

CRTO

Council Meeting Materials

June 27, 2025



**College of Respiratory
Therapists of Ontario**

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

College of Respiratory Therapists of Ontario

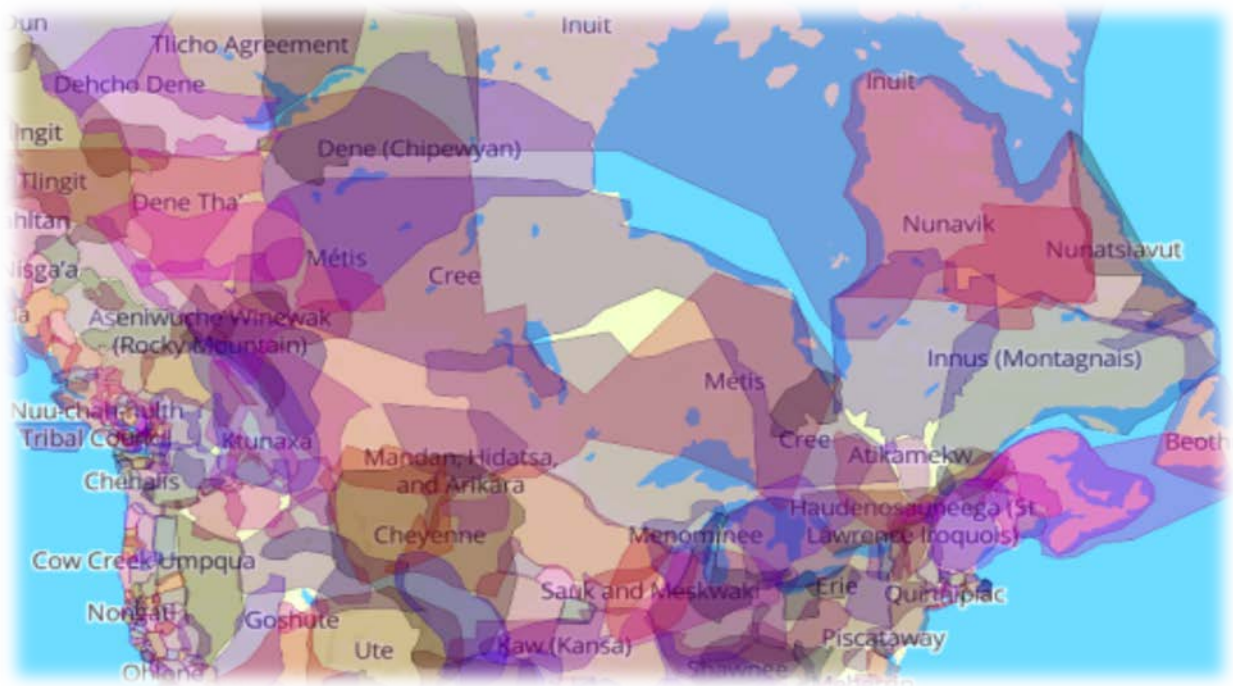
Land Acknowledgement

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 # 3.0

Motion Title:	Approval of Council Agenda
Date of Meeting:	June 27, 2025

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the June 27, 2025, meeting.

CRTO Council Meeting Agenda

June 27, 2025

AGENDA ITEM # 3.0

9 a.m. to 1 p.m.

Join Zoom Meeting: <https://us02web.zoom.us/j/86253551830>

Meeting ID: 862 5355 1830

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome & Land Acknowledgement	2	Lindsay Martinek		
	2.0	Conflict of Interest Declarations	--	Lindsay Martinek		Governance & Accountability
	3.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Approval of Consent Agenda				
	4.1	Approval of Minutes from March 28, 2025	7-14	Lindsay Martinek	Decision	Governance & Accountability
	4.2	Approval of Investment Portfolio	15-21			
	4.3	Risk Register Update	22-28			
	4.4	Executive Committee Report	29			
	4.5	Registration Committee Report	30-32			
	4.6	Quality Assurance Committee Report	33			
	4.7	Patient Relations Committee Report	34			
	4.8	Inquiries, Complaints and Reports Committee Report	35-37			
	4.9	Discipline Committee Report	38			
	4.10	Fitness to Practise Committee Report	39			
	4.11	Finance & Audit Committee Report	40			
	5.0	Strategic Issues				
0915	5.1	Financial Audit 2024 – 2025	41-65	Sukhanpreet Dhanotta, CPA, CA (Grewal Guyatt LLP)	Decision	Governance & Accountability
	5.2	Appointment of Auditor for 2025 - 2026	66-71	Lindsay Martinek	Decision	Governance & Accountability
	5.3	Approval of Financial Statements	72-77	Carole Hamp	Decision	Core Business Practices
	5.4	2024 – 2025 Annual Report	78-109	Janessa Gazmen	Decision	Governance & Accountability

CRTO Council Meeting Agenda

June 27, 2025

1015	5.5	2026-2030 Strategic Plan Project	Will be presented at Council	Kevin McCarthy, The Regulator's Practice	Information	Governance & Accountability
	5.6	Strategic Direction & Key Performance Indicators Report	110-138	CRTO staff	Information	Governance & Accountability
	5.7	Council Evaluation Framework	139-140	Carole Hamp	Information	Governance & Accountability
6.0	Operational & Administrative Issues					
	6.1	CRTO Update Report	141-143	CRTO Staff	Information	Core Business Practices
	6.2	Governance Manual	144-257	Ania Walsh	Information	Governance & Accountability
7.0	Committee Items Arising					
	Finance & Audit Committee					
	7.1	Revised Reserves Policy	258-263	Shaf Rahman	Decision	Core Business Practices
8.0	Legislative and General Policy Issues					
	8.1	Language Proficiency Requirements Policy	264-268	Ania Walsh	Decision	Enhancing Professionalism/ Public Protection
9.0	Other Business					
	9.1	Duties of Council	Will be presented at Council	Carole Hamp	Information	Governance & Accountability
10.0	Adjournment					
	Open Forum					

Council Self-Evaluation Survey

Council Motion

AGENDA ITEM # 4.0

Motion Title:	Approval of Council Consent Agenda
Date of Meeting:	June 27, 2025

It is moved by _____ and seconded by _____ that:

The following Consent Agenda items be approved and/or received for information by Council:

- 4.1 Approval of Minutes from March 28, 202
- 4.2 Approval of Investment Portfolio
- 4.3 Risk Register Update
- 4.4 Executive Committee Report
- 4.5 Registration Committee Report
- 4.6 Quality Assurance Committee Report
- 4.7 Patient Relations Committee Report
- 4.8 Inquiries, Complaints and Reports Committee Report
- 4.9 Discipline Committee Report
- 4.10 Fitness to Practise Committee Report
- 4.11 Finance & Audit Committee Report

Draft Minutes from March 28, 2025

Agenda Item #:	4.1
Item:	Draft Minutes from March 28, 2025

Meeting Minutes March 28, 2025

CRTO Council Meeting Minutes

Scheduled on March 28, 2025, from 9:00 am to 1:00 pm

Location: Zoom Videoconference

PRESENT: Lindsay Martinek, RRT, President
Kim Morris, Vice-President
Allison Chadwick, RRT
Carrie Dyson, Public Member
Carmine Francella, Public Member

Jennifer Gadioma, RRT
Sam Gennidakis, RRT
Kelly Munoz, RRT
Jeffrey Schiller, Public Member
Laura Van Bommel, RRT

STAFF: Carole Hamp, RRT, Registrar & CEO
Shaf Rahman, Deputy Registrar
Ania Walsh, Director, Regulatory Affairs
Peter Laframboise, Professional Conduct Manager
Misbah Chaudhry, Professional Conduct Coordinator
Anastasia Kokolakis, Professional Conduct Officer

Lisa Ng, Registration Manager
Kelly Arndt, RRT, Quality Practice Manager
Abeeha Syed, Compliance & Operations Coordinator
Temeka Tadesse, IT Manager
Stephanie Tjandra, Finance & Office Manager
Janessa Gazmen, Communications Manager

GUESTS: Student Representatives:
Shayna Allan, Michener
Katarina Misic, Canadore
Roshieka Russell, Conestoga College
Arthur Lam, Fleming College
Ida Payung, Fanshawe
Ashlyn Fauteux, St. Clair College

RBC Investment Team:
John Grant, Senior Portfolio Manager
Robin Gullason, Lead Strategist
Eric Lee, Associate Investment Advisor

Ministry of Health:
Vivian Pang, Senior Policy Analyst
Dana Lobson, Senior Policy Analyst

REGRETS: Jeffrey Dionne, RRT
Sandy Fodey, RRT
Sheena Lykke, RRT
Pappur Shankar, Public Member

Draft Minutes from March 28, 2025

1.0: INTRODUCTIONS AND LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:02 a.m. Lindsay Martinek made introductions and read the land acknowledgement.

1.1 COUNCIL AND COMMITTEE MEETING REMINDERS

Lindsay Martinek presented the Council and Committee Meeting Reminders presentation.

2.0: CONFLICT OF INTEREST DECLARATIONS

There was no conflict of interest declared.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for March 28, 2025.

MOTION 3.0 MOVED BY, Jeffrey Schiller, and SECONDED BY, Carmine Francella, that Council approve the Council Agenda for the March 28, 2025, meeting.

MOTION 3.0 CARRIED.

4.0: MINUTES FROM DECEMBER 6, 2024

Council reviewed the meeting minutes from December 6, 2024.

MOTION 4.0 MOVED BY, Allison Chadwick, RRT, and SECONDED BY, Sam Gennidakis, RRT, that Council approve the Council Minutes from the December 6, 2024, meeting.

MOTION 4.0 CARRIED.

5.0: STRATEGIC ISSUES

5.1 STRATEGIC DIRECTION & KEY PERFORMANCE INDICATORS REPORT

Staff presented the 2021 – 2025 Strategic Direction and quarterly Key Performance Indicators (KPI) Report.

5.2 DRAFT 2024 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

Carole Hamp presented the draft 2024 College Performance Measurement Framework (CPMF).

Draft Minutes from March 28, 2025

Council reviewed the summary of the CRTO's submission which includes the year-to-year improvement in all the domains.

5.3 RISK REGISTER

Ania Walsh presented the quarterly Risk Register update. Since the December 2024 Council meeting, there have been three changes in the reported risk ratings:

- The risk rating for significant staff turnover and/or loss of key leadership and loss of organizational knowledge changed from medium to low
- the ineffective communications risk changed from high to medium
- the risk rating for inconsistent processes/records management changed from medium to low

Staff will continue to provide quarterly risk management reports and update the Risk Register as required and report on the implementation of the action plan items.

5.4 2024 COUNCIL MEETINGS EVALUATION SUMMARY

Carole Hamp presented the 2024 Council Meeting Evaluation Summary. The results were largely positive. There was discussion regarding facilitating some activity to help council members who don't speak up feel more empowered to do so.

Staff will revise the survey to provide a closer examination of how we can continue to improve.

5.5 CRTO SOCIAL MEDIA STRATEGY

Janessa Gazmen presented the 2025 Social Media Strategy Proposal.

6.0: OPERATIONAL & ADMINISTRATIVE ISSUES

6.1 CRTO UPDATE REPORT

Staff reported on general CRTO activities and initiatives.

Internal

- Renewal & Relevant 2025/26 (*Carole Hamp*)
- New CRTO Database and Website (*Temeka Tadesse*)
- IEHP Entry-to-Practice Assessment (*Kelly Arndt*)
- Entry-to-Practice Study Plan (*Kelly Arndt*)
- CRTO's 2025 Work Plan (*Carole Hamp*)

Draft Minutes from March 28, 2025

External (*Carole Hamp*)

- Regulation of Physician's Assistants
- Accreditation Canada
- Scope of Practice Review

6.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements from March 1, 2024, to February 28, 2025.

MOTION 6.2 MOVED BY, Jeffrey Schiller, and SECONDED BY, Laura Van Bommel, RRT, that Council approves the quarterly financial statements for March 1, 2024, to February 28, 2025.

MOTION 6.2 CARRIED.

6.3 INVESTMENT PORTFOLIO UPDATE

Council reviewed the Investment Portfolio Summary.

MOTION 6.3 MOVED BY, Kim Morris, and SECONDED BY, Laura Van Bommel, RRT, that Council approve the CRTO's Investment Portfolio Update summary report.

MOTION 6.3 CARRIED.

6.3.1 PRESENTATION BY RBC INVESTMENT ADVISOR TEAM

John Grant, Robin Gullason and Eric Lee from the RBC Investment Team presented the CRTO Investment Portfolio.

6.4 CRTO PENSION PLAN

Shaf Rahman presented the CRTO Pension Plan presentation.

6.5 DRAFT BUDGET 2025/26

Carole Hamp presented the Draft 2025/26 Budget. Council reviewed the following items:

- proposed transfer of funds into the Scope of Practice budget line
- modifications to the existing budget relating to the budget lines.

MOTION 6.5.1 MOVED BY, Kim Morris, and SECONDED BY, Jennifer Gadioma, RRT, that the Council approves the transfer of \$30,000 out of the CRTO's Special Project Reserve Fund and into the Scope of Practice budget line.

Draft Minutes from March 28, 2025

MOTION 6.5.1 CARRIED.

MOTION 6.5.2 MOVED BY, Jeffrey Schiller, and SECONDED BY, Carmine Francella that the Council approves the draft 2025/26 budget.

MOTION 6.5.2 CARRIED.

7.0: COMMITTEE REPORTS

7.1 EXECUTIVE COMMITTEE REPORT

Council reviewed the Executive Committee Report.

7.2 REGISTRATION COMMITTEE REPORT

Council reviewed the Registration Committee Report.

7.3 QUALITY ASSURANCE COMMITTEE REPORT

Council reviewed the Quality Assurance Committee Report.

7.4 PATIENT RELATIONS COMMITTEE REPORT

Council reviewed the Patient Relations Committee Report.

7.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Council reviewed the Inquiries, Complaints and Reports Committee Report.

7.6 DISCIPLINE COMMITTEE REPORT

Council reviewed the Discipline Committee Report.

7.7 FITNESS TO PRACTISE COMMITTEE REPORT

Council reviewed the Fitness to Practise Committee Report.

7.8 FINANCE & AUDIT COMMITTEE REPORT

Council reviewed the Finance & Audit Committee Report.

Draft Minutes from March 28, 2025

8.0: COMMITTEE ITEMS ARISING

REGISTRATION COMMITTEE

8.1 TERMS OF REFERENCE AND ACTION PLAN

Kelly Munoz, RRT, presented the revised Registration Committee Terms of Reference and Action Plan.

MOTION 8.1 MOVED BY, Laura Van Bommel RRT, and SECONDED BY, Jennifer Gadioma RRT, that the CRTO Council approves the revised Registration Committee Terms of Reference and Action Plan for 2025.

MOTION 8.1 CARRIED.

8.2 REVISED APPROVAL OF CANADIAN EDUCATION PROGRAMS POLICY

Kelly Munoz, RRT, presented the revised Approval of Canadian Education Programs Policy, which outlines the criteria used by the Registration Committee to approve Respiratory Therapy programs in light of recent amendments to the Registration Regulation. Additionally, the categories of accreditation have been updated to reflect changes made by Accreditation Canada. If approved, the revised Approval of Canadian Education Programs Policy will be posted on the CRTO's website.

MOTION 8.2 MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Kim Morris, that the CRTO Council approves the revised Approval of Canadian Education Programs Policy.

MOTION 8.2 CARRIED.

8.3 REVISED ENTRY TO PRACTICE EXAM POLICY

Kelly Munoz, RRT, presented the revised Entry-to-Practice Exam Policy. This document was last approved by Council in September 2021 and has been updated to reflect the new provisions related to examination rewrites in the Registration Regulation. If approved, the revised Entry-to-Practice Exam Policy will be posted on the CRTO's website.

MOTION 8.3 MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Lindsay Martinek, RRT, that the CRTO Council approves the revised Entry-to-Practice Exam Policy.

MOTION 8.3 CARRIED.

Draft Minutes from March 28, 2025

8.4 REVISED EMERGENCY REGISTRATION POLICY

Kelly Munoz, RRT, presented the revised Emergency Registration Policy. This policy was last approved by Council in December 2023, when the new Emergency Class provisions came into force. The policy must be updated again to reflect the currency requirements in the new Registration Regulation. If approved, the revised Emergency Registration Policy will be posted on the CRTO's website.

MOTION 8.4 MOVED BY, Jeffrey Schiller, and SECONDED BY, Sam Gennidakis, RRT, that the CRTO Council approves the revised Emergency Registration Policy.

MOTION 8.4 CARRIED.

8.5 LABOUR MOBILITY POLICY BEING RESCINDED & ARCHIVED

Kelly Munoz, RRT, presented the rationale for rescinding the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy. If the policy is archived, the CRTO will develop a new Labour Mobility Fact Sheet to provide plain language information about the labour mobility provisions.

MOTION 8.5 MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Kim Morris, that the CRTO Council rescind the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy.

MOTION 8.5 CARRIED.

8.6 REVISED REGISTRATION & USE OF TITLE PPG

Kelly Arndt presented the Final Draft Revised Registration and Use of Title Professional Practice Guideline (PPG). This document was previously revised in 2024 and has been updated to reflect the recent regulatory amendments, particularly the new currency requirements for General Members. In addition, the section on the previous title "RRCP" has been removed. Other changes were made to improve readability and to ensure consistency with other CRTO documents. If the motion is approved, the PPG will be posted on the CRTO's website.

MOTION 8.6 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Laura Van Bommel, RRT, that the Council approves the draft revised Registration and Use of Title PPG.

MOTION 8.6 CARRIED.

QUALITY ASSURANCE COMMITTEE

8.7 TERMS OF REFERENCE AND ACTION PLAN

Sandy Fodey, RRT, presented the revised Quality Assurance Committee Terms of Reference and

Draft Minutes from March 28, 2025

Action Plan.

MOTION 8.7

MOVED BY, Kim Morris, and SECONDED BY, Sam Gennidakis, RRT, that the CRTO Council approves the revised Quality Assurance Committee Terms of Reference and Action Plan for 2025.

MOTION 8.7 CARRIED.

9.0: LEGISLATIVE AND GENERAL POLICY ISSUES

9.1 CERTIFICATION PROGRAMS FOR ADVANCED PRESCRIBED PROCEDURES BELOW THE DERMIS PPG – FINAL APPROVAL

Kelly Arndt presented the Final Draft Revised Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline (PPG). This document was previously revised in 2020 and has been updated to reflect the recent regulatory amendments, particularly the new Emergency Class of Registration.

Council reviewed the consultation results.

If approved, the PPG will be translated and posted on the CRTO website.

MOTION 9.1

MOVED BY, Allison Chadwick, RRT, and SECONDED BY, Jeffrey Schiller, that Council approves the final draft Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG for publication.

MOTION 9.1 CARRIED.

10.0: OTHER BUSINESS

- No items for this meeting

11.0: ADJOURNMENT

Adjournment

The March 28, 2025, Council meeting adjourned at 12:43 p.m.

Council Briefing Note

AGENDA ITEM # 4.2

June 27, 2025

From:	Shaf Rahman, Deputy Registrar
Topic:	Investment Portfolio Update
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Investment Portfolio Summary

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 on our investments in 3 areas:

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

BACKGROUND:

Since June 2023, RBC Wealth Management Group (RBC) has been responsible for managing the CRTO investment portfolio. Council directed RBC to achieve a rate of return aligned with Consumer Price Index increases to offset inflation. Additionally, RBC was instructed to maintain an asset mix of approximately 50% fixed income and 50% equity.

During the transfer of CRTO's investment funds from CIBC Wood Gundy (CIBC) to RBC, it was observed that CIBC offered more favorable banking rates than RBC's banking department. As a result, it was decided to temporarily retain the CRTO's CIBC Renaissance High-Interest Savings account at CIBC. The funds in this account were classified as cash and cash equivalents within CRTO's investment portfolio.

As of December 6, 2024, CRTO instructed CIBC to close the Renaissance High-Interest Savings account and transfer the funds—totaling \$251,152—into CRTO’s operating budget account. Accordingly, as for December 6, 2024, all investment funds are held with RBC.

ANALYSIS:

- Due to increased market volatility following the change in government in the United States and the imposition of new tariffs on numerous countries, global financial markets experienced significant turbulence during the first few months of 2025. As a result of this market volatility, the team at RBC adopted a more conservative strategy for managing the CRTO portfolio, aiming to mitigate the risks of significant capital losses. Accordingly, more of the investment funds were allocated into the cash and cash equivalents category of investments to ensure that funds were not subject to the volatility in the financial markets.

At the March 2025 Council meeting, the RBC team had the following allocation of funds:

- Fixed Income: \$771, 215.29 - 45.61% of portfolio
- Cash and Cash Equivalents: \$ 121, 241.00 – 7.18% of portfolio
- Equity: \$798, 359.20 – 47.21 % of portfolio

As of June 2025, with the financial markets starting to stabilize, the RBC team has lowered the amount in Cash and Cash Equivalents, and have begun to transfer those funds back into high growth accounts in the Fixed Income and Equity categories. Accordingly, as of June 1, 2025, the asset allocation is the following:

- Fixed Income: \$808, 053.19 - 47.06% of portfolio
- Cash and Cash Equivalents: \$12, 218.10 – 0.71% of portfolio
- Equity: \$896, 939.69 – 52.23% of portfolio

This change represents a decrease in the Cash and Cash Equivalents accounts by 6.47%, an increase in the fixed income accounts by 1.45%, and an increase in the CRTO equity funds by 5.02%.

- In response to the market volatility stemming from the change in government in the United States and the implementation of widespread international tariffs, the RBC team has demonstrated effective management in navigating these challenging conditions.

At the March Council meeting, due to the volatility of the investment markets, the CRTO portfolio saw the following:

- 1 month decline of 0.21% of the investment portfolio
- 3-month increase of only 2.03% of the investment portfolio
- Year to date decrease of 0.96%.

Throughout April and May 2025, the markets continued to be volatile. However, as market conditions have started to gradually stabilize (relatively speaking), the CRTO's investment portfolio has begun to show positive performance trends.

- The portfolio has seen an increase of 2.45% over the last month.
- Accounting for the volatility seen in April and May 2025, the CRTO's portfolio has seen a slight decrease of 1.09% over the last 3 months.
- Year to date, the CRTO's investment account has seen a growth of 1.32%, which is an improvement of 2.28% from the year-to-date projections at March 2025 Council.

The trends appear to be positive as we head into the 2nd quarter of the CRTO's fiscal year.

- The total investment return in the CRTO investment portfolio for the last 1-year period is down by 4.3% from 14.44% to 10.14%. This is the reflection of the market volatility that has occurred since the start of 2025.

While this figure is slightly lower and seems concerning, as the markets appear to be stabilizing, the CRTO's portfolio has seen a net increase of \$26,305 since the March 2025 Council update and has grown 12.20% since inception in June 2023.

- In May 2025, the United States House of Representatives approved the "Ong Big Beautiful Bill Act", which includes tax implications for foreign investors in the US financial markets. As such, the RBC team provided an email update to reassure us that they are monitoring the implications of the US tax bill, and will continue to do so for the foreseeable future.

Email Message:

"The US House of Representatives approved the "One Big Beautiful Bill Act" on May 22, 2025, which includes proposed legislation for new IRS Section 899, "Enforcement of remedies against unfair foreign taxes". The legislation aims to provide a tool to retaliate against certain foreign countries that have implemented what the U.S. government views as "unfair foreign tax". The details are in the attached bulletin.

There are definitely clouds on the horizon though it is difficult to assess whether this bill will pass in its existing form. There is much that we can do to mitigate the impact if it does. There are several events that may intercede in the imposition of Section 899. A major

catalyst for this measure is the Canadian Digital Services Tax. This was also an annoyance to the Biden administration. We will see what the Canadian government does with it.

For our US investors, this is not material. For our Canadian investors, the primary impact will be on interest received from US bonds and treasuries. The secondary impact will be on US dividends. We can change portfolio mixes very easily in the future to adjust for taxes relative the benefit of holding US companies. The amount of Canadian investing in US securities is not material enough to impact the price if Canadians choose not to invest in these securities. From our perspective, we will likely seek other ways of generating fixed income returns and dividends if the new tax is imposed, however gradually. Note that this tax will not impact capital gains on US securities investments.

The Senate Republicans are reportedly reviewing the 899 proposal, with a new draft due in the coming weeks

- For further details and analysis of the CRYPTO investment portfolio, see Appendix A – Investment Portfolio Summary

RECOMMENDATION:

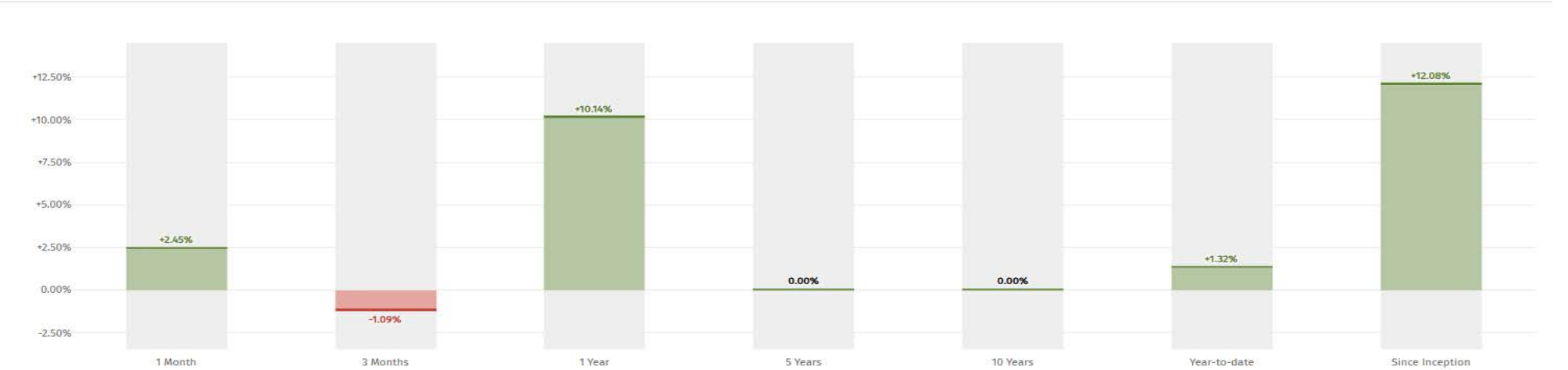
That Council approve the CRYPTO's Investment Portfolio summary report.

Overview of RBC Investments:

Total Value	Total Book Cost	Unrealized Gain/Loss
+1,717,210.98 CAD	+1,521,145.63 CAD	+184,824.42 CAD
+1,253,755.04 USD	+1,107,828.62 USD	+12.15%

Exchange Rate : 1 USD = 1.36965 CAD							
Cash and Investment Balances							
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Currency	AFT	Cash	Investments	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
CAD	-	4,071.91	1,111,019.59	1,115,091.50	1,034,893.77	+70,241.93	6.79%
USD	-	938.29	438,677.29	439,615.58	352,242.33	+86,434.96	24.54%

Performance Evaluation as Compared to Mile Markers:

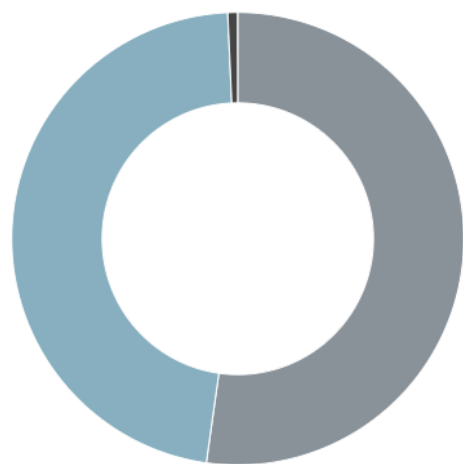


Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
+2.45%	-1.09%	+10.14%	0.00%	0.00%	+1.32%	+12.08%

RBC Investment Portfolio Asset Mix:

Asset Mix



Asset Class	Total Value	Currency	% Allocation
Cash and Cash Equivalents	12,218.10	CAD	0.71%
Fixed Income	808,053.19	CAD	47.06%
Equity	896,939.69	CAD	52.23%

Summary of Types of Holdings:

Product Type (in CAD)

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Product Type	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares	866,993.52	702,918.51	+164,075.01	23.34%
ETFs	13,711.73	10,271.81	+3,439.92	33.49%
Fixed Income	808,053.19	783,158.63	+19,010.67	2.43%
Mutual Funds	6,861.06	7,107.85	-246.79	(3.47%)
Trust Units (includes REITs)	16,234.44	17,688.83	-1,454.39	(8.22%)

Comparison: March 2025 Council vs. June 2025 Council

■ March 2025 Council

■ June 2025 Council



Council Briefing Note

AGENDA ITEM #4.3

June 27, 2025

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

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTC) regulates the practice of Respiratory Therapy in the public interest. In serving the public interest, the CRTC 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 CRTC's operations and programs (e.g., continuity of operations and financial sustainability).

ISSUE

The CRTC's [Risk Management Framework](#) articulates how the CRTC 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 CRTC's risk management strategy. This includes monitoring CRTC's activities and maintaining oversight of risks that can impact CRTC's strategic objectives.

The attached Risk Register Summary Report serves as a high-level reporting tool that provides Council with regular quarterly updates. This summary is based on a more detailed internal Risk Register and focuses specifically on risks that have been assessed as high or medium. Risks rated as low are monitored by staff but are not included in the summary report.

Since the March 2025 Council meeting, there has been no change in the reported risk ratings.

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.

CRTC Risk Register (Summary)

June 27, 2025































Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
02	Organizational Operations	Sudden/unexpected substantial increase in expenses and/or decrease in revenue <ul style="list-style-type: none"> Cost/expense escalations (e.g., significant increase in investigation expenses) Increase in resignations, suspensions, etc., decrease in new registrations Sudden loss of investment funds due to market volatility (e.g., due to geopolitical tensions) Potential additional costs due to delays in new database development 	Budget Adherence Member Relationships <ul style="list-style-type: none"> Deviation from budget; depletion of reserves Disruptions in the daily functioning of the College Insufficient resources to maintain essential College functions 	Reserve Funds and Investments Policies Finance and Audit Committee oversight External audit Fees Assessment Tool used annually to consider the adequacy and appropriateness of the CRTC's membership fee structure Investment advisor monitoring all CRTC investments, including annual updates regarding the status of investments and economic outlook Comprehensive finance/admin operating procedures developed and updated on ongoing basis	Medium	Ongoing monitoring Draft 2025/26 budget to be presented for Council approval in March 2025
03	Organizational Governance	Disruption in the effectiveness of Council <ul style="list-style-type: none"> Loss of a public member on Council; delays in government public members' appointments 	Member Relationships Compliance Reputation Public Protection <ul style="list-style-type: none"> Delays in Council decision-making 	Proactive approach with government to ensure we have sufficient public members Relationship building through collaboration between staff and Council	Medium	Increased utilization of HPRO as a government relations advocate Ongoing engagement with Council/committee members

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		<ul style="list-style-type: none"> Potential deterioration or dysfunctionality of the relationship between staff and Council Gap in compensation between public and professional Council members 	<ul style="list-style-type: none"> CRTC non-compliant with statutory requirements Decrease in member engagement 	Competency-based committee appointments Governance e-learning modules Onboarding process & ongoing training for Council and Committee members Code of Conduct & Conflict of Interest provisions in the By-laws Council evaluation framework Recent new public member appointments		New Governance Manual to be presented to Council in June 2025
04	Organizational Operations	IT infrastructure disruption and/or compromise of data integrity <ul style="list-style-type: none"> Phishing Ransomware attacks Denial-of-service attacks Unauthorized disclosure of personal/confidential information Implementation of new database and website 	Member Relationships Compliance Reputation <ul style="list-style-type: none"> Potential service disruption CRTC non-compliant with statutory requirements Negative media attention Concerns/complaints from interested parties 	3rd party systems monitoring Cyber-audits and white-hat simulation of attacks Staff training Built-in scanning on USBs for all computers Cyber insurance Multi-Factor Authentication for access to systems is in place Regular patch compliance Increased email security/protection Internal IT communication template(s) for use in the event of cyber attack Comprehensive IT operating procedures developed and updated on ongoing basis	High	Verification of cybersecurity of key 3rd party vendors Developing a detailed cybersecurity plan, map out steps/procedures for suspected cyber security incidents Staff training on the use of the new database before deployment Working towards implementing an endpoint management solution for endpoint security and compliance enforcement
05	Organizational Operations	Ineffective communications <ul style="list-style-type: none"> Technology (e.g., new website delays, 	Member Relationships Compliance Reputation	Member outreach initiatives – eBlasts, reminders, etc. Ongoing reporting on Comms KPIs	Medium	New website to be developed Continued monitoring of publication timelines

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		challenges in website maintenance, updates) <ul style="list-style-type: none"> Human error (risk of incorrect or unclear social media or website content) 	Public Protection <ul style="list-style-type: none"> Public unaware of the CRTC and unable to access the complaints process Member dissatisfaction; lack of engagement with the CRTC Members' non-compliance with statutory requirements 	Monitoring of response rates to CRTC consultations Full time communications professional on staff New Social Media strategy New email strategy Comprehensive review of website content conducted as part of the new website development		Develop new communications strategy Develop new email strategy Continue to develop standard operating procedures in the communications area
06	Organizational Compliance	Misalignment with regulatory requirements <ul style="list-style-type: none"> Changes in technology (e.g., new database, new online application system) Legislative changes Increase in reporting requirements Potential increase in applications from graduates of unapproved programs Staffing changes 	Compliance Public Protection <ul style="list-style-type: none"> Potential delays in application processing and/or complaints and reports processing 	Ongoing monitoring and regular reporting of registration and professional conduct processing timelines Comprehensive policies and procedures in place Staff cross training Ongoing communications with developers regarding system needs, continued use of iMIS as a contingency plan Collaboration with third-party organizations	Medium	Finalize the review and update registration policies in response to new the Registration Regulation Continued review and development of internal standard operating procedures Implementation of Registrar's Directives to speed up the internal processes Staff training on the use of the new database before deployment
07	Regulatory Professional Practice	Insufficient/out-of-date practice information <ul style="list-style-type: none"> Changes in practice expectations/scope Changes in regulatory requirements (e.g., 	Public Protection Member Relations <ul style="list-style-type: none"> Members' non-compliance with statutory requirements 	Regular checks on the quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope	Medium	Regular legislative and regulatory scans (HPRO working group)

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		reporting, infection control, etc.)	<ul style="list-style-type: none"> Concerns/complaints from interested parties 	Ongoing monitoring and regular reporting on practice-related inquiries		
08	Regulatory	Unauthorized Practice <ul style="list-style-type: none"> Impact of the “As of Right” initiative New unaccredited RT programs in Ontario 	Public Protection <ul style="list-style-type: none"> Increase in unauthorized practice concerns/reports received 	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports New webpage for Employers to address “As of Right”	Medium	Continue to monitor unauthorized practice complaints/reports
10	Regulatory	Health Human Resources <ul style="list-style-type: none"> Insufficient number of RTs to meet the demands of the healthcare system New unaccredited RT programs in Ontario 	Public Protection	Emergency Class of Registration Emergency Registration Policy Streamlined registration processes and efficient processing timelines Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process	Medium	Continue to monitor Member demographic data Ongoing engagement with other regulators and system partners (e.g., through HPRO) Continued monitoring of government initiatives related to health human resources

Risk Register/Outlook

Risks		Risk Assessment		Risk Outlook	Notes
Category	Risk Description	Prior Quarter	Current Quarter		
Organizational Operations	Significant staff turnover &/or loss of key leadership Loss of critical organization knowledge				The risk continues to be monitored but has been removed from the Risk Register Summary report above, which focuses on risks rated as high or medium.
Organizational Operations	Sudden/unexpected substantial 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				
Organizational Compliance	Misalignment with regulatory requirements (Registration)				
Regulatory Professional Practice	Insufficient/out-of-date practice information				
Regulatory	Unauthorized Practice				
Organizational Operational	Inconsistent Processes/Records Management				The risk continues to be monitored but has been removed from the Risk Register Summary report above, which focuses on risks rated as high or medium.
Regulatory	Health Human Resources				

Committee Report Items

AGENDA ITEM # 4.4

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 28, 2025, to June 26, 2025

Since the last Council meeting, the Executive Committee has held two meetings. On May 23, the Executive participated in a special meeting facilitated by Kevin McCarthy (of The Regulator’s Practice) to discuss the proposal for the 2026–2030 Strategic Planning session, scheduled for September 26, 2025. The following took place at the regular June 13th Executive Committee meeting:

- Presentation of the 2024/25 Audit Report from Grewal Guyatt LLP.
- Appointment of the Auditor for 2025/26.
- Review and recommendation for Council’s approval of the CRTO’s quarterly Financial Statements and Investment Portfolio summary.
- Review and recommendation for Council’s approval of the revised Reserves Policy.
- Approval of the June 27th Council Meeting Agenda.
- Review of the March 28th post-Council Meeting Survey Summary.

