Respiratory Therapists (RRT) as the official professional title and designation for Respiratory Therapists in Ontario.

Professional titles and designations are intended to help safeguard the public by making registered members of health professions easy to identify. Using a title and designation that is no longer official may be contrary to this intention and, therefore, the title “Registered Respiratory Care Practitioner” and the designation “RRCP” is not to be used by Members of the CRTO. For the correct professional titles and designation for the various classes of registration, please see the table on page 10.

## Student Respiratory Therapists (SRT)

Students enrolled in an approved RT education program are not Members of the CRTO, but the CRTO encourages them to use the title Student Respiratory Therapist (SRT) while fulfilling the requirements to become a Respiratory Therapist.

## Terms, Conditions and Limitations

Terms, conditions, and limitations are restrictions that may appear on any certificate of registration. In general terms, such restrictions are imposed to protect the public. These restrictions may be imposed by regulation (e.g., preventing Inactive Members from engaging in practice), or by one of the CRTO's statutory committees on a particular Member, such as disciplinary action. The Registration Committee may also direct that terms, conditions, or limitations be placed on a certificate of registration when reviewing an application for registration. For example, the Registration Committee may direct an RT practice under supervision when the Member has been away from practice for an extended period and does not meet the CRTO's currency requirement.

Terms, conditions, and limitations may be removed from a certificate of registration in a variety of ways, including:

- submitting a request to, and receiving approval from, the committee that originally put the restrictions in place; and
- meeting pre-set conditions, such as completing a Specified Continuing Education or Remediation Program (SCERP), or providing acceptable evidence of competence to perform a procedure.

Terms, conditions, or limitations imposed on a Member's certificate of registration are part of the CRTO's online Public Register. Additional information about TCLs can be found in the CRTO's [Terms, Conditions and Limitations Fact Sheet](#).

## CRTO Public Register

The *Regulated Health Professions Act, 1991 (RHPA)* requires all health regulatory colleges to maintain a register of Member information that is publicly available on their websites. The CRTO online Public Register includes the information required under the RHPA, and additional information outlined in the CRTO's By-laws.

Examples of information provided on the online Register include:

- Members' names, and where applicable, former names
- Members' class of registration, registration number, and registration status
- Any conditions or restrictions imposed on Members' certificates of registration
- Information about Members' practice locations,
- The language(s) in which Members are able to provide respiratory therapy services
- Registration history, for example, information about Members' registration with the CRTO, including changes to the class and registration status
- Information about registration or licensure in other professions or with other RT regulators
- Information about health profession corporations
- Conduct information, for example,
  - Results of past hearings
  - Notations of pending hearings, for example, when a Member has been referred for a hearing before CRTO's Discipline or Fitness to Practise Committee
  - Notations of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee (ICRC) and any specified continuing education or remedial programs required by a panel of the ICRC
  - Information about convictions, if for example, a Member has been found guilty of an offence under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offences that relate to the Member's suitability to practise. Information about charges under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offences that relate to the Member's suitability to practise, including where applicable bail conditions.
  - .

The Register also includes information about former Members of the CRTO, . the

date on which the Member ceased to be registered, and the reason for the cessation of membership.

For more information, please see the [Public Register Fact Sheet](#).

## Maintaining Registration with the CRTC

Members of the CRTC must renew their registration on an annual basis, by completing the online registration renewal form and by paying the annual renewal fee. In addition, Members are required to:

- Practise according to the standards of practice established in the legislation, regulations and CRTC guidelines;
- Participate in the CRTC Professional Development Program;
- Maintain Professional Liability Insurance (PLI) in the amounts and coverage set out in the CRTC By-Law 3. For additional information about the PLI requirement, please review the [Professional Liability Insurance Policy Fact Sheet](#);
- Inform the CRTC of any change to their personal contact information and employment status
- Self-report information about themselves as outlined in section 23 of the Code and the CRTC By-Law 3. For example,
  - Information related to charges and/or findings of guilt related to offenses,
  - Findings/proceedings of professional negligence or malpractice,
  - Findings/proceedings of professional misconduct, incompetence, incapacity, or other similar finding by another professional regulatory/licensing authority in any jurisdiction.

### Additional Information...

For additional information on mandatory reporting obligations, please review the CRTC's [Mandatory Reporting by Members](#) and [Mandatory Reporting by Employers/Facilities Fact Sheets](#).

