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

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated August 2024

Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
Member Engagement				
Alignment of policies & processes with the principles of Right-Touch regulation.				
Evidence-informed approach to QA selection, assessments & remediation.	• Professional Development Program Policy – reviewed and updated. • Began the planning phase of a full **Professional Development Program Review**. ○ Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.	• **Professional Development Program Review** – in progress. • **Professional Development Program** Policy – updated with references to the new Emergency Class of Registration. • **Professional Development Program Deferral Policy** – revised to reflect the timelines for submitting a deferral request.	• Data collection regarding Launch failures has been reviewed for 2024 to investigate trends, potential causes/solutions. Schools that ranked higher in failures will be notified and opportunities to present to their students will be offered.	● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.	• Completed an **external review of all Professional Conduct (PC) processes** and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases. • Ongoing refinement of PC processes to prioritize investigations, complaints, and reports. • Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process.	• Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including: ○ Assessing options for investigations, ICRC decision reviews and accessible correspondence ○ Developing new complaints and reports process intake documents and updating current templates ○ Introducing changes to the ICRC decision writing process to expedite the disposition timelines. ○ Assessing the CRTO's redaction procedures with the aim to reduce timeliness.	• Ongoing development of a new case management database. • PC staff retained some internal investigations internally to provide for more timely and efficient investigation outcomes. • New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines. • PC Staff are developing the CRTO's Alternative Dispute Resolution process for complaints.	● ON TRACK

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Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
Transparent, objective, impartial, & fair practices.				
Clear direction regarding the registration requirements for all applicants.	• **9 Registration Policies** reviewed and updated. • **3 Registration Fact Sheets** reviewed and updated and/or developed. • Updated and reviewed the **Guide to TCLs Imposed by the Registration Committee**. • Retained a consulting agency to align the CRTO's approved **language proficiency** standards to the federally approved language proficiency tests for Canadian Immigration. • Updated the **Applicants' web pages** with relevant links. • Conducted a detailed review of the **Registration Verification Form** with members of the National Alliance. • Conducted a comprehensive review of the **Registration Regulation** (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.	• **Registration Regulation** (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval. • Conducted a detailed review of several policy documents related to the **Emergency Class** and **"As of Right" provisions**. • Updated the **CRTO website, registration guidelines and Fact Sheets** with references to the Emergency Class, "As of Right" provisions and the new Clinical Skills Assessment fee. • New **Clinical Skills Assessment** scenario was developed by the Internationally Educated Health Professionals (IEHP) working group. • Drafted a new **Vulnerable Sector Checks Policy**, the draft policy was sent out for consultation.	• New Vulnerable Sector Checks Policy was approved at the March Council meeting. Created a new Vulnerable Sector Checks (VSC) webpage and FAQs to ensure that applicants understand the new VSC requirement. Reviewed and updated the Application Guides and the Registration Requirements webpage with information regarding the Vulnerable Sector Checks requirement. • Drafted a new Emergency Registration Form and Guide. These documents will be available on the CRTO's website when the Emergency Class is open to applicants. • Reviewed and updated the Registration Verification Form to ensure consistency with the form developed by NARTRB. • Developed a new Statement of Professional Standing webpage and form.	● ON TRACK
A complaints process supported by publicly accessible policies & procedures.	• **4 Professional Conduct** (PC) policies reviewed and updated. • Developed the **Funding for Therapy and Counselling Program Fact Sheet**. • Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified.	• Ongoing analysis for identifying a need for additional Professional Conduct policies. • The **Complaints Process Guide** was revised to reflect our current process. • Reviewed and updated three **Fact Sheets**, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program.	• PC staff worked on finalizing a new feedback form for system partners to inform our process going forward. • PC staff are developing policies and procedures that will outline the CRTO's Alternative Dispute Resolution process for complaints.	● ON TRACK