Respectfully submitted,
Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM # 4.5

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 28, 2025 – June 26, 2025

Since the last report, the Registration Committee (RC) has met on May 13, 2025. In addition, Panels of the RC met on the following dates:

- April 23, 2025
- May 13, 2025
- June 4, 2025

Referral Summary

Reasons for Referral	
Two applications were referred to the Panel of the RC to ratify the Registrar’s offer to issue a General Certificate of Registration with terms, conditions and limitations.	In both applications, the Panel of the RC ratified the Registrar's offers for a General Certificate of Registration with terms, conditions, and limitations.
26 graduates from Fleming College were referred to the Panel of RC to ratify the Registrar’s offer to issue a Graduate Certificate of Registration with terms, conditions and limitations.	For all 26 applications, the Panel of the RC ratified the Registrar's offers for a Graduate Certificate of Registration with terms, conditions, and limitations.
Four applications were referred to the Panel of RC due to currency requirements.	<p>In three applications, the Panel of the RC approved the applications for a General Certificate of Registration with terms, conditions and limitations.</p> <p>In one of the applications, the Panel requested the applicant to provide additional information to support their application for reinstatement.</p>
One application was referred to consider the applicant’s requests to change the terms, conditions and limitations (TCLs) imposed on their certificate of registration	The Panel of the RC approved the applicant’s requests and directed the Registrar to modify the terms, conditions and limitations on their certificate of registration.

May 13, 2025, RC Meeting Report Highlight:

- **CRTO Update Report** – Carole Hamp, Registrar & CEO, provided the Registration Committee with an update on several CRTO initiatives, including:
 - Staffing changes at the CRTO

Committee Report Items

- New CRTO Database and Website
 - Professional Development Program (PDP) Evaluation
 - 2026-2030 CRTO Strategic Direction & Key Priorities
 - Scope of Practice Review
- **Internationally Educated Health Professionals (IHEP)** – 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 38 active IEHP applications in various stages of the assessment process. Additionally, there are 8 files referred from other provinces that the CRTO is conducting assessments on behalf of.
 - CRTO staff provided RC with an orientation on the IEHP process, including how to interpret gaps, explore remediation options, consider precedents, and utilize tools for the deliberation 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 files that are under appeal with HPARB.
- **Office of the Fairness Commissioner** – 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). A copy of the Fair Registration Practices Report was provided to RC for review. A copy of the report is available on the CRTO website at <https://crt0.on.ca/pdf/Reports/2024.OFC.Report.pdf>.
- **Canadian Respiratory Therapy Programs** – The Registration Committee approved the proposed pathway to registration for the April 2025 graduates of the Fleming College RT program under ss. 55(2)(b) in the Registration Regulation. Additionally, the RC approved the Fleming College and Thompson Rivers University RT Education Programs based on their current accreditation status with Accreditation Canada.
- **Advanced Prescribed Procedures Below the Dermis Certification Packages** – The Registration Committee reviewed and approved the following certification packages:
 - Intraosseous insertion by Lakeridge Health
 - Intraosseous insertion by London Health Sciences Centre (Victoria Site)
 - Intraosseous insertion by the Hospital for Sick Children Hospital
- **General Certificate of Registration – Currency Condition Policy** - The CRTO drafted a policy to address the new currency condition that applies to all General Certificates of Registration. This policy outlines the criteria and process used by the CRTO to determine whether Registered Respiratory Therapists meet the currency condition. The RC approved the draft policy to go for public consultation. After consultation, the policy and feedback received will be presented to the RC for final review and then to Council for final approval at the September 2025 meeting.

Committee Report Items

- **Labour Mobility Fact Sheet** – The RC reviewed the new Labour Mobility Fact Sheet. The Fact Sheet provides a general overview of the labour mobility provisions and the relevant eligibility criteria for applicants seeking to apply under labour mobility. A copy of the Fact Sheet is available on the CRTC website at <https://www.crtc.gc.ca/pdf/FactSheets/LabourMobility.FS-350.pdf>.

Respectfully submitted,
Kelly Munoz, RRT
Registration Committee Chair

Committee Report Items

AGENDA ITEM # 4.6

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 28, 2025, to June 26, 2025

Since the last Council meeting, there has been one Quality Assurance Committee (QAC) panel meeting held on May 12, 2025. The following is a summary of that meeting, and the activities related to the QAC that have been ongoing:

Failure to Complete RelevantT 2025

The Committee reviewed all Members who failed to complete the 2025 RelevantT e-learning module, a mandatory requirement for all CRTO Members, regardless of their Class of Registration. As a result of non-compliance, 14 Members were referred to the Inquiries, Complaints, and Reports Committee (ICRC) for allegations of professional misconduct.

Failure to Complete Launch Jurisprudence Assessment 2025

The QAC panel ordered the referral of a Graduate Respiratory Therapist to the Inquiries, Complaints, and Reports Committee (ICRC) for allegations of professional misconduct for failure to complete the Launch Jurisprudence Assessment.

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM # 4.7

PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL

March 28, 2025, to June 26, 2025

Since the last Council meeting, there have been no meetings of the Patient Relations Committee.

Respectfully submitted,
Katherine Lalonde, RRT
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM # 4.8

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

March 28, 2025, to June 26, 2025

ICRC Deliberations:

Since the last Council meeting, the ICRC held seven (7) meetings via Zoom. Three (3) of the meetings were regarding the investigation of public complaints. Four (4) of the meetings were regarding the investigation of reports.

Public Complaints:

1. In October of 2023 a complaint was received by the CROTO that alleged that multiple Members had engaged in unfair business practices relating to the sale and distribution of respiratory equipment.

After a careful review of the investigation report, Complainant's submissions and Members' submissions, the Panel was satisfied the evidence did not support any significant concerns about the Members' practice or conduct that would pose a risk to client safety. However, the Panel identified an opportunity for improvement with respect to the Members' client communication and billing practices. The Panel decided that providing the Members with advice and recommendations would best address these concerns and protect the public interest.

2. In February of 2024 a complaint was received by the CROTO that alleged that the Member had communicated in an unprofessional manner with a patient.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel was of the opinion that the information supported concerns regarding the Member's communication. The Panel decided that requiring the Member to complete a SCERP would best address these concerns and protect the public interest.

Committee Report Items

3. In March of 2024, a complaint was received at the CRTC that alleged that the Member had engaged in professional conduct in their communication with a colleague and had inappropriately disclosed the colleague's personal health information to another team member.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel did not identify any significant gaps in the Member's practice and conduct that it believed would likely pose a risk to patient safety and would require regulatory action in the public interest. The Panel therefore took no action on the concerns raised.

Employer Reports:

1. In June of 2023, the CRTC received an employer report of resignation relating to concerns about the Member engaging in unprofessional communication and conduct towards colleagues.

After a careful review of the investigation report and the Member's submissions, the Panel identified significant concerns about the Member's conduct, professionalism, and judgment. The Panel decided that requiring the Member to complete a SCERP would best address these concerns and protect the public interest.

2. In July of 2023, the CRTC received an employer report of termination relating to concerns about the Member's clinical competency.

After a careful review of the investigation report and the Member's submissions, the Panel was satisfied the evidence did not support any significant concerns about the Member's practice or conduct that would pose a risk to patient safety. However, the Panel has identified an opportunity for improvement with respect to the Member's self-awareness and communication of their learning needs. The Panel decided that providing the Member with advice and recommendations would best address these concerns and protect the public interest.

3. In August of 2023 the CRTC received reports from the peers of a Member relaying concerns about the Member engaging in unprofessional communication and conduct towards colleagues.

Committee Report Items

After a careful review of the investigation report and the Member's submissions, the Panel identified significant concerns about the Member's conduct, professionalism, and judgment. The Panel decided that requiring the Member to complete a SCERP would best address these concerns and protect the public interest.

4. In June of 2024 the CRTC received a report that the Member was practising outside of their scope of practice in the business they operated.

After a careful review of the investigation report and the Member's submissions, the Panel did not identify any significant gaps in the Member's practice and conduct that it believed would likely pose a risk to patient safety and would require regulatory action in the public interest. The Panel therefore took no action on the concerns raised.

New Matters:

Since the last Council meeting, the CRTC received twenty-eight (28) new matters. The new matters are comprised of fifteen (15) referrals from the Quality Assurance Committee (QAC), eleven (11) reports and two (2) complaints.

The fifteen (15) QAC referrals have been referred to the ICRC. Two (2) of the reports were disposed of at the Registrar level. Nine (9) of the reports are currently under review by the Registrar. The two (2) complaints have been referred to the ICRC.

Policy Framework:

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

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

Committee Report Items

AGENDA ITEM # 4.9

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

[March 28, 2025, to June 26, 2025](#)

Since the last Council meeting, there have been no Discipline hearings, nor referrals to the Discipline Committee.

Respectfully submitted,
Tracy Bradley, RRT
Discipline Committee Chair

Committee Report Items

AGENDA ITEM # 4.10

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

[March 28, 2025, to June 26, 2025](#)

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 4.11

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

March 28, 2025 – June 26, 2025

The Finance & Audit Committee (FAC) joined the Executive Committee meeting on June 13, 2025, to review the following items:

- Presentation of the 2024/25 Audit Report from Grewal Guyatt LLP.
- Appointment of the Auditor for 2025/26.
- Review of the CRTO's quarterly financial statements
- Review of the CRTO's investment portfolio summary.
- Review of the Reserves Policy.

Respectfully submitted,
Michelle Causton, Chair
Finance & Audit Committee

Council Motion

AGENDA ITEM # 5.1

Motion Title:	2024-2025 Audit Findings
Date of Meeting:	June 27, 2025
Attachment(s):	Appendix A: Audit Findings Report Appendix B: Draft Audited Financial Statements

It is moved by _____ and seconded by _____ that:

The Council approve the 2024 – 2025 Audit Findings Report and Audited Financial Statements, as presented.



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Audit Findings Report

for the year ended February 28, 2025



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Audit highlights

Purpose of the report

The purpose of this report is to assist you, as a member of senior management, Finance and Audit Committee and the Council, in your review of the results and audit of the financial statements of the College of Respiratory Therapists of Ontario (the “College” or “CRTO”) as at and for the year ended February 28, 2025.

Status of the audit

As of the date of this Audit Findings Report, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include the following:

- Completion of our subsequent event review procedures
- Completing our discussions with the senior management team, Finance and Audit Committee and the Board of Directors
- Receipt of signed management representation letter (dated upon approval of financial statements)
- Obtaining evidence of the Board’s approval of the financial statements

Materiality

There has been no change from the preliminary materiality as presented on our audit plan. The materiality for the February 28, 2025, audit is \$85K and audit misstatement posting threshold of \$4K.

Critical accounting estimates

Overall, we are satisfied with the reasonability of critical accounting estimates.

Control deficiencies

We did not identify any control deficiencies that we determined to be significant deficiencies in internal control over financial reporting. A significant deficiency in internal control is a deficiency, or combination of deficiencies, in internal control that, in the auditor’s professional judgement, is of sufficient importance to merit the attention of those charged with governance.

The audit findings report should not be used for any other purpose or by anyone other than the senior management team, Finance and Audit Committee and Council of the Entity. Grewal Guyatt LLP shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this audit findings report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.

Audit highlights (continued)

Independence

We are independent and have extensive quality control and conflict checking processes in place. We provide complete transparency on all services and follow Board of Directors approved protocols.

Financial statement presentation and disclosure

The presentation and disclosure of the financial statements are, in all material respects, in accordance with the College's relevant financial reporting framework. Misstatements, including omissions, if any, related to disclosure or presentation items are in the management representation letter provided to management.

Corrected and uncorrected misstatements

Refer to page [7](#) for corrected and uncorrected differences.

Audit risks and results

We highlight our significant findings in respect to significant financial reporting risks identified.

Significant risk	Why is it significant?
Risk of material misstatement due to fraud resulting from fraudulent revenue recognition	This is a presumed fraud risk. Fraud risks include misappropriation of funds, overstatements of revenue through posting manual journal entries and manipulation of cut-off.
Our audit approach and findings	
We obtained an understanding of the activities and controls to prevent and/or detect overstatement of revenue through posting of journal entries and manipulation of year-end cut-off of revenues. We performed test of details comprising review of cut-off, deferred revenue and review of specifically defined journal entries directed at revenue.	
We did not identify any issues related to fraud risk associated with revenue recognition.	

Significant risk	Why is it significant?
Risk of material misstatement due to fraud resulting from management override of controls	This is a presumed fraud risk.
Our audit approach and findings	
As this presumed risk of material misstatement due to fraud is not rebuttable, our audit methodology incorporates the required procedures in professional standards to address this risk. These procedures include the following: <ul style="list-style-type: none"> • testing of journal entries; • performing a retrospective review of estimates; and • evaluating the business rationale of significant transactions 	
We did not identify any issues related to fraud risk associated with management override of controls.	

Other Areas of Focus

Significant findings from our audit regarding other areas of focus for the College are as follows:

Investments

As at February 28, 2025 the College held \$1.64M in investments (2024 - \$1.78M). Investments are initially recorded at cost and adjusted to reflect fair market value as at year-end.

Our response and significant findings

- We obtained the monthly investment statements including third party confirmations as at February 28, 2025.
- We proposed various adjustments based on investment reconciliations prepared to ensure the investments are accurately presented in the financial statements.

Database and Website Development

During the year, the College incurred \$54,484 (2024 - \$65,168) in development costs which have been capitalized under Database and Website.

Our response and significant findings

- We obtained a listing of expenditures incurred related to the database and website development. We assessed the nature of the expenditures to determine if the expenditures meet the definition of an asset to be capitalized.
- Based on our assessment, the College appropriately capitalized the costs related to the database and website development. Depreciation will commence once the new database and website are launched.

Uncorrected and corrected audit misstatements

Uncorrected audit misstatements

We did not identify any uncorrected misstatements.

Corrected audit misstatements

The management representation letter includes all adjustments identified as a result of our audit, communicated to management and subsequently corrected in the financial statements.

- \$17.8K – to accrue audit fee
- \$28.4K – to reverse prior year prepaid expenses and book \$52K to correctly record current year prepaid expenses
- Various adjustments to adjust the fair market value of the investments held by the College.
- \$22.7K – to record depreciation expense for current year
- \$12K – to adjust capital lease obligation as at year end
- \$4.2K – to reclass stale dated cheques
- \$177.6K – to reverse deferred revenue received subsequent to year end
- \$237.1 – to reverse office equipment and leasehold improvements related to the old office location

Financial statement presentation and disclosure

Misstatements, including omissions, if any, related to presentation and disclosure items are in the management representation letter. We also highlight the following:

Financial statement presentation- form arrangement, and content	Nothing to report
Concerns regarding application of new accounting pronouncements	Nothing to report
Significant qualitative aspects of financial statement presentation and disclosure	Nothing to report

Required communications

Report	Engagement terms
Refer to the draft audit report attached to the financial statements.	Unless you inform us otherwise, we understand that you acknowledge and agree to the terms of the engagement set out in the engagement letter and any subsequent amendments as provided by management.
Reports to management	Representations of management
Audit findings report as attached	A copy of the management representation letter has been provided to management.
Matters pertaining to independence	Internal controls deficiencies
We confirm we are independent of the College in accordance with the requirements under the external auditing standards.	Other control deficiencies, identified during the audit, that do not rise to the level of a significant deficiency will be communicated to management.
Required inquiries	Audit quality
Professional standards require that we obtain your views on identification and assessment of risks of material misstatement, whether due to fraud or error,	Grewal Guyatt LLP maintains a system of quality control designed to reflect our drive and determination to deliver independent, unbiased advice and opinions, and also meet the requirements of the Canadian professional standards.

Appendix B: Draft Audited Financial Statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Financial Statements

February 28, 2025

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Financial Statements

February 28, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Council of
College of Respiratory Therapists of Ontario

Opinion

We have audited the financial statements of College of Respiratory Therapists of Ontario (the College), which comprise the balance sheet as at February 28, 2025, and the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Grewal Guyatt LLP
Chartered Professional Accountants, Licensed Public Accountants

Richmond Hill, Ontario

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Balance Sheet
As at February 28, 2025

	2025	2024
Assets		
Current assets		
Cash	\$ 2,330,398	\$ 2,056,898
Investments held for operating (Note 3)	605,592	658,568
Prepaid expenses	52,086	28,414
	<u>2,988,076</u>	<u>2,743,880</u>
Investments held for reserves (Note 3)	1,120,000	1,120,000
Capital assets (Note 4)	129,005	95,829
	<u>\$ 4,237,081</u>	<u>\$ 3,959,709</u>
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	\$ 109,857	\$ 105,591
Deferred revenue	2,391,275	2,337,076
Current portion of obligations under capital leases (Note 5)	5,951	11,646
	<u>2,507,083</u>	<u>2,454,313</u>
Obligations under capital leases (Note 5)	-	5,951
	<u>2,507,083</u>	<u>2,460,264</u>
Net assets (Note 6)		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	300,000	300,000
Fees stabilization reserve	150,000	150,000
Unrestricted - operating fund	609,998	379,445
	<u>1,729,998</u>	<u>1,499,445</u>
	<u>\$ 4,237,081</u>	<u>\$ 3,959,709</u>

The accompanying notes are an integral part of these financial statements.

Commitments (Note 7)

Approved on behalf of the Board:

_____, Director

_____, Director

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Statement of Revenues and Expenses

Year Ended February 28, 2025

	2025	2024
Revenue		
Registration and renewal fees	\$ 2,729,489	\$ 2,510,988
Investment income	282,734	183,043
Application fees	17,551	16,725
	3,029,774	2,710,756
Operating expenses		
Salaries and benefits	1,620,076	1,523,652
Office operations		
Professional fees	257,644	238,103
Occupancy	225,252	239,239
Bank and credit card charges	111,025	105,080
Cloud computing services	87,435	20,261
Quality assurance portfolio and standards	58,809	58,573
Information technology	100,190	93,982
Minor equipment and software purchases	53,799	55,426
Memberships, subscriptions and dues	50,101	76,331
Competency assessment	47,521	47,295
Staff travel	24,129	16,018
Amortization of capital assets	22,736	39,701
Telephone	19,658	19,867
Office and general	18,584	5,277
Insurance	9,075	4,687
Printing	3,685	1,048
Office supplies	2,533	7,907
Postage and delivery	1,813	1,096
Equipment maintenance and rental	729	4,655
Advertising and promotion	350	-
	1,095,068	1,034,546
Council and committee		
Travel, accommodation and meals	7,434	5,371
Per diem	47,298	43,450
Other meeting expenses	10,653	7,468
Education and training	18,692	9,425
	84,077	65,714
Excess of revenues over expenses	\$ 230,553	\$ 86,844

The accompanying notes are an integral part of these financial statements.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Changes in Net Assets
Year Ended February 28, 2025

		Abuse therapy fund	General contingency reserve fund	General investigations and hearings fund	Special projects reserve	Fee stabilization reserve	Operating fund	2025 Total	2024 Total
Balance, beginning of year	\$	20,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 150,000	\$ 379,445	\$ 1,499,445	\$ 1,412,601
Excess of revenues over expenses		-	-	-	-	-	230,553	230,553	86,844
Balance, end of year	\$	20,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 150,000	\$ 609,998	\$ 1,729,998	\$ 1,499,445

The accompanying notes are an integral part of these financial statements.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Statement of Cash Flows
Year Ended February 28, 2025

	2025	2024
Operating activities		
Excess of revenues over expenses	\$ 230,553	\$ 86,844
Non-cash item:		
Amortization of capital assets	22,736	39,701
	253,289	126,545
Net change in non-cash items related to operating activities:		
Prepaid expenses	(23,672)	25,320
Accounts payable and accrued liabilities	4,266	23,144
Deferred revenue	54,199	178,676
	34,793	227,140
	288,082	353,685
Financing activity		
Repayment of obligations under capital leases	(11,646)	(8,292)
Investing activities		
Net change in investments	52,976	(227,041)
Purchase of capital assets	(55,912)	(66,186)
	(2,936)	(293,227)
Increase in cash	273,500	52,166
Cash, beginning of year	2,056,898	2,004,732
Cash, end of year	\$ 2,330,398	\$ 2,056,898

The accompanying notes are an integral part of these financial statements.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

1. Nature of Operations

The College of Respiratory Therapists of Ontario/Ordre des Therapeutes Respiratoires de l'Ontario (the "College"), through its administration of the Regulated Health Professions Act and the Respiratory Therapy Act, is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner.

The College is the governing body established on December 31, 1993 by the provincial government to regulate the practice of respiratory therapy in Ontario under the Regulated Health Professions Act and was enacted by statute under the Respiratory Therapy Act (1991). The College is a not-for-profit corporate body without share capital and, as such, is generally exempt from income taxes.

2. Significant accounting policies

These financial statements are prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the Chartered Professional Accountants of Canada Handbook. The College's significant accounting policies are as follows:

Revenue recognition

The College follows the deferral method of accounting for registration fees. The College's principal source of revenue is registration and renewal fees which are recognized as revenue in the year to which the fees relate. Registration fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the balance sheet and will be recognized in income in the year to which they pertain.

Investment income consists of interest and realized and unrealized gains and losses from investment transactions. Interest income is recorded when earned. Realized gains and losses are recognized as income when the transactions occur. Unrealized gains and losses which reflect the changes in fair value during the period are recognized at each reporting date and are included in current period income.

All other sources of revenue are recognized when services have been performed or goods have been delivered.

Investments

Investments are recorded at fair value. Unrealized holding gains and losses are included in investment income. The quoted market price of investments is used to estimate the fair value. For investments in guaranteed investment certificates, fair value is estimated at the cost of investments adjusted with the interest earned but not received.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

2. Significant accounting policies (continued)

Capital assets

Capital assets are accounted for at cost. Amortization is calculated on their estimated useful lives using the straight-line method over the following periods:

Database (a)	5 years
Office equipment under capital lease	5 years
Computer equipment and software	3 years
Website (a)	3 years
Software - mobile application	3 years

Equipment under capital lease

The College leases equipment on terms which transfer substantially all of the benefits and risks of the ownership to the College. The lease is accounted for as a capital lease as though an asset has been purchased and a liability incurred.

Impairment of long-lived assets

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the asset's carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated future cash flows, an impairment charge is recognized for the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the College uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

2. Significant accounting policies (continued)

Cloud computing arrangements

At the inception of a cloud computing arrangement with a supplier, the organization allocates the consideration of the arrangement to all of the significant separable elements based on their specific sales price. Expenditures on capital assets and rights to use an intangible asset are recognized according to the accounting policies applicable to these elements. To account for expenditures in cloud computing arrangements that fall within the scope of AcG-20, Customer's Accounting for Cloud Computing Arrangements, the organization elected to apply the simplification approach. These expenses are therefore treated as the supply of services and recognized as expenses when the organization receives the services in question. Such expenditures are presented under the Cloud computing services heading in the statement of income. The organization recognizes prepayment as an asset when payments for goods or services are made in advance. Expenditures related to implementation activities are expensed as incurred.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the amounts recognized as revenues and expenses for the periods covered. Actual results may differ from these estimates. The critical estimates relate to the useful lives of capital assets and accrued liabilities.

Financial instruments

Initial measurement

The College initially measures its financial assets and liabilities originated or exchanged in arm's length transactions at fair value. Financial assets and liabilities originated or exchanged in related party transactions, except for those that involve parties whose sole relationship with the College is in the capacity of management, are initially measured at cost.

Subsequent measurement

The College subsequently measures all its financial assets and liabilities at cost or amortized cost.

Financial assets measured at amortized cost using the straight-line method include cash. Financial assets measured at fair value include quoted shares.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

2. Significant accounting policies (continued)

Financial instruments (continued)

Transaction costs

Transaction costs attributable to financial instruments subsequently measured at fair value and to those originated or exchanged in a related party transaction are recognized in income in the period incurred. Transaction costs related to financial instruments originated or exchanged in an arm's length transaction that are subsequently measured at amortized cost are recognized in the original cost of the instrument. When the instrument is measured at amortized cost, transaction costs are recognized in income over the life of the instrument using the straight-line method.

Impairment

For financial assets measured at cost or amortized cost, the College determines whether there are indications of possible impairment. When there are, and the College determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows, a write-down is recognized in income. If the indicators of impairment have decreased or no longer exist, the previously recognized impairment loss may be reversed to the extent of the improvement. The carrying amount of the financial asset may not be greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in income.

3. Investments

	2025	2024
Guaranteed investment certificates ("GIC's")	\$ 875,514	\$ 751,064
Common shares	850,078	579,093
High interest savings account	-	448,411
	1,725,592	1,778,568
Investments held for operations	605,592	658,568
Investments held for reserves	1,120,000	1,120,000
	\$ 1,725,592	\$ 1,778,568

The GIC's have an effective interest rate of 0.25% to 5.29% (2024 - 0.25% to 5.44%) and mature between March 2025 to December 2031 (2024 - April 2024 to June 2029).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

4. Capital assets

			2025	2024
	Cost	Accumulated amortization	Net book value	Net book value
Database (a)	\$ 565,388	\$ 459,128	\$ 106,260	\$ 62,159
Office equipment under capital lease	60,850	54,765	6,085	18,255
Computer equipment and software	56,464	53,196	3,268	6,919
Website (a)	13,392	-	13,392	8,496
Software - mobile application	84,433	84,433	-	-
	\$ 780,527	\$ 651,522	\$ 129,005	\$ 95,829

- a) During the year, the College incurred \$54,484 (2024 - \$65,168) in development costs which have been capitalized under Database and Website. Depreciation will commence in the year the new database and website are launched.

5. Obligations under capital leases

	2025	2024
Obligations under capital leases	\$ 5,951	\$ 17,597
Current portion of obligations under capital leases	5,951	11,646
	\$ -	\$ 5,951

Future minimum lease payments of obligation under capital lease for the next year are as follows:

2026	\$ 5,951
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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

6. Net assets

The financial statements have been prepared in a manner which segregates net assets balances and have been allocated by Council.

The Operating fund reflects the day-to-day activities of the College which are financed generally by registration, renewal and application fees. All interest income earned is allocated to the operating fund.

The Council of College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council. The details of internally restricted net assets are as follows:

- a) In accordance with the Regulated Health Professions Act, the College has set up the Abuse Therapy Fund to provide therapy and counseling for persons who, while patients, were sexually abused by a member(s). This fund will be expended on persons who satisfy the College's eligibility criteria.
- b) The General Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the College's operating budget and to fund the College's obligations in extreme circumstances, as determined and approved by Council.
- c) The General Investigations and Hearings Fund is designated to provide for unanticipated legal and committee costs resulting from complaints, investigations, fitness to practice and discipline processes.
- d) The Special Projects Reserve is for the specific purpose of meeting unanticipated expenses of the College for special projects, such as standards of practice, quality assurance, communications initiatives, capital assets, relocation expenses, etc.
- e) The Fees Stabilization Reserve is for the specific purpose of minimizing or delaying the impact of year-over-year changes in revenues and expenses on membership renewal fees.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements
February 28, 2025

7. Commitments

The commitment of the College under a lease agreement aggregates to \$103,319. The instalments over the next three years are the following:

2026	\$	44,279
2027	\$	44,279
2028	\$	14,761

8. Financial instruments

Liquidity risk

Liquidity risk is the risk that the College will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The College manages its liquidity risk by monitoring its operating requirements. The College prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Credit risk

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The College deals with creditworthy counterparties to mitigate the risk of financial loss from defaults. The College does not have significant exposure to credit risk since all revenue is generated from members and received in advance of the fiscal year.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk with respect to its investment holdings in GIC's.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, other than those arising from interest rate risk or currency risk, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is mainly exposed to other price risk through its investments in mutual funds and quoted shares for which the value fluctuates with the quoted market price.

Council Motion

AGENDA ITEM # 5.2

Motion Title:	Appointment of Auditor for 2025/26
Date of Meeting:	June 27, 2025
Appendix Attachment(s):	Appendix A: Auditor Assessment Tool

It is moved by _____ and seconded by _____ that:

The Council approves the appointment of Grewal Guyatt LLP as the CRTO's auditor for the fiscal year of 2025/26.

Annual Assessment of the External Auditor for the CRTO

Introduction

The Executive Committee of the College of Respiratory Therapists of Ontario (CRTO) conducts an annual assessment of the external auditor prior to Council deciding the issue of reappointment. This assessment may:

- Identify opportunities for quality improvement recommendations to the external auditor;
- Serve as the basis for recommending the auditor for tender or reappointment; and/or,
- Note any concerns with the audit or the auditor's performance.

Assessment Elements

The annual assessment appraises three (3) key elements*:

1. **Independence, objectivity and professional skepticism** – *Do the auditors approach their work with objectivity to ensure they appropriately question and challenge management's assertions in preparing the financial statements?*
2. **Quality of the audit team** – *Does the audit team put forward team members with the appropriate industry and technical skills to carry out an effective audit?*
3. **Quality of communications and interactions with the external auditor** – *Are the communications with the external auditor (written and oral) clear, concise and free of boilerplate language? Is the auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?*

Assessment Process

1. Statements for each element to be considered by :
 - i. The Registrar and the Manager of Finance; and
 - ii. The Executive Committee (in consultation with the Finance & Audit Committee).
2. Executive Committee to recommend that Council:
 - i. Renew the external auditor for the current fiscal year; or
 - ii. Go to tender for a new external auditor.
3. Report to Council must include:
 - i. Results of assessment; and
 - ii. Recommendation.

*Chartered Professional Accountants Canada (2018).Annual Assessment of the External Auditor: Tool for Audit Committees

Assessment of the External Auditor

Assessment Statements

Assessment Scale

Disagree – does not meet expectations

Agree – meets expectations

NA – not applicant/ do not know

1. Independence, objectivity and professional skepticism

i. Registrar & Manager of Finance

Questions	Assessment	Comments
The external auditor has safeguards in place to detect independence issues.	Agree	
The external auditor proactively articulates independence matters and reports exceptions to its compliance with independence requirements.	Agree	This was communicated as part of their audit plan, which was communicated at the FAC/Executive meeting
The audit fees are appropriate in relation to costs incurred to enable the performance of a quality audit.	Agree	The auditing firm has been very transparent from the onset regarding cost and how they would change year over year.

ii. Executive Committee

Questions	Assessment	Comments
The audit team communicated their audit plan in advance of the audit.	Agree	Presented to FAC
The audit plan appropriately addresses the areas of higher risk.	Agree	Audit risk was addressed in both the audit plan and final report (e.g., material misstatement due to fraud or error).
The relationship between the external auditor and the CRTO poses no current risk to the external auditor's independence, objectivity, or professional skepticism.	Agree	This was our second year with this audit firm

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

Assessment of the External Auditor

2. Quality of the audit team

i. Registrar & Manager of Finance

Questions	Assessment	Comments
The external audit firm has a good reputation and a strong presence in the industry.	Agree	They have numerous not-for-profit clients.
There is sufficient continuity of audit team staff to ensure a smooth audit.	Agree	Yes
The audit team seeks feedback on the quality and effectiveness of the audit.	Agree	Receptive to suggested changes during the audit process

ii. Executive Committee

Questions	Assessment	Comments
The audit team understands the nature of our work and its issues.	Agree	The audit firm has other health regulatory body clients.
The audit team is proactive in their approach.	Agree	
The audit team completed their work in line with the agreed timelines.	Agree	

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

3. Quality of communications and interactions with the external auditor

i. Registrar & Manager of Finance

Questions	Assessment	Comments
All communications between the audit team and CRTO staff are clear, relevant and timely.	Agree	Noticeably improved since the last audit, clearer timelines and more organized.
The external auditor keeps the CRTO informed regarding current accounting and auditing standards developments.	Agree	Informed us ahead of time regarding a new CRA requirement on cloud computing

Assessment of the External Auditor

Assessment Elements	Overall Total	Assessment
Independence, objectivity and professional skepticism.	Agree	
Quality of the audit team.	Agree	
Quality of communications and interactions with the external auditor.	Agree	
The audit team maintains a respectful and professional attitude during the audit.	Agree	Very pleasant and professional in all their communication

ii. Executive Committee

Questions	Assessment	Comments
The external auditor is able to explain accounting and auditing issues to the Committee in a transparent manner.	Agree	
This year's audited findings' accounting estimates and judgments appear reasonable and appropriate.	Agree	
In their report of this year's audited findings, the external auditor addressed all of the Committee's questions/concerns.	Agree	

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

Assessment of the External Auditor

Recommendation to Council

Results of Assessment & Manager of Finance’s Report

Comments

We are pleased with our experience working with Grewal Guyatt, LLP on the CRTO’s 2024–2025 audit. Throughout the process, Sukhanpreet and her team maintained open and effective communication, ensuring that we had a clear understanding of the audit timelines, requirements, and outcomes. Their clear audit reports and constructive feedback have helped strengthen our internal controls and financial reporting practices.

Recommendation

- ✓ Renew the external auditor for the current fiscal year.
- ☐ Go to tender for a new external auditor.

Options

Council Briefing Note

AGENDA ITEM # 5.3

June 27, 2025

From:	Carole Hamp. CRTO Registrar & CEO
Topic:	Financial Statements – March 1, 2025, to May 31, 2025
Purpose:	For Decision
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report Appendix C: Income Statement Reporting Codes
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the quarterly financial statements for March 1, 2025, to May 31, 2025.

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 the Executive Committee and Council.

ANALYSIS:

Balance Sheet Summary Report

- When compared to this same time in the previous fiscal year, there is an increase in Total Assets by \$228,669.65
- Currently have 12 months of operating expenses in unrestricted reserves.

Income Statement Summary Report

- Competency Assessment Expense is higher than this time last year due to an increased number of applicants, particularly from other jurisdictions.
 - Currently setting a “referral fee” to be charged to other provinces.
- Significant decrease in rent & occupancy costs due to office relocation.
- Significant increase in translation costs (under General Operating Expenses) due to the development of the new website.

RECOMMENDATIONS:

That Council approves the CRTO’s quarterly financial statements for March 1, 2025, to May 31, 2025.