Certificates of registration must be renewed annually and failure to provide the requested information at renewal time, or pay the renewal fee by the CRTC's deadline, may result in suspension of a Member's certificate of registration. A person who no longer wishes to be a Member of CRTC must formally resign their certificate; simply failing to renew on time or pay the renewal fee will result in suspension of the certificate of registration and, ultimately, revocation.



## Resignation

Members who are not practising the profession and who do not wish to renew their registration must let the CRTO know of their intent to resign in writing. Under the *Respiratory Therapy Act 1991*, a Member who has resigned or no longer holds a certificate of registration is prohibited from using the title "Respiratory Therapist" (or any variation or abbreviation of that title) and is prohibited from holding themselves out as a person who is qualified to practise as a Respiratory Therapist in Ontario.

If a resigned Member wishes to be reinstated, they must re-apply and meet the registration requirements in place at the time of their re-application.

## Suspension (for Failure to Renew Membership)

If a Member fails to renew their registration with the CRTO and does not resign, their certificate of registration will be suspended.

A person whose certificate of registration has been suspended is not permitted to:

- Hold themselves out as a person qualified to practise the profession in Ontario, including using the title "Respiratory Therapist" or any variation or abbreviation of these titles, such as "RT", "RRT".
- Practise as a Respiratory Therapist in Ontario.
- Perform controlled acts under the *Regulated Health Professions Act, 1991* by virtue of being a Member of the CRTO.

In order to have the suspension lifted, the person will be required to meet all annual renewal requirements, including payment of fees as set out in the CRTO By-Laws.

## Revocation (for Failure to Renew Membership)

According to the Registration Regulation (s. 66.(2)), if the suspension (for failure to renew registration) is not lifted, the Member's certificate of registration will be revoked by the last day of the CRTO's fiscal year in which the suspension was imposed. Once the certificate has been revoked, a former Member may be reinstated if they:

- (a) re-apply for registration and pay the application fee;
- (b) meet the registration requirements;
- (c) pay the annual fee for the year in which the new certificate is issued.

This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

Manager, Quality Practice  
College of Respiratory Therapists of Ontario  
180 Dundas Street West, Suite 2103  
Toronto, Ontario M5G 1Z8

Phone 416-591-7800  
Toll Free 1-800-261-0528

Fax 416-591-7890  
E-mail [questions@crto.on.ca](mailto:questions@crto.on.ca)

## Appendix B

# Answers to Questions Registration and Use of Title PPG

As of: 2/13/2024 10:33:42 AM

### Page: Consultation Overview

#### Question: Introduction/Overview

Number Who Answered: 0

[View Details](#)

### Page: About You

#### Question: Are you a...

Number Who Answered: 2

[View Details](#)

Respiratory Therapist (including retired)	1	50%
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	50%

#### Question: I live in...

Number Who Answered: 2

[View Details](#)

Ontario	1	50 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	1	50%

### Page: Questions

#### Question: Registration and Use of Title PPG

Number Who Answered: 0

[View Details](#)

#### Question: Is the Registration and Use of Title PPG written in a way that is clear and understandable?

Number Who Answered: 1

[View Details](#)

Yes	No
1	0
100 %	0 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Is the Registration and Use of Title PPG free from omissions and/or errors?

Number Who Answered: 1

[View Details](#)

Yes	No
0	1
0 %	100 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Does the PPG provide you with a sufficient understanding of the different classes of registration under the CRTO's Registration Regulation?

Number Who Answered: 1

[View Details](#)

Yes	No
1	0
100 %	0 %

#### Question: If no, please provide further details:

Number Who Answered: 0

[View Details](#)

#### Question: Does the PPG provide you with a sufficient understanding of "Respiratory Therapist" as a protected title?

Number Who Answered: 1

[View Details](#)

Yes	No
1	0
100 %	0 %

#### Question: If no, please provide further details

Number Who Answered: 0

[View Details](#)

### Page: Additional Comments

#### Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

[View Details](#)

# Council Briefing Note

**AGENDA ITEM #10.4**

**March 1, 2024**

<b>From:</b>	Shaf Rahman, Deputy Registrar
<b>Topic:</b>	Updates to Mandatory Reporting by Members Fact Sheet
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A: Previous Mandatory Reporting by Members Fact Sheet Appendix B: Current Mandatory Reporting by Members Fact Sheet

## **PUBLIC INTEREST RATIONALE:**

To ensure that all communications to CRTO's membership is clear and concise, so that Members have an accurate understanding of their reporting obligations to the CRTO. This in turn allows the CRTO to continue fulfilling its mandate of regulating the profession in the public interest.