Accessible & timely communication.				
Increase the information available on our website in written and online module format.	• Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders. • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: ○ The March 04, 2022, CRTO By-laws ○ 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG & Oxygen Therapy) ○ 17 Policies ○ 2 Fact Sheets ○ Guide to TCLs Imposed by the Registration Committee • Added the following documents to the CRTO website: ○ Strategic Plan Progress Report ○ Succession Plan for Senior Leadership Policy ○ Open Forum Policy ○ Terms of Use – Website and Social Media ○ CRTO Risk Management Framework • The **2021 CPMF Full** & **Summary Reports** were posted on the CRTO website. • Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents).	• **Regulatory changes** – implemented several communication strategies, including social media posts, e-blasts, website updates) to address the regulatory changes introduced during the year, including the use of ultrasound in RT practice, the new Emergency Class, and "As of Right" provisions. • **Elections and Council and Committees webpages** – updated information regarding the Council elections process, committee appointments, Council and Committee Competency Profile and Council Evaluation Framework. • Policy Consultation – **9 policy documents** were posted on the CRTO website for consultation. Links to the consultation surveys were also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts. • **e-learning modules –**two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members' Professional Development Program platform. • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: ○ The March 3, 2023, CRTO By-laws. ○ 5 Professional Practice/Clinical Best Practice Guidelines ○ 7 Policies ○ 3 reports and submissions ○ 7 Fact Sheets	• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: ○ The March 1, 2024, CRTO By-laws. ○ 2 Professional Practice/Clinical Best Practice Guidelines ○ 4 Policies ○ 2 updated position statements ○ 2024 National Competency Framework ○ 2023/24 CRTO Annual Report • Updated the elections procedure, nomination form and webpages for the 2024 Council elections. • Created two new webpages: VSC and Certificate of Professional Standing • Posted the Orders for Medical Care PPG for consultation.	● AT RISK

Optimize the use of various communication platforms.	• Utilized several communication strategies to ensure timely and accessible information sharing, this includes: ○ Monthly Practice Blogs ○ Twitter (22 tweets over this period) ○ Monthly ebulletin ○ Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates). ○ 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**.**	• Utilized several communication strategies to ensure timely and accessible information sharing, this includes: ○ Social Media Posts (19) ○ e-blasts (8) ○ System partner meetings/presentations (e.g., presentations to members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings.	• Sent 2 general e-blasts and 5 election mailings and reminders • 2 social media posts • System partner meetings/presentations: ○ 12 presentations/meetings at Ontario hospitals ○ 3 presentations at Ontario RT programs.	AT RISK
Governance & Accountability				
A highly competent & effective Council.				
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	• ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative. • Draft developed for enhanced competency self-evaluation for prospective Council & Committee members.	• Revised the CRTO By-laws to include a **new elections eligibility requirement** (i.e., election candidates 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). • Implemented the following governance initiatives: ○ Council and Committee Competency Profile ○ Council Evaluation Framework ○ **New elections nomination form** ○ New **Committee Member Appointments** webpage and application forms	• The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website. • Post-Council self-evaluation implemented and monitored to expand and improve upon. • 2024 Council election candidates required to complete the online, pre-application learning module.	ACHIEVED

		○ **Online orientation module** relating to the duties, obligations and expectations of Council and Committee members ○ **Post-Council self-evaluation** implemented and monitored to expand and improve upon.		
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	• Conducted a **Council Effectiveness survey** (BoardSource) and reported results at the May Council meeting. • Consultant was retained to conduct a third-party assessment of the CRTO's March 2023 Council meeting.	• Retained a consultant to conduct a **third-party assessment** of the CRTO's March 2023 Council meeting. Summary of the third-party evaluation was presented at the May Council meeting along with an action plan to address proposed areas of improvement. The third-party evaluation report action plan continues to be monitored to expand and improve upon.	• The third-party evaluation report action plan continues to be monitored to expand and improve upon.	● ACHIEVED
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.	• Developed three eLearning modules for prospective and current Council and Committee members: ○ Role of the Chair ○ Regulatory Framework ○ Committees • Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff. • The Chairing a Meeting module was presented at the annual Chair's Dinner • Council Education Day (Sept. 23rd) focused on the following: ○ Privacy ○ Cybersecurity ○ Virtual meetings • Required all Council & Committee members to provide evidence that they had reviewed the educational material posted in the CRTO's portal, which includes: ○ Role of the Chair ○ Regulatory Framework	• Developed **new online orientation module** relating to the duties, obligations and expectations of Council and Committee members. • Provided the following additional training: ○ Right Touch Regulation presentation (Chairs Dinner) ○ Cybersecurity: Insurance Requirements and Implications ○ Risk Management Workshop • Conducted new Council member orientation. • Conducted annual training for the Registration Committee.	• The ICRC orientation took place in March and included presentations by CRTO legal counsel and PC staff. • Training is being planned and developed by PC staff for Discipline Committee Members. • Updated the RC terms of reference and action plan. Staff provided an overview of the updated assessment tool for reviewing IEHP application files to members of the RC. • The RC continues to utilize existing registration tools in reviewing application files. • Updated the QAC terms of reference and action plan. Conducted QAC orientation. • Updated the PRC terms of reference and action plan. Conducted PRC orientation. • Updated the FAC terms of reference and action plan. • Offered HPRO Governance Training for RHPA Colleges course to all Council members. • June Chair's Dinner included an education session focused on compassionate regulation.	● ON TRACK