Appendix A: Balance Sheet Summary Report

Total Liabilities & Equity		\$ 3,801,327.15	\$ 3,572,657.51
Balance Sheet Summary			
	As of May 31, 2025	As of May 31, 2024	
Assets			
<i>Current Assets</i>			
Cash and Cash Equivalent	\$ 2,044,121.71	\$ 1,677,749.66	
Accounts Receivable	\$ (975.00)	\$ (400.00)	
Investments	\$ 1,595,418.34	\$ 1,780,353.95	
Prepays	\$ 28,414.29	\$ 28,414.29	
Total Current Assets	\$ 3,666,979.34	\$ 3,486,117.90	
Total Non-Current Assets	\$ 134,347.81	\$ 86,539.61	
Total Assets	\$ 3,801,327.15	\$ 3,572,657.51	
Liabilities			
Accounts Payable	\$ -	\$ 13.56	
Accrued Liability	\$ 84,842.87	\$ 84,842.87	
Deferred Revenue	\$ -		
Total Liabilities	\$ 84,842.87	\$ 84,856.43	
Net Assets			
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00	
Reserve for funding of therapy	\$ 20,000.00	\$ 20,000.00	
Reserve for Fee Stabilization	\$ 150,000.00	\$ 150,000.00	
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00	
Special projects reserve fund	\$ 300,000.00	\$ 300,000.00	
Total Restricted funds	\$ 1,120,000.00	\$ 1,120,000.00	
Retained Earnings	\$ 472,220.57	\$ 379,444.90	
Profit for the Year	\$ 2,124,263.71	\$ 1,988,356.18	
Total Equity	\$ 3,716,484.28	\$ 3,487,801.08	
Unrestricted Reserves	\$ 2,596,484.28	\$ 2,367,801.08	

Appendix B: Income Statement Summary Report

Code	Income Statement Summary	Mar 1/25 - May 31/25	Budget for year	Over/ (Under) Budget	% Over Budget	Mar 1/24 - May 31/24
0	Revenue	\$ 2,743,388.26	\$ 2,843,350.00	\$ (99,961.74)	-3.50%	\$ 2,673,499.46
0.5	Competency Assessment Income	\$ 23,000.00	\$ 36,000.00	\$ (13,000.00)	-36.10%	\$ 11,750.00
	Total Income	\$ 2,766,388.26	\$ 2,879,350.00	\$ (112,961.74)	-3.90%	\$ 2,685,249.46
0.6	Competency Assessment Expense	\$ 12,914.73	\$ 57,000.00	\$ (44,085.27)	-77.30%	\$ 7,446.81
1	Wages and benefits	\$ 458,293.00	\$ 1,815,570.00	\$ (1,357,277.00)	-74.80%	\$ 410,077.28
2	Occupancy costs	\$ 14,080.70	\$ 70,000.00	\$ (55,919.30)	-79.90%	\$ 65,107.22
3	Professional services	\$ 26,280.19	\$ 91,000.00	\$ (64,719.81)	-71.10%	\$ 28,650.15
4	Investigation and hearing expense	\$ 28,864.58	\$ 175,000.00	\$ (146,135.42)	-83.50%	\$ 25,919.28
5	Technology / Website	\$ 31,679.45	\$ 187,000.00	\$ (155,320.55)	-83.10%	\$ 63,948.68
6	General operating expenses	\$ 25,116.21	\$ 129,530.00	\$ (104,413.79)	-80.60%	\$ 43,469.93
7	Credit card and Paypal fees	\$ 12,771.48	\$ 111,400.00	\$ (98,628.52)	-88.50%	\$ 12,027.25
8	Membership and dues	\$ 324.41	\$ 53,250.00	\$ (52,925.59)	-77.30%	\$ 13,250.00
9	Quality assurance expenses	\$ 11,100.00	\$ 60,000.00	\$ (48,900.00)	-81.50%	\$ 12,725.00
11	Unrealized (gains) losses	\$ -	\$ -			\$ (1,164.00)
12	Council and committee	\$ 13,334.69	\$ 95,100.00	\$ (81,765.31)	-86.00%	\$ 15,365.74
14	Consulting	\$ 7,365.10	\$ 30,000.00	\$ (22,634.90)	-75.40%	\$ -
99	Equipment purchased	\$ -	\$ 4,500.00	\$ (4,500.00)	-100.00%	\$ 69.35
	Total Expenses	\$ 642,124.54	\$ 2,909,350.00	\$ (2,267,225.46)		\$ 696,892.69
	Net Income	\$ 2,124,263.72				\$ 1,988,356.77
	Scope Project		\$ 30,000.00			

Appendix C: Income Statement Reporting Codes

Code	Reporting Line	Line Item #	Description
0	Revenue	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4310	QA Late Fee
		4400	Misc Rev
		4410	Interest Income
		4600	Invest Income
0.5	Competency assessment revenue	4210	Comp Assess 1&2
		4211	Comp Assess CSA
0.6	Competency assessment expenses	5521	Comp Assess Phase 1&2
		5522	Comp Assess - CSA
		5523	Comp Assess - Train/Dev't
1	Wages and benefits	5010	Salaries
		5011	Payroll Expenses
		5020	Staff Benefits
		5021	Staff Health Expenses
		5030	CPP & EI
		5031	RSP
		5035	EHT
		5040	Training and Dev
		5041	Personal Education
2	Occupancy costs	5045	Staff Travel & Exp
		5060	Rent
		5070	Equip lease and Mtce
		5090	Insurance
3	Professional services	5320	Office mtce / upkeep
		5110	Accounting & Audit
		5120	Legal - general
		5210	Telephone, etc
4	Investigation and hearing expense	5555	Government Relations
		5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
5	Technology / Website	5223	Website hosting
		5224	Website development
		5620	Database development
		5621	IT Services
		5623	Database Annual software fee
		5624	Database hosting
		5622	Cybersecurity
6	General operating expenses	5220	Computer software
		5230	Postage, etc
		5240	Printing - general

		5250	Translation - general
		5310	Office supplies
		5321	Office meeting exp
		5330	Bank account charges
		5350	Conf reg fees
		5545	Outreach / Travel
		5546	Communications - general
		5610	Education day expenses
		5624	Data Management
7	Credit card and PayPal fees	5331	PayPal charges
		5340	Credit card merch fees
8	Membership and dues	5380	Membership / subs
		5385	Accreditation services
9	Quality assurance expenses	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
11	Unrealized (gains) losses	5700	Unrealized (gain) / loss
12	Council and committee	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)
14	Consulting	5140	Consulting - general
99	Equipment purchased	5050	Equip purchases
		5221	Computer hardware

Council Briefing Note

AGENDA ITEM # 5.4

June 27, 2025

From:	Janessa Gazmen, Manager, Communications
Topic:	2024 – 2025 Annual Report
Purpose:	For Approval
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Draft 2024 – 2025 Annual Report
Motion(s)	It is moved by _____ and seconded by _____ that: The CRTO Council approves the 2024 – 2025 Annual Report.

PUBLIC INTEREST RATIONALE

The draft 2024–2025 Annual Report is a key accountability tool that reinforces public trust in the CRTO. Centered on the theme “Building Trust Through Inclusive Participation,” it highlights the CRTO’s commitment to transparency, collaboration, and inclusive engagement in the public interest.

ISSUE

The CRTO is required to submit an Annual Report to the Ministry of Health each year. The draft [2024–2025 Annual Report \(CRTO-AnnualReport\)](#) has been prepared and is being presented to Council for review and approval prior to public release and submission.

BACKGROUND

The CRTO’s Annual Report outlines the organization's strategic achievements, operational highlights, and financial performance over the past fiscal year. This year’s draft report adopts a fully digital, animated format to improve accessibility, usability, and engagement. It includes personal messages from both the President and CEO, and presents content through a streamlined, modern layout. The theme “Building Trust Through Inclusive Participation” aligns with the CRTO’s strategic priorities and highlights how inclusive engagement has shaped the CRTO’s work.

RECOMMENDATION

It is recommended that the CRTO Council approves the [2024 – 2025 Annual Report](#).

NEXT STEPS

- Pending Council approval, the CRTO will finalize the 2024–2025 Annual Report, incorporating any feedback received.
- Once finalized, the report will be submitted to the Ministry of Health in accordance with legislative requirements.
- The approved report will then be published on the CRTO website and promoted through CRTO communication channels.



2024/2025 Annual Report

Building Trust Through
Inclusive Participation



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario



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Individual messages reflecting on the year's achievements and strategic direction.

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About CROTO

An overview of CROTO's role in regulating Respiratory Therapy in Ontario, including our commitment to reconciliation through a meaningful Land Acknowledgment.

07

Council, Committees and Strategic Direction

Progress on our strategic priorities, along with recognition of Council and Committee appointees and an overview of CROTO's governance structure.

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CROTO by the Numbers

A visual snapshot of registrant data, program activity, and regulatory outcomes.

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Committee Reports

Annual updates and highlights from CROTO's statutory and non-statutory committees, including the Executive, Patient Relations, Registration, Quality Assurance, ICRC, Fitness to Practise, Discipline, and Finance & Audit Committees.

27

2024/2025 Financial Summary

Highlights from the audited financial statements and fiscal stewardship.

Message from the Registrar and CEO



On behalf of Council, Committees and staff, we are pleased to present our 2024/2025 Annual Report for the College of Respiratory Therapists of Ontario (Cрто). The theme this year is **Building Trust Through Inclusive Participation**.

Trust in healthcare isn't just a nice-to-have; it's everything. Patients and their family members need to trust the Respiratory Therapist (RT) providing their care. The RT, in turn, needs to trust that their employer is acting in their best interest. As the regulator for the respiratory therapy profession, it is essential that we have the trust of both the RTs and the patients they care for. However, we all know that trust can be hard to gain and easy to lose. How do we build and maintain that trust?

Inclusive participation means that all those impacted by decisions should not only be represented but also have an awareness of the decision-making process. It means Cрто must make a conscious and concerted effort to ensure all its stakeholders (patients, patient's family members, RTs, Cрто Council and Committee members, the provincial government, other health regulators, RT professional associations, etc.) have easy access to information and an opportunity to be heard. This begins by being as transparent as possible by making our Council meeting material, policies, reports, financial statements, (and much more) publicly available on our website. It means having our contact information freely available and urging anyone seeking assistance and/or understanding to contact us directly.

When we make changes to regulations, policies, practice guidelines and the like, we seek the input of our Members and other stakeholders through online consultations. But for participation to be truly inclusive, it needs to go beyond mere consultation done at a distance.

Meaningful involvement requires a person-to-person exchange of ideas from a wide range of perspectives. Diverse voices at the table help ensure that the decisions made are well thought out, equitable and effective. RTs practising in Ontario have a number of opportunities to engage with the CROTO, such as:

- Requesting CROTO staff meet with your team (in-person or virtually).
- Running for a seat on Council.
- Requesting an appointment with a CROTO Committee.
- Volunteering to become a PORTfolio® Reviewer or an Internationally Educated Healthcare Professional (IEHP) Assessor.
- Lending their time to a special working group.

The CROTO and Respiratory Therapy Society of Ontario (RTSO) recently put out a call for its Members to participate in a working group that will be helping to develop a submission to the Ontario Ministry of Health to expand the scope of practice of respiratory therapy. The response received was amazing, and we thank each and every RTs who put their name forward. However, even those not on this working group will have plenty of opportunities to help shape the future of the profession as we move forward with this project.

Please stay tuned and stay engaged.

Carole Hamp, RRT
Registrar and CEO



Building Trust Through Inclusive Participation

Message from the President



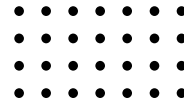
Serving as the Board President for the College of Respiratory Therapists of Ontario continues to be a deeply rewarding and transformative experience. I have the privilege of working alongside a dedicated and diverse group of Respiratory Therapists, public and committee, all of whom are committed to safeguarding the public interest and upholding the highest standards of Respiratory Therapy in Ontario.

I have led the board, in partnership with the incredible staff at the CRTO, through many change initiatives, governance modernization, and collaborative efforts to enhance regulatory effectiveness. Additionally, I have had the distinct pleasure of representing the CRTO, alongside the Registrar on the National Alliance of Respiratory Therapy Regulatory Bodies, collaborating with Registrars and Board Presidents from across the country, on the issues impacting regulation of the RT profession at a National level.

This role continues to strengthen my leadership, consensus-building, and policy oversight, and reaffirms my belief in the value of strong, transparent, and accountable governance in the healthcare regulatory sector.

Lindsay Martinek, RRT
Council President

About CRTO



About CRTO

The CRTO is one of 26 health regulatory bodies established by the Regulated Health Professions Act, 1991. With a duty to serve and protect the public interest, the CRTO:

- Develops, establishes and maintains (i) the entry-to-practice requirements for becoming a Respiratory Therapist, (ii) the practice standards required of all RTs when providing care, and (iii) the professional ethics standards for our Members;
- Receives and investigates complaints about our Members to ensure that those practice standards are maintained and that patients receive the quality of care that they expect and deserve;
- Facilitates continuing education and professional development in our Members to ensure ongoing quality of practice as they respond to evolving patient and system needs, changes in the practice environment, and advances in technology;
- Provides information about our Members to the public, allowing them to make informed choices about who provides their health care; and
- Operates in an open and transparent fashion, allowing members of the public to see how decisions are made and to better understand the impact on their care.

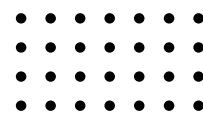
Land Acknowledgment

We would like to acknowledge 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.

As we present this annual report, it is crucial 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, we wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Council & Committees



Council and Committee Members as of February 28, 2025

Council

The CROTO Council consists of elected Respiratory Therapists and government-appointed public members collaborating to oversee the governance of the College of Respiratory Therapists of Ontario and to set overall policy direction for the CROTO.

Elected Members

Lindsay Martinek RRT
(President)
Allison Chadwick RRT
Jeffrey Dionne RRT
Sandy Fodey RRT

Jennifer Gadioma RRT
Sam Gennidakis RRT
Sheena Lykke RRT
Kelly Munoz RRT
Laura Van Bommel RRT

Public Members

Kim Morris (Vice-President)
Carrie Dyson
Carmine Francella
Jeffrey Schiller
Pappur Shankar

Committees

Committees play a crucial role in advancing the CROTO's mandate of regulating the respiratory therapy profession in the public interest. They support the work of the Council and help to carry out the core functions of the CROTO. The CROTO has seven (7) statutory Committees whose functions are defined under the Regulated Health Professions Act, 1991 (RHPA). The CROTO may also establish non-statutory committees such as the Finance and Audit Committee. The committees are composed of Council members and appointed Professional and Public Committee Members.

Professional Committee Appointees & Members

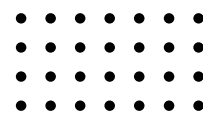
Tracy Bradley RRT
Laura Dahmann RRT
Winston Fung, RRT
Aaron Giba RRT
Ginette Greffe-Laliberte RRT
Antonio Guglietti RRT
Patricia Harris RRT
Katherine Lalonde, RRT
Ginny Martins RRT
Angela Lynn Miller RRT
Travis Murphy RRT

Public Committee Appointees

Michelle Causton
Derek Clark

Committee

List Committee Members as of February 28, 2025



Executive Committee

Lindsay Martinek RRT (Chair)
Kim Morris (Vice-Chair)
Jeffrey Dionne RRT
Kelly Munoz RRT
Jeffrey Schiller

Inquiries, Complaints and Reports Committee

Kim Morris (Chair)
Kelly Munoz RRT (Vice-Chair)
Michelle Causton
Allison Chadwick RRT
Laura Dahmann RRT
Carmine Francella
Jennifer Gadioma RRT

Katherine Lalonde RRT
Sheena Lykke RRT
Lindsay Martinek RRT
Ginny Martins RRT
Travis Murphy RRT
Jeffrey Schiller
Laura Van Bommel RRT

Fitness to Practise Committee

Tracy Bradley RRT (Chair)
Sandy Fodey RRT (Vice-Chair)
Derek Clark
Carrie Dyson
Winston Fung RRT
Sam Gennidakis RRT
Aaron Giba RRT
Ginette Greffe-Laliberté RRT
Antonio Guglietti RRT
Angela Lynn Miller RRT
Kim Morris
Pappur Shankar

Registration Committee

Kelly Munoz RRT (Chair)
Tracy Bradley RRT (Vice-Chair)
Michelle Causton
Allison Chadwick RRT
Jeffrey Dionne RRT
Carrie Dyson
Sandy Fodey RRT

Carmine Francella
Jennifer Gadioma RRT
Sam Gennidakis RRT
Aaron Giba RRT
Ginny Martins RRT
Kim Morris
Laura Van Bommel RRT

Quality Assurance Committee

Laura Dahmann RRT (Chair)
Jeffrey Dionne RRT (Vice-Chair)
Carrie Dyson
Sandy Fodey RRT
Antonio Guglietti RRT

Katherine Lalonde RRT
Sheena Lykke RRT
Angela Lynn Miller RRT
Travis Murphy RRT
Jeffrey Schiller

Discipline Committee

Tracy Bradley RRT (Chair)
Sandy Fodey RRT (Vice-Chair)
Derek Clark
Carrie Dyson
Winston Fung RRT
Sam Gennidakis RRT
Aaron Giba RRT
Ginette Greffe-Laliberté RRT
Antonio Guglietti RRT
Angela Lynn Miller RRT
Kim Morris
Pappur Shankar

Patient Relations Committee

Katherine Lalonde RRT (Chair)
Ginette Greffe-Laliberté RRT (Vice-Chair)
Allison Chadwick RRT
Derek Clark

Winston Fung RRT
Jennifer Gadioma RRT
Sam Gennidakis RRT
Patricia Harris RRT
Pappur Shankar

Finance and Audit Committee

Michelle Causton (Chair)
Lindsay Martinek RRT (Vice-Chair)
Carmine Francella

Patricia Harris RRT
Sheena Lykke RRT
Pappur Shankar
Laura Van Bommel RRT

Strategic Direction & Key Priorities 2021 to 2025

MEMBER ENGAGEMENT



- Alignment of policies and processes with Right-Touch Regulation principles.
- Transparent, objective, impartial and fair business practices.
- Accessible and timely communication.

GOVERNANCE & ACCOUNTABILITY



- A highly competent and effective Council.
- Independent, evidence-informed & transparent decision-making processes.
- An ongoing commitment to performance improvement.

ENHANCING PROFESSIONALISM



- Policies, Standards of Practice and Practice Guidelines based on the best available evidence.
- The application of risk-based regulation.

HEALTHCARE COMMUNITY



- Actively seeking collaborative opportunities with other health regulatory Colleges and System Partners.
- Engaging with System Partners to enhance quality patient care.

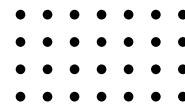
CORE BUSINESS PRACTICE



- Clear financial alignment with strategic priorities.
- Embedding the principles of diversity, equity & inclusion in CRO processes.
- A comprehensive Risk Management Framework.

CERTO by the Numbers

March 1, 2024 –
February 28, 2025



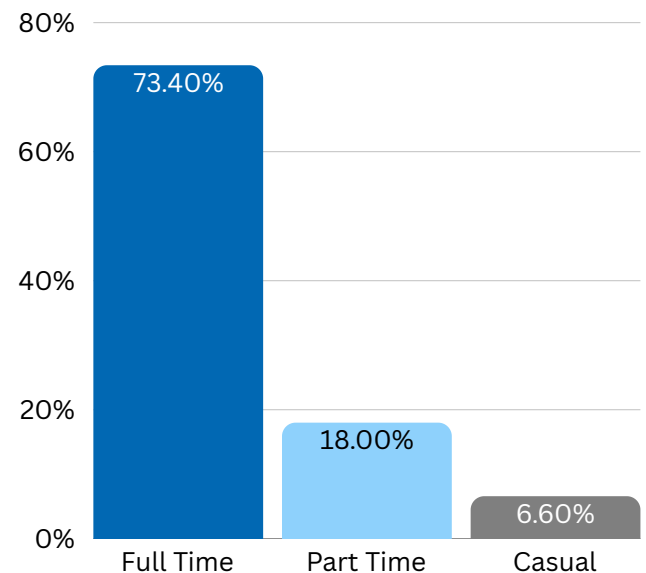
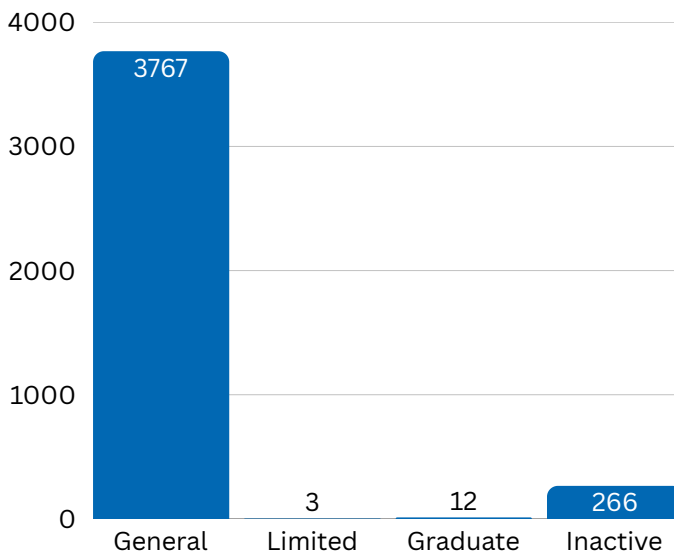
Total Members

4,048

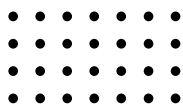
EMPLOYMENT STATUS



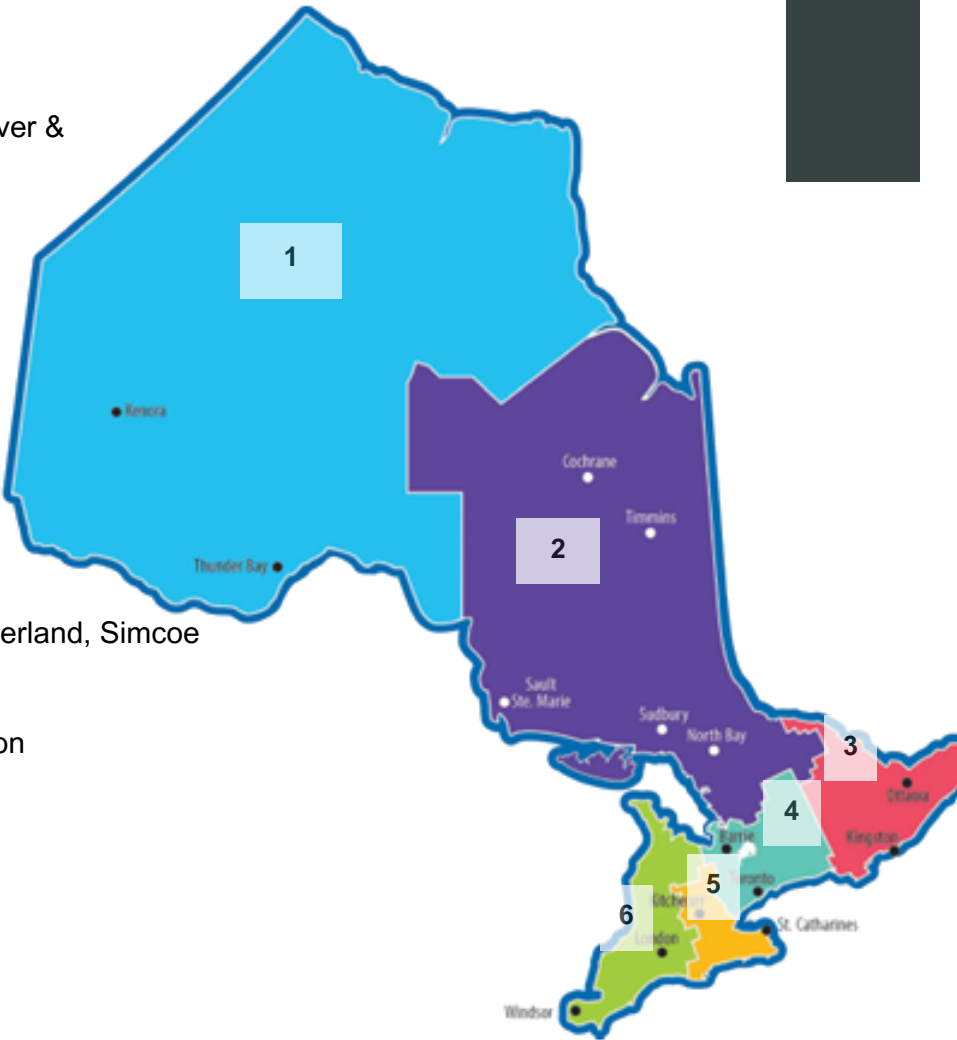
Based on primary employer of General, Graduate and Limited Members



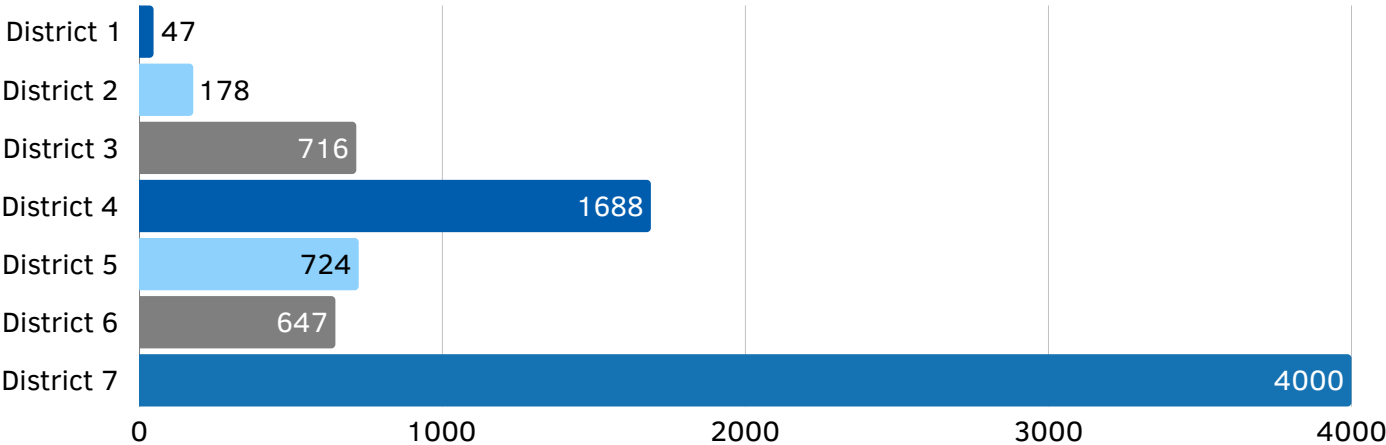
Electoral Districts & Election Dates



- District 1: October 2027 election
Territorial Districts of Kenora, Rainy River & Thunder Bay
- District 2: October 2027 election
Muskoka, Nipissing, North Bay Area, Sudbury
- District 3: October 2026 election
Ottawa-Carlton, Renfrew, Hastings
- District 4: October 2026 election
Greater Toronto, Haliburton, Northumberland, Simcoe
- District 5: October 2027 election
Hamilton, Kitchener, Niagara, Wellington
- District 6: October 2026 election
Bruce, Essex, Huron, Middlesex
- District 7: October 2027 election
Academic, Whole Province of Ontario

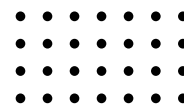


Number of RTs by Electoral District

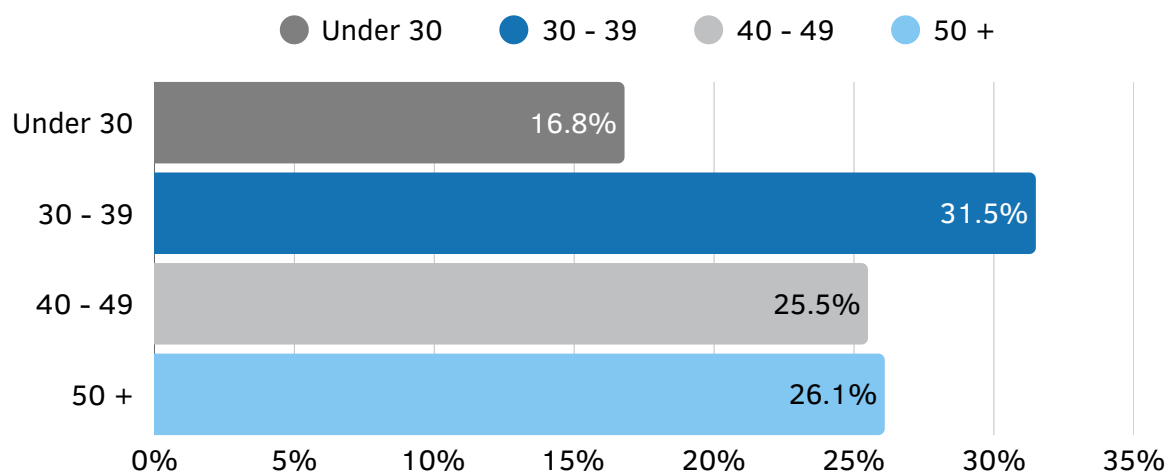


Note: 48 CRTO Members reside outside Ontario and are not included in voting districts.

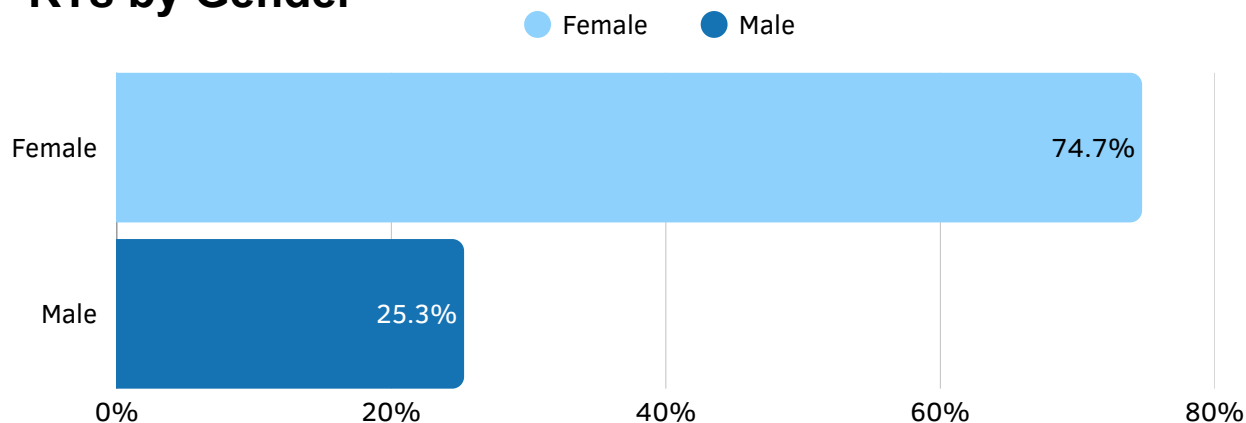
Membership



RTs by Age



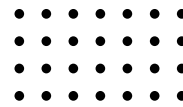
RTs by Gender



**Who Are
Ontario's RTs?**

A LOOK AT AGE AND
GENDER DISTRIBUTION

Executive Committee



Report

Lindsay Martinek RRT (Chair)

Mandate

The Executive Committee acts on behalf of the CRTO Council and is accountable to Council for the decisions and actions it takes. It has all the powers of Council between Council meetings except for making, amending, or revoking by-laws or regulations.

Key Activities of the Executive Committee in 2024/2025 focused on inclusive participation through active engagement, transparency and accountability:

- Ensuring the 2023/2024 Audit Findings, as well as the quarterly financial statements and investment portfolio, are publicly accessible on the CRTO website.
- Conducting an annual review of the Auditor's performance and making a recommendation to Council to retain Grewal-Guyatt LLP for the next fiscal year.
- Reaching out to CRTO Members to encourage participation in the 2024 elections in districts 1, 2, 5 and 7. Five RT candidates put their names forward for the available seats on Council. We congratulate these new Professional Council Members and wish to extend our thanks to all those who participated in the nomination process. The next election is in 2026 for districts 3, 4 and 6.
- Conducting an annual membership fee review and making a recommendation to Council not to increase fees for the next fiscal year.
- Appointing by consensus the Professional and Public Council and Committee members to the various statutory and non-statutory committees.



Key Activities

FOCUSED ON INCLUSIVE
PARTICIPATION

Patient Relations (PRC) Committee

Report

Katherine Lalonde RRT (Chair)

Mandate

The Patient Relations Committee (PRC) is responsible for overseeing the CRTO's Patient Relations Program. This includes implementing measures to prevent and address the sexual abuse of patients by CRTO Members, as well as administering funding for therapy and counselling for individuals who have been sexually abused by a Member.

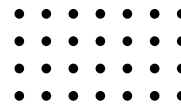
Beyond this mandate, the PRC also seeks to enhance the publics' and Members' understanding of the CRTO's processes, such as the complaints and investigations procedures, by gathering feedback and identifying opportunities for improvement.

Key Activities of the PRC Committee in 2024/2025:

- Implementation of a New Feedback Survey: The PRC developed and launched a new Feedback Survey designed for Complainants, Patients, and Members. The goal is to better understand the experiences of those navigating the CRTO's Complaints and Reports investigation process. This initiative aims to:
 - Gather actionable insights to inform process improvements;
 - Enhance transparency and accessibility for the public; and
 - Ensure Members clearly understand their rights and responsibilities during investigations.Survey results are reviewed at every PRC meeting, with data used to support continuous improvement within the Professional Conduct program.
- Advancing the CRTO's Diversity, Equity & Inclusion (DEI) Plan: The PRC continues to support the implementation of the CRTO's DEI Plan, developed in collaboration with Canadian Equity Consulting (CEC). Key activities include:
 - Monitoring Key Performance Indicators (KPIs): The PRC tracks DEI-related KPIs and reports on these metrics through the CRTO's quarterly Strategic Direction updates.
 - Regular Council Reporting: Council receives ongoing updates on DEI initiatives, including their objectives and outcomes. Progress is summarized in the Strategic Plan Progress Tracking Report presented at each Council meeting.

These efforts reflect CRTO's commitment to an inclusive, respectful regulatory environment.

Registration Committee



Report

Kelly Munoz RRT (Chair)

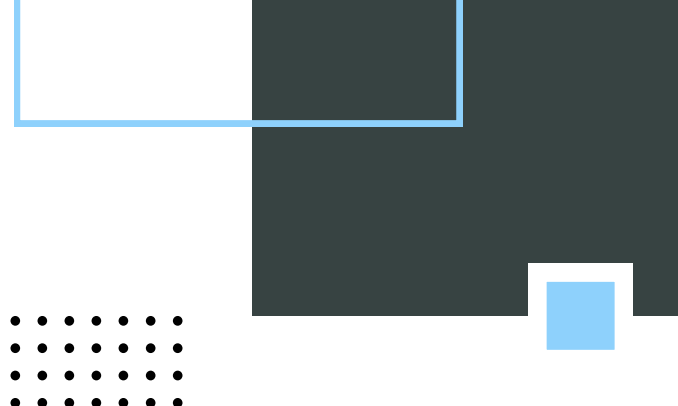
Mandate

The Registration Committee (RC) is mandated to ensure that individuals applying for registration meet the requirements set out in the Registration Regulation (Ontario Regulation 596/94, Part VIII) and CRTC policies, and that they demonstrate the necessary competency to practise the profession safely and effectively. To fulfill this mandate, the RC develops and applies transparent, risk-based policies and decision-making frameworks that uphold fairness, consistency, and best practices in registration.

A key aspect of the RC's mandate is to promote trust and transparency. Involving stakeholders in consultations during policy development reflects the RC's commitment to fairness and accountability. This approach enhances public confidence and ensures that a diverse range of perspectives is taken into account in the CRTC's registration processes.

Key activities of the Registration Committee in 2024/2025:

- Reviewed and oversaw the implementation of the new Registration Regulation (Ontario Regulation 596/94, PART VIII). This included drafting revisions to the following registration policies:
 - Applications for Registration or Reinstatement - Currency
 - Approval of Canadian Education Programs
 - Graduate Certificate of Registration
 - Emergency Registration
 - Entry-to-Practice Assessment
 - Entry-to-Practice Assessment – Appeal
 - Entry-to-Practice Exam
- Established the Vulnerable Sector Checks Policy – As of September 1, 2024, the CRTC implemented a new VSC registration requirement. This initiative is part of the CRTC's ongoing commitment to ensuring the safety and well-being of the communities that RTs serve.



- In addition to the polices reviewed under the new Registration Regulation, the RC also revised three registration policies in accordance with the CRTO's Policy Framework:
 - Language Proficiency Requirement
 - Application for Registration Document Requirements
 - Labour Mobility
- Monitored the Respiratory Therapy education programs' accreditation status.
- Reviewed and subsequently recommended that Council approve the revised Registration and Use of Title Professional Practice Guideline and the Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline to reflect the recent regulatory amendments, in particular, the Emergency Class of Registration, new currency requirements and the "As of Right" exemption.
- Reviewed and approved five certification programs for advanced prescribed procedures below the dermis.
- Two appeals to the Health Professions Appeal and Review Board (HPARB) – The HPARB is an independent body established by provincial legislation to oversee the accountability of health regulatory colleges like the CRTO. It ensures that the CRTO's processes are fair, equitable, and objective. During the year reported, two appeals were made to HPARB. In one case, the applicant withdrew their appeal, while the other appeal is still ongoing.