## **BACKGROUND:**

The Mandatory Reporting by Members Fact Sheet was developed by the CRTO to clarify to membership their requirements to provide information to the CRTO. The authority to require members to report information to the CRTO is provided through section 85 of the *Health Professions Procedural Code*, being schedule 2 to the *Regulated Health Professions Act, 1991*, and *CRTO By-Law 3-3*.

The Mandatory Reporting by Members Fact Sheet was last updated in September 2021. Accordingly, CRTO staff engaged in a review of the Fact Sheet in January 2024 to ensure that the document was up to date.

## **ANALYSIS:**

The following is a summary of the updates to the Mandatory Reporting by Members Fact Sheet:

- Wording was changed to make it easier to understand the "*When and how do I submit the self-report*" section of the Fact Sheet.
- A review was conducted of all applicable legislation to ensure the Fact Sheet was up to date. This included a review by CRTO legal counsel.
- Additions were made to the resources section of the Fact Sheet.

## Overview

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As a regulated healthcare professional you are required to report a number of things to the College of Respiratory Therapists of Ontario (CRTO) or other legislated bodies in the interest of public safety and transparency. The purpose of this Fact Sheet is to clarify what needs to be reported, to whom, and under which jurisdiction these reports are required. Additional information can be obtained by speaking directly with a CRTO staff member.

## Under what authority am I required to make a report?

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Your reporting obligations come from a number of different legal sources including the *Regulated Health Professions Act, 1991*, the *Child and Family Services Act, 1990*, the *Retirement Homes Act, 2010*, and the CRTO's *Regulations, Standards of Practice, By-Laws and Commitment to Ethical Practice*.

## What am I required to report to the CRTO?

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### Mandatory Self-Reporting Obligations

Your reporting obligations fall into three categories:

1. Offences
2. Findings/proceedings of professional negligence or malpractice; or
3. Information regarding professional registration and conduct

#### 1. Offences

You are required to report **any** offence for which you have been charged (including bail conditions, restrictions imposed, or restrictions agreed upon) and/or any findings of guilt, including those:

- i) under the *Criminal Code of Canada, 1985*;
- ii) under the *Health Insurance Act, 1990*;
- iii) related to prescribing, compounding, dispensing, selling or administering drugs;
- iv) that occurred while you were practicing, or that was related to your practice;
- v) in which you were impaired or intoxicated; or,
- vi) not listed but relevant to your suitability to practice the profession.

An example of an offence that might occur while you are practising would be a breach of the *Personal Health Information Protection Act, 2004*.



# Mandatory Reporting by Members **Fact Sheet**

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You are not required to report municipal by-law infractions such as parking and zoning violations, or offences under the *Highway Traffic Act, 1990* such as speeding or rule of the road violations.

However, **all** offences involving the consumption of alcohol or drugs must be reported.

Any offence that involves dishonesty, breach of trust or disregard for the welfare of individuals are examples of offences relevant to your suitability to practice and must be reported (e.g., a failure to report a child in need of protection under the *Child and Family Services Act, 1990*).

When in doubt, you should err on the side of caution and report an offence to the CRTO. The CRTO staff and the relevant committee will review the report to determine if the offence is “relevant to a member’s suitability to practice”.

## **2. Findings/Proceedings of Professional Negligence or Malpractice**

Professional negligence generally involves making a mistake that harms a patient. These findings occur in civil court proceedings or lawsuits. The CRTO must post court findings of professional negligence or malpractice on the public register.

## **3. Information regarding Professional Registration and Conduct**

You must also notify the CRTO if:

- a) you are a member of another body that governs a profession inside or outside of Ontario; and/or
- b) you have a finding of professional misconduct, incompetence, incapacity, or similar proceedings made against you by another body that governs a profession inside or outside of Ontario; and/or
- c) you have been disciplined, suspended, required to resign, terminated or subjected to similar action at our place of employment or in a relation to a contract of service; and/or
- d) you have been the subject of any professional misconduct in relation to a contract of service.

## **4. Mandatory Reporting Obligations of other Health Care Professionals**

### **Reporting Sexual Abuse of a Patient**

Under section 85.1 you must file a report if you have reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient. You must make the report within **30 days**, unless you have reasonable grounds to believe the member will continue to sexually abuse patients, in which case, you must report the information immediately.