	○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World.		• During the Education Day, Council, Committee members and staff took part in an Indigenous-led blanket exercise. • The following governance educational materials continue to be available throughout the year to all current Council and committee members: ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World	
Independent, evidence-informed & transparent decision-making processes.				
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	• Revised By-laws (approved at the March 4, 2022 Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. • The new online Conflict of Interest (COI) Declaration form; the 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. • The new elections nomination form and the committee appointees' application from include an updated conflict of interest and record of affiliations section.	• The online Conflict of Interest (COI) Declaration form continues to be used for all Council and Committee meetings. • Developed and implemented a new governance declaration form (to be completed by Council and committee members before each meeting).	● ACHIEVED
An ongoing commitment to performance improvement.				
Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	• One of the recommendations from the **external review of all Professional Conduct processes** is to enhance data collection, tracking and reporting. • The **Finance & Audit Committee** began the development of KPIs relevant to the financial management of the CRTO.	• Developed a KPIs reporting template linked to the CRTO strategic objectives. • Presented the KPIs report at the September 22, and December 1, 2023, Council meetings.	• A detailed KPIs report linked to the CRTO strategic objectives presented at the March and June Council meetings.	● ACHIEVED

	• The **2021 – 2025 Strategic Direction Update Report** was presented at the May 27th Council meeting. • Updated **QAC & ICRC Terms of Reference and Action Plans** approved at the May 27th Council meeting.			
Ongoing monitoring of the KPI dashboard.	• Under development.	• Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis.	• KPIs in all major program areas have been identified and are reported to Council on a regular basis.	● ACHIEVED
Enhancing Professionalism				
Policies, standards of practice, & practice guidelines based on the best available evidence.				
Policy framework & review/revision of all policies and practice guidelines.	• Continued the full-scale policy review under the **Policy Framework**. ○ 28 **policies updated/approved** ○ **3 PPGs sent out for consultation** ○ **4 Revised PPGs approved by Council**	• Continued policy review guided by the **Policy Framework**. ○ 10 policies updated/developed ○ 4 PPGs sent out for consultation: ○ 3 Revised PPGs/CBPGs approved by Council	The CRTO continues its policy review guided by the **Policy Framework**. Policy documents reviewed and updated: • Handling, Administration & Dispensing of Controlled Substances Policy • PDP Deferral Policy • PDP Policy • Application for Registration Document Requirements Policy • Language Proficiency Requirements Policy (addition of a new language proficiency test) • Honoraria and Reimbursement Policy • Council and Committee Meeting Materials Policy (internal) • RTs as Anesthesia Assistants PPG • Registration and Use of Title PPG • The Discipline Committee Rules of Procedure • Elections Procedure (internal) New policy documents developed: • Vulnerable Sector Checks Policy	● ON TRACK