Referrals from the Registrar 20

10

ENTRY-TO-PRACTICE REFERRALS

INTERNATIONALLY EDUCATED APPLICANTS WHO COMPLETED CRTO'S ENTRY-TO-PRACTICE ASSESSMENT

3

RATIFY THE REGISTRAR'S OFFER

REVIEWED REGISTRAR'S OFFER TO ISSUE 3 CONDITIONAL CERTIFICATES OF REGISTRATION

2

CURRENCY REFERRALS

APPLICANTS WHO HAVE NOT BEEN PRACTICING RESPIRATORY THERAPY IN THE LAST 2 YEARS BEFORE APPLYING TO THE CRTO

5

TERMS, CONDITIONS & LIMITATIONS (TCLS) CHANGE APPLICATIONS

APPLICANTS REQUESTING CHANGES TO TERMS, CONDITIONS, OR LIMITATIONS ON THEIR CERTIFICATE OF REGISTRATION

Quality Assurance Committee

Report

Laura Dahmann RRT (Chair)

Mandate

The Quality Assurance Committee develops, establishes, and maintains the Professional Development Program (PDP), promoting Members' continuing competence and quality improvement.

Key Activities of the Quality Assurance Committee in 2024/2025:

QAC reviewed and approved a change to the PDP policy to enforce a penalty for all QA late submissions who reach the second notice date.

Professional Practice Guidelines (PPG) Revised/Approved During the Fiscal Year:

- Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG
- RTs as Anesthesia Assistants PPG
- Orders for Medical Care PPG
- Registration and Use of Title PPG

QA Requirements:

- Launch RT Jurisprudence Assessment is completed by new or recently reinstated Members.
- Relevant eLearning Module is completed annually by all Members.
- Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) must be maintained by all Members on an ongoing basis, with submission for peer review up to once every five years.
- Specified Continuing Education or Remediation Program (SCERP) / Practice Assessment in specific instances.

Professional Practice Guideline Revisions Planned for 2025:

- Community Respiratory Therapy Practice
- Commitment to Ethical Practice

Current Projects

- Full review of the Professional Development Program
- Scope of Practice Review (in partnership with RTSO)
- Targeted social media posts addressing RelevantT 2025 survey topics/questions
- Review of Launch Jurisprudence Exam, including data on unsuccessful attempts by school and least understood topics. Second-year presentations offered to all Ontario RT schools for Fall/Winter 2025
- Review of IEHP clinical skills scenarios with a focus group of current Assessors
- Data collection on Portfolios requiring additional coaching, including Member demographics and practice length
- Feedback survey for RTs completing coaching sessions to assess effectiveness

Launch 2024

Launch
Completed

224

Under 70%
score

45

SCERPs

Below benchmark x2

0

PORTfolio 2024

Members
selected

701

Deferred
submission

19

Peer Coaching
Required

19

No
submission

6

RelevantT 2024

Completed
Members

3,541

Incomplete
by Deadline

363

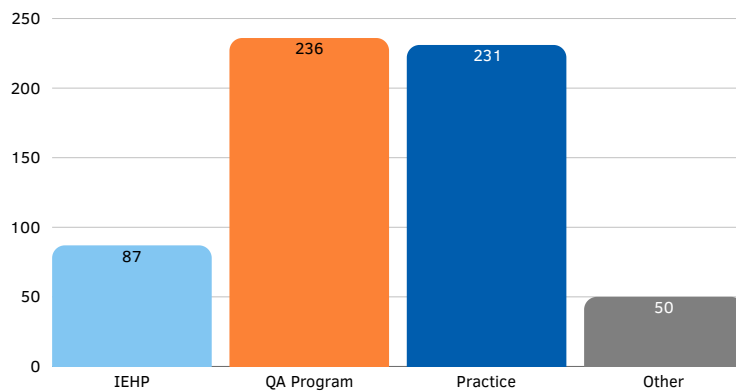
97



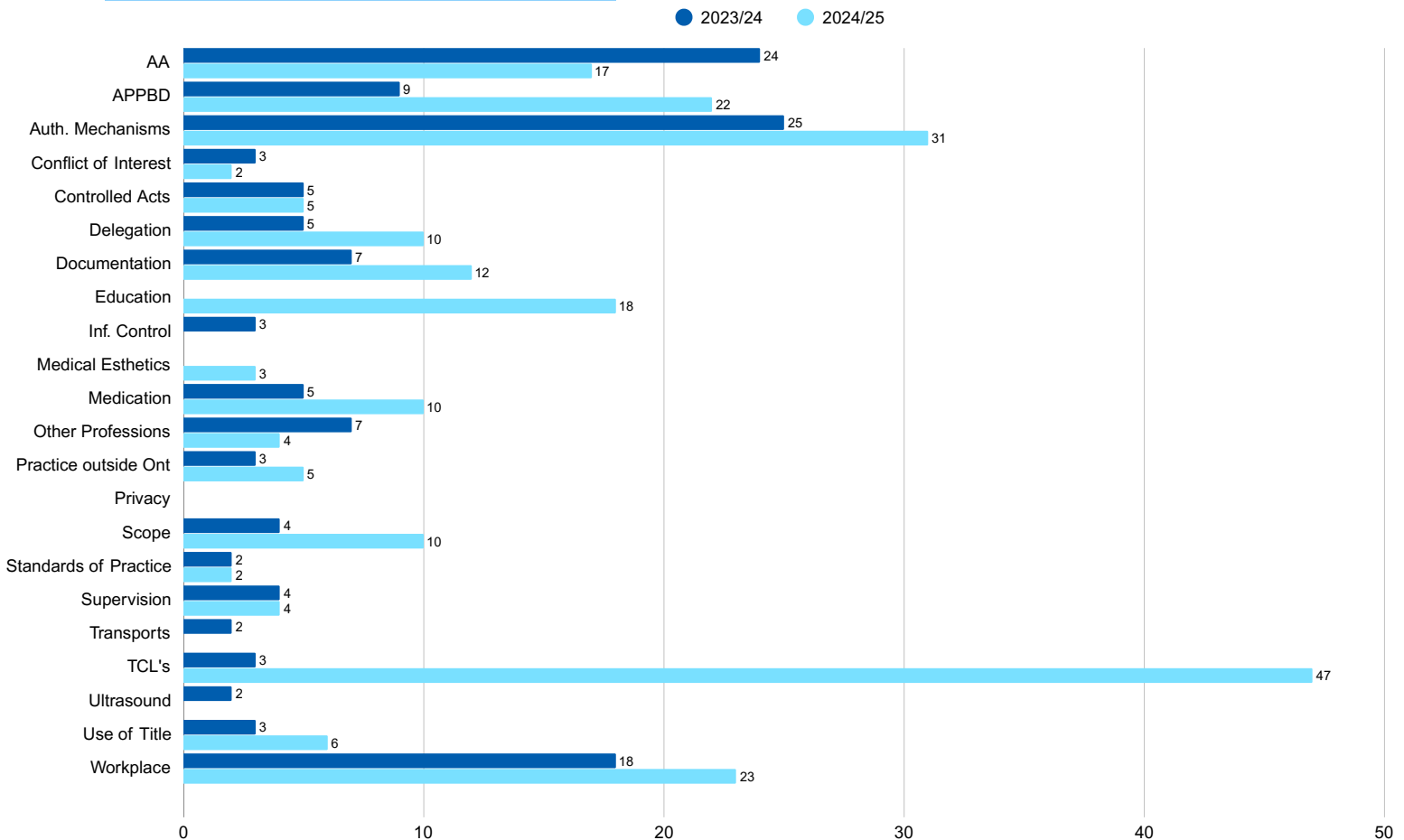
Risk Based Practice

See current projects. Relevant topics derived from 2024 practice inquiries by theme.

- Practice
- IEHP
- QA Program
- Other



Practice Inquiries



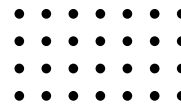
TOTAL NUMBER OF
INQUIRIES RECEIVED

604

QUALITY PRACTICE OUTREACH
System Partner Meetings/Presentations

44

Inquiries, Complaints & Reports Committee



Report

Kim Morris (Chair)

Mandate

The Inquiries, Complaints and Reports Committee (ICRC) reviews complaints and reports related to the conduct of Respiratory Therapists that have been brought to the CRTO by members of the public, employers, or other healthcare providers.

Key Activities of the ICRC Committee in 2024/2025:

- The Professional Conduct Team conducted an environmental survey and revised the ICRC Risk Assessment Tool to better assist the ICRC at arriving at risk informed dispositions.
- The Professional Conduct team developed a system partner feedback survey to allow the CRTO to gain a better understanding of participant's experiences with the CRTO process.
- The Professional Conduct team created a process and templates to allow for some complaints to be disposed of through an alternative dispute resolution process.
- The ICRC decision review and signing process was updated for greater clarity and efficiency.

Total Committee Meetings **24**

Types of Meetings:

ICRC Orientation/
Training Meeting

1

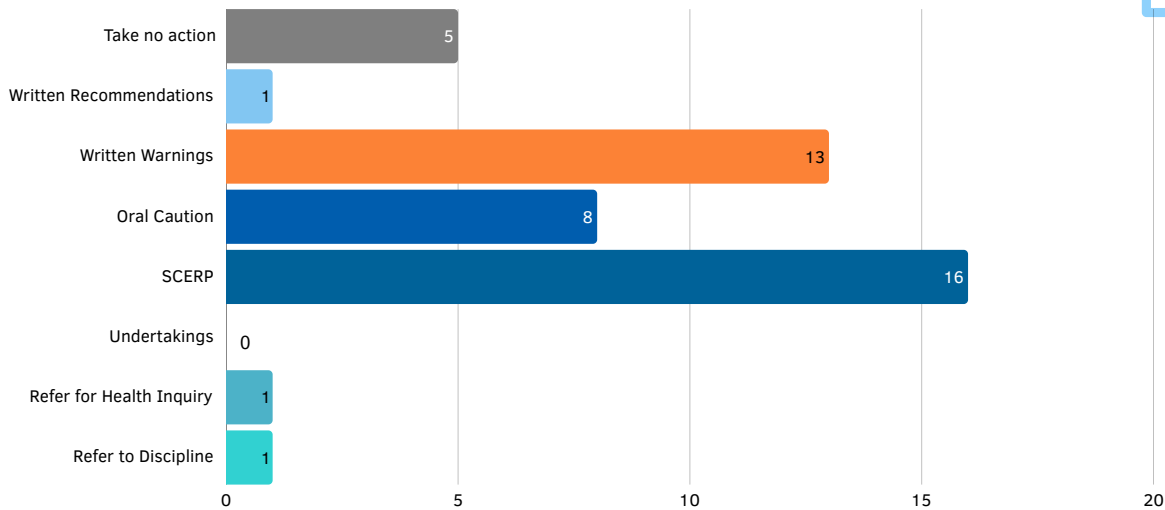
Meeting to Approve
Investigators

1

Decision-making meetings
on investigations

22

Decisions Made by the ICRC



Note: Some cases had several actions or involved multiple members

Summary of New Matters

In 2024/2025, the CRTO received 57 new matters. Of those 57, 32 were addressed at the inquiry level via Registrar action, while 25 were referred to the ICRC. Currently the CRTO has 9 open inquiries, 3 open health inquiries and 22 ongoing investigations.

Overview of New Matters

Of the 57 new matters, 17 matters related strictly to the competency of the Member, 33 related strictly to the conduct of the Member, 1 matter related to an illegal practitioner, 2 matters related to the Member's health, and 4 matters did not involve a regulatory issue.

In regards to the conduct matters, the areas of concern included fraud/breach of trust, privacy breaches, inappropriate communication, unprofessional conduct in a Member's personal life, failure to complete the requirements of the CRTO's Quality Assurance Program (QAC), failure to comply with an order of the ICRC, practising while unauthorized to practice, abandonment of shifts and time theft, and a lack of interprofessional collaboration and communication.

Of the matters relating to competency, the concerns included lacking the core competencies of the profession, inappropriate documentation and inadequate assessment and intervention.

Concerns about RTs received through the following channels:

Complaints

3

Reports

38

QAC Referrals

14

ICRC Referrals

2

100

Fitness to Practise Committee

Report

Tracy Bradley RRT (Chair)

Mandate

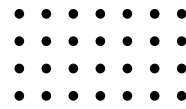
On referral from a Panel of the Inquiries, Complaints and Reports Committee, the Fitness to Practise Committee conducts hearings to determine whether a Member is incapacitated. In the interest of the public, sometimes a Member suffering from a physical or mental condition/disorder can no longer practise safely or must practise with restrictions. A Fitness to Practise hearing is generally closed to the public unless the Member requests otherwise.

**NO
REFERRALS**

This year there were no referrals to the Fitness to Practise Committee.

Policies
Standards
Compliance

Discipline Committee



Report

Tracy Bradley RRT (Chair)

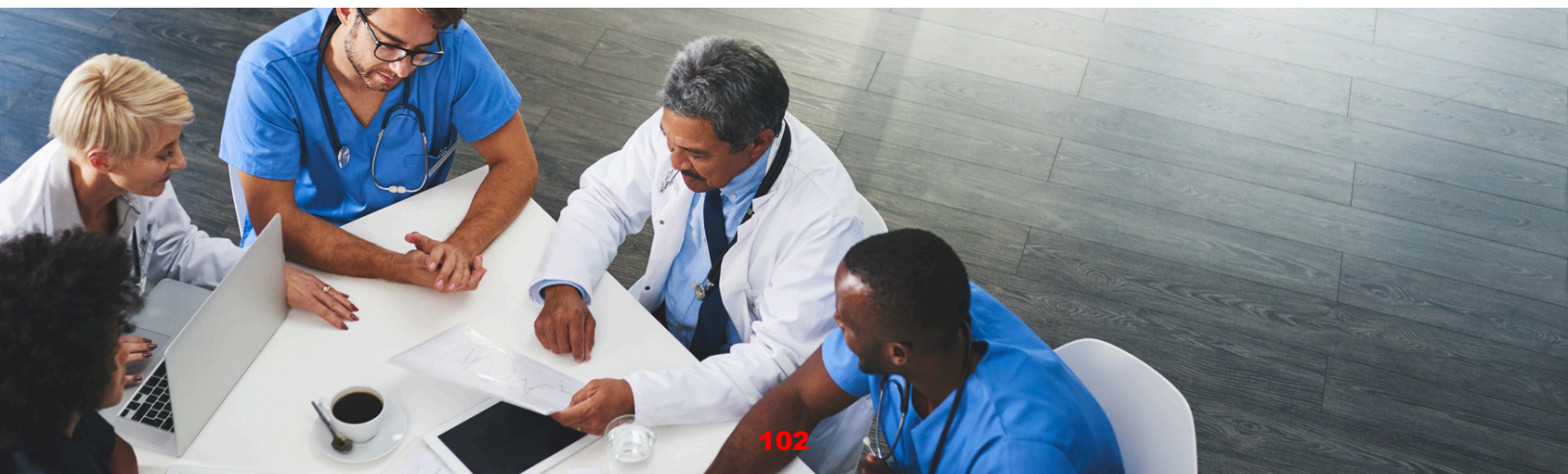
Mandate

Panels of the Discipline Committee are responsible for hearing and determining allegations of professional misconduct or incompetence referred by the Inquiries, Complaints and Reports Committee. Discipline hearings are open to the public and proceedings against a Member before the Discipline Committee panel are civil in nature. Based on submitted evidence, the panel must arrive at a decision and determine a penalty if there's a finding of guilt.

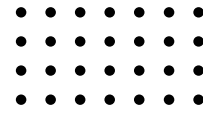
1



In 2024/2025, the Discipline Committee received one referral. No Discipline hearings took place.



Finance & Audit Committee



Report

Michelle Causton (Chair)

The Finance and Audit Committee (FAC) is a non-statutory committee, and as such, is not bound by specific provisions of the Regulated Health Professions Act, 1991 (RHPA). However, in keeping with the CRTO's commitment to strong governance, the FAC conducts its work in accordance with the principles and expectations established for statutory committees under the RHPA.

The Committee reports directly to Council and adheres to the same structural and compositional standards as statutory committees, as outlined in the RHPA and the CRTO's By-Laws. This approach promotes transparency, accountability, and alignment with best practices in regulatory governance.

Responsibilities and Accountability

The Finance and Audit Committee (FAC) plays a vital role in supporting the CRTO's financial integrity and accountability. The Committee assists in fulfilling the organization's oversight responsibilities in key areas including financial planning and reporting, external auditing, internal controls, investment management, and related policies. Its work is organized into two main areas: **Finance** and **Audit**.

FINANCE

Provides strategic oversight and guidance on CRTO's financial health, investments, budgeting and major expenditures.

AUDIT

Ensures accountability and transparency by overseeing the external audit process and safeguarding auditor independence.

Finance Responsibilities

- Review the CRTO's quarterly unaudited financial statements and provide recommendations to Council.
- Monitor and report quarterly on the CRTO's investment portfolio and its management.
- Review the draft annual budget before it is presented to Council for approval.
- Advise Council on strategies to maintain the CRTO's not-for-profit status.
- Review and provide oversight of any expenditures exceeding \$30,000, in accordance with CRTO By-Laws.
- Provide guidance and recommendations to Council on financial matters, including special initiatives and projects.

Audit Responsibilities

- Review and approve the external audit plan, including its scope, timeline, and associated fees.
- Ensure the external auditor remains independent from CRTO management.
- Monitor and assess the performance of the external auditor.
- Recommend Council approval of the audited financial statements, where appropriate.
- Recommend the appointment of an external audit firm to Council.
- Provide additional audit-related recommendations as requested by Council.

Through these responsibilities, the FAC helps ensure sound financial stewardship and effective governance of the CRTO's resources.



Key Activities of the FAC Committee in 2024/2025:

Since its establishment in 2022, the Finance and Audit Committee (FAC) has met quarterly throughout the CRTO's fiscal year. This year, the FAC held additional meetings to support several special initiatives and projects. Below are some key highlights from the Committee's activities:

- **Membership Fee Review and Financial Risk Management:** The FAC conducted a thorough analysis of the CRTO's financial position, gathering and reviewing data to assess the need for a membership fee increase. The Committee presented its findings and recommendations to the Executive Committee and Council. By providing evidence-based insights, the FAC played a key role in ensuring the CRTO remains financially sustainable and capable of meeting its regulatory obligations.
- **Review and Update of the Reserves Policy:** As part of its annual review, the FAC evaluated the CRTO's Reserves Policy and made targeted adjustments to the funds held in reserve for specific projects. This allowed for the reallocation of additional funds to support the CRTO's operational needs.
- **Investment Portfolio Oversight:** The CRTO's new investment advisors met with the FAC to review the investment portfolio and strategy. The Committee provided feedback and requested that the advisors present the portfolio details and strategy directly to Council to support transparent decision-making.
- **Defined Benefit Pension Plan Funding:** The FAC oversaw research and developed funding requirements to support the introduction of a defined pension plan for CRTO staff. This strategic initiative strengthens the CRTO's ability to attract and retain skilled professionals, supporting the College's mandate to regulate the profession of Respiratory Therapy in the public interest.

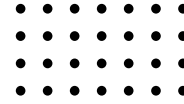
MEMBERSHIP
FEE REVIEW &
FINANCIAL RISK
MANAGEMENT

REVIEW AND
UPDATE OF
THE RESERVES
POLICY

INVESTMENT
PORTFOLIO
OVERSIGHT

DEFINED
BENEFIT
PENSION PLAN
FUNDING

Summary Financial Statements



Report of the Independent Auditor on the Summary Financial Statements

To the Council of College of Respiratory Therapists of Ontario

Opinion

The summary financial statements for the year ended February 28, 2025, and the summary financial statements for the year ended February 28, 2024, are derived from the audited financial statements of the College of Respiratory Therapists of Ontario (the "College") for the year ended February 28, 2025.

DRAFT

February 28, 2025, are derived from the audited financial statements of the College of Respiratory Therapists of Ontario (the "College") for the year ended February 28, 2025.

In our opinion, the summary financial statements, in accordance with Canadian accounting standards for not-for-profit organizations, except that information in respect of changes in net assets and cash flows has not been presented and notes to the summary financial statements have not been prepared as further described in the Summary Financial Statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated _____.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with Canadian accounting standards for not-for-profit organizations, except that information in respect of changes in net assets and cash flows has not been presented and notes to the summary financial statements have not been prepared.

Auditor's Responsibility

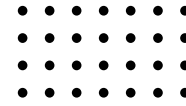
Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Grewal Guyatt LLP

Chartered Professional Accountants, Licensed Public Accountants

Richmond Hill, Ontario

Summary Balance Sheet



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

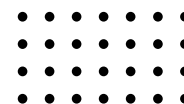
Summary Balance Sheet

As at February 28, 2025

	2025	2024
Assets		
Current assets		
Cash	\$ 2,330,398	\$ 2,056,898
Investments held for operating	605,592	658,568
Prepaid expenses	52,086	28,414
	2,988,076	2,743,880
Investments held for reserves	1,120,000	1,120,000
Capital assets	129,005	95,829
	\$ 4,237,081	\$ 3,959,709
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	\$ 109,857	\$ 105,591
Deferred revenue	2,391,275	2,337,076
Current portion of obligations under capital leases	5,951	11,646
	2,507,083	2,454,313
Obligations under capital leases	-	5,951
	2,507,083	2,460,264
Net assets		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	300,000	300,000
Fees stabilization reserve	150,000	150,000
Unrestricted - operating fund	609,998	379,445
	1,729,998	1,499,445
	\$ 4,237,081	\$ 3,959,709

Copies of the 2024/2025 complete audited financial statements are available on our website at www.cрто.on.ca or on request from the Registrar at 416-591-7800.

Summary Statement of Revenues & Expenses



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Summary Statement of Revenues and Expenses
Year Ended February 28, 2025

	2025	2024
Revenue		
Registration and renewal fees	\$ 2,729,489	\$ 2,510,988
Investment income	282,734	183,043
Application fees	17,551	16,725
	3,029,774	2,710,756
Operating expenses		
Salaries and benefits	1,620,076	1,523,652
Office operations		
Professional fees	257,644	238,103
Occupancy	225,252	239,239
Bank and credit card charges	111,025	105,080
Cloud computing services	87,435	20,261
Quality assurance portfolio and standards	58,809	58,573
Information technology	100,190	93,982
Minor equipment and software purchases	53,799	55,426
Memberships, subscriptions and dues	50,101	76,331
Competency assessment	47,521	47,295
Staff travel	24,129	16,018
Amortization of capital assets	22,736	39,701
Telephone	19,658	19,867
Office and general	18,584	5,277
Insurance	9,075	4,687
Printing	3,685	1,048
Office supplies	2,533	7,907
Postage and delivery	1,813	1,096
Equipment maintenance and rental	729	4,655
Advertising and promotion	350	-
	1,095,068	1,034,546
Council and committee		
Travel, accommodation and meals	7,434	5,371
Per diem	47,298	43,450
Other meeting expenses	10,653	7,468
Education and training	18,692	9,425
	84,077	65,714
Excess of revenues over expenses	\$ 230,553	\$ 86,844

Copies of the 2024/2025 complete audited financial statements are available on our website at www.cрто.on.ca or on request from the Registrar at 416-591-7800.



2024/2025 Annual Report

FOR MORE INFORMATION



1-800-261-0528



www.crto.on.ca



90 Adelaide Street West, Suite 300
Toronto, ON M5H 3V9 Canada

AGENDA ITEM 5.6

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated May 2025

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
Member Engagement					
Alignment of policies & processes with the principles of Right-Touch regulation.					
Evidence-informed approach to QA selection, assessments & remediation.	<ul style="list-style-type: none"> Professional Development Program Policy – reviewed and updated. Began the planning phase of a full Professional Development Program Review. <ul style="list-style-type: none"> Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Strategic and directed approach to education of commonly misunderstood topics using social media. Full PDP review using an external consultant, focus groups and data collection to drive change and create meaningful quality assurance practices. Connected with all RT schools in Ontario to begin a 2nd yr RT student presentation series, addressing the Launch Jurisprudence exam. Survey to all RT's who were required to participate in a coaching session following their Portfolio submission to assess that remediation effectiveness. 	● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Ongoing development of a new case management database. PC staff retained some 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. 	<ul style="list-style-type: none"> PC staff participated in the ongoing development of a new case management database. PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes. 	● ON TRACK
Transparent, objective, impartial, & fair practices.					
Clear direction regarding the registration	<ul style="list-style-type: none"> 9 Registration Policies reviewed and updated. 3 Registration Fact Sheets reviewed and updated and/or developed. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Following approval of the new Vulnerable Sector Checks (VSC) Policy, created a new VSC webpage and updated the Application Guides and relevant webpages with information regarding the VSC requirement. 	<ul style="list-style-type: none"> Developed a new Labour Mobility Fact Sheet to replace the rescinded Labour Mobility Policy. Drafted a new policy to address the currency condition that applies to all General Certificates of Registration. In the upcoming months, the 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
requirements for all applicants.	<ul style="list-style-type: none"> 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. 	<p>now in effect. Other changes are pending government approval.</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. Developed a new Statement of Professional Standing webpage and form. Updated the approved RT Programs webpage in response to changes in education programs accreditation status. Reviewed and updated several registration policies, guides and webpages to ensure that they are consistent with the new Registration Regulation. 	<p>draft policy will be posted for consultation and then presented to Council for approval.</p>	
A complaints process supported by publicly accessible policies & procedures.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Implemented new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes. Updated the Alternative Dispute Resolution Fact Sheet. 	<ul style="list-style-type: none"> Implemented a new feedback form for system partners to inform our process going forward. Revised templates and correspondence with a view to enhancing transparency and clarity in communication with system partners. 	<p>● ON TRACK</p>
Accessible & timely communication.					
Increase the information available on our website in written and online module format.	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> The March 1, 2024, CRTO By-laws 3 Professional Practice Guidelines 12 Policies 1 Position Statement 2024 National Competency Framework 4 Fact Sheets 3 reports and submissions 4 Registration and Application Guides. Policy Consultations: posted 2 PPGs for consultation. Posted a link to the government consultation on the proposed amendments to the Registration Regulation. Several webpage updates, including: <ul style="list-style-type: none"> 2024 Council elections Vulnerable Sector Checks 	<p>Updated Policies & Guidelines and By-laws posted on the CRTO website:</p> <ul style="list-style-type: none"> Entry-to Practice Exam Policy Approval of Canadian Education Programs Policy Emergency Registration Policy By-Laws: Updated version published alongside a dedicated microsite for easier navigation and accessibility. Certification Programs for Advanced Prescribed Procedures Below the Dermis PPGs Registration and Use of Title PPG <p>New and Updated Fact Sheets & Educational Resources posted on the CRTO website</p> <ul style="list-style-type: none"> New Labour Mobility Policy Fact Sheet Updated Study Plan Guide 	<p>● ON TRACK</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
	<ul style="list-style-type: none"> Added the following documents to the CRTO website: <ul style="list-style-type: none"> 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). 	<p>website homepage slider and shared through the CRTO social media accounts.</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> The March 3, 2023, CRTO By-laws. 5 Professional Practice/Clinical Best Practice Guidelines 7 Policies 3 reports and submissions 7 Fact Sheets. 	<ul style="list-style-type: none"> <ul style="list-style-type: none"> Certificate of Professional Standing Schedule of Fees New Registration Regulation – Summary of Changes. Updated several policy documents and webpages to reflect CRTO's new address. Posted a list of Approved Certification Programs for Advanced Prescribed Procedures Below the Dermis. 	<p>Public Documents & Transparency</p> <ul style="list-style-type: none"> Notices of Discipline Hearings (2): Published in accordance with public transparency requirements. Discipline Rules of Procedure: Updated and made available to the public. Executive Minutes (Nov. 22, 2024) and December 2024 Council Minutes: Published to the site. Code of Conduct for Public Observers Policy: posted on the Discipline Hearings webpage. <p>Strategic & Regulatory Reporting</p> <ul style="list-style-type: none"> College Performance Measurement Framework (CPMF) Report: Full report posted in alignment with regulatory reporting obligations. 2024 Fair Registration Practices Report posted in alignment with regulatory reporting obligations. Scope of Practice Working Group: Collaborative initiative with the RTSO; call for interest posted. <p>Registration & Certification Resources updated and published</p> <ul style="list-style-type: none"> Approved Certification Packages by Hospital: Approved RT Programs webpage Vulnerable Sector Checks webpage 	
Optimize the use of various communication platforms.	<ul style="list-style-type: none"> Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Continued to utilize several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> Social Media Posts (14) e-blasts (23) Updated Fact Sheets (4) 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. 	<p>Social Media</p> <ul style="list-style-type: none"> Strategic Channel Realignment Retired X (formerly Twitter) to refocus efforts on platforms better aligned with CRTO’s engagement goals. Launched an official CRTO account on Bluesky, expanding our presence in emerging professional networks. Content & Engagement Growth <ul style="list-style-type: none"> Posted 38 times each on LinkedIn and Bluesky, significantly increasing visibility and reinforcing CRTO’s public voice and thought leadership. Expanded our LinkedIn audience: Follower count increased from 1,076 to 1,239 (+15% growth); monthly click-throughs rose from 44 to 590; monthly impressions grew from 646 to 23,785, indicating a dramatic increase in content reach and engagement. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
				<p>E-blasts</p> <ul style="list-style-type: none"> Continued to use email as a key communications channel to engage with Members and stakeholders. Email volume increased from 6 emails in March to 9 in April, with a corresponding jump in total deliveries (from 442 to 8,274). Open Rate improved significantly from 61.4% to 79.0%, indicating stronger engagement. Click-through Rate (CTR) rose from 9.7% to 25.4%, suggesting higher relevance and value of email content. Mobile opens decreased from 13.4% to 6.4%, indicating increased desktop engagement. Developing New Email Strategy in alignment with the rollout of our updated CRM. <p>Media Monitoring</p> <ul style="list-style-type: none"> Introduced weekly media monitoring to proactively track and assess coverage related to respiratory therapy, healthcare trends, and regulatory developments across Ontario and Canada. <p>Website Rebuild</p> <ul style="list-style-type: none"> Made steady progress on the website redevelopment project, with initial planning, content mapping, and system partner-input well underway. 	
Governance & Accountability					
A highly competent & effective Council.					
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Council and Committee Competency Profile Council Evaluation Framework New elections nomination form 	<ul style="list-style-type: none"> 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 and committee appointees required to complete the online, pre-application learning module. 	<ul style="list-style-type: none"> 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. The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees. 	<div> <div></div> ACHIEVED </div>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
		<ul style="list-style-type: none"> ○ New Committee Member Appointments webpage and application forms ○ 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).	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The third-party evaluation report action plan continues to be monitored to expand and improve upon. 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Developed three eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. 	<ul style="list-style-type: none"> • Developed new online orientation module relating to the duties, obligations and expectations of Council and Committee members. • Provided the following additional training: <ul style="list-style-type: none"> ○ 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. 	<ul style="list-style-type: none"> • Conducted the annual committee orientation sessions (ICRC, PRC, QAC & RC). • Updated the FAC, PRC, QAC and RC terms of reference and action plans. • Offered HPRO Governance Training to all Council members. • Provided the following additional training to Council and Committee members and staff: <ul style="list-style-type: none"> ○ Compassionate regulation (Chair's Dinner). ○ Indigenous-led blanket exercise (Education Day) ○ Cybersecurity training (Sept.Council). • Conducted new Council member orientation. • The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. • The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees. 	<ul style="list-style-type: none"> • Updated the QAC and RC terms of reference and action plans. • Provided additional training to Council members and staff: <ul style="list-style-type: none"> ○ Council and Committee Meeting Reminders • The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. • The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees. • Developing a governance manual as an additional resource for Council and committee members. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
Independent, evidence-informed & transparent decision-making processes.					
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. 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 form include an updated conflict of interest and record of affiliations section. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. Developed and implemented a new governance declaration form (to be completed by Council and committee members before each meeting). The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. 	● ACHIEVED
An ongoing commitment to performance improvement.					
Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	<ul style="list-style-type: none"> 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. 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting. 	<ul style="list-style-type: none"> A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting. 	● ACHIEVED
Ongoing monitoring of the KPI dashboard.	<ul style="list-style-type: none"> Under development. 	<ul style="list-style-type: none"> Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis. 	<ul style="list-style-type: none"> KPIs in all major program areas have been identified and are reported to Council on a regular basis. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Continued the full-scale policy review under the Policy Framework. <ul style="list-style-type: none"> 28 policies updated/approved 3 PPGs sent out for consultation 4 revised PPGs approved by Council 	<ul style="list-style-type: none"> Continued policy review guided by the Policy Framework. <ul style="list-style-type: none"> 10 policies updated/developed 4 PPGs sent out for consultation 3 revised PPGs/CBPGs approved by Council 	<ul style="list-style-type: none"> The CRTO continues its policy review guided by the Policy Framework. <ul style="list-style-type: none"> 16 policies updated/developed <ul style="list-style-type: none"> 2 PPGs sent out for consultation 3 revised PPGs approved by Council 	The CRTO continues its policy review guided by the Policy Framework . <ul style="list-style-type: none"> 6 policies updated/developed 2 PPGs revised and approved by Council Policy documents under review/development: <ul style="list-style-type: none"> Language Proficiency Policy Currency Condition Policy Infection Control PPG Community Practice PPG Commitment to Ethical Practice Reserves Policy 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
Review/Revision of CRYPTO By-Laws & Regulations (as required)	<ul style="list-style-type: none"> Revised CRTC 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. 	<ul style="list-style-type: none"> Revised CRTC By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTC 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. 	<ul style="list-style-type: none"> Revised CRTC By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration. The proposed amendments to the Registration Regulation have been posted for consultation on the government website. 	<ul style="list-style-type: none"> Scheduled review of the Professional Misconduct Regulation 	● ON TRACK
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Drafted an outline for the Delegation & Authorizing Mechanisms online modules. Preparing an online module for student/graduate RTs. 	<ul style="list-style-type: none"> Finalized the Delegation e-learning module. The module is now available in PDKeeper. 	<ul style="list-style-type: none"> Developed a new e-learning module focused on Authorizing Mechanisms. 	<ul style="list-style-type: none"> Using targeted social media strategies to present professional practice topics. Preparation of script for next e-module video on understanding the requirements of an RT when educating/mentoring. 	● ON TRACK
The application of Risk-Based regulation.					
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>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 CRTC and how best to meet the standards of practice.</p> <p>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 CRTC.</p> <p>Reg - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>PC - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. The project to revise the risk assessment tool has been completed. The updated tool was shared with the ICRC at its annual orientation.</p> <p>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. Additionally, a new risk assessment tool has been developed to assist with the review of applications that do not meet the new currency requirements.</p>	<p>PC - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports.</p> <p>Reg - CRTC continues to develop and refine its risk assessment tools for evaluating internationally educated applicants and applicants with currency gaps.</p>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
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: <ul style="list-style-type: none"> HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> Council Competencies Evaluation Framework Information Sharing Policy Anti-BIPOC Racism Working Group NARTRB <ul style="list-style-type: none"> Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists Review of the current NARTRB Jurisdictional Verification form. 	Continued engagement with other regulators: <ul style="list-style-type: none"> HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> Council Competencies Evaluation Framework Risk management NARTRB <ul style="list-style-type: none"> Standards of Practice Working Group Validation survey for the revised NARTRB Entry-to-practice Competency Profile Updated the Language Proficiency for Respiratory Therapy document. CNAR <ul style="list-style-type: none"> Professional regulation. 	Continued engagement with other regulators: <ul style="list-style-type: none"> HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management. NARTRB <ul style="list-style-type: none"> Review of Practice Standards 2024 Entry-to-practice Competency Framework Updated the Language Proficiency for Respiratory Therapy document and Statement of Professional Standing Form Received 8 EtP assessment referrals from other regulators. CNAR – attended several workshops and conferences, e.g., Impactful Leadership in a Dynamic Regulatory World, AI and Technology, Annual National Conference. CLEAR - attended several workshops and conferences, e.g., Compassion in Regulatory Complaints, Harnessing AI in Professional Regulation, Annual Educational Conference. 	Undergoing scope of practice review with the RTSO. Continued engagement with other regulators: <ul style="list-style-type: none"> HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management. NARTRB <ul style="list-style-type: none"> Review of Practice Standards Board Meetings CNAR – attended Unlearn & Learn Workshop. 	● ON TRACK
Engaging with stakeholders to enhance quality patient care.					
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The CRTO Policy Framework continues to guide 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. 2 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> The CRTO Policy Framework continues to guide 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. 	● ACHIEVED
Core Business Practices					
Clear financial alignment with strategic priorities.					
Revised financial statement & investment portfolio presentation	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Updated the Investment Policy based on financial advisor’s recommendations. Reviewed and updated the investment reporting tool. Retained investment bookkeeping services to ensure accuracy and streamline the audit process 	<ul style="list-style-type: none"> Drafted revisions to the Reserves Policy (to be approved at the June Council) 	● ACHIEVED