### **Notes:**



# Mandatory Reporting by Members Fact Sheet

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1. The name of a patient who may have been sexually abused must not be included in a report unless the patient, or if the patient is incapable, the patient's representative, consents in writing to the inclusion of the patient's name.
2. You are not required to file a report if you don't know the name of the member who would be the subject of the report.
3. If a member is required to file a report because of reasonable grounds obtained from one of the member's patients, the member shall use his or her best efforts to advise the patient of the requirement to file the report before doing so.

## Timing of Report

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The report must be filed as soon as reasonably practicable after the member receives notice of the finding of guilt, charge, bail condition or restriction.

**NOTE:** for reporting of sexual abuse of a patient, you must make the report within **30 days**, unless you have reasonable grounds to believe the member will continue to sexually abuse patients, in which case, you must report the information immediately.

## Contents of Report

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The contents of the report must contain:

- a. the name of the member filing the report;
- b. the nature of, and a description of the finding/charge;
- c. the date that the finding/charge was made/laid against the member;
- d. the name and location of the court/body that made the finding against the member/the name and location of the court in which the charge was laid or in which the bail condition or restriction was imposed on or agreed to by the member;
- e. every bail condition imposed on the member as a result of the charge;
- f. any other restriction imposed on or agreed to by the member relating to the charge;
- g. the status of any appeal initiated respecting the finding made against the member; and
- h. the status of any proceedings with respect to the charge.

## What happens after I report an offence or other finding?

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The CRTO will review the report and determine if any further investigation is required. You may be asked to provide additional information (e.g., the contact information of the police officer or Crown attorney who knows most about the matter).



# Mandatory Reporting by Members **Fact Sheet**

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In general the CRYPTO will only take action, if, after inquiring into the matter, it appears that the conduct impacts your ability to practice respiratory therapy ethically, safely or competently.

## **If I work in a long-term care facility, what do I have to report?**

If you have reasonable grounds to suspect that a child may have been or is at risk of being physically, emotionally or sexually abused, neglected or exploited you have a duty to report to one of the 53 Children's Aid Societies in Ontario. The requirement to file a report is outlined in the *Child and Family Services Act, 1990* as well as the *Regulated Health Professions Act, 1991*.

## **How do I maintain confidentiality?**

If the report includes patient/client information then you should make your best effort to inform the patient/client prior to filing your report. If patient/client consent cannot be readily obtained, or is refused, your report should make this clear. Alternatively, you may choose to include the information with identifiers removed.

## **Failure to Submit a Report**

Failure to submit a mandatory report of sexual abuse may result in a fine of up to \$50,000 for an individual. In instances where a mandatory report is not submitted, the failure to make the mandatory report may result in a referral of professional misconduct allegations to the Discipline Committee.

There are additional requirements for reporting other health care professionals if you operate a facility.

For additional information please refer to:

1. Mandatory Reporting by Employers/Facilities Fact Sheet
2. Sections 85.1-85.6 of the *Health Professions Procedural Code*

## **Resources**

- [Regulated Health Professions Act, 1991](#)
- [Child and Family Services Act, 1990](#)
- [Retirement Homes Act, 2010](#)
- [Criminal Code of Canada, 1985](#)





# Mandatory Reporting by Members **Fact Sheet**

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- [Health Insurance Act, 1990](#)
- [Personal Health Information Protection Act, 2004](#)
- [Retirement Homes Regulatory Authority](#)
- [Children's Aid Societies](#)
- [Children's Aid Societies](#)
- [Mandatory Reporting by Employers/Facilities Fact Sheet](#)
- [Health Professions Procedural Code](#)

## Contact Information

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### **College of Respiratory Therapists of Ontario**

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Toronto, ON M5G 1Z8

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**Toll-Free (in Ontario):** 1-800-261-0528

**General Email:** [questions@crto.on.ca](mailto:questions@crto.on.ca)



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

Date Published: **September 24, 2021**

Document Number: **CD-FS215**

## Overview

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As a regulated healthcare professional, you are required to report a number of things to the College of Respiratory Therapists of Ontario (CRTO) or other legislated bodies in the interest of public safety and transparency. The purpose of this Fact Sheet is to clarify what members of the CRTO need to report, to whom, and under which authority these reports are required. The reporting obligations that apply to employers/facilities where Respiratory Therapists (RTs) practice are outlined in the [Mandatory Reporting by Employers/Facilities Fact Sheet](#). Additional information can be obtained by speaking directly with a CRTO staff member.