			• Employee Recruitment and Selection (internal) • Disclosure of Information to System Partners Procedure (new internal procedure) Policy documents under review: • Language Proficiency Requirements Policy (combined test scores) • In Camera Policy • Orders for Medical Care PPG • Community RT Practice PPG • Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG	
Review/Revision of CRTO By-Laws & Regulations (as required)	• Revised CRTO By-laws approved at the March 2022 Council meeting. • Draft By-Law revisions approved for consultation at the December 2023 Council meeting. • 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.	• Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees. • Drafted By-Law revisions to address the new Emergency Class of Registration. The draft revised By-law 3 approved for consultation at the December 2023 Council meeting. • Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH.	• Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration.	ON TRACK
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	• 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.	• Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI.	• Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI.	ON TRACK
Supporting the application of new or amended practice standards.				
Online modules to support difficult-to-understand and novel practice standards.	• Drafted an outline for the Delegation & Authorizing Mechanisms online modules. • Preparing an online module for student/graduate RTs.	• Finalized the Delegation e-learning module. The module is now available in PDKeeper.	• Development of a new e-learning module focused on Authorizing Mechanisms is in progress.	ON TRACK

The application of Risk-Based regulation.				
Formal risk assessments in all RC, QAC & ICRC decisions.	**PC** - 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. **QAC** - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA 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. **Reg** - all RC panels utilize an updated risk assessment tool for making registration decisions.	**PC** - ICRC orientation included an introduction to the ICRC decision risk assessment tool. ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. Staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process going forward. **QA** - The QAC applied risk-based approach in its review of applications for deferral of the 2023/24 Portfolio. Ongoing review of Members who require coaching sessions to provide data for a risk-based approach to Professional Development. **Reg-** All RC panels continue to utilize the risk assessment tool for making registration decisions. The annual Registration Committee orientation session included a section related to risk management.	**PC** - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. A project to revise the ICRC risk assessment tool is ongoing. **Reg** - All RC panels continue to utilize the risk assessment tool for making registration decisions. The assessment tool for internationally educated healthcare professionals (IEHP) has been updated. **QA** - Development of a risk tool for QAC decisions is in progress.	ON TRACK
Healthcare Community				
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.				

Creation of common standards (where possible) both provincially and nationally.	Participated in the following initiatives with other regulators:
	• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,
	  ○ Council Competencies Evaluation Framework
	  ○ Information Sharing Policy
	  ○ Anti-BIPOC Racism Working Group
	• NARTRB
	  ○ Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists
		Continued engagement with other regulators:
		• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,
		  ○ Council Competencies Evaluation Framework
		  ○ Risk management
		• NARTRB
		  ○ Standards of Practice Working Group
		  ○ Validation survey for the revised NARTRB Entry-to-practice Competency Profile
		  ○ Updated the Language Proficiency for Respiratory Therapy document.
			Continued engagement with other regulators:
			• HPRO
			  ○ EDI
			  ○ Risk management
			• NARTRB
			  ○ Review of Practice Standards pending with the creation of a focus group of subject matter experts.
			  ○ 2024 Entry-to-practice Competency Profile and Educational and Examination Resource
			  ○ Updated the Language Proficiency for Respiratory Therapy document.
				ON TRACK

	○ Review of the current NARTRB Jurisdictional Verification form.	• CNAR ○ Professional regulation.	○ Updated Statement of Professional Standing Form • CNAR ○ Impactful Leadership in a Dynamic Regulatory World ○ AI and Technology	
Engaging with stakeholders to enhance quality patient care.				
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	• The CRTO Policy Framework outlines the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. • **20 consultations conducted under the Policy Framework.**	• The CRTO Policy Framework outlines the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. • **9 consultations conducted under the Policy Framework.**	• The CRTO Policy Framework continues to guide the CRTO's consultation process. • Council considered the feedback received in response to the following documents sent out for consultation: ○ Revised CRTO By-law 3 ○ New Vulnerable Sector Checks Policy ○ Revised Handling, Administration & Dispensing of Controlled Substances Professional Policy ○ RTs as Anaesthesia Assistants PPG ○ Registration & Use of Title PPG" • Orders for Medical Care PPG posted for consultation	● ACHIEVED
Core Business Practices				
Clear financial alignment with strategic priorities.				
Revised financial statement & investment portfolio presentation	• Streamlined the financial statement reporting format to highlight how it aligns with College's strategic direction and key priorities. • Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting.	• A subcommittee of the Finance & Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee's recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management.	• Financial advisor reviewed the Investment Policy. Staff is in the process of updating the policy based on the suggested edits. • Investment reporting tool enhanced • Retained investment bookkeeping services to ensure accuracy and streamline the audit process	● ACHIEVED

	• Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service.			
Finance & Audit Committee (FAC)	• Established the FAC Goals & Terms of Reference • Assisted the Executive Committee in the review of the CRTO's 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. • Developed a Membership Fee Assessment Tool	• Implemented the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee. • Reviewed and updated Signing Officers and Authorized Personnel-Banking & Investments Policy. • Recommended new external auditor for the CRTO. • Reviewed the draft budget for 2024/25.	• FAC met with the Financial Advisory Team • FAC met to discuss Audit Plan as presented by the auditor. • FAC joined the Executive Committee at their May meeting for the 2023-2024 Audit Findings presentation. • FAC & Executive conducted the annual Auditor Evaluation	ON TRACK
A policy that clearly outlines the management of financial reserves	• Review and subsequent approval of the following policies: ○ Revised Investments Policy ○ New Reserves Policy ○ Revised Honoraria & Expenses Policy ○ Revised Procurement of Goodes & Services Policy	• Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors.	• The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy.	ACHIEVED
Embedding the principles of diversity, equity, and inclusion in College processes.				
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	• The CRTO's DEI Plan approved at the March Council meeting. • Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. DEI Summary Report provided by CED. • 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.	The CRTO moved into Phase 3 of its DEI Strategy: • Established a DEI Steering Committee • Identified several DEI short- and long-term key performance indicators. • Developed new Employee Performance Review & Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees. Staff training:	• Staff engaged in DEI webinars one focused on Anti-Asian Racism in Healthcare, the other celebrating Pride Month. • Developed an inclusive question bank and interview template. • Staff & Council took part in an Indigenous-led blanket exercise during Education Day. • Incorporated the principles of Equity Impact Assessment into a policy review checklist. • New internal Recruitment & Selection Policy was developed. The policy provides a	ON TRACK

	• CRTO staff participated in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions. • Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members. • Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30). • Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022. • *Navigating Canada's Complex Histories* e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff.	• CNAR UnLearn and Learn Session on Addressing Anti-Black Racism • Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month • CNAR Conference (DEI presentations)	transparent and consistent framework for employee recruitment and selection and to ensure that the CRTO provides merit-based, equal employment opportunities in accordance with relevant legislation and hiring best practices.	
Equity Impact Assessment	• Council approved the use of the Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook. • The PRC is in the process of revising HEIA to meet the CRTO's needs.	• The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment & Implementation Strategy.	• Started to draft an agile assessment tool to measure DEI impact of CRTO policies, guidelines and other initiatives. • Inclusive question bank and interview template is complete. Staff is working on action plan for next quarter.	● ACHIEVED
A comprehensive Risk Management Framework				

Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	• IT Infrastructure Architecture review completed & process begun to implement recommendations.
	  ○ Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.
	  ○ Installed a dedicated firewall to reduce security risk and improve the organization's security posture.
		The Risk Management Framework continues to guide the CRTO's risk management processes, these include:
		• Risk monitoring and reporting: developed a Risk Register and a Risk Report template
		• Training:
		  ○ Risk management workshop attended by Council, Committee members and staff
		  ○ Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise)
			• The updated Risk Register report presented to Council in March.
			• Staff cybersecurity awareness training and phishing campaign.
			• Developed a comprehensive cybersecurity plan.
			• Developed a comprehensive office transition plan.
			• Staff conducted a network file cleanup based on the internal audit findings.
				● ON TRACK

	○ 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). • Cybersecurity presentation by ISA to Council and staff. • Started the process of moving all members' files to a digital format. • The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2).	• Record digitalization project in progress. • Ongoing meetings with vendor related to new database implementation. • Adoption of the Membership Fee Assessment Tool to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest. • Continued review and development of standard operating procedures in core program areas.	• Firewall is being monitored and activities considered suspicious have been investigated /resolved. • Patching and backups continue to be completed and managed. • Ongoing meetings with vendor related to new database implementation. Committees and Applicant Portal, case management and public register are being implemented and tested phase by phase.	
Succession plan for senior leadership	• Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position. • Succession Planning for Senior Leadership Policy approved by Council.	• Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness. • Continued review and development of standard operating procedures in core program areas.	• Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness. • Continued review and development of standard operating procedures in core program areas.	● ON TRACK