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
	<ul style="list-style-type: none"> Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service. 	<p>begun the transfer of investments under the new investment management.</p>			
Finance & Audit Committee (FAC)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> FAC met with the Financial Advisory Team. FAC continued to join the Executive Committee during the year to review the financial statements, investment portfolio, and audit plan. 	<ul style="list-style-type: none"> FAC reviewed its Terms of Reference and Action Plan for 2025 FAC the revised Reserves Policy (to be approved at the June Council) FAC reviewed financial implications of CRTO entering into a defined benefit pension plan. 	● ON TRACK
A policy that clearly outlines the management of financial reserves	<ul style="list-style-type: none"> Review and subsequent approval of the following policies: <ul style="list-style-type: none"> Revised Investments Policy New Reserves Policy Revised Honoraria & Expenses Policy Revised Procurement of Goods & Services Policy 	<ul style="list-style-type: none"> Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors. 	<ul style="list-style-type: none"> The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy. FAC and the Executive Committee conducted the annual Auditor Evaluation. Used the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 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). 	<p>The CRTO moved into Phase 3 of its DEI Strategy:</p> <ul style="list-style-type: none"> 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. <p>Staff training:</p> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Staff engaged in DEI webinars (focused on Anti-Asian Racism in Healthcare and celebrating Pride Month). Staff and Council took part in an Indigenous-led blanket exercise during Education Day. Staff attended training sessions focused on DEI offered during the CLEAR and CNAR conferences. Staff was provided with learning materials on various culturally significant days. 	<ul style="list-style-type: none"> Staff continues to engage in DEI work through HPRO network monthly meetings. After the development of an inclusive interview question bank, questions were successfully used in the recruitment of new staff members. Review of data collection consultation survey being finalized. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
	<ul style="list-style-type: none"> Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022. <i>Navigating Canada’s Complex Histories</i> e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff. 				
Equity Impact Assessment	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment & Implementation Strategy. 	<ul style="list-style-type: none"> Developed inclusive question bank and interview template. Incorporated the principles of Equity Impact Assessment into a policy review checklist. Developed an internal Recruitment & Selection Policy. The policy provides a transparent and consistent framework for employee recruitment and selection. Continued participation with the HPRO DEI working group to develop the Equity Impact Assessment further. Implemented a new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes, with an additional focus on individual's DEI related experience. 	<ul style="list-style-type: none"> Staff developed CRTO Policy Document Review Checklist that enables staff to review policies with a lens through DEI considerations. 	<div>● ON TRACK</div>
A comprehensive Risk Management Framework					
Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<ul style="list-style-type: none"> IT Infrastructure Architecture review completed & process begun to implement recommendations. <ul style="list-style-type: none"> 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. 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. 	<p>The Risk Management Framework continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> Risk monitoring and reporting: developed a Risk Register and a Risk Report template Training: <ul style="list-style-type: none"> Risk management workshop attended by Council, Committee members and staff Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise) 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. 	<p>The Risk Management Framework continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> Risk monitoring and reporting: developed a Risk Register and a Risk Report template. Training: <ul style="list-style-type: none"> Ongoing phishing campaign and cybersecurity awareness training for staff. Conducted a cybersecurity training session for Council and Staff at the September Council meeting Staff attended the AI in Licensing and Regulation conference. Developed a comprehensive cybersecurity plan. Firewall is being monitored and activities. considered suspicious have been investigated /resolved. Patching and backups continue to be completed and managed. 	<p>The Risk Management Framework continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> Risk monitoring and reporting: continues to use the Risk Register Report template to provide regular updates to Council. Training: <ul style="list-style-type: none"> Ongoing phishing campaign and cybersecurity awareness training for staff. Staff attended the HIROC Cyber Preparedness in Healthcare presentation. Firewall is being monitored. Patch management and backups continue to be carried out. Ongoing meetings with vendor related to new database implementation. Continue testing the public register, member and staff portals. Working on queries/reports, payment system and reviewed document management options. Working on data clean up, formatting for data conversion. 	<div>● ACHIEVED</div>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1) Highlights	STATUS
	<ul style="list-style-type: none">The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2).		<ul style="list-style-type: none">Ongoing meetings with vendor related to new database implementation.Completed records digitalization project.Developed a comprehensive office transition plan.Updated the Office Security Policy.Conducted simulated office evacuation exercise.Staff conducted a network file cleanup based on the internal audit findings.	<ul style="list-style-type: none">Updated the Office Security Policy.	
Succession plan for senior leadership	<ul style="list-style-type: none">Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position.Succession Planning for Senior Leadership Policy approved by Council.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illnessContinued review and development of standard operating procedures in core program areas.Developed and implemented Registrar's directives in PC and Registration.	<ul style="list-style-type: none">Continued review and development of standard operating procedures in core program areas.Continued to developed and implemented Registrar's directives in PC and Registration.	● ACHIEVED



College of Respiratory
Therapists of Ontario

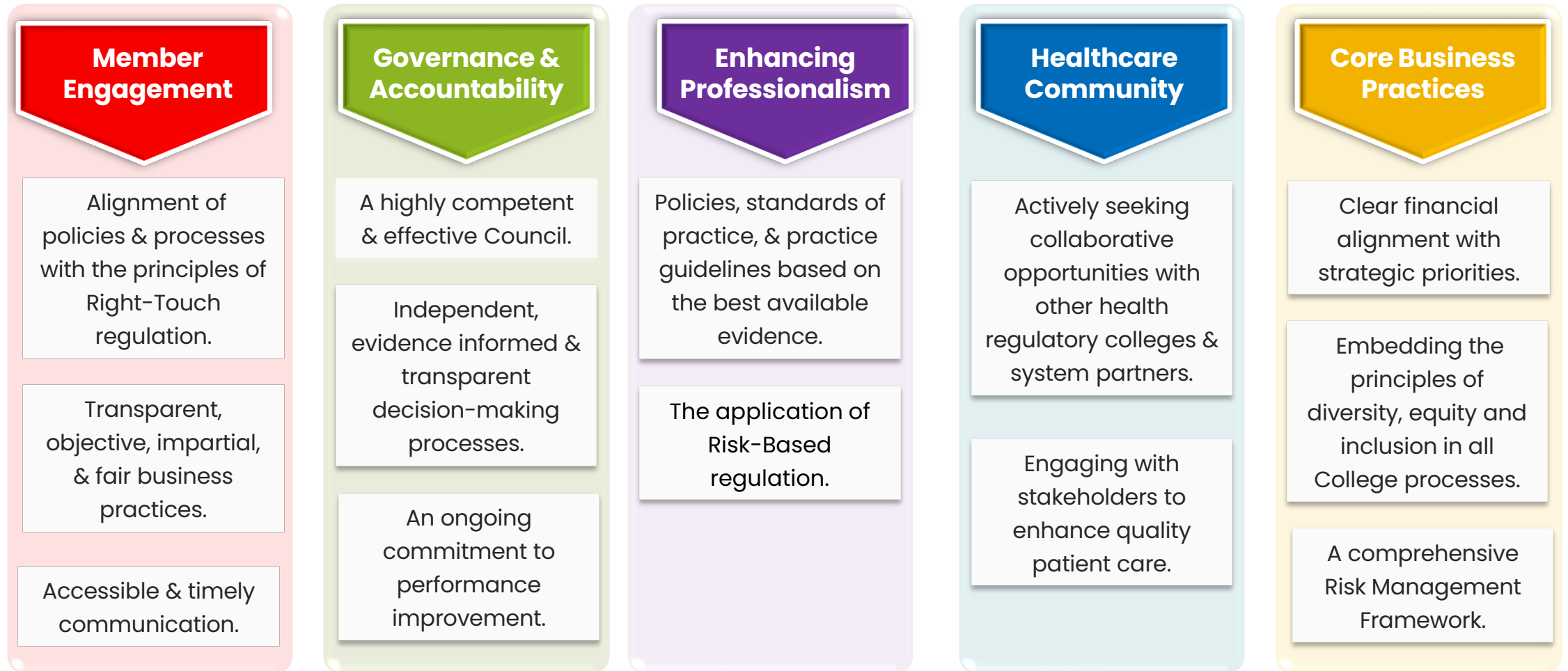
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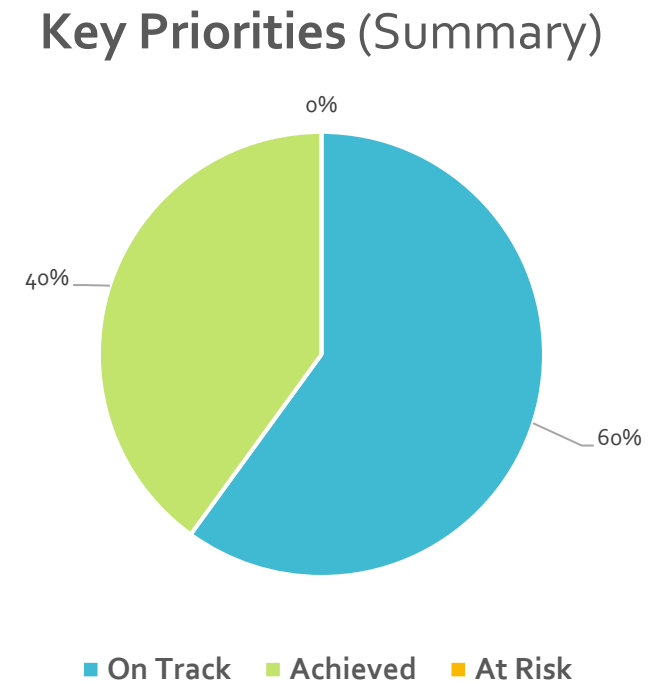
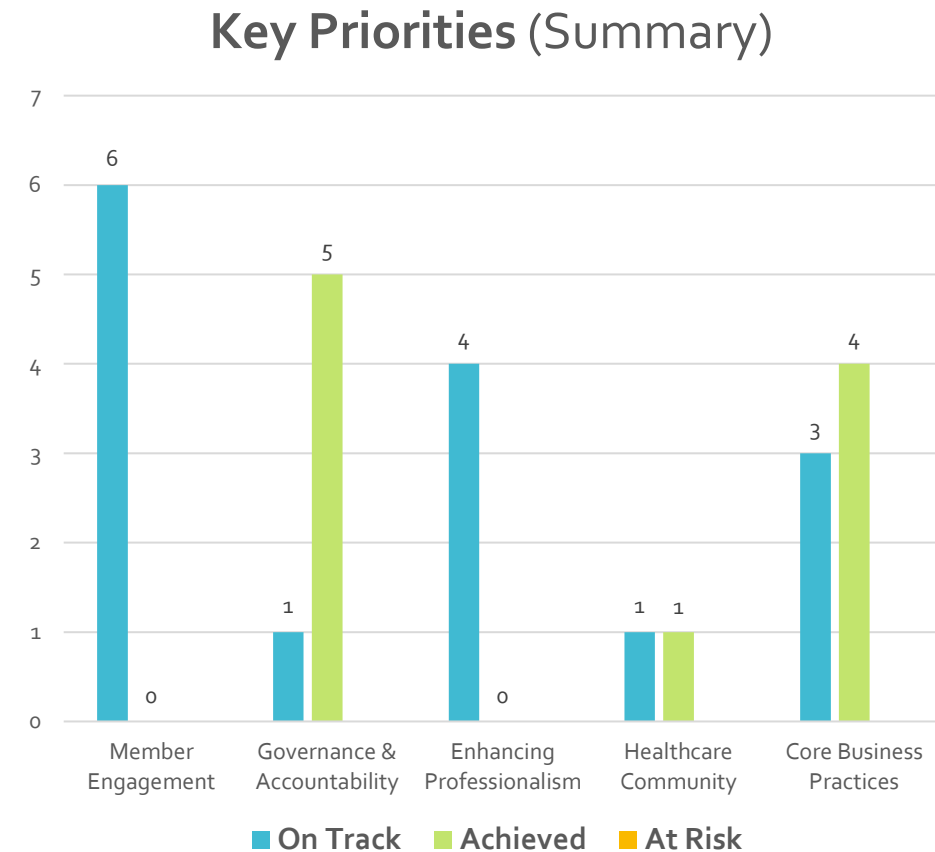
2021 – 2025 Strategic Direction Quarterly KPIs Report

June 27, 2025

CRTO Staff

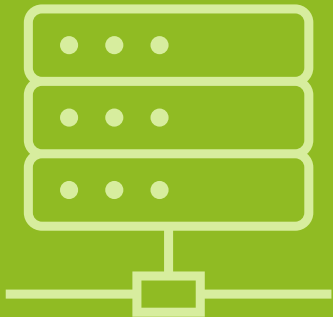
CRTO 2021 – 2025 Strategic Direction





an ongoing
commitment
to
performance
improvement

CORE
PROGRAMS



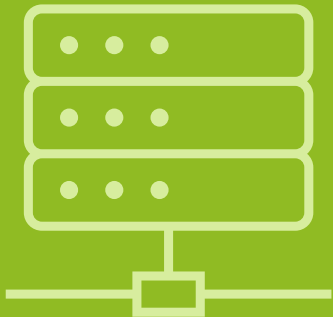
Program	Indicator	Measure*
Registration	Number of Members / Members by Class of Registration	Monitoring Measure
	Number of status changes processed	Monitoring Measure
	Number of applications received	Monitoring Measure
	Number of days (average) to process an application	Performance Measure
	Number of days (average) to make a registration decision	Performance Measure
	Number of days (average) to issue an RC decision	Performance Measure
	Snapshot: IEHP Applicants	Monitoring Measure
Professional Conduct	Snapshot: new, closed, ongoing complaints/reports	Monitoring Measure
	Number of days (average) to complete a complaint file or report	Performance Measure
	New complaints and reports by theme	Monitoring Measure

*A **performance measure** is a metric with a set target that the program area aims to achieve (e.g., 15 days to process an application for registration).

A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.

an ongoing
commitment
to
performance
improvement

CORE
PROGRAMS



Program	Indicator	Measure*
Quality Assurance	Launch RT Jurisprudence Assessment scores	Monitoring Measure
	PORTfolio submissions	Monitoring Measure
	Relevant learning module compliance	Monitoring Measure
Practice	No. of practice inquiries received	Monitoring Measure
	Inquiries by theme	Monitoring Measure
Comms	E-blast (average) open rate	Monitoring Measure
	Document posting time	Performance Measure

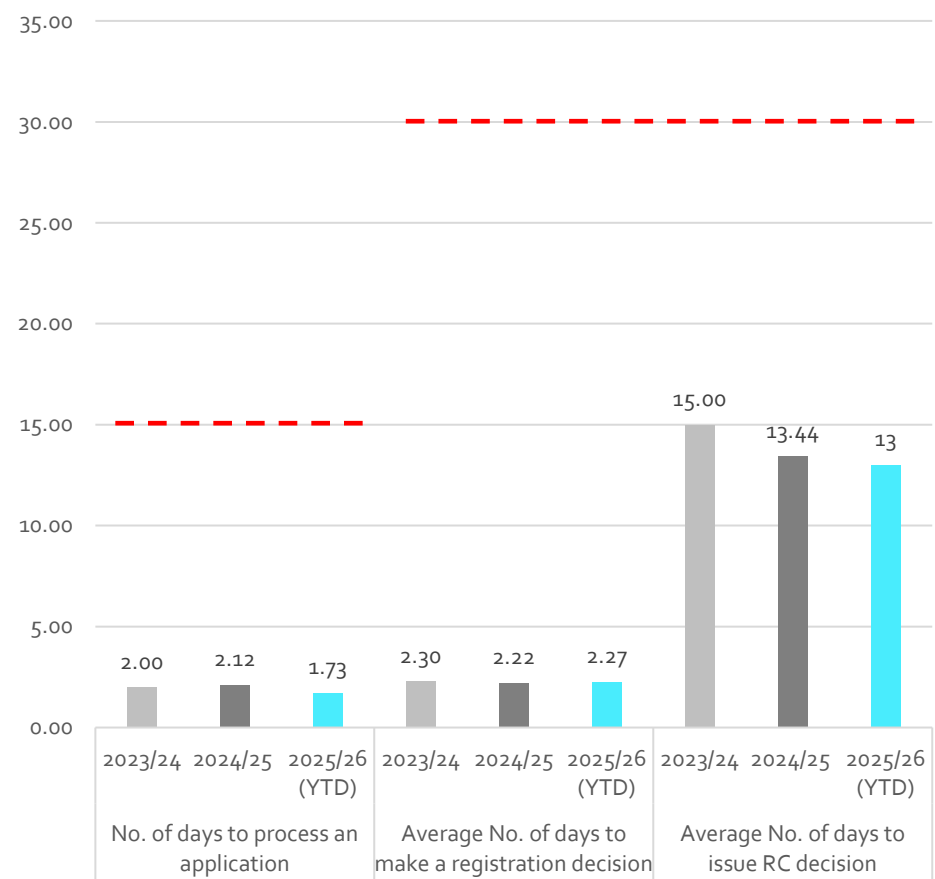
*A **performance measure** is a metric with a set target that the program area aims to achieve (e.g., 15 days to process an application for registration).

A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.

Performance Measures – Summary

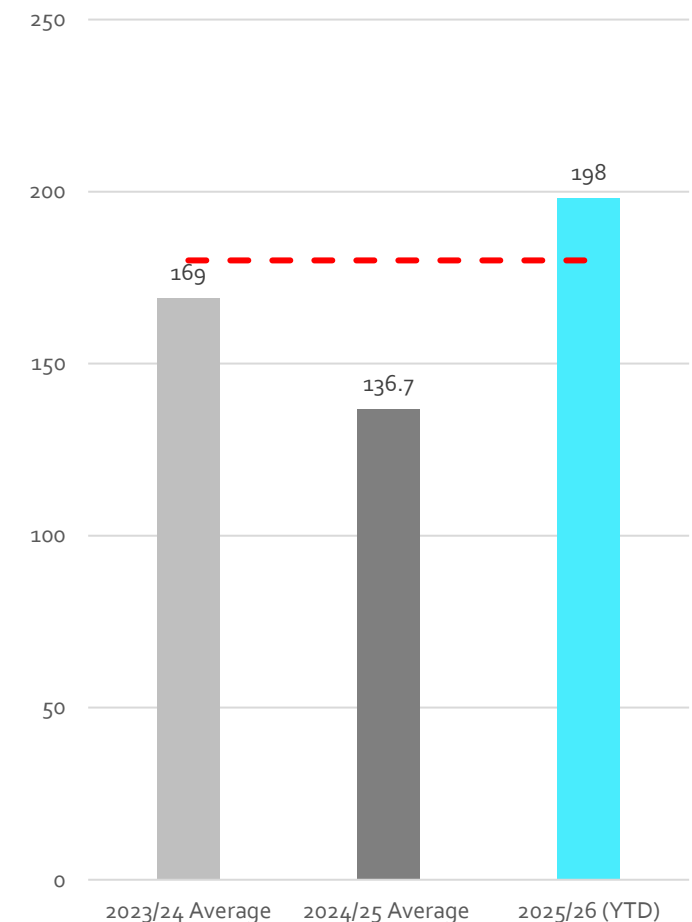
Registration, Professional Conduct and Communications

Registration



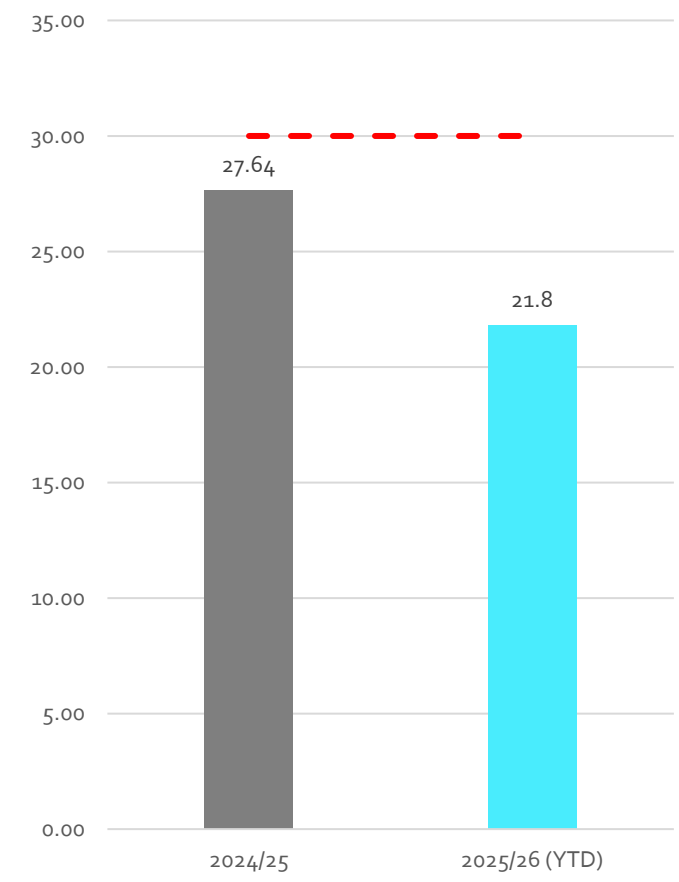
Professional Conduct

Average Disposition Time (Days)



Communications

Average Document Posting Time (Days)

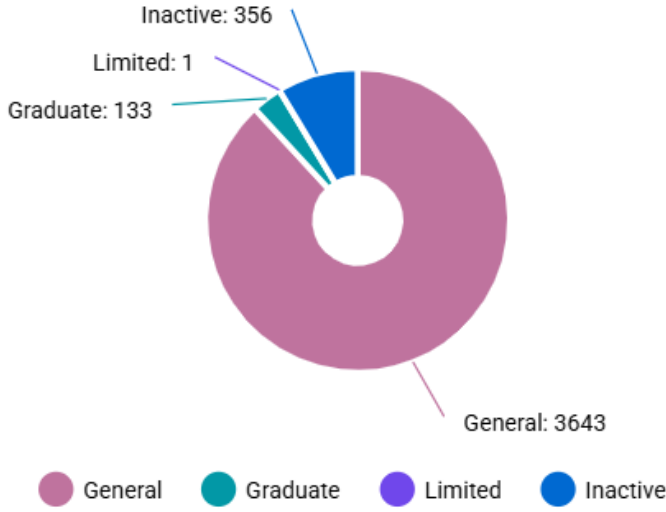


4133 Members



+226 Members

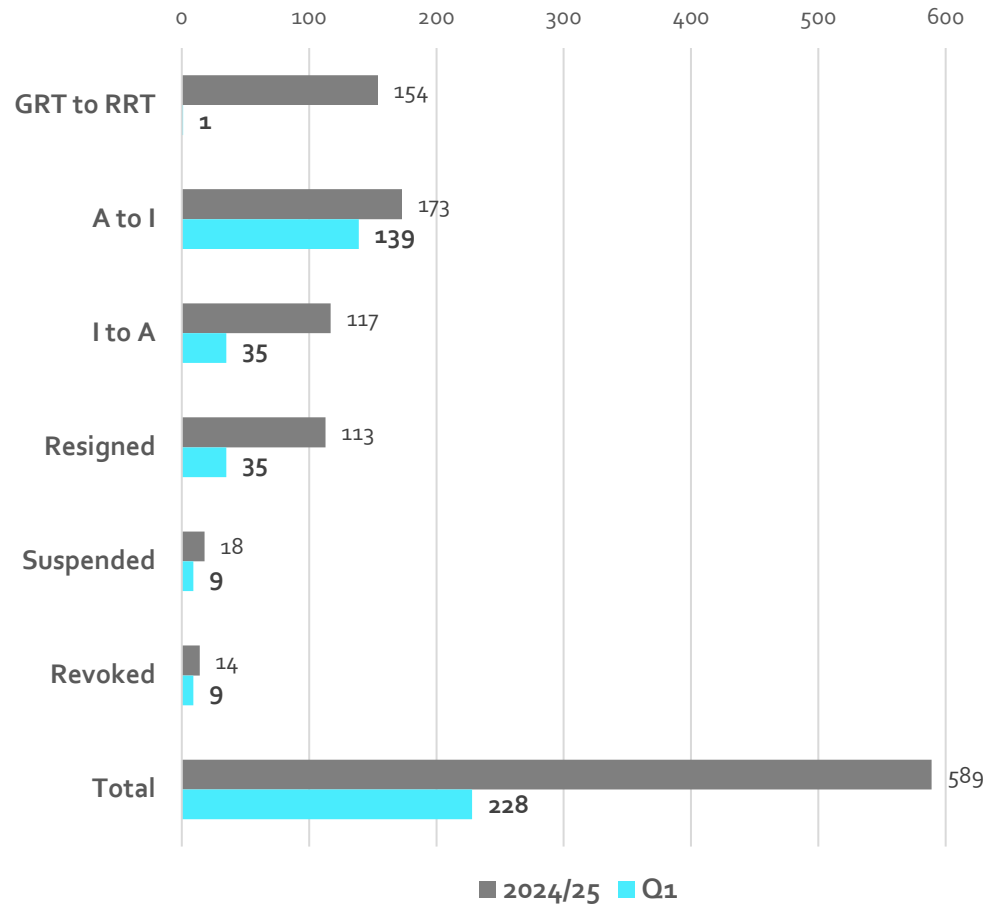
Membership Class



127

← STATUS CHANGES
→ PROCESSED

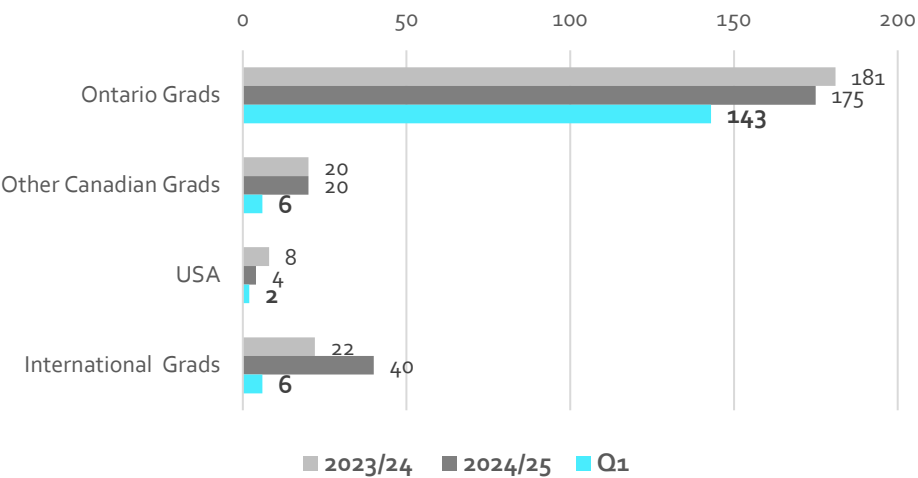
228



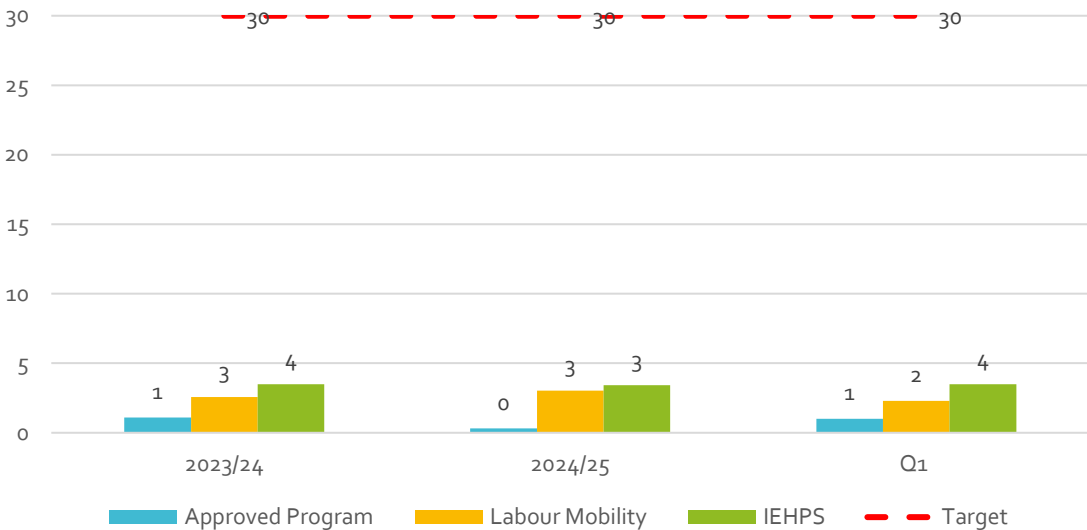
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REGISTRATION (March – May 2025)

New Applications Received

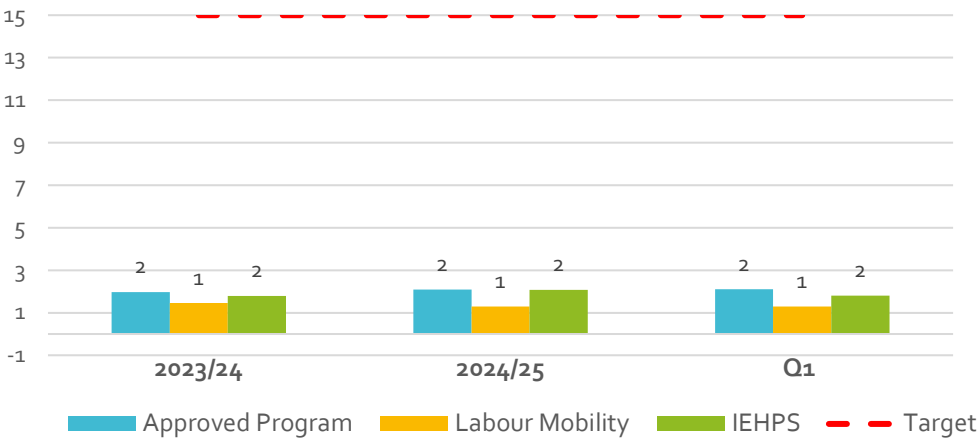


No. of days to make a registration decision* (average)



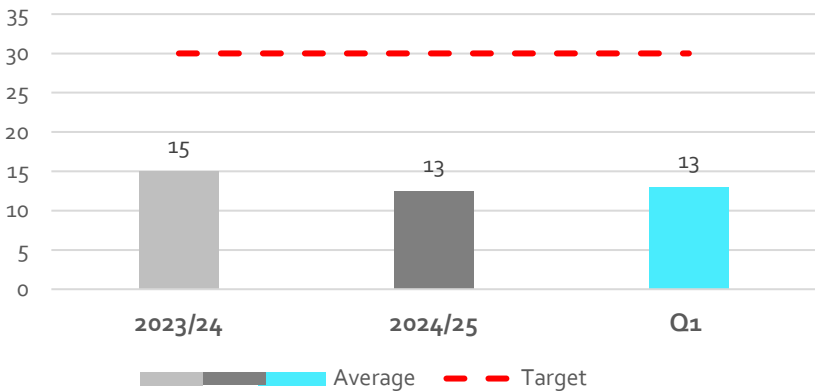
* From when the application file is complete to registration decision (approve, referral to RC, or referral to the assessment process)

No. of days to process an application* (average)



*from date of application received to “next steps” email

Average No. of days* to issue RC decision



* From Panel review date to when the decision is mailed/issued to applicant

38

ACTIVE IEHP ASSESSMENT FILES

23

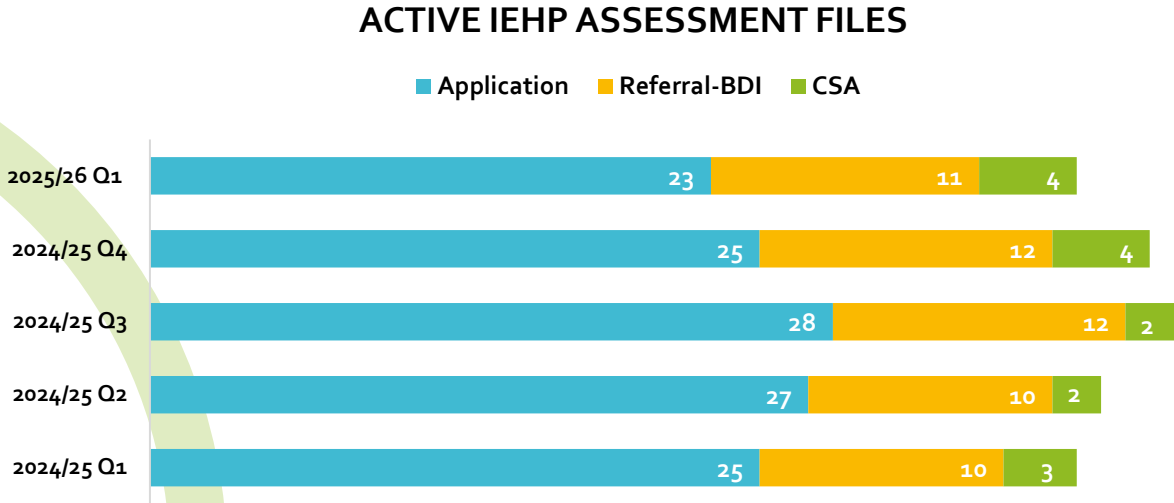
IEHP applicants in the process of submitting the required supporting documentation

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)



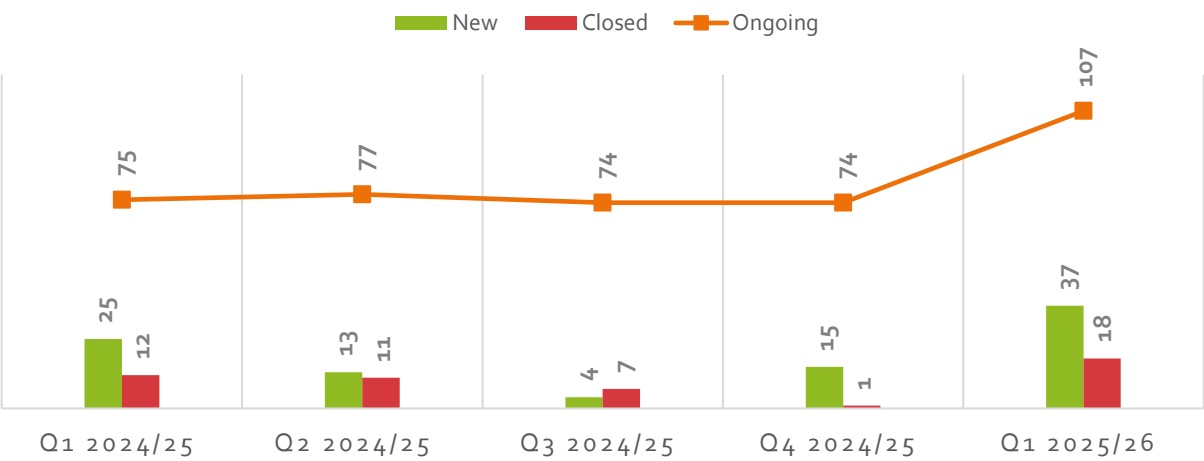
IEHP APPLICANTS - BY COUNTRY OF EDUCATION

Philippines	14	Colombia	1
India	8	Nigeria	1
USA	5	Saudi Arabia	1
Iran	4	Tunisia	1
Pakistan	2	Turkey	1