## What am I required to report to the CRTO?

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### Mandatory Self-Reporting Obligations

Under the *Regulated Health Professions Act, 1991 (RHPA)*, CRTO Regulations and By-laws, you are required to self-report to the CRTO if you:

- have been charged with or have been found guilty of **any offence** (see below\*).
- have been found guilty of professional negligence or malpractice
- are a member of another regulatory/licensing body that governs a profession in any jurisdiction
- have been found guilty of professional misconduct, incompetence, incapacity or other similar finding by a professional regulatory/licensing body in any jurisdiction
- are the subject of any investigation, inquiry, or proceeding by a professional regulatory/licensing authority in any jurisdiction
- have been disciplined, suspended, required to resign, terminated, subjected to similar action(s), or subject to any professional misconduct proceedings with respect to employment or a contract of service.

\* **Offences** - You are required to report **any** offence for which you have been charged (as well as any bail conditions, restrictions imposed, or restrictions agreed upon as a result of those charges) and/or any findings of guilt. This applies to:

- i) criminal offences;
- ii) offences under the *Health Insurance Act, 1990*;
- iii) offences related to prescribing, compounding, dispensing, selling or administering drugs;



# Mandatory Reporting by Members **Fact Sheet**

- iv) offences that occurred while you were practicing, or that are related to your practice (an example of an offence that might occur while you are practising would be a breach of the *Personal Health Information Protection Act, 2004*);
- v) offences involving impairment or intoxication; or,
- vi) any other offence not listed but that could reasonably be seen to be relevant to your suitability to practice the profession.

You are not required to report municipal by-law infractions, such as parking and zoning violations, or minor offences under the *Highway Traffic Act, 1990*, (you must report any highway traffic offences that result in a fine of more than \$1000 or a jail sentence). However, **all** offences involving the consumption of alcohol or drugs must be reported. When in doubt, you should err on the side of caution and submit the self-report to the CRTO.

**NOTE:** You must also notify the CRTO if there is any change in the information you provided as part of your most recent registration renewal or application for registration (e.g., with regard to your employment status, contact information, etc.) or if there is an event, or circumstance (e.g., a health condition or disorder) that may affect your ability to practice safely.

## **When and how do I submit the self-report?**

- The self-report must be submitted to the CRTO as soon as possible and no later than 30 days from the date of the incident and/or change (for example, from the date of charge, finding, initiation of a proceeding). If you miss the reporting timeline, you should still submit the report as quickly as possible after the 30-day deadline.
- You can submit your self-report via email at [professionalconduct@crt0.on.ca](mailto:professionalconduct@crt0.on.ca).
- In your report, include your contact information, registration number and all relevant information; where applicable, this may include, for example:
  - the nature of, and a description of the finding/charge/proceeding
  - the date of the finding/charge was made/laid
  - the name and location of the court/body that made the finding against you, the name and location of the court in which the charge was laid or in which the bail condition or restriction was imposed on or agreed to by you
  - every bail condition imposed on you as a result of the charge
  - any other restriction imposed on or agreed to by you relating to the finding/charge
  - the status of any appeal initiated respecting the finding made against you; and
  - the status of any proceedings with respect to the charge/allegation of professional misconduct.



# Mandatory Reporting by Members **Fact Sheet**

## What happens after I submit the self-report?

The CRTO will review the report and determine if any further investigation is required. The reports are reviewed on a case-by-case basis to determine if the matter is “relevant to a member’s suitability to practice,” the level of risk, if any, that may be posed to the public and the appropriate response. You may be asked to provide additional information (e.g., charging documents, or the contact information of the police officer or Crown attorney who knows most about the matter). In general, the CRTO will only take action, if, after inquiring into the matter, it appears that the conduct impacts your ability to practice respiratory therapy ethically, safely or competently.

## Other Mandatory Reporting Obligations

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### Reporting Sexual Abuse of a Patient

Under the *Health Professions Procedural Code* (the Code), you must file a report if you believe that a patient has been **sexually abused** by a Respiratory Therapist or another regulated healthcare professional. The Code defines “sexual abuse” as:

- a. sexual intercourse or other forms of physical sexual relations between the member and the patient;
- b. touching, of a sexual nature, of the patient by the member; or
- c. behaviour or remarks of a sexual nature<sup>1</sup> by the member towards the patient.

For more information about what constitutes sexual abuse, please see the [Abuse Awareness & Prevention Professional Practice Guideline](#).