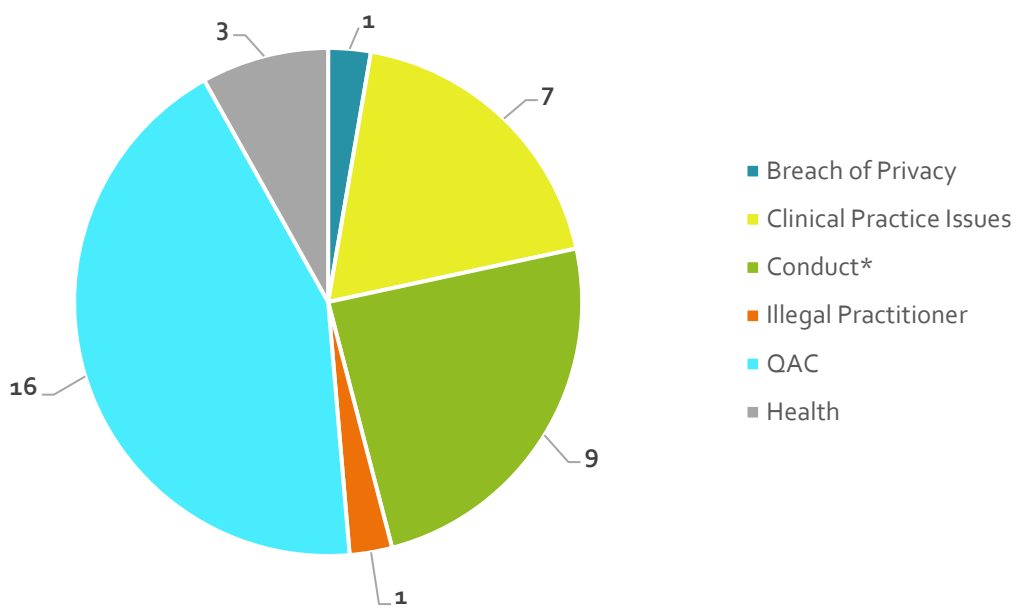
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PROFESSIONAL CONDUCT (March – May 2025)

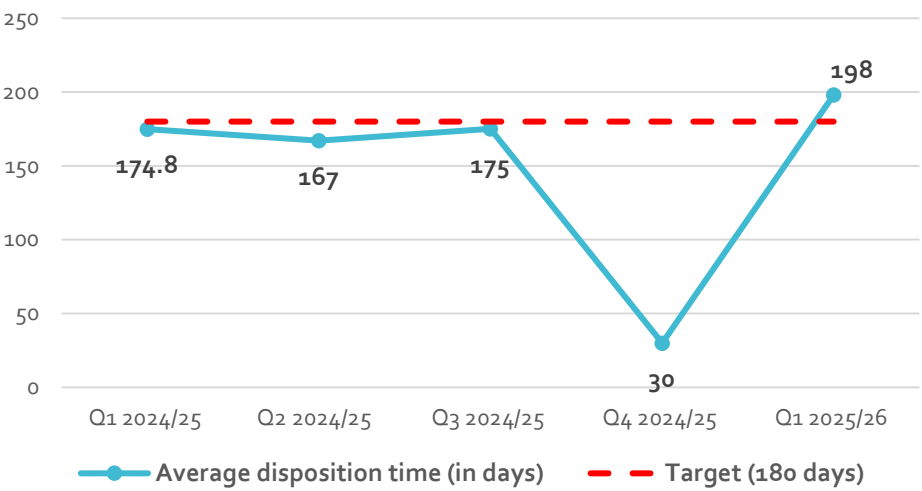
NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES



NEW COMPLAINTS AND REPORTS BY THEME 2025/26



AVERAGE DISPOSITION TIME (IN DAYS)

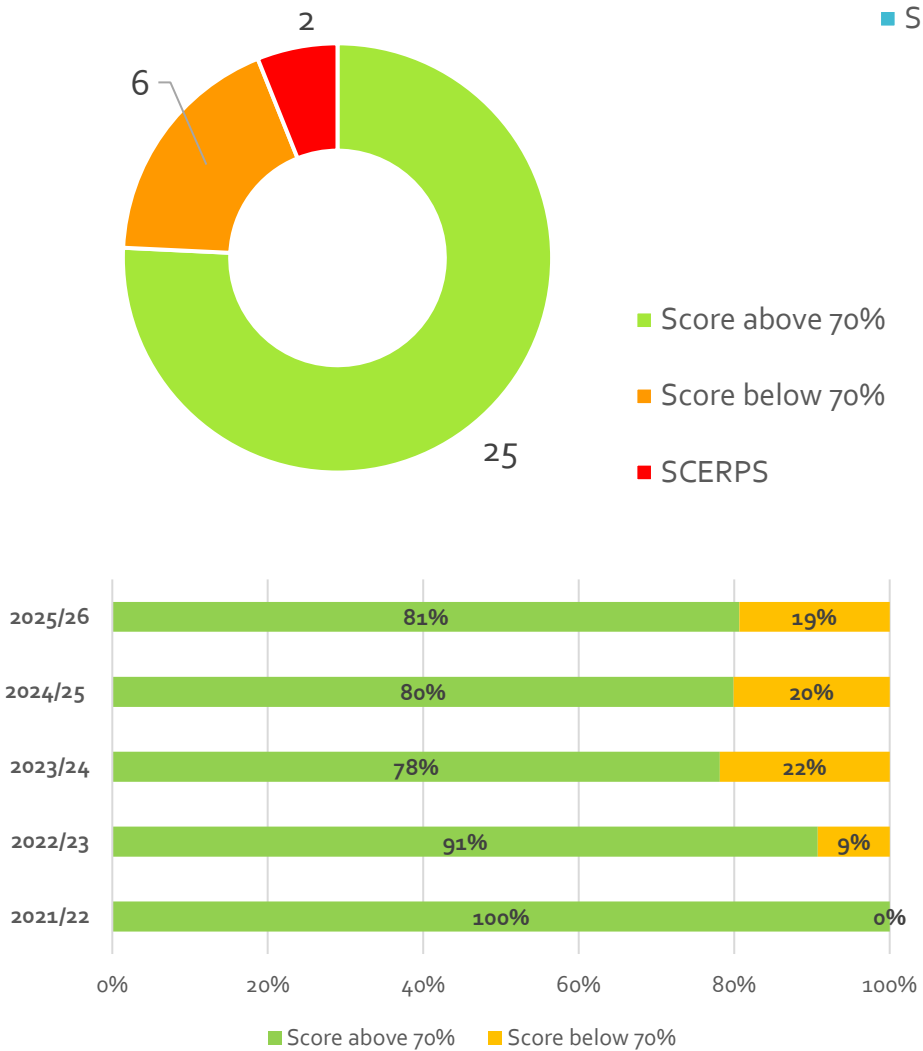


*Conduct (detail)	2025/26 Total
Conduct of Member re Social Media	1
Professional Misconduct	7
Unprofessional Conduct in Personal Life	1

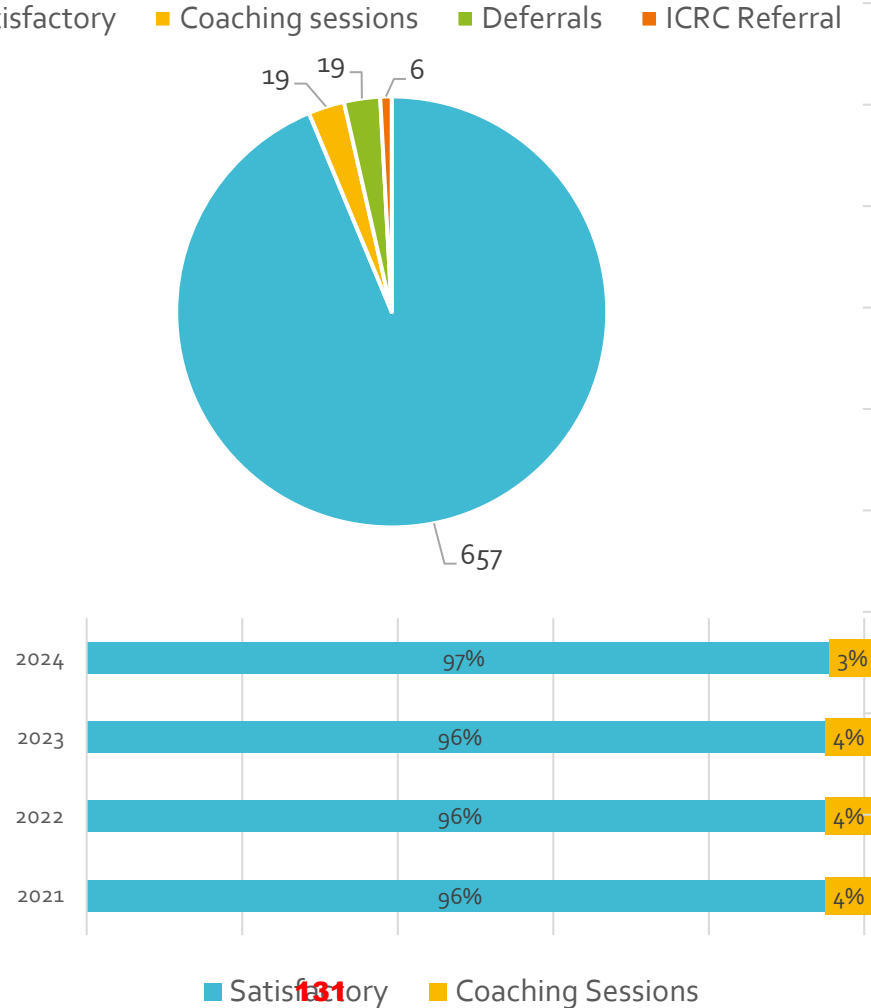
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QUALITY ASSURANCE (March – May 2025)

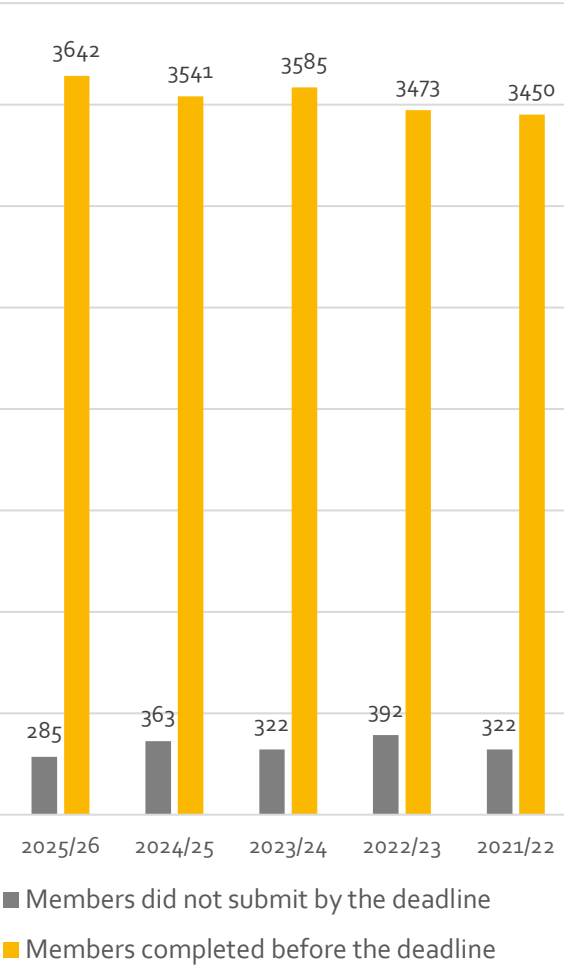
Launch RT (YTD)



PORTfolios (2024/25)

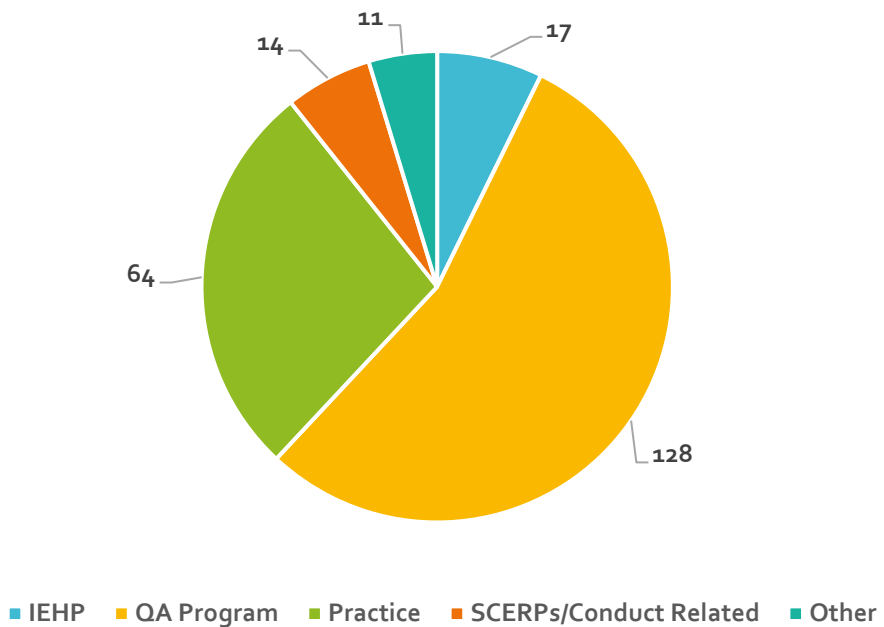


Relevant



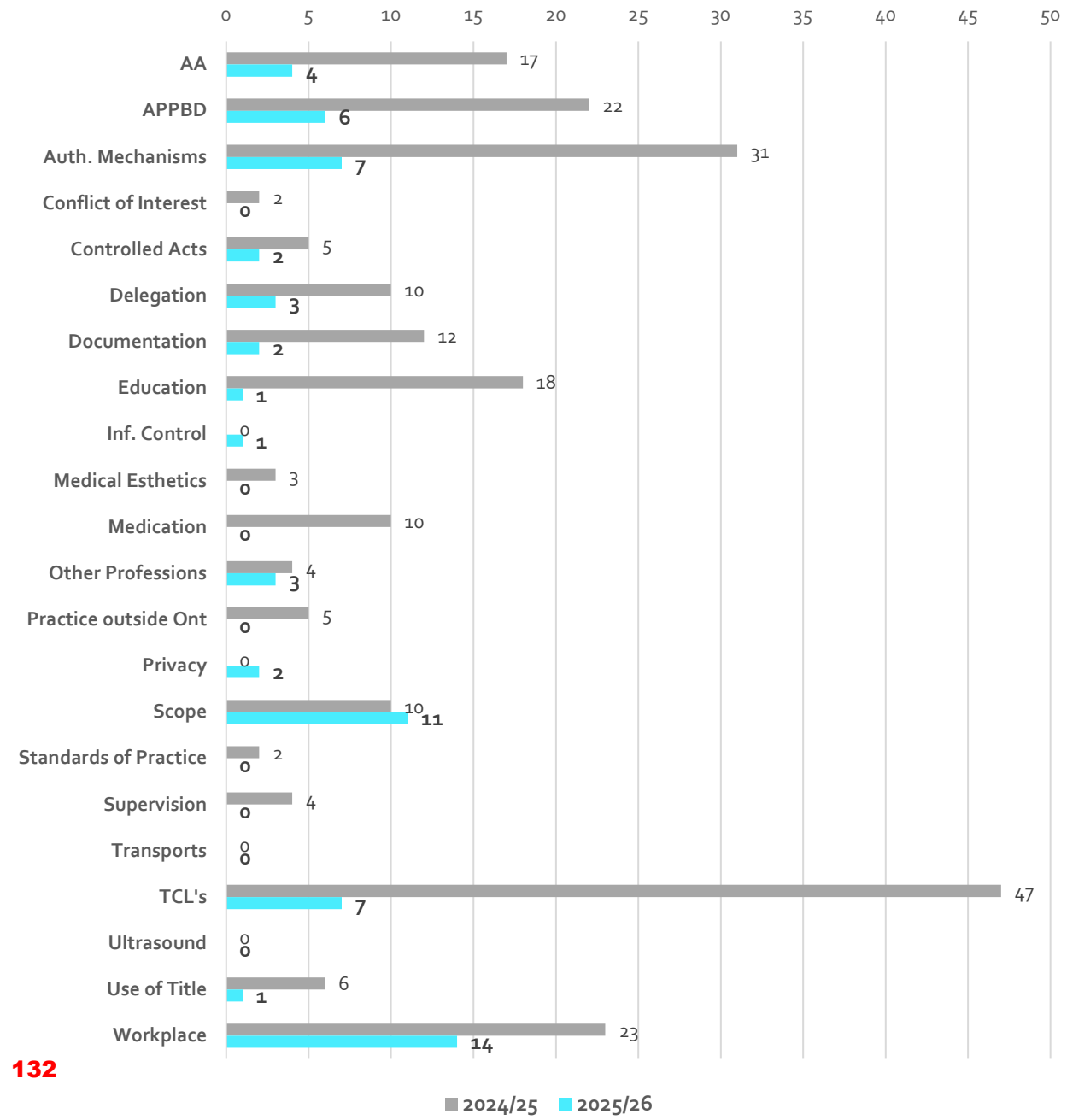
Total Number of Inquiries Received **234**

Quality Practice Inquiries by Theme (YTD)



Quality Practice Outreach – System Partner Meetings/Presentations **15**

Practice Inquiries by Theme





69,413 website visits

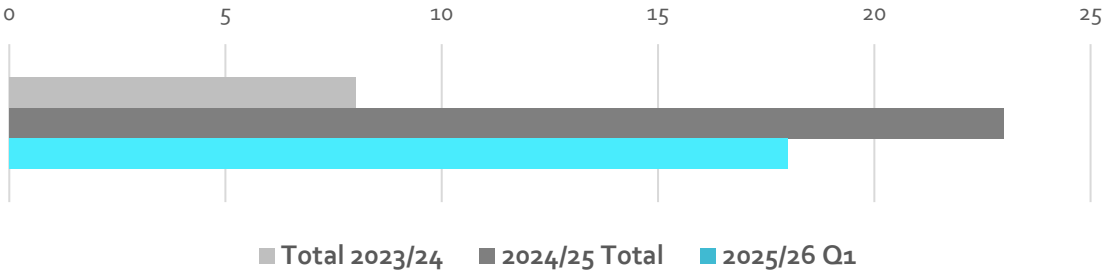
Top 3 most visited webpages:

- Home Page (13.5K)
- Members (3.4 K)
- Public(2.8K)

Where website visitors are from:

- Canada (9.1 K)
- United States (686)
- India (391)
- Colombia (243)
- Peru (204)
- Philippines (78)

EMAILS

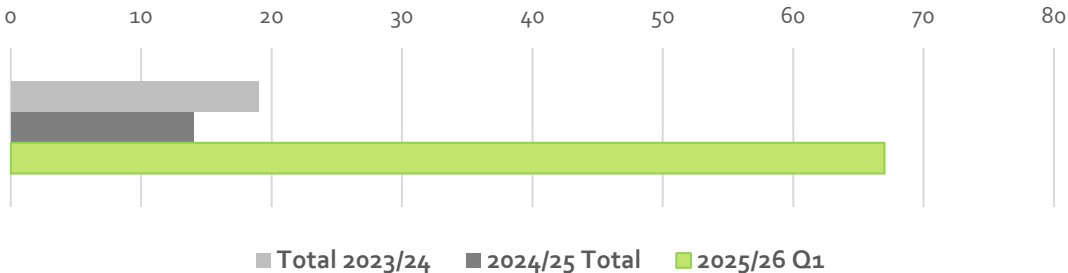


Average Open Rate

74.1%

Email Open Rate improved from 70% (last report) indicating stronger engagement

SOCIAL MEDIA



Engagement Rate

3.7%

Follower Count (LinkedIn) increased from 1,076 to 1,239 (+15% growth); monthly click-throughs rose from 44 to 590; monthly impressions grew from 646 to 23,785, indicating a dramatic increase in content reach and engagement

Enhancing Professionalism

Policies, standards of practice, & practice guidelines based on the best available evidence.

The application of Risk-Based regulation.

170*

Policy documents reviewed, developed or archived under the Policy Framework, including:

- ✓ 23 PPGs & CBPGs
- ✓ 107 Policies
- ✓ 29 Fact Sheets
- ✓ 11 Other



46* policy documents posted for consultation under the Policy Framework



Risk-based assessment tools used in all RC, QAC and ICRC Panel decisions

* Since the implementation of the Policy Framework in 2021

OPERATIONS – Finance

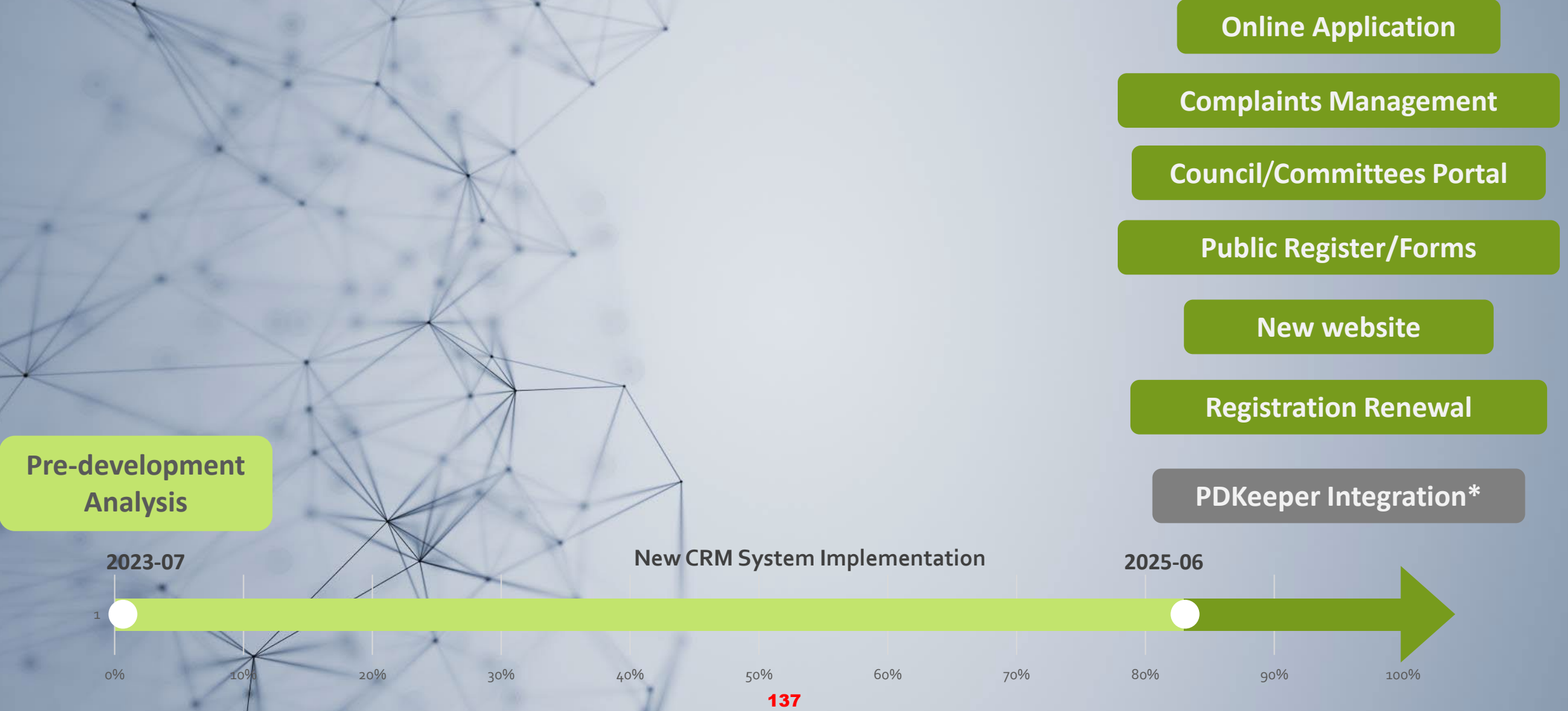
BALANCE SHEET	May 31, 2024	May 31, 2025
Current Ratio (CR) Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	4.0	2.7
Debt Ratio (DR) Compares total liabilities to total assets 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].	0.02	0.03
Cash Reserve (CR) Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	2.3 months	2.3 months

OPERATIONS – Finance

INCOME STATEMENT	May 31, 2024	May 31, 2025
Bottom Line (BL) Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.	+\$770,738.51	+\$936,571.93
Revenue Growth Rate % (RGR%) Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.	4.0%	7.6%
Expense Growth Rate % (EGR%) Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.	3.8%	5%

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OPERATIONS - IT New CRM System Implementation



2021 – 2025
Strategic
Direction

Quarterly KPIs



Council Briefing Note

AGENDA ITEM # 5.7

June 27, 2025

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	March 2025 Council Meeting Evaluation Summary
Purpose:	For information
Strategic Focus:	Governance & Accountability

PUBLIC INTEREST RATIONALE:

The highly efficient and effective Council is essential for the CRTO to fulfil its mandate of regulating the profession of Respiratory Therapists in the public interest.

ANALYSIS:

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey. After the March 28th Council meeting, seven (7) Council members completed the survey. The feedback received is as follows:

- Overall satisfaction with the adequacy and clarity of the information provided prior to the Council meetings.
- Recommended use of **consent agenda format** for the approval of routine, non-controversial items without discussion (meeting minutes, financial reports, committee reports, minor policy updates and information-only items).
- Possible training opportunities:
 - **Rules of Order**
 - Professional Development in Healthcare Trends and Innovations
 - Conflict of Interest in a Council Meeting Context
 - Government Healthcare System Initiatives/Plans
 - Information about the RT Profession

NEXT STEPS:

- Plan to integrate the consent agenda process into the June Council meeting.
- Working on the development of an elearning module on how the rules of order are best applied to organizations like ours.
- Prepare a new survey for each Council meeting.
- Encourage all Council members to complete the survey.

Council Briefing Note

AGENDA ITEM # 6.1

June 27, 2025

From:	CRTO Staff
Topic:	CRTO Update Report
Purpose:	For Information
Strategic Focus:	Core Business Practices

ADMINISTRATION

Staffing

On June 9, we had the pleasure of welcoming **Connie Pérez** to our team as our new Coordinator, Registration. Connie brings with her a wealth of regulatory and registration experience, and we are confident that she will be an excellent addition to our fabulous team. **Welcome, Connie!**

CURRENT INITIATIVES

Internal

NEW CRTO Database and Website ([Temeka](#))

In1Touch (OlaTech) was retained in June 2023 to implement a new database and website for the CRTO. That work remains ongoing, and we look forward to announcing a launch date soon. We must ensure that staff have sufficient time for training before bringing the new system online for our membership renewal.

IEHP Entry-to-Practice Assessment ([Kelly](#))

There has been a significant increase in the number of candidates trained outside of Canada seeking assessment by the CRTO. Most are seeking registration in Ontario, but a considerable number are also being sent to Ontario for assessment from other Canadian RT jurisdictions. This has necessitated an increase in the staffing resources allocated to implementing this program. This has necessitated levying a surcharge for candidates from other provinces who the CRTO assesses. The amount of this surcharge is still being determined.

Council Briefing Note

CRTO/RTSO Joint Scope of Practice Review

Scope of Practice Review

In October 2023, the MOH introduced a standardized submission process for proposals to change the scope of practice. In January 2025, the CRTO partnered with the RTSO to submit a request to the Ministry of Health (MOH) for a review of the Scope of Practice of Respiratory Therapy in Ontario. The Steering Committee, which consists of both RTSO and CRTO representatives, has developed a project plan and has submitted a notification to advise the MOH of our intent to submit a proposal for a scope of practice change.

The Steering Committee established a Working Group comprising 18 RTs from a wide range of practice settings (e.g., acute and primary care, Anesthesia Assistants, home care, etc.). Our first meeting with the working group took place earlier in June, and we plan to meet regularly between now and October. By then, we intend to have a draft proposal that we will present at the RTSO Forum in Blue Mountain. In addition, we have begun some of the necessary research into the existing legal and regulatory frameworks across the RT profession, both provincially and nationally (e.g., scope of practice in other jurisdictions, legislative changes, trends in regulatory modifications and reforms, etc.).

CRTO's 2025 Work Plan

In addition to all the projects currently underway, CRTO staff have embarked/will soon embark on a number of new improvement opportunities in 2025. These include:

- Realigning our Financial and Human Resources processes, such as:
 - Transferring daily banking to RBC's Express Core Services platform.
 - Changing payroll companies from PayTrak to Payworks.
 - Enrolling CRTO staff in a defined pension plan through CAAT.
- Finalizing the Cybersecurity/Incident Response Plan and providing more ongoing staff training.
- Conducting a Professional Development Program evaluation.
- Reviewing and revising the CRTO's Professional Misconduct Regulation.
- Establishing a demographic data collection framework.
- Reviewing and revising the CRTO's Commitment to Ethical Practice guideline in collaboration with the NARTRB.

Council Briefing Note

External

As of Right

The CRTO, along with the College of Medical Laboratory Technologists of Ontario (CMLTO), the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO), became subject to As of Right in the fall of 2023. In April of this year, the Ministry of Health (MOH) expanded the As of Right Rules to 16 other Ontario health regulatory Colleges. In addition, the MOH removed the practice setting restrictions that previously limited As of Right applicants to only working in public hospitals and long-term care homes. This means that RTs who now apply to work in Ontario under As of Right can practice anywhere they can gain employment (e.g., primary care, home and community care, private clinics, etc.).

As part of the As of Right expansion, the MOH required the original four Colleges to develop an attestation document that must be signed by any Ontario applicant planning work under As of Right. This attestation document is intended to serve as a declaration by the applicant that they meet the criteria set out in regulation [[O.Reg. 199/23 \(Exemption – Restricted Titles\)](#)].

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

The NARTRB Board and Council Presidents met for their annual board meeting in NFLD in late May. The following are some of the topics that were discussed during the day-and-a-half meeting:

- NCF copyright and trademark registration.
- Review of the NARTRB Fee Structure and the addition of PEI to the board.
- Accreditation Canada and programs that are currently “Accredited with Conditions” (DOHA, Thompson Rivers, Fleming & Vanier College).
 - The Education Program Standards Technical Committee.
- Legislative and regulatory changes across Canada related to registration practices.

The next NARTRB board meeting & AGM will be hosted by the CRTO in Toronto this coming November.

Council Briefing Note

AGENDA ITEM # 6.2

June 27, 2025

From:	Ania Walsh, Director, Regulatory Affairs
Topic:	Draft Governance Manual
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Draft Governance Manual

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) regulates the practice of Respiratory Therapy and oversees its Members in the public interest. The CRTO Council, which serves as the board of directors, leads the organization through strategic planning, policy setting, monitoring of key program areas, and oversight of the CRTO's financial health. The work of the Council is supported by CRTO committees and staff who also manage the day-to-day operations of the organization. In this context, good governance practices are essential to ensure that the CRTO meets its legislative mandate and effectively fulfills its regulatory responsibilities.

ISSUE

As part of our commitment to good governance and continuous improvement, staff has developed a draft Governance Manual. The goal of the manual is to clearly outline the roles, responsibilities, and decision-making processes that influence the regulation of the Respiratory Therapy profession. If adopted, the manual will serve as a resource for new Council and committee members during their onboarding and throughout their tenure on Council and committees, serving as a practical tool and key reference for the CRTO's organization and governance processes.

Key Considerations:

- The draft manual has been developed in consideration of the CRTO's By-laws, relevant legislation, and the following principles of good governance:
 1. Independence of thought and action
 2. Obligation of loyalty, trust, preparedness and participation
 3. Equitable and ethical decision making

4. Fairness and objectivity
 5. Confidentiality
 6. Avoiding conflicts of interest
 7. Working collaboratively
 8. Acting in the public interest in accordance with the CRTO's mandate.
- The Governance Manual is intended to be a living document that can be updated as needed to reflect best practices and evolving needs.
 - The Governance Manual is meant to be a reference document that accompanies other governance resources and training materials developed by the CRTO.

NEXT STEPS

- Council members are asked to review the draft Governance Manual and provide feedback to staff by July 31, 2025.
- Staff will review the feedback, incorporate necessary revisions, and present the finalized version at the September Council meeting.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

College of Respiratory Therapists of Ontario

Governance Manual

DRAFT JUNE 2024

90 Adelaide Street West, Suite 300, Toronto ON M5H 3V9

t: 416.591.7800

www.crto.on.ca

f: 416.591.7890

Welcome to the College of Respiratory Therapists of Ontario (CRTO)!

The CRTO regulates the practice of Respiratory Therapy and governs its Members in the public interest. Our commitment to serving the public interest is reflected in all we do; however, we couldn't do it without you.

The role and authority of the CRTO are set out in the *Regulated Health Professions Act, 1991* (the "RHPA"). Under the RHPA, the CRTO regulates the profession by ensuring that only individuals who meet specific criteria enter the profession and that those already in the profession maintain their competence. To this end, the CRTO:

- Sets the educational and other requirements for entry to practice
- Administers the Professional Development Program to ensure that Members stay competent and grow their knowledge and skills
- Develops standards of practice and programs to facilitate Members' continuing competence
- Addresses concerns about Members.

The CRTO Council (Board of Directors) oversees the regulation of the practice of Respiratory Therapy in the public interest, and sets the CRTO's overall policy direction. The Council consists of elected Members (Professional Council Members) and individuals appointed by the Lieutenant Governor in Council (Public Council Members). In addition, the CRTO has statutory and non-statutory committees that support its work. Staff who also carry out the CRTO's day-to-day operations support the Council and committees.

We have written this manual to answer some of your questions about the CRTO and our governance policies and procedures. It is meant to be a reference document that accompanies other governance resources and training materials developed by the CRTO.

We wish you great success in your position and hope your experience with the CRTO will be rewarding.

Diversity Statement

The CRTO believes that ensuring diversity is fundamental to its growth and integral to all its activities. Success happens in an environment rich in diversity where people from various backgrounds can work together.

Council and committee members lead by example to support and respect their colleagues' and staff's individuality and personal values. Under the CRTO's Code of Conduct, they must:

- Promote a culturally safe environment, recognizing and supporting inclusiveness and diversity of all people.
- Be respectful of different viewpoints or positions expressed in good faith by other Council and committee members during Council or committee deliberations.
- Support an environment for Council, committee members, staff, Members, system partners and rights holders that are free from bullying, harassment, whether sexual or otherwise, physical or verbal abuse, threats or violence.

Recognizing and encouraging the uniqueness of individual contributions within a team environment is fundamental to the CRTO and its governance model. Any form of discrimination or harassment based on factors such as race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, or family status is neither permitted nor condoned and, above all, will not be tolerated under any circumstances.

Land Acknowledgement

We would like to acknowledge 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 serve on Council and committees, we 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, we wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Please take 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.

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B. Confidentiality Policy	
C. Honoraria and Expenses Policy	
D. <i>In Camera</i> Policy	
E. Investments Policy	
F. Open Forum Policy	
G. Privacy Policy	
H. Procurement of Goods and Services Policy	
I. Registrar's Performance Review Policy	
J. Reserves Policy	
K. Signing Officers and Authorized Personnel Policy	
L. Succession Planning for Senior Leadership Policy	

CRTO Committees Terms of Reference

- M. Executive Committee
- N. Discipline Committee (under review)
- O. Fitness to Practise Committee (under review)
- P. Inquiries, Complaints and Reports Committee
- Q. Patient Relations Committee
- R. Quality Assurance Committee
- S. Registration Committee
- T. Finance and Audit Committee

Other Documents

- U. Expense Form
- V. Alphabet Soup

1. Introduction

1.1. CROTO Mandate

The College of Respiratory Therapists of Ontario, through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act*, is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered safely, competently, and ethically.

1.2. Duty and Statutory Obligations

(based on the Health Professions Procedural Code s.2.1 and 3)

It is the **duty** of the CROTO 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 Respiratory Therapists.

The CROTO has the following **statutory obligations** (objects):

1. To regulate the practice of the profession and to govern the Members in accordance with the *Respiratory Therapy Act* (RTA), the Code and the *Regulated Health Professions Act* (RHPA) and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the Members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the Members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the RHPA.
7. To administer the RTA, the Code and the RHPA as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the CROTO.
8. To promote and enhance relations between the CROTO and its Members, other health profession colleges, key system-partners, and the public.
9. To promote inter-professional collaboration with other health profession colleges.

10. To develop, establish, and maintain standards and programs to promote the ability of Members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

In carrying out its objects, the CRTC has a duty to serve and protect the public interest.

1.3. Regulatory Framework

The [*Regulated Health Professions Act \(RHPA\)*](#), 1991

The RHPA is an omnibus or umbrella legislation that governs the regulated health professions in Ontario.

The health professions regulated under the RHPA are listed under Schedule 1 of the Act. This list names each of the individual profession-specific Acts. Respiratory Therapy is covered under the *Respiratory Therapy Act* (see below).

The RHPA also includes a procedural code (Schedule 2) that sets common rules and procedures for health regulatory Colleges. It includes sections related to registering members, handling complaints, and conducting investigations.

The [*Respiratory Therapy Act \(RTA\)*](#), 1991

The RTA is a statute that defines provisions specific to the practise of Respiratory Therapy. These provisions include the scope of practise statement, a list of controlled acts authorized to Respiratory Therapists and title protection.

Regulations

The following are the **regulations made under the *Respiratory Therapy Act***:

- [**General Regulation**](#), which includes:
 - [Conflict of Interest](#)
 - [Advertising](#)
 - [Notice of Meetings and Hearings](#)
 - [Quality Assurance](#)
 - [Prescribed Procedures](#)
 - [Prescribed Substances](#)
 - [Registration](#)
- [**Professional Misconduct Regulation**](#)
- [**Exemption – Restricted Titles Regulation**](#)

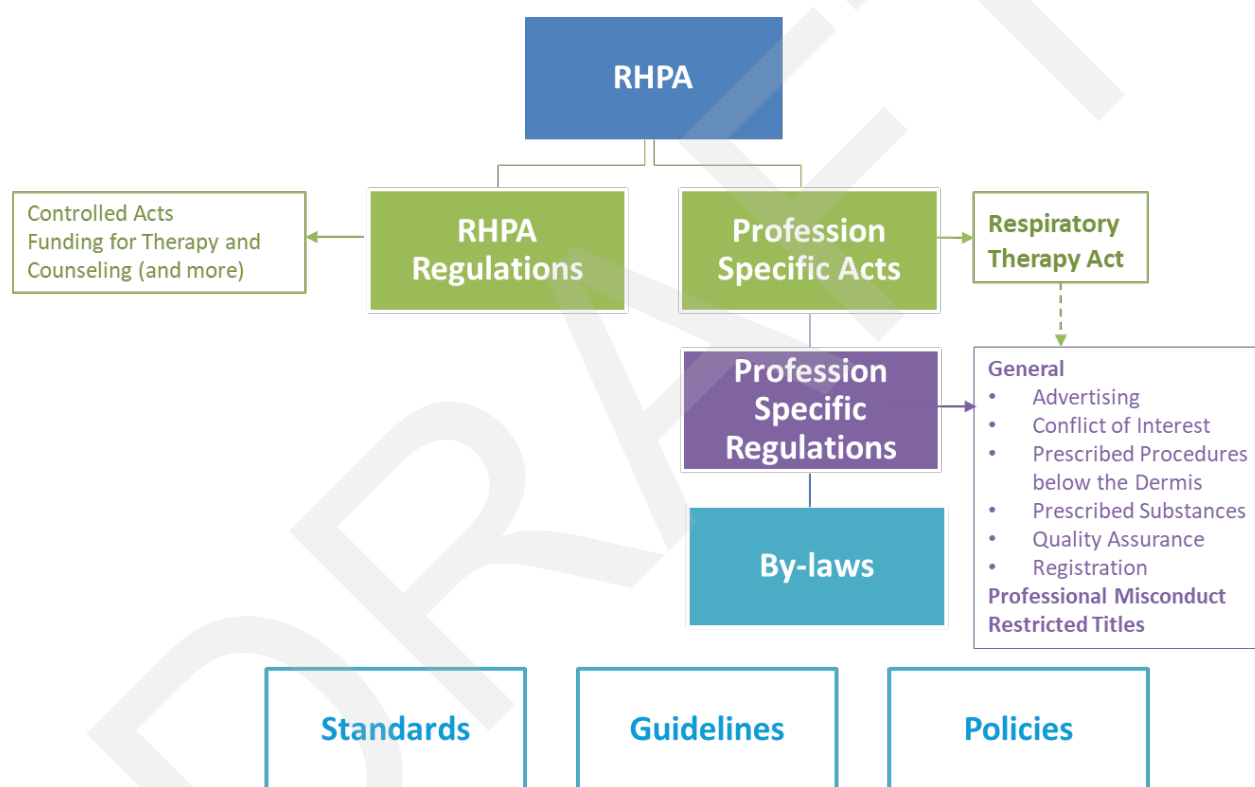
CRTC [By-laws](#)

The Health Professions Procedural Code under the RHPA authorizes the CRTC Council to make by-laws governing the CRTC's administrative and internal affairs.

The CRTC's By-laws are divided into three components:

- By-law 1: General CRTC Administration
- By-law 2: Council and Committees
- By-law 3: Membership

Figure 1. Regulatory Framework



1.4. Strategic Direction

The CRTC has traditionally created a strategic plan that is reviewed and revised every four (4) to five (5) years. In 2016, the focus of this document shifted from a strategic “plan” to the CRTC’s strategic “direction” in recognition of the numerous evolving factors that influence the decisions and actions of our organization. At that time, the following five (5) strategic domains were established:

- **Member Engagement**
- **Governance & Accountability**
- **Enhancing Professionalism**
- **Healthcare Community**
- **Core Business Practices**

Building on the 2016 – 2020 CRTC Strategic Direction & Key Priorities, the updated 2021-2025 version is heavily influenced by the Ministry of Health’s (MOH) College Performance Measurement Framework (CPMF) reporting requirements. Within that framework are many overriding expectations (see below).

Figure 2. CRTC 2021-2025 Strategic Direction



1.5. Governance Model

Good Governance of a health regulatory College requires its Council & committee members to uphold the following principles:

1. Independence of thought and action
2. Obligation of loyalty, trust, preparedness and participation
3. Equitable and ethical decision making
4. Fairness and objectivity
5. Confidentiality
6. Avoiding conflicts of interest
7. Working collaboratively
8. Acting in the public interest in accordance with the CROTO's mandate.

1.6. CROTO Council and Organization Structure

Figure 3. Organizational Structure

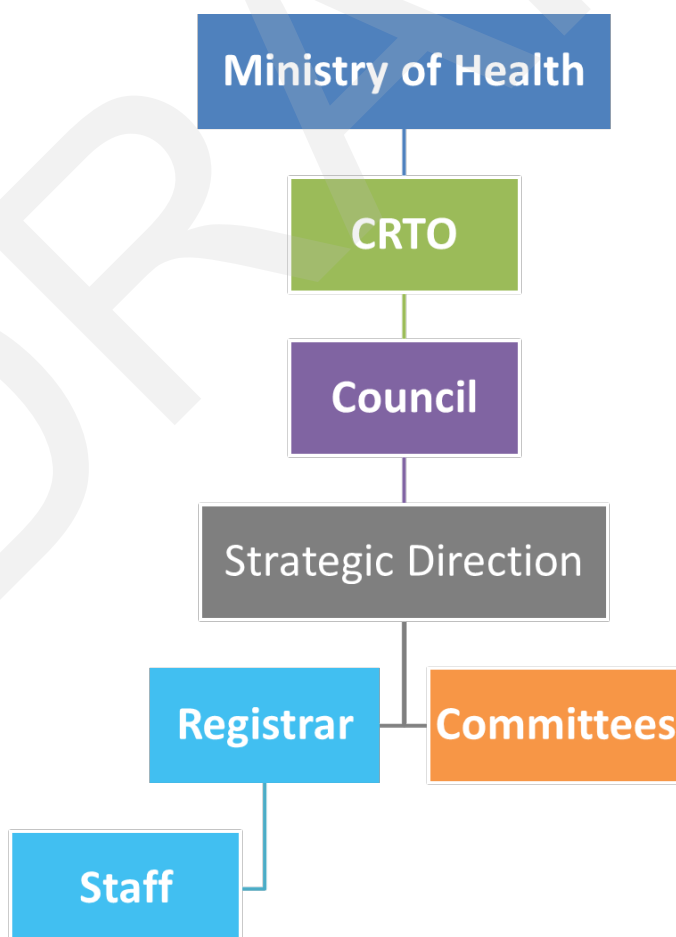
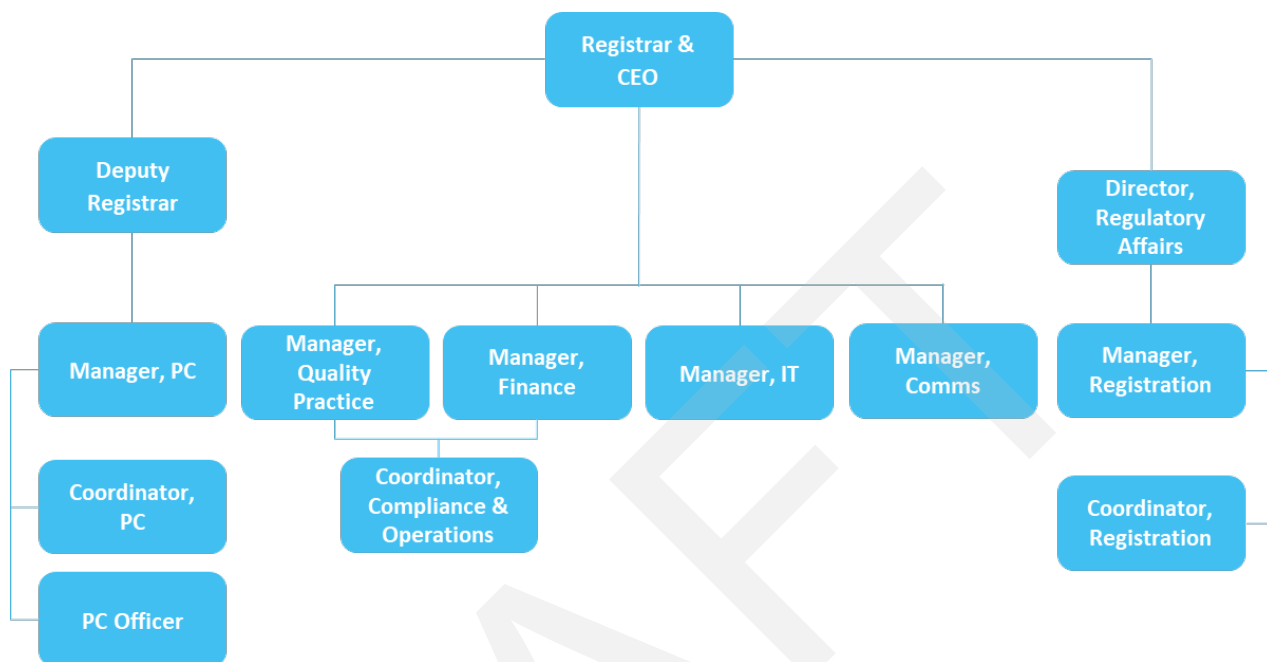


Figure 4. Organization Chart – Key Program Areas



2. Roles & Responsibilities

2.1 CRTC COUNCIL

The CRTC Council acts like a Board of Directors. The role of the Council is to oversee the regulation of the practice of Respiratory Therapy in the public interest and to set overall policy direction for the CRTC. Council is composed of nine Professional Council Members (elected by their peers) and at least five Public Council Members (appointed by the Lieutenant Governor in Council).

PRIMARY RESPONSIBILITIES

To ensure that the CRTC achieves its objectives as set out in section 3 of the Code, this includes regulating the profession and governing Members in accordance with the legislative framework, setting standards, and administering the legislation.

Collaborative Leadership

- Develop and approve the strategic direction of the CRTC
- Provide strategic leadership

Governance

- Establish policies and practices to develop and maintain good governance; this includes:
 - Annually electing the President, Vice President, and members of the Executive Committee
 - Establishing rules of order for conducting Council and committee meetings
 - Approving committees' goals and terms of reference
 - Receiving reports from committees and the Registrar
 - Promoting the education and skill development of Council and committee members to maintain and increase their knowledge of the legislative and regulatory process
 - Appointing the CRTC Registrar and receiving regular reports on their performance

Financial and Organizational Oversight

- Use the CRTC's strategic plan to direct its activities, allocate resources by setting budget priorities and approve budgets based on these priorities
- Monitor financial performance against budget
- Approve financial policies and internal controls and monitor compliance with them
- Appoint the CRTC auditor and receive the audited financial statements
- Approve the CRTC Annual Reports

Performance Management and Monitoring

- Monitor the CRTO's progress towards achieving its strategic goals
- Confirm that there are policies, programs, and controls in place such that the CRTO carries out its statutory obligations appropriately and effectively
- Confirm that the CRTO has processes in place for measuring and reporting on its performance

Risk Management (also see CRTO's [Risk Management Framework](#))

- Determine the overall approach to CRTO's risk management, ensuring that it aligns with its objectives and strategic initiatives
- Articulate the CRTO's risk appetite
- Ensure that risk management is embedded into CRTO's decision-making
- Support a culture of risk awareness focused on continued learning and improvement
- Monitor the CRTO's activities and maintain oversight of risks that can impact the CRTO's strategic objectives

Legislative and General Policy Issues

- Make and amend regulations subject to the approval of the Lieutenant Governor in Council
- Make, amend and revoke By-laws relating to the administrative and internal affairs of the CRTO
- Develop and amend standards, policies and guidelines for the profession

CHAIR

The President chairs Council meetings. The Vice-President chairs Council meetings in the President's absence.

MEETINGS

Under the By-laws, Council must hold at least four regularly scheduled meetings annually. The meetings are usually held in March, May, September and December.

Special meetings may be called by the President or any five Council members who submit a written request to the Registrar.

Council meetings are open to the public. Council may exclude the public from a meeting, or part of a meeting, as defined in the Code through an *in camera* motion [see [In Camera Policy](#)].

2.2 PRESIDENT

PRIMARY FUNCTION

The President serves as the Chair of the Council and the Executive Committee and as an Officer of the CROTO. They provide leadership and direction to the Council, ensuring that the CROTO operates in keeping with its mandate and that Council fulfills its legislative responsibilities. They play a critical role in shaping the strategic direction of the CROTO.

The President works closely with the Registrar to ensure the implementation of the Council's direction and plays a vital role in the CROTO's system partner relations.

TERMS OF OFFICE

The President serves a one-year term and is elected annually in December. These appointments may be consecutive for a maximum of nine years.

KEY RESPONSIBILITIES

Leadership and Governance

- Provide strategic leadership to Council, ensuring effective governance practices
- In conjunction with the Registrar, facilitate the development of the CROTO's strategic direction; promote the implementation and evaluation of strategic initiatives
- Ensure Council's activities align with the CROTO's mandate and strategic direction
- Assist in establishing performance measures and targets for the College when required
- Foster a positive Council culture characterized by collaboration, inclusivity, and respect
- Promote high ethical standards and integrity in all Council activities
- Maintain awareness of activities and issues facing Council, external and internal to the CROTO and act as a key spokesperson on Council matters and the CROTO
- Advise Council members on issues relating to conflicts of interest in consultation with the Registrar and legal counsel as required
- Liaise with the Registrar on governance issues (e.g., if a conflict arises between a committee member and staff support person, or to address a conduct issue regarding a Council member, etc.)
- Act as a signing authority for regulations, as well as contractual and other documents as required

Council Meetings

- In coordination with the Registrar, organize the Council meeting agendas by identifying issues, developing objectives and establishing priorities
- Oversee the planning, chairing and evaluation of all Council meetings
- Preside over Council meetings utilizing the By-laws, Rules of Order, Code of Conduct and other governance policies
- Focus discussion on public protection in all decision-making items
- Encourage active participation and facilitate effective decision-making during meetings
- Ensure meeting minutes are accurately recorded and distributed in a timely manner
- Authorize per diem allocation for Council members

Relationship with the Registrar

- Serve as the primary liaison between Council and the Registrar
- Provide guidance, support, and performance feedback to the Registrar
- On behalf of Council and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review
- Maintain open, effective and regular communication with the Registrar to address any issues affecting the organization's operations and strategic direction

Council Development

- Lead the onboarding, orientation, and development of new Council members
- Assist in mentoring and developing Council members by providing oversight and advice as required
- Ensure Council members receive ongoing education and training relevant to their roles
- Conduct regular assessments of Council's performance and effectiveness

System Partner Engagement

- As spokesperson for Council, the President, together with the Registrar, represents the CRTO in public or appoints delegates to do so
- Foster strong relationships with Members and the CRTO's system partners

2.3 VICE PRESIDENT

PRIMARY FUNCTION

The Vice President serves as the Vice Chair of the Council and the Executive Committee and as an Officer of the CRTO. They assist and collaborate with the President in their role.

TERMS OF OFFICE

The Vice President serves a one-year term and is elected annually in December. These appointments may be consecutive for a maximum of nine years.

RESPONSIBILITIES

In the absence of the President, the Vice-President shall perform the duties and exercise the powers of the President and shall perform such other duties as may, from time to time, be assigned by the Council.

2.4 COUNCIL MEMBER

Council members are either Respiratory Therapists (**Professional Council Members**) elected by their peers through district elections or members of the public (**Public Council Members**) appointed by the Lieutenant Governor in Council.

PRIMARY FUNCTION

A member of Council plays a vital role in the governance and strategic direction of the CRTC. They bring an individual perspective to collective decision making and are responsible for overseeing the organization's activities, ensuring its financial stability, and upholding its mandate of regulating the profession in the public interest.

TERMS OF OFFICE

- Professional Council Members are eligible to serve a maximum of three years in one term, for a maximum of nine consecutive years
- Public Council Members serve terms as approved by the Lieutenant Governor

KEY RESPONSIBILITIES

Governance and Oversight

- Contribute fully to the debates and decisions of Council
- Contribute to the development and implementation of the CRTC's strategic initiatives
- Ensure the organization adheres to its mandate of regulating the profession in the public interest
- Monitor and evaluate the CRTC's performance and progress towards its goals
- Maintain working knowledge of and comply with the CRTC's governing legislation, By-laws, and policies
- Develop and maintain knowledge of the regulatory framework and current issues facing the CRTC
- Be available to mentor and assist new Council members
- Participate in Council evaluations and attend performance reviews
- Support all of the decisions taken by Council and committees

Council Meetings

- Prepare for and attend Council meetings; be familiar with the meeting agendas and supporting materials
- Participate actively in Council meetings; raise issues in a respectful manner that encourages open discussion
- Focus discussion on public protection in all decision-making items

Financial Oversight

- Oversee the CRTO’s financial management and ensure financial health
- Approve the annual budget and monitor financial performance

Policy and Decision Making

- Contribute to the development and approval of CRTO’s policies
- Engage in informed and thoughtful decision-making that aligns with the CRTO’s mandate

Committee Participation

- Serve on one or more committees
- Participate actively in committee meetings and contribute to the achievement of committee goals

Fiduciary Duties

- Act honestly, objectively, in good faith, and in the best interest of the CRTO consistent with its mandate to protect the public
- Uphold the decisions made by a majority of the Council, regardless of the level of prior disagreement

Note: The expectation is to always “speak with one voice”. Once a Council decision has been made, members of the Council, no matter what their individual viewpoint may be, have a duty to uphold that decision.

- Adhere to the CRTO’s governance model

Ethical Standards and Integrity

- Uphold high ethical standards and act with integrity in all CRTO activities
- Disclose any conflicts of interest and recuse oneself from decisions where there is a potential conflict
- Understand, respect and adhere to the Rules of Order and the Code of Conduct as prescribed in the By-laws
- Redirect matters to the President as appropriate

2.5 COMMITTEE CHAIR

PRIMARY FUNCTION

The Chair provides leadership and direction to the committee to ensure it fulfills its mandate. The Chair is accountable to Council through regular reporting on committee activities. The Chair collaborates with an identified staff person to facilitate the ongoing management of the committee's work.

TERMS OF OFFICE

Each year, committee Chairs are appointed by the Executive Committee after the December Council meeting.

KEY RESPONSIBILITIES

Leadership and Governance

- Provide direction and guidance to the committee in keeping with its Council-approved Terms of Reference and any related legislative responsibilities
- In collaboration with the support staff:
 - Facilitate the development of the committee's annual action plans; promote the implementation and evaluation of committee initiatives
 - Identify policy issues for consideration by the committee
 - Prepare committee reports and recommendations for presentation to Council
- Foster a positive culture characterized by collaboration, inclusivity, and respect
- Promote high ethical standards and integrity in all committee activities
- Maintain awareness of activities and issues facing the CRTC as they relate to the work of the committee
- Advise committee members on issues relating to conflicts of interest in consultation with the Registrar
- Liaise with the Registrar on governance issues (e.g., if a conflict arises between a committee member and a staff support person)
- Select panels where required by statute or regulation
- Act as the principal spokesperson for the committee in reporting to Council at all meetings

Committee Meetings

- Ensure meeting agendas are developed in consultation with the supporting staff and in keeping with the committee's Terms of Reference and Action Plan

- Preside over all committee meetings utilizing the CRTO By-laws, Rules of Order, Code of Conduct and other governance policies
- Provide leadership, facilitate discussion and ensure that all committee members have an opportunity to ask questions and express views openly and freely
- Focus discussion on public protection in all decision-making items
- Encourage active participation and facilitate effective decision-making during meetings
- Ensure meeting minutes are accurately recorded and distributed in a timely manner
- Authorize per diem allocation for committee members

Relationship with Staff

- Serve as the primary liaison between the committee and staff

Committee Development

- Collaborate with appropriate staff to orient new committee members
- Assists in mentoring and developing committee members by providing oversight and advice as required
- Ensure committee members receive ongoing education and training relevant to their roles

2.6 COMMITTEE MEMBER

PRIMARY FUNCTION

Committee members are working participants of statutory and non-statutory committees, supporting the delivery of objectives and outcomes as determined and approved by Council.

TERM OF APPOINTMENT

Each year, committee members are appointed by the Executive Committee after the December Council meeting.

SPECIFIC RESPONSIBILITIES

- Serve on the committee to which they are appointed
- Attend required orientation(s)
- Acquire and apply a working knowledge of the statutory requirements, terms of reference, and policies related to the committee
- Review all materials sent in advance of meetings
- Be available for meetings and attend them
- Be available to mentor and assist new committee members
- Raise issues in a respectful manner that encourages open discussion
- Understand, respect, and adhere to the rules of order and the Code of Conduct
- Maintain confidentiality of matters discussed and decisions made at committees that are confidential in nature
- Disclose any conflicts of interest and recuse oneself from decisions where there is a potential conflict
- Act honestly, objectively, in good faith, and in the best interest of the CRTC, consistent with its mandate to protect the public
- Uphold the decisions made by a majority of the committee, regardless of the level of prior disagreement

Note: The expectation is to always “speak with one voice”. Once a committee decision has been made, members of the committee, no matter what their individual viewpoint may be, have a duty to uphold that decision.

- Adhere to the CRTC’s governance model

2.7 REGISTRAR

PRIMARY FUNCTION

The Registrar is the CRTC's Chief Executive Officer. They are appointed by Council and report directly to Council. The Registrar acts as a **collaborative leader** in the development and implementation of the CRTC's strategic goals and oversees the day-to-day operations of the CRTC.

SPECIFIC RESPONSIBILITIES

Strategic Direction

- In collaboration with Council, develop a strategic direction consisting of actionable and achievable objectives aligned with the CRTC's regulatory mandate
- Ensure the implementation of the vision, mission, and strategic initiatives of the CRTC and report to Council on progress

Governance

- Fulfill the CRTC's statutory responsibilities in accordance with the RHPA, the Respiratory Therapy Act, Regulations, By-laws and the policies and procedures of the CRTC
- Oversee the development and implementation of new and amended statutes, regulations, By-laws, and policies
- Provide advice and support to Council and committees, including guidance on the mandate and roles of Council and committees and development and interpretation of legislation, policies and By-laws
- Assist the President in their role to enable Council to fulfill its governance function
- Provide support to the President in preparing Council and Executive Committee agendas, background information and materials
- Collaborate with the President in identifying issues and trends relevant for Council consideration and potential action, including policy recommendations
- Act as a liaison between the Council and staff, including delegating staff to work with Council and committees and ensuring effective communication between Council, committees and staff
- Act as an ex-officio member of all committees
- Attend all Council meetings and such committee meetings as are required

Relationship Management

- Establish and maintain collaborative relationships with Council and Committee members, as well as external partners and stakeholders
- Develop and maintain relationships and strategic alliances with government and other organizations to raise awareness of the CRTO and ensure that Respiratory Therapy is included in the consultation and decision-making process related to health care issues
- Act as a representative and spokesperson for the CRTO

Organizational Effectiveness

- Responsible for day-to-day operations of the CRTO and the oversight of the CRTO core regulatory functions (Registration, Quality Assurance & Professional Conduct) and the programs that support these and other essential functions (IT & Communications)
- Oversees the administration of the CRTO and reports to Council on its administrative functions and operations
- Plan and direct the organization's activities to achieve the delivery of objectives and outcomes as determined and approved by Council, ensuring adherence to legislative requirements
- Implement processes to ensure continuous quality improvement of the organization and its activities

Management Objectives

- Ensure the human resources needs of the CRTO are met effectively, including the recruitment and evaluation, determination of the terms of employment of all other employees of the CRTO
- Effectively manage the CRTO's human and material resource capacity and facilitate staff success in their various roles
- Create a safe and efficient work environment

Fiscal Stewardship

- Oversee the financial operations of the CRTO, including keeping a full and accurate account of all CRTO financial affairs, and prepare the CRTO's annual operating budget and financial statements for ongoing review by the Executive Committee
- Recommend a yearly budget for Council approval and prudently manage the CRTO's resources within those budget guidelines according to current laws and regulations

- Provide relevant, timely and complete financial information to facilitate informed decision making by Council

Risk Management (also see CRTO's [Risk Management Framework](#))

- Identify and assess potential and emerging risks and opportunities as part of the strategic and operational planning processes
- Develop mitigation strategies and ongoing evaluation of the CRTO's effectiveness in risk management
- Work with Council to establish the CRTO's risk appetite levels
- Allocate the appropriate resources to implement and maintain the CRTO's risk-management framework and processes
- Engage staff and committees in the CRTO's risk management process and assign appropriate risk management responsibilities
- Monitor the CRTO's risk management processes and provide Council with regular updates on key risks that may impact the CRTO's ability to fulfil its mandate and strategic objectives
- Maintain the Risk Register and ensure that the CRTO's communications about risk are clear and transparent
- Establish a culture of risk awareness by setting standards for risk management and modelling risk-based decision making
- Ensure that Council and staff receive an orientation and ongoing training related to risk management and provide support in fulfilling their risk management responsibilities

3. Code of Conduct

References: By-law 2, Schedule A

The Code of Conduct applies to all Council and Committee Members of the CRTC. 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 to meet the CRTC's public protection mandate, support strong governance practices, and safeguard the integrity of the CRTC.

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 CRTC and they must:

- 1.01 Act honestly, objectively, in good faith, and in the best interest of the CRTC 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 CRTC'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 CRTC 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 CRTC'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 CRTC.
- 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 backgrounds, skills and experience of all other Council members, committee members, and staff.

- 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 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.

- 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.

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4. Conflict of Interest

References: By-law 2, Schedule A

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.

Avoiding 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 CRTC 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;
 - 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.

5. Confidentiality

All Council and committee members must agree to and abide by the terms outlined in the Confidentiality Agreement.

While the provision of, or access to, confidential information may be required to permit Council and committee members to fulfill their roles, it is expected that measures will be put in place to ensure that the material is disseminated and retained securely, this includes but is not limited to:

- the use of passwords and/or encryption when using electronic files
- Secure disposal of hard copy documents, such as cross-shredding or returning the documents to the CRTO for confidential disposal
- Committee members designating a locked or secured physical location within their residences (i.e., a filing cabinet or drawer)

Any breach of the confidentiality provisions is to be reported to the Registrar for appropriate action, including informing the person whose information was breached.

For more information, please see the Confidentiality Policy (Appendix B).

6. Council and Committee Competency Profile

The CRTC's Council and Committee Competency Profile defines the knowledge, skill, judgement, attitude, and experience (i.e., competencies) expected of College Council and Committee members. The competency profile establishes minimum requirements for a Council/Committee candidate and is supported by the [CRTC Council and Committee Orientation Module](#). Once an individual becomes a Council or Committee member, these competencies can be enhanced through orientation, continuing education and professional development.

Understanding Basic Governance Responsibilities and Fiduciary Duties

Understands the role, fiduciary duties, effective governance principles, and stewardship responsibilities of a Council/Committee

Member, including:

- Governance & fiduciary responsibilities
- Financial & organizational oversight
- Responsible decision-making
- Basic financial literacy

A. Governance and Fiduciary Responsibilities – Council and Committee members are required to have a foundational understanding of:

Competency	Indicators	Council Member	Committee Member
The structure and function of the CRTC	<ul style="list-style-type: none"> • the College's public protection mandate • professional self-regulation • the <i>RHPA</i> & other relevant legislation 	✓	✓
The structure & function of the CRTC Council & Committees	<ul style="list-style-type: none"> • the role of the Council and Committees in accomplishing the College's mandate • the distinction between the role of Council & the roles of the Registrar and CRTC staff 	✓	✓
The principles of good governance	<ul style="list-style-type: none"> • accountability and transparency • confidentiality and conflict of interest • right touch regulation • good faith, trust, preparedness and participation 	✓	✓

B. Financial and Organizational Oversight – Council and Committee members are required to have a foundational understanding of:

Competency	Indicator	Council Member	Committee Member
Financial Management	<ul style="list-style-type: none"> • basic financial literacy (e.g., reading and interpreting financial statements) • financial planning and budget development process • adequate financial controls 	✓	✓*
Risk Management	<ul style="list-style-type: none"> • risk-based regulation • identification and mitigation of organizational and regulatory risk • succession planning for senior leadership 	✓	

* depending on the Committee

C. Collaborative Leadership – Council and Committee members are required to possess skills in the following:

Competency	Indicator	Council Member	Committee Member
Professionalism	<ul style="list-style-type: none"> • respectful of diverse backgrounds, cultural frameworks, values, norms, and points of view • awareness of human rights and acknowledgement of the existence of discrimination in its various forms • self-reflective and committed to ongoing growth and improvement 	✓	✓
Communication	<ul style="list-style-type: none"> • respectful participation in discussions • active listening • effective questioning 	✓	✓
Decision-making	<ul style="list-style-type: none"> • the ability to engage in strategic thinking and to understand the obstacles and enablers of strategic change • ability to maintain objectivity 	✓	✓

7. Council Evaluation Framework

The following Council Evaluation Framework is premised on principles of good governance within the legislative landscape of the *Regulated Healthcare Professions Act* (RHPA). The evaluation process will be as follows:

1. QUARTERLY COUNCIL MEETING EVALUATION

- A. Following each Council meeting, Council members in attendance will complete an anonymous online **Council Meeting Evaluation** survey to examine the following elements:
- Council meeting materials
 - provided to Council Members in an easily accessible and timely manner
 - presented in a clear and easy-to-understand manner.
 - Council meeting outcomes
 - effective use of the allotted time
 - employed good decision-making processes that were focused on the public interest
 - the goals outlined in the meeting agenda were achieved.
 - Council meeting engagement
 - the meeting was conducted respectfully, professionally, and orderly
 - Council members were able to provide input and express viewpoints freely.
- B. Once the surveys are completed, CRTC staff will collect the results and provide a quarterly **Council Meeting Evaluation Summary** to the Executive Committee for review and discussion.
- C. An annual **Council Meeting Evaluation Summary Report** will be included in the end-of-year Council meeting package and, therefore, publicly available on the CRTC website.

2. ANNUAL COUNCIL EFFECTIVENESS EVALUATION

- A. At the end of each calendar year, all Council members will complete an anonymous online **Council Effectiveness Evaluation** survey to examine the following elements:
- Council Orientation & Ongoing Education
 - pre-nomination and onboarding orientation to the roles & responsibilities of a Council member
 - opportunities for ongoing education and input into training opportunities.

- Alignment with the CRTC's Strategic Direction and Key Priorities
 - tracking progress toward meeting the organization's strategic goals
 - ensuring that the annual budget reflects the organization's priorities.
 - Board Composition & Structure
 - composition (public and professional), diversity and size of the Council
 - structure of the Council meetings (e.g., length, meeting format, etc.)
 - the level of engagement demonstrated by the majority of the Council members.
- B.** Once the surveys are completed, CRTC staff will collect the results and provide an annual **Council Effectiveness Evaluation** to the Executive Committee for review and discussion.
- C.** A Council **Effectiveness Evaluation** will be included in the end-of-year Council meeting package and, therefore, publicly available on the CRTC website.

3. COUNCIL MEMBER SELF-EVALUATION

- A.** At the end of each calendar year, each Council member will complete an anonymous online **Council Member Self-Evaluation** survey to examine the following elements:
- Competencies
 - Knowledge of relevant information (e.g., legislation, regulations, CRTC By-Laws, policies & strategic direction)
 - Understanding governance roles and responsibilities (e.g., right-touch regulation, fiduciary duty)
 - Financial literacy
 - Understanding of risk-based regulation.
 - Engagement
 - Responses to communications from CRTC staff (e.g., meeting requests, electronic voting, etc.)
 - Attendance at Council meetings
 - Preparedness and participation in Council meetings.

Once the surveys are completed, CRTC staff will collect the results, assisting in Committee composition and identifying potential educational opportunities.

8. Appendices

Relevant Policies

As part of its mandate to regulate and govern the practice of Respiratory Therapy, the CRTC develops and maintains a set of policies, guidelines, fact sheets, and other regulatory documents. A [Policy Framework](#) has been developed to help guide the CRTC's processes for establishing and revising these documents. Several policies listed in this manual relate specifically to the work of Council and Committees, these include:

- A. Communications on Behalf of the CRTC Policy
- B. Confidentiality Policy
- C. Honoraria and Expenses Policy
- D. *In Camera* Policy
- E. Investments Policy
- F. Open Forum Policy
- G. Privacy Policy
- H. Procurement of Goods and Services Policy
- I. Registrar's Performance Review Policy
- J. Reserves Policy
- K. Signing Officers and Authorized Personnel Policy
- L. Succession Planning for Senior Leadership Policy

CRTC Committees Terms of Reference

- M. Executive Committee
- N. Discipline Committee (under review)
- O. Fitness to Practise Committee (under review)
- P. Inquiries, Complaints and Reports Committee
- Q. Patient Relations Committee
- R. Quality Assurance Committee
- S. Registration Committee
- T. Finance and Audit Committee

Other Documents

- U. Expense Form
- V. Alphabet Soup



Communications on Behalf of the CRTC

Type: Policy

Origin Date: Nov. 29, 2013

Section: CP (Internal)

Approved By Council on: Dec. 2, 2022

Document Number: 104

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTC) ensures that its communications are clear, consistent, coordinated, and effectively managed to meet the needs of the public, the CRTC Members, and other stakeholders.

2.0 PURPOSE

The purpose of this policy is to guide the CRTC's communications and to provide the CRTC Staff, Council and Committee members with the information they need to consider when communicating on behalf of the CRTC.

3.0 APPLICABILITY AND SCOPE

This policy applies to CRTC Staff, Council and Committee members.

Spokespersons

Under the CRTC By-law 1, the Registrar and President are the official designated speakers for the CRTC unless otherwise authorized.

The Registrar or President may designate others to speak in an official capacity on subjects in which they have expertise, or which fall under their responsibilities. Individuals designated to speak on behalf of the CRTC in any capacity will receive specific instructions to ensure they can carry out their responsibilities appropriately and effectively.

Staff, Council and Committee members must refrain from speaking or appearing to speak, on behalf of the CRTC, unless explicitly authorized to do so by the Registrar or the Executive Committee.

Media and Public Relations

Media inquiries must be directed to the Registrar or President. Media responses will be developed in consultation with the appropriate content experts.