### When and how do I submit the report?

- You must make the report within **30 days** of receiving the information, unless you have reasonable grounds to believe the professional will continue to sexually abuse the patient or other patients, in which case, you must report the information immediately.
- The report must be submitted in writing to the Registrar of the [appropriate health regulatory College](#) and include:
  - Your name, registration number and contact information
  - The name of the alleged abuser (regulated healthcare professional)
  - A brief explanation of the alleged abuse

**NOTE:** The name of a patient who may have been sexually abused **must not** be included in a report **unless** the patient, or if the patient is incapable, the patient’s representative, **consents in writing** to the inclusion of the patient’s name.

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<sup>1</sup> “sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.



# Mandatory Reporting by Members [Fact Sheet](#)

You are not required to file a report if you don't know the name of the member who would be the subject of the report.

If you are required to file a report because of reasonable grounds obtained from one of your patients, you shall use your best efforts to advise the patient of the requirement to file the report before doing so.

## Mandatory Report of Child Abuse

If you have reasonable grounds to suspect that a child may have been or is at risk of being physically, emotionally or sexually abused, neglected or exploited, you have a duty to report the information to the local [Children's Aid Society](#). The requirement to file a report is outlined in the *Child, Youth and Family Services Act, 2017*.

## Other Reporting Requirements

You may be required to file additional reports under other legislation and depending on your practice setting, such as the [Fixing Long-Term Care Act](#), the [Retirement Homes Act](#), and the [Personal Health Information Protection Act](#).

## Other Considerations

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- **Confidentiality** - If the report includes patient/client information, then you should make your best effort to inform the patient/client prior to filing your report. If patient/client consent cannot be readily obtained, or is refused, your report should make this clear. Alternatively, you may choose to include the information with identifiers removed.
- **Immunity** - the law provides immunity (legal protection) to individuals who make a mandatory report in good faith.

## Failure to Submit a Report

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Failure to submit a mandatory report may result in fines and/or a referral of professional misconduct allegations to the CRTC's Discipline Committee. For example, under the Code, a person who fails to make a report relating to sexual abuse may be fined up to \$50,000.

## Resources

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- [Regulated Health Professions Act, 1991](#)
- [Health Professions Procedural Code](#)



# Mandatory Reporting by Members **Fact Sheet**

- [Child, Youth and Family Services Act, 2017](#)
- [Retirement Homes Act, 2010](#)
- [Criminal Code of Canada, 1985](#)
- [Health Insurance Act, 1990](#)
- [Personal Health Information Protection Act, 2004](#)
- [Retirement Homes Regulatory Authority](#)
- [Children's Aid Societies](#)
- [CRTO By-Law 3: Membership](#)
- [Mandatory Reporting by Employers/Facilities Fact Sheet](#)
- [Abuse Awareness & Prevention Professional Practice Guideline](#)

## Contact Information

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**College of Respiratory Therapists of Ontario**  
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**Toll-Free (in Ontario):** 1-800-261-0528  
**General Email:** [questions@crto.on.ca](mailto:questions@crto.on.ca)



# Council Briefing Note

**AGENDA ITEM # 10.5**

**March 1, 2024**

<b>From:</b>	CRTO Staff
<b>Topic:</b>	REVISED Honoraria and Reimbursement of Expenses Policy
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Core Business Practice
<b>Attachment(s):</b>	Appendix A: Revised Honoraria and Reimbursement of Expenses Policy
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the revised Honoraria and Reimbursement of Expenses Policy</b>

## **PUBLIC INTEREST RATIONALE:**

To ensure that the College of Respiratory Therapists of Ontario (CRTO) compensates and/or reimburses volunteers for the time and expenses they commit to participating in CRTO-sanctioned activities, enabling CRTO to meet its regulatory functions and obligations in the public interest.

## **BACKGROUND:**

The CRTO has had an *Honoraria and Reimbursement of Expenses* policy since September 2006. The Council updated and approved this document on June 3, 2016, and again on December 2, 2022. More recently, it has been brought to our attention that additional modifications are recommended to provide greater clarity and to ensure full compliance with the Ministry of Health's (MOH) *Remunerations Framework for Public Appointees*. The necessary changes have been made and our legal counsel reviewed the final version of the draft revised policy.

## **ANALYSIS:**

The following changes were made to the Honoraria and Reimbursement of Expenses policy:

- 1.) Under the "Purpose" sections, we have expanded the definition of the work a member of the profession might engage in on behalf of the CRTO (e.g., ad hoc working groups and focus groups).
- 2.) Under the Guiding Principles" section, we have added the MOH's directions regarding the remuneration of Public Council Members.