Press Releases

The CRYPTO may issue press releases from time to time to provide information to the public when appropriate. Press releases will be prepared and reviewed in accordance with the CRYPTO's established practices, including review by the CRYPTO's Council and Committees, where appropriate. All press releases must be approved by and issued under the supervision of a designated spokesperson.

Public Statements of Personal Opinion

CRYPTO staff, Council and Committee members must refrain from publicly stating their personal opinion regarding the CRYPTO, and from presenting a personal opinion regarding the CRYPTO as a fact. This applies to any form of communication and includes participation on social media platforms.

Online Communications and Social Media

CRYPTO staff, Council and Committee members who engage in online communications and social media must maintain a respectful, constructive and professional tone and comply with the expectations outlined in the CRYPTO's Employee Handbook, Code of Conduct and the Privacy and Confidentiality Policies. Any person posting to a social media site on a CRYPTO-related matter must have prior authorization to do so from the Registrar.

When participating in online communications related to the CRYPTO, staff, Council, and Committee members are expected to disclose their affiliation with the CRYPTO.

CRYPTO staff, Council and Committee members who use social media for personal purposes must not share any CRYPTO information/material in a personal online space. In addition, they are expected to:

- Consider whether personal thoughts published online may reasonably be understood as expressing the positions or opinions of the CRYPTO.
- Use a disclaimer anywhere there may reasonably be uncertainty about the capacity in which they are acting, e.g., "The postings on this site are my own and do not represent the views or opinions of my employer";
- Use common sense and recognize that content posted online will likely remain online permanently;
- Recognize that inappropriate, unprofessional comments published or made in any forum or format may result in disciplinary action.

4.0 RESPONSIBILITIES

When communicating on behalf of the CRYPTO, individuals are expected to comply with the CRYPTO's Confidentiality and Privacy Policies, the CRYPTO By-laws and the Employee Handbook.



5.0 RELATED DOCUMENTS

- CRTO By-law 1 and 2
- Privacy Policy
- Confidentiality Policy
- Employee Handbook

6.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crtto.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Confidentiality

Type: Policy

Origin Date: July 21, 1994

Section: CP

Approved By Council on: September 23, 2022

Document Number: 010

Next Revision Date: September 2027

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) Council to ensure that any person employed, retained, elected or appointed to the CRTC will keep confidential all information that comes to their knowledge in the course of fulfilling their role in keeping with the requirements of section 36(1) of the *Regulated Health Professions Act, 1991* (the "RHPA").

2.0 PURPOSE

The purpose of this policy is to set out the duty of confidentiality of persons employed, retained, elected or appointed by the CRTC.

3.0 APPLICABILITY & SCOPE

This policy applies to any person employed, retained, elected or appointed to the CRTC pursuant to section 36(1) of the RHPA.

Confidential information refers to any and all materials and information a person employed, retained, elected or appointed to the CRTC may have access to in the course of fulfilling their role with the CRTC, including but not limited to the following:

- a. Information about:
 - i. applicants for registration,
 - ii. members of the CRTC ("Members"), former Members,
 - iii. Members' patients/clients,
 - iv. Persons employed or retained by the CRTC, members of Council, Committees and working groups, financial,
- b. Minutes of closed or in camera sessions of Council
- c. Any information disclosed or discussed as part of the business of the CRTC, including minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
- d. Proprietary or privileged material, information marked confidential, and information which by its nature and the context in which it is disclosed is confidential.



Information shall be considered Confidential Information regardless of what format it is provided in or obtained, including but not limited to verbally, electronically or in print media.

Confidential Information must be kept confidential forever, not just during a person's term/employment with the CRYPTO. It includes all information, not just personal information.

4.0 RESPONSIBILITIES

All individuals employed, retained, elected or appointed to the CRYPTO will agree to and abide by the terms outlined in the Confidentiality Agreement (appended).

While the provision of, or access to, confidential information may be required in order to permit individuals employed, retained, elected or appointed to the CRYPTO to fulfill their roles, it is expected that measures will be put in place to ensure that the material is disseminated and retained securely, this includes but is not limited to:

- the use of passwords and/or encryption when using electronic files.
- Secure disposal of hard copy documents such as cross-shredding or returning the documents to the CRYPTO for confidential disposal.
- Committee members designating a locked or secured physical location within their residences (i.e., a filing cabinet or drawer).

Any breach of the confidentiality provisions is to be reported to the Registrar for appropriate action including informing the person whose information was breached.

5.0 AUTHORITY

Sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*
CRYPTO By-Law 2
Employee Handbook

6.0 CONSEQUENCES FOR NON-COMPLIANCE

In accordance with sections 40(2) and (3) of the RHPA, a breach of the duty of confidentiality by an individual is an offence punishable by a fine of up to \$25,000 on a first offence and up to \$50,000 on a subsequent offence.

A breach of confidentiality can be grounds for termination from employment for cause at the CRYPTO, pursuant to the CRYPTO's employment policies. A breach can result in the removal from the Council and/or a Committee in accordance with the CRYPTO By-Laws.

7.0 RELATED DOCUMENTS

Privacy Policy



8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crto.on.ca



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

CONFIDENTIALITY AGREEMENT

In consideration of permissions granted to me as an employee, service provider, agent or participant in the Council and/or Committees of the College of Respiratory Therapists of Ontario, I have read and I understand the Confidentiality Policy, and I agree as follows:

1. I will abide by sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*, as amended (attached as "Schedule A" to this agreement).
2. I will maintain as confidential any and all materials and information I obtain in connection with my work at the CRTO including **but not limited to** the following which shall collectively be considered "Confidential Information" and germane to the CRTO:
 - a) minutes of closed or *in camera* sessions of Council;
 - b) any information disclosed or discussed as part of the business of the CRTO, including:
 - i. minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
 - ii. any information disclosed or discussed about Members, their employers, or patients/clients of Members;
 - c) personnel information such as performance appraisals, salaries, and other personal information; and
 - d) home addresses and telephone number of Council and non-Council/Committee members.
3. The foregoing information shall be considered Confidential Information no matter what format it is provided to or obtained by me including but not limited to verbally, electronically or in print media.
4. I will only retain Confidential Information disclosed to me for the purposes of fulfilling my role on Council, Committees, working groups or task forces and will erase or destroy it immediately following the conclusion of the task requiring the information.
5. I will use Confidential Information only in connection with my work at the CRTO. I will not disclose, distribute or publish Confidential Information to any party in any manner whatsoever;
6. I specifically acknowledge that I will not publish or authorize anyone else to publish Confidential Information in any Web posting, article, newsletter, press report and release, publication, or any other communication.
7. I will not use any audio or video recording or photographic device in any manner during Council, Committee, working group, task force, or staff meetings to record or to copy any Confidential Information. I will not remove any materials obtained by me or take any other action to circumvent the purpose and intent of this Agreement.
8. I understand that a breach of this Agreement and the Confidentiality Policy may result in disciplinary action, up to and including termination of employment for cause, or being barred from participation on the Council, or Committees as may be applicable in accordance with CRTO By-Laws and policies. I further understand that breach of the duty of confidentiality is punishable by a fine of up to \$25,000 on a first offence and up to \$50,000 on a subsequent offence as set out in the *Regulated Health Professions Act, 1991*. In the event that I disclose or attempt to disclose any such Confidential Information received in the course of my employment and/or term with the College of Respiratory Therapists of Ontario (as applicable), I acknowledge and agree that the CRTO shall be entitled to enforce its legal rights to prevent the disclosure of the Confidential Information by injunction or otherwise, and may bring such further action against me as it considers advisable.

Dated this ____ day of _____, 20__.

Printed Name

Witness Name

Signature

Witness Signature

SCHEDULE A

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Collection of personal information by College

36.1 (1) At the request of the Minister, a College shall collect information directly from members of the College as is reasonably necessary for the purpose of health human resources planning or research. 2017, c. 11, Sched. 5, s. 3 (1).

Unique identifiers

(2) A unique identifier shall be assigned by the Minister or a person designated by the Minister for each member of a College from whom information is collected under subsection (1). 2009, c. 26, s. 24 (7).

Form and manner

(2.1) The unique identifier shall be in the form and manner specified by the Minister. 2009, c. 26, s. 24 (7).

Members to provide information

(3) A member of a College who receives a request for information for the purpose of subsection (1) shall provide the information to the College within the time period and in the form and manner specified by the College. 2007, c. 10, Sched. M, s. 8.

Disclosure to Minister

(4) A College shall disclose the information collected under subsection (1) to the Minister within the time period and in the form and manner specified by the Minister. 2007, c. 10, Sched. M, s. 8.

Use, collection, disclosure and publication

(5) The following applies to information collected under subsection (1):

1. The information may only be used for the purposes set out under subsection (1).
2. The Minister shall not collect personal information if other information will serve the purposes set out under subsection (1).
3. The Minister shall not collect more personal information than is necessary for the purposes set out under subsection (1).
4. The Minister may disclose the information only for the purposes set out in subsection (1).

5. Reports and other documents using information collected under this section may be published for the purposes set out under subsection (1), and for those purposes only, but personal information about a member of a College shall not be included in those reports or documents. 2017, c. 11, Sched. 5, s. 3 (2).

(6) REPEALED: 2017, c. 11, Sched. 5, s. 3 (2).

Notice required by s. 39 (2) of FIPPA

(7) If the Minister requires a College to collect personal information from its members under subsection (1), the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

- (a) a public notice posted on the Ministry's website; or
- (b) any other public method that may be prescribed. 2007, c. 10, Sched. M, s. 8.

Same

(8) If the Minister publishes a notice referred to under subsection (7), the Minister shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days of receiving the advice from the Minister. 2007, c. 10, Sched. M, s. 8.

Definitions

(9) In this section,

"health human resources planning" means ensuring the sufficiency and appropriate distribution of health providers; ("planification des ressources humaines en santé")

"information" includes personal information about members, but does not include personal health information; ("renseignements")

"Ministry" means the Ministry of Health and Long-Term Care; ("ministère")

"research" means the study of data and information in respect of health human resources planning. ("recherche") 2007, c. 10, Sched. M, s. 8; 2017, c. 11, Sched. 5, s. 3 (3, 4).

Electronic health record

36.2 (1) The Minister may make regulations,

- (a) requiring one or more Colleges to collect from their members information relating to their members that is specified in those regulations and that is, in the Minister's opinion, necessary for the purpose of developing or maintaining the electronic health record under Part V.1 of the *Personal Health Information Protection Act, 2004*, including ensuring that members are accurately identified for purposes of the electronic health record;
- (b) requiring the College or Colleges to provide the information to the prescribed organization in the form, manner and timeframe specified by the prescribed organization;
- (c) respecting the notice mentioned in subsection (4). 2016, c. 6, Sched. 1, s. 4.

Members to provide information

(2) Where the Minister has made a regulation under subsection (1), and a College has requested information from a member in compliance with the regulation, the member shall comply with the College's request. 2016, c. 6, Sched. 1, s. 4.

Use and disclosure by prescribed organization

(3) Despite a regulation made under subsection (1), the prescribed organization,

- (a) may only collect, use or disclose information under this section for the purpose provided for in subsection (1);
- (b) shall not use or disclose personal information collected under this section if other information will serve the purpose; and
- (c) shall not use or disclose more personal information collected under this section than is necessary for the purpose. 2016, c. 6, Sched. 1, s. 4.

Notice required by s. 39 (2) of FIPPA

(4) Where the Minister has made a regulation under subsection (1), and a College is required to collect personal information from its members, the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

- (a) a public notice posted on the prescribed organization's website; or

- (b) any other public method that may be prescribed in regulations made by the Minister under subsection (1).
2016, c. 6, Sched. 1, s. 4.

Same

(5) If the prescribed organization publishes a notice referred to under subsection (4), the prescribed organization shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days. 2016, c. 6, Sched. 1, s. 4.

Definitions

(6) In this section,

“information” includes personal information, but does not include personal health information; (“renseignements”)

“prescribed organization” has the same meaning as in section 2 of the *Personal Health Information Protection Act, 2004*. (“organisation prescrite”) 2016, c. 6, Sched. 1, s. 4; 2017, c. 11, Sched. 5, s. 4.

Offences

40 (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Honoraria and Reimbursement of Expenses

Type: Policy

Origin Date: Sept. 22, 2006

Section: CP

Approved By Council on: March 1, 2024¹

Document Number: 131

Next Revision Date: March. 2029

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) to compensate and/or reimburse volunteers for the time and expenses they commit to participating in CRTC-sanctioned activities, which enables the CRTC 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 CRTC, including, but not limited to, Professional Council and Committee Members, Public Committee Appointees, Members of the profession who act in the capacity of Assessors [e.g., PORTfolio Peer Assessors Internationally Educated Health Professional (IEHP) Assessors, etc.], as well as other Members of the profession who assist the CRTC with ad hoc working groups, focus groups, etc., are compensated and/or reimbursed by the CRTC 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 CRTC 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.

¹ Updated on June 17, 2024



4.0 GUIDING PRINCIPLES

1. It is the intent of the CRTC 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.

2. Given the parameter outlined above, the CRTC 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.
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 CRTC-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) 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



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) 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) 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. The total allotted amount is intended to include gratuity.
- 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) Remuneration

- I. Professional Council and Committee Members and Public Committee Appointees must submit per diem and expense 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

College of Respiratory Therapists of Ontario

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Council Meetings *In Camera*

Type: Policy

Origin Date: August 28, 1998

Section: CP

Approved By Council on: September 13, 2024

Document Number: 170

Next Revision Date: September 2029

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTC) is committed to open and transparent decision-making processes. All Council meetings are open to the public. The Council may decide to exclude the public from the meeting, i.e., move *in camera*, only when its discussions include subject matters as set out in subsection [7\(2\) of the Health Professions Procedural Code](#) (the Code) and only when the need for confidentiality for legal purposes or privacy considerations outweigh the benefits of transparency.

2.0 PURPOSE

The purpose of this policy is to establish guidelines for conducting *in camera* sessions during Council meetings, ensuring confidentiality, transparency, and effective governance.

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to Council meetings or portions of meetings that are held *in camera*, i.e., when Council decides to exclude the public from the meeting.

Agenda and Topics

A decision to close the meeting to the public must relate to a specific agenda item¹.

If the *in camera* session is pre-scheduled, the Council meeting agenda will indicate that a portion of the meeting will be closed to the public, along with the relevant legislative grounds for doing so (e.g., to discuss financial matters). In addition to the pre-scheduled *in camera* sessions, Council may, by motion, add an *in camera* session to a meeting agenda where the item to be discussed is permitted by subsection 7(2) of the Code and relates to a specific agenda item. The process for closing a Council meeting to discuss an item *in camera* is outlined in Appendix A.

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.

¹ Note: A general “in camera discussion” is not an acceptable agenda item on its own.



Attendance

In camera sessions will include Council members and the Registrar (unless the meeting is to discuss the Registrar's performance review or other issues related to the Registrar).

Council may decide to invite guests, such as legal counsel, senior staff, or other advisors, to the *in camera* session.

Non-Council members must leave the meeting before an *in camera* session begins.

Confidentiality

All discussions and materials presented during *in camera* sessions are strictly confidential. Council members and invited attendees are prohibited from disclosing any information discussed or distributed during *in camera* sessions to anyone outside the session unless authorized by the Council.

Documentation related to the *in camera* session, including *in camera* minutes, is confidential and will not be posted with the public Council meeting materials.

Minutes and Documentation

Public Council Minutes

The minutes of any Council meeting that included an *in camera* session must reflect that the session took place. The legislative grounds for going *in camera* must be noted in the meeting minutes.

***In Camera* Minutes**

Minutes of *in camera* sessions must be recorded separately from the regular Council meeting minutes. During *in camera* meetings, the Chair will appoint an individual to record the minutes and provide directions on what should be recorded. In general, the minutes should capture the essence of the discussion and any decisions made without including detailed confidential information.

The draft *in camera* session minutes will be presented for approval to Council members who participated in the session. After the minutes are approved, they will be kept confidential and separately from the regular Council meeting materials, along with any materials considered during the *in camera* meeting. Requests for access to the minutes must be made to the President and/or Vice President.

Reporting and Decisions:

Decisions made during *in camera* sessions may be reported in the open session of the Council meeting only if authorized by the Council.

4.0 AUTHORITY & MONITORING

Under subsection 7(2) of the Code¹, Council may exclude the public from a meeting or part of a meeting where:



- (a) matters involving public security may be disclosed;
- (b) financial or personal, or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- (d) personnel matters or property acquisitions will be discussed;
- (e) instructions will be given to or opinions received from the solicitors for the College; or
- (f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3²).

5.0 RELATED DOCUMENTS

The *Regulated Health Professions Act*, 1991

The CRTO By-law no. 2

6.0 APPENDICES

Appendix A – *In camera* process (closing a Council meeting to discuss an item *in camera* and storing *in camera* minutes)

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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² Health Professions Procedural Code, s.7 (3) In situations in which the Council may exclude the public from meetings, it may make orders it considers necessary to prevent the public disclosure of matters disclosed in the meeting, including banning publication or broadcasting of those matters.



Appendix A - In Camera Process

The process for closing a Council meeting to discuss an item *in camera*:

1. The *in camera* discussion topic must first be added to the Council meeting agenda.
2. The Chair announces the agenda topic.
3. A Council member makes a motion to have the discussion *in camera*, and another Council member seconds the motion. The mover should state the legislative grounds for going *in camera* (e.g., discussing financial or personnel matters).
4. If the motion to go *in camera* is approved, the Chair asks the public to leave the meeting and provides an estimate for when the meeting will be open to the public again.
5. The Chair appoints someone to record the minutes and gives directions on what should be recorded. The minutes will be approved at the end of the *in camera* session and will be stored pursuant to College policy and the procedure outlined below.
6. At the end of the private session, the Council will decide what, if anything, will be shared publicly once the meeting is open to the public again.
7. A motion will be made to end the *in camera* session.
8. If the motion to end the private session is approved, the Chair, or their designate, will invite the public to return.
9. The publicly available meeting minutes will record the motion to go *in camera* (including the relevant legislative grounds) and the motion to end the private session. The minutes will report the decisions made during the *in camera* session only if authorized by Council.

The process for storing *in camera* minutes:

Upon approval, the *in camera* minutes will be securely stored (i.e., password protected) on the CRTO's computer network, with access limited to the Registrar and the Chair of Council.

If the *in camera* minutes relate to the Registrar's performance, only the Chair and designated staff (other than the Registrar) will have access to the *in camera* minutes.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Investments

Type: Policy

Origin Date: June 15, 2007

Section: CP

Approved By Council on: September 13, 2024

Document Number: CP-130

Next Revision Date: September 2029

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) to retain adequate funds to enable the continued stability of all essential Certo operations. Therefore, the Certo will invest its funds to ensure the organization's long-term sustainability according to the Certo's By-Laws.

The Certo is dedicated to responsible investment approach that prioritizes ethical considerations alongside financial performance. Our commitment to ethical investing is grounded in the belief that our investment decisions should reflect our mandate of public protection and contribute positively to society.

2.0 PURPOSE

This policy outlines the Council of the Certo's ("Council's") expectations and risk boundaries regarding the management and outcomes of the Certo's investments.

3.0 APPLICABILITY

Council of College of Respiratory Therapists of Ontario

The Council has the ultimate responsibility for the Certo's investment portfolio. The Council is responsible for ensuring the appropriate policies governing the management of the portfolio are in place and implemented. The Council approves the investment policy and delegates responsibility to the Finance and Audit Committee (FAC) for ongoing monitoring.

Finance and Audit Committee

FAC is responsible for overseeing the investment policy. FAC is responsible for recommending investment strategies; recommending investment managers, and monitoring portfolio performance on a regular basis (quarterly at a minimum) to ensure compliance with the investment policy. FAC is authorized to delegate certain functions and responsibilities to professional investment experts. These may include, but are not limited to:



1. Investment Management Consultant

An investment consultant is responsible for assisting FAC in all aspects of managing and overseeing the CRTO's investment portfolio. Consultants should provide asset allocation advice, help with manager selection, provide portfolio-level performance reports, review current managers, monitor the overall health of the portfolio, and provide FAC with education regarding investments.

2. Investment Manager(s)

The duty of the investment manager is to implement the strategy for which they are retained. It is the responsibility of FAC to ensure the investment manager remain in compliance with the investment policy.

3. Custodian

A custodian is a financial institution responsible for safeguarding the assets of the portfolio. The custodian is responsible for the settlement of securities bought and sold, collecting dividends and interest payments from the securities in the portfolio. The custodian provides monthly and annual accounting reports.

4. Outsourced provider (optional)

An outsourced provider assumes fiduciary responsibility and performs all the duties of the investment manager(s), consultants, and custodian.

5. Other (optional)

Additional specialists or consultants such as attorneys, auditors, and actuaries may be employed by FAC to assist in meeting its responsibilities and obligations to effectively administer the CRTO's assets in a prudent manner.

4.0 RESPONSIBILITIES

Council of College of Respiratory Therapists of Ontario

The Council is responsible for overseeing the CRTO's investment assets. Council delegates the ongoing oversight of these investment assets to the FAC. In addition, Council authorizes the CRTO's Registrar & CEO (or designate) to administer the investments in accordance with this policy, its corresponding procedures, and the CRTO's By-Laws.

Finance and Audit Committee

FAC is responsible for overseeing the investment policy. FAC is responsible for recommending investment strategies; recommending investment managers, and monitoring portfolio performance on a regular basis (quarterly at a minimum) to ensure compliance with the investment policy.



In making decisions regarding investment assets, Council and FAC will consider relevant criteria, including but not limited to the:

- preservation of capital
- maintain reasonable liquidity
- achieve a reasonable rate of return
- general economic conditions
- possible effects of inflation and deflation on the investment(s)

Registrar & CEO

Council authorizes the Registrar & CEO with the administration of investment assets.

Investment Manager(s)

The investment managers are responsible for implementing the investment guidelines as directed by the CRTO Council and the FAC. The current investment policy guidelines are as follows:

Allocation of Funds:

Asset Class	Minimum	Target	Maximum
Cash, cash equivalents & short-term investments	0%	5%	50%
Fixed income investments	20%	45%	70%
Equities	30%	50%	80%

Permissible Asset Categories:

- **Cash, cash equivalents & short-term investments:** cash, demand deposits, treasury bills, short-term notes, bonds, bankers' acceptances and government papers, term deposits, guaranteed investment certificates or other financial instruments issued by chartered banks, insurance companies, trust companies or savings banks, commercial paper, strip coupons and strip bonds, floating rate securities (adjusted at least twice a year). The maturity for short-term investments at the date of acquisition must not exceed twelve (12) months.
- **Fixed income investments:** Bonds (non-convertible), deposit notes, strip coupons and bond residuals issued or guaranteed by the Government of Canada or a province, or backed by one of these, Canadian corporate debentures or bonds, preferred shares, term deposits, and guaranteed investment certificates.
- **Equities:** publicly traded common stocks, subscription rights and warrants, index participation units, securities convertible into common stock, instalment receipts.



Permissible Minimum Quality Standard of Investments:

- R-1 (low), A (low) or equivalent for cash, cash equivalents & short-term investments;
- BBB (high) or equivalent for other fixed income securities, with the exception of up to a maximum of 10% of portfolio rated BBB or BBB (low);
- Pfd-2 (low) or equivalent for individual preferred shares; and
- Should a security fall below these standards, then it should be removed from the portfolio within 45 days of the downgrade.

For purposes of the Investments Policy, the following rating agencies are considered to be recognized bond rating agencies:

- 1) Dominion Bond Rating Services;
- 2) Standard and Poor's; and
- 3) Moody's Investor Services.

5.0 AUTHORITY & MONITORING

The FAC will review the CRTO's financial statements and investment portfolio quarterly and make recommendations to Council regarding the CRTO's investments.

6.0 RELATED DOCUMENTS

Investments Procedure

Reserves Policy

Reserves Procedure

CRTO By-Laws

7.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

FAC – Finance and Audit Committee

8.0 CONTACT INFORMATION

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Council Meetings Open Forum

Type: Policy

Origin Date: February 26, 1999

Section: CP

Approved By Council on: September 23, 2022

Document Number: 134

Next Revision Date: September 2027

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (Certo) is committed to transparent processes and communications with its stakeholders. It is the policy of the Council of the Certo to provide an opportunity for observers attending Council meetings to participate in an Open Forum following each Council meeting.

2.0 PURPOSE

The Open Forums provide a platform for observers attending Council meetings to address Council directly. The purpose of this policy is to ensure that the observers have an understanding of the process and expectations when participating in the Open Forums.

3.0 APPLICABILITY & SCOPE OF POLICY

- In accordance with the *Regulated Health Professions Act, 1991* (RHPA), Council meetings are open to the public; however, there is no opportunity during the meeting for questions or comments from the observers attending the meetings. This policy applies to the Council meeting Open Forums scheduled after regular Council meetings.
- To facilitate information sharing, individuals wishing to address Council during the Open Forum are encouraged to submit questions at least two weeks prior to the Council meeting. In the absence of pre-submitted questions, Council may reserve answers during the Open Forum pending research of the issue.
- The Open Forum is not intended to be a debate or to address issues that should be dealt with in another manner, for example, by a panel or a committee.
- Minutes will not be kept for the Open Forum, nor will it be recorded.
- The Open Forum will end by 30 minutes after the scheduled end of the Council meeting or be limited to 30 minutes (whichever occurs first). The Chair, at their discretion, may extend or decrease the time for the Open Forum. Individuals unable to address Council due to a shortage of time will be invited to participate in the next Open Forum.



- In order to provide for a timely and orderly process during the Open Forum, one person at a time will be invited to address Council. Groups will be represented by one person only. Each individual will be allotted a maximum of 5 minutes.
- During the Open Forum, the Chair may also invite other individuals to speak.
- At the discretion of the Chair, issues requiring action may be referred to the Registrar, a committee or to Council for consideration at a future meeting.

4.0 CODE OF CONDUCT

- Individuals who wish to partake in the Open Forum will be asked to identify themselves to the Chair.
- All questions, comments or concerns will be addressed to the Chair. The Chair will determine whether the question is appropriate or if it should be dealt with in another format.
- Observers are expected to refrain from behaviour that may reasonably be perceived as discriminatory, disruptive or hostile.
- Recording of the Open Forums is prohibited.

5.0 RESPONSIBILITIES

The President or their designate will serve as Chair of the Open Forum.

6.0 RELATED DOCUMENTS

The *Regulated Health Professions Act*, 1991
The CRTO By-law no. 2

7.0 CONTACT INFORMATION

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Privacy Policy

Type: Policy

Origin Date: Feb. 4, 2009

Section: CP

Approved By Council on: Dec. 2, 2022

Document Number: CP - 200

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

While performing its regulatory functions the College of Respiratory Therapists of Ontario (CRTC) may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, CRTC employees, its Council and Committees, and members of the public. The personal information being collected is critical to the CRTC's ability to effectively regulate the profession in the public interest.

2.0 POLICY STATEMENT

The CRTC is committed to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The CRTC fulfils its commitment to protecting personal information by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and by voluntarily adopting the privacy provisions outlined under this Policy.

3.0 PURPOSE

The purpose of this policy is to establish a mechanism through which the CRTC can provide appropriate privacy rights to individuals involved in its regulatory functions and operational activities while still enabling the CRTC to meet its statutory mandate under the RHPA and the *Respiratory Therapy Act, 1991* (collectively referred to in this document as "the Legislation").

4.0 APPLICABILITY AND SCOPE

The Privacy Policy applies to any personal information that may be collected, used and disclosed by the CRTC in the course of carrying out its regulatory activities. This may include information about applicants for registration, Members of the CRTC, their patients/clients, CRTC employees, persons elected or appointed to serve on the CRTC Council and Committees, and members of the public.

The Privacy Policy is not intended for use by Members of the CRTC in connection with their obligations under the *Personal Information Protection and Electronic Documents Act (PIPEDA)* or the *Personal Health Information Protection Act (PHIPA)*.



5.0 RESPONSIBILITIES

The Registrar is responsible for making sure the CROTO follows this Privacy Policy and any related procedures. The CROTO's Privacy Officer oversees the organization's information-handling practices in compliance with the Privacy Policy.

Individuals who are employed, retained or appointed by the CROTO, as well as every member of the CROTO Council or Committee are required by section 36 of the RHPA to preserve secrecy with respect to all information that comes to their knowledge in the course of their duties.

6.0 COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

The purpose for which the CROTO collects, uses, and discloses personal information is to perform its regulatory functions and to meet its statutory obligations. This includes, but is not limited to:

- Processing applications for registration and reinstatement
- Maintaining the Public Register of Members
- Investigating complaints regarding the conduct or actions of Members of the CROTO
- Assessing whether a Member continues to meet the standards of the profession
- Administering the Quality Assurance Program
- Compiling aggregate statistics and data analytics for reporting purposes
- Carrying out CROTO's operations, and meeting auditing, legal and regulatory requirements.

Personal information may be collected in several ways, for example, when a person submits an application for registration, or when a member of the public submits a complaint about a Member of the CROTO. The CROTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

Under the Legislation, the CROTO must keep all personal information that comes to its knowledge confidential and is not permitted to disclose this information to any other person unless the information is public and/or the CROTO is required or permitted by law to share the information.

The CROTO will retain personal information for as long as necessary to fulfill its legal or business purposes and in accordance with an established record retention schedule.

6.1 Information Sharing Requests

The CROTO may assist an individual or organization with a data sharing request (for example, for a research study) if it is determined that:

- The request aligns with the CROTO's public interest mandate
- The data will not be used for commercial purposes



- The information is available, and it is feasible for the CRYPTO to provide the information (e.g., the CRYPTO has the resources to provide the data); and
- There is no significant risk associated with providing the data.

All data sharing requests must be submitted in writing to the CRYPTO using Data Request Form (Appendix 1).

7.0 CONSENT

The CRYPTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, as described in section 6.0 above. In some instances, the CRYPTO may collect, use, or disclose information without consent, for example, in the course of a Professional Conduct investigation or as part of the Quality Assurance Program. In such cases, personal information will only be collected, used and disclosed without the knowledge and consent of the individual when it is permitted or required by law.

8.0 ACCURACY

It is in the best interest of the public that the CRYPTO collect, use and disclose only accurate personal information in regulating the profession. The CRYPTO therefore will make every effort to ensure that the personal information it holds is accurate, complete and up to date. If there is a reason to believe information is inaccurate, the CRYPTO will take reasonable steps to verify the accuracy of the information.

9.0 PRIVACY SAFEGUARDS

The CRYPTO will take reasonable steps to ensure that the personal information it collects, and uses is protected against theft, loss or misuse. The safeguards will vary based on the degree of sensitivity of the information; however, in general the CRYPTO security measures include:

- Restricting access to personal information to authorized personnel
- Providing and accessing information on a “needs to know” basis only
- Ensuring that personal information is stored in a secure manner. For example, physical files are under lock and key and access to electronic files is restricted
- Providing an orientation and ongoing training to CRYPTO employees, Council and Non-Council Committee members and consultants regarding the CRYPTO’s privacy requirements and their confidentiality obligations
- Ensuring that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion
- Conducting regular reviews of internal procedures to protect personal information.

10.0 CRYPTO WEBSITE PRIVACY

The CRYPTO is committed to protecting the personal privacy of individuals who access the CRYPTO’s website. The following outlines the information that may be collected from individuals accessing the CRYPTO website:



- **Personal Information**

The CRTO does not use the website to gather any personal information, such as names, phone numbers, email addresses, etc. unless it is necessary for the purpose of regulating the profession in the public interest. This includes collecting personal information through online forms used to address Members' and the public's needs.

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website [e.g., submission of an online request or a form using encryption such as Secure Socket Layer (SSL) protocol when transmitting personal information].

- **Internet Protocol (IP)**

The CRTO tracks the Internet Protocol (IP) addresses of users who access its website. The information is strictly used for statistical purposes and to observe user traffic through various website areas. Information gathered from logging IP addresses may include the type of browser used, date and time of visit, and pages/documents viewed. No information can be obtained from IP logging that could identify individual users.

- **Cookies**

The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.

External Links and Social Media

The CRTO strives to use external links to reputable organizations that provide information that is relevant to CRTO Members and members of the public. The CRTO does not accept any responsibility for the third party's privacy practices. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy, and the CRTO's privacy policy does not apply to other organizations.

The CRTO uses certain social media sites such as Twitter™, Facebook™ and LinkedIn™ to communicate with its Members and the public. Users who choose to interact with the CRTO via social media are advised to read the terms of services and privacy policies of the relevant platforms.

11.0 ACCESS TO PERSONAL INFORMATION

Individuals can make a written request for access to their personal information held by the CRTO. Requests for access must be submitted in writing to the Privacy Officer using the Request for Access to Personal Information Form (Appendix 2).

The CRTO shall allow access to an individual's information unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation, or it is impracticable or impossible for the CRTO to retrieve the information.



The CRTO will make every effort to respond to the request for access to personal information within thirty days. In the event the CRTO refuses to provide access to all of the personal information it holds, then the CRTO will provide reasons for denying access.

In cases where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the CRTO.

12.0 AUTHORITY & MONITORING

The CRTO collects, uses and discloses personal information under the general authority of the RHPA, the *Respiratory Therapy Act*, 1991 the regulations under the Act and the CRTO By-laws.

The CRTO is not engaged in commercial activities, and as such, its collection, use and disclosure of personal information is not covered by the *Personal Information Protection and Electronic Documents Act* (PIPEDA), which identifies regulatory Colleges like the CRTO as an “Investigative Body.” This has the effect of allowing an organization or person to disclose personal information to the CRTO without the consent of the individual to whom the information relates, in order to initiate or facilitate an investigation and allows an investigative body to disclose personal information to another organization.

13.0 CHALLENGING COMPLIANCE

Complaints or questions regarding the CRTO's compliance with the Privacy Policy should be directed to the Privacy Officer. The CRTO has a formal privacy complaints procedure in place for managing any privacy-related concerns to ensure that they are responded to in a timely and effective manner. The Privacy Officer oversees the complaints, investigation and corrective actions for all privacy breach situations.

14.0 CONSEQUENCES FOR NON-COMPLIANCE

Individuals who breach the provisions under 36 of the RHPA face fines of up to \$25,000 for a first-time offence and up to \$50,000 for a second or subsequent offence. In addition, personal information handled by the CRTO is subject to the provisions of this Privacy Policy.

15.0 RELATED DOCUMENTS

- Confidentiality Policy
- Privacy Procedure
- *Regulated Health Professions Act, 1991*
- *Health Professions Procedural Code*
- *Respiratory Therapy Act, 1991*



16.0 DEFINITIONS

Legislation - the CRTO operates under the *Regulated Health Professions Act, 1991* (RHPA) and the Respiratory Therapy Act, 1991. The Health Professions Procedural Code, Schedule 2 to the RHPA, sets out the CRTO's regulatory functions (objects). The RHPA and the Respiratory Therapy Act, are collectively referred to in this document as "the Legislation."

Member means a Member of the CRTO.

Organization includes an individual, a corporation, an association, a partnership, and a trade union.

Patient/client is deemed to include an individual to whom an applicant or Member of the CRTO has purported to provide professional services.

Personal information means any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history as well as any sensitive information such as financial or health data.

Privacy Officer is a CRTO staff member, designated by the Registrar, accountable for compliance with the CRTO Privacy Policy and Procedure and whose specific responsibilities are outlined in the CRTO Privacy Policy Procedure; "Role of the Privacy Officer".

Public information under the Code and the CRTO By-laws, the CRTO must provide certain information on the Public Register. Public information includes, but is not limited to registration information, such as name, class of registration and any terms, conditions, or limitations that have been imposed on a certificate of registration, employment address, allegations of professional misconduct or incompetence that have been referred to the Discipline Committee, and results of discipline or incapacity proceedings.

17.0 APPENDICES

- Appendix 1 – Data Request Form
- Appendix 2 - Request for Access to Personal Information

18.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
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Appendix 1

DATA Request Form

Occasionally, researchers and/or third-party organizations contact the College of Respiratory Therapists of Ontario (CRTO) with requests for information about its Members. While the CRTO aims to be helpful in responding to data requests, it must ensure that the request aligns with the CRTO's public interest mandate and that any provision of information complies with