- 3.) We have removed the email votes stipend. This had been added previously in consideration of the increasing amount of time spent by Council and Committee members reviewing and approving material electronically. However, although not strictly prohibited by HBS guidelines, legal advice was that the best way forward was to no longer provide the email vote allowance to Public members. Therefore, in the spirit of equity and fairness, the email vote amount of \$25 will no longer be available to either Professional or Public members.

**RECOMMENDATION:**

Council review and approve the revised CRTO Honoraria and Reimbursement of Expenses Policy.



## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



### Honoraria and Reimbursement of Expenses

Type: Policy

Origin Date: Sept. 22, 2006

Section: CP

Approved By Council on: Dec. 2, 2022

Document Number: 131

Next Revision Date: Dec. 2027

### 1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) to compensate and/or reimburse volunteers for the time and expenses they commit to participating in CRTO-sanctioned activities, which enables the CRTO to meet its regulatory functions and obligations.

### 2.0 PURPOSE

The purpose of this policy is to set out rates at which elected and appointed volunteers who fulfill a number of roles for the CRTO, including, but not limited to, Professional Council and Committee Members, Public Committee Appointees, members of the professional who act in the capacity of Assessors (e.g., PORTfolio Peer Assessors and Internationally Educated Health Professional (IEHP) Assessors, etc.), as well as other members of the profession who assist the CRTO with ad hoc working groups, focus groups, etc., are compensated and/or reimbursed by the CRTO for their time and expenses.

### 3.0 APPLICABILITY

This policy applies to the following:

- Professional Council Members;
- Professional Committee Members;
- Public Committee Appointees; and
- other volunteers invited to participate in CRTO activities in person, by telephone, or online (e.g., video conferencing).

Council Members appointed by the Lieutenant-Governor of Ontario (i.e., Public Council Members), who provide their services for Council and Statutory Committee activities, are remunerated by the Ministry of Health (MOH) through the Health Boards Secretariat (HBS) at the rates established by the HBS.

#### 4.0 GUIDING PRINCIPLES

1. It is the intent of the CRTO that public and professional members of Council and Committees and other volunteers are treated equally and fairly and that rates of remuneration be comparable, wherever reasonable. However, it is important to note that the MOH's 2016 Remuneration Framework states the following:

*Public appointees to the Councils of the health professions regulatory bodies may not accept unauthorized remuneration from the College or from any health profession body in respect of her or his appointment.*

*Colleges may not supplement payments to public appointees to the Council of the College by making unauthorized payments or "topping-up" payments for honoraria or out-of-pocket expenses.*

1.2. Given the parameter outlined above, the CRTO will use the Health Boards Secretariat's *Remuneration Framework for Public Appointees to Health Professions Regulatory Bodies (Colleges) under the Regulated Health Professions Act*, as a broad framework for reimbursement of professional Council and Committee members. In addition, the HBS *Summary of Allowable Expenses* will be used to guide allowable expenses.

2.3. It is expected that all volunteers be fiscally responsible and consider the most cost-effective goods and services (where possible) when they incur expenses while participating in CRTO-sanctioned activities.

#### 5.0 HONORARIA AND REIMBURSEMENT OF EXPENSES

##### a) Per Diem Honorarium:

- I. Per diem rates for Council and Committee Members are as follows:
  - i. Council or Committee meeting: \$200.00 per day
  - ii. Acting as Chair of Council or Committee: \$300.00 per day
  - iii. Acting as Chair of a panel of the Discipline or Fitness-to-Practise Committees: \$350.00 per day.
- II. Participants of working groups who are not Council Members, Professional Committee Members or Public Committee Appointees will, as a general rule, receive the same per diem honorarium described above.
- III. The rates at which honoraria or reimbursement of expenses are paid for Council and Committee Members attending meetings, educational sessions or events **other than** meetings of Council, its committees or working groups, will be considered by the Registrar on a case-by-case basis and in accordance with the budget approved by Council.

**b) Meeting Time:**

- I. Attendance at *in-person meetings* will be pro-rated on the established per diem rate as follows:

Actual Meeting Time	Pro-rated Per Diem
0 - 3.0 hrs.	½ day per diem
>3.0 - 7.25 hrs.	1 day per diem

- II. Attendance at *panel video/telephone conferences* that occur outside of regular meetings (e.g., ICRC panels, Registration panels, QA panels) will be pro-rated on the established per diem rate as follows:

Actual Meeting Time	Pro-rated Per Diem
0 – 1 hr.	¼ day per diem
1 – 3.0 hrs.	½ day per diem
3.0 - 7.25 hrs.	1 day per diem

**c) Preparation Time:**

- I. Preparation time for meetings will be established by the Chair of the meeting.
- II. Preparation time should reflect the actual time spent in preparation and may exceed the actual time for the meeting itself (i.e., ½ day prep could be applied to a ¼ day meeting, if appropriate).
- III. Preparation time will be pro-rated on the established per diem rate as follows:

Actual Meeting Time	Pro-rated Per Diem
0 – 1 hr.	¼ day per diem
1 – 3.0 hrs.	½ day per diem
3.0 - 7.25 hrs.	1 day per diem

**d) Email Votes**

- ~~I. For all items sent by email by CRTO staff to Council or a committee that require review and vote on a motion, the CRTO will compensate the individual Council/committee member at a rate of \$25 per review and vote.~~
- ~~II. To qualify for the compensation, the Council/committee member must complete their review and vote on the motion via email by the specified deadline.~~
- ~~III. CRTO staff will notify the respective Council or committee member if the review and vote will qualify for compensation in the initial email to the Council or committee member.~~

**e)d) Travel Expenses:**

- I. Travel will be reimbursed for the most economical means of transportation that is practical. Travel expenses are reimbursed if the distance from the individual’s home

to the meeting location is more than 40 km (one-way). Prior approval is required for car rental.

- II. Receipts for travel expenses incurred must be provided to the CRTO to obtain reimbursement.
- III. If an individual uses their own vehicle, mileage will be remunerated on the following schedule:

Distance	Per km
First 5,000 km	\$0.61
After first 5,000 km	\$0.55

**f)e Accommodation Expenses:**

- I. Accommodation is provided to individuals who attend meetings that start at 9 a.m. or earlier and who live more than 40 km from the meeting location.
- II. Individuals are required to make their own accommodation arrangements, and then submit their receipts for reimbursement.
- III. The amount expensed should not exceed the current rate being offered by the CRTO corporate hotel partner unless otherwise authorized by the Registrar.

**f)g Telephone/Internet Expenses:**

- I. Individuals will be reimbursed for telephone and/or internet expenses while away from home to a maximum of \$10.00 per night.

**g)g Meal Expenses:**

- I. Meal(s) expense may be claimed where an individual is required to leave home a minimum of two (2) hours prior to a scheduled meeting time or if the meeting, hearing, or review time extends beyond 6:30 p.m. and/or the normal return trip to home exceeds two (2) hours.
- II. For each full day, and where meals are not provided as part of a meeting, a member may claim a daily maximum expense of \$50 (total) for all meals.
- III. Individuals cannot claim any purchase of alcohol.
- IV. Receipts are required to cover the total meal expenses claimed in one day. If one receipt exceeds the maximum daily expense, then only one receipt is required. Original receipts are required, where possible.

**h)h Remuneration**

- I. Professional Council and Committee Members and Public Committee Appointees must submit per diem and expenses claim statements using the CRTO's expense form template.

- II. The expense forms must be submitted no later than 60 days post-meeting date or 30 days following the year-end of any given year.
- III. When applicable, receipts for travel, accommodations and meals must be attached to the expense form.
- IV. The CRTO will endeavour to process the expense forms within one month of receiving them.
- V. The CRTO will prepare and provide T4s to those who claim time-based honoraria from the College.

## 6.0 AUTHORITY & MONITORING

The Registrar and CEO of the CRTO is responsible for administering this policy.

## 7.0 DEFINITIONS

- *Per Diem*: A per diem is a payment to someone for time spent working or attending meetings for the CRTO. Per diems are paid on a daily or hourly basis, consistent with the rules and the rates in this policy. They are based on a full day being seven hours of work.
- *Preparation Time*: Preparation time is a payment to someone for time spent getting prepared for CRTO-related business. Preparation time is paid on an hourly basis, consistent with the rules and the rates in this policy.
- *Public Committee Appointee*: A person who is not a Member of the CRTO, and who has been appointed by the Registrar to the pool available to sit on a committee (but not on Council).

## 8.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario  
HBS – Health Boards Secretariat

## 9.0 RELATED DOCUMENTS

CRTO By-law 2.15

## 10.0 APPENDICES

Expense Form

## 11.0 CONTACT INFORMATION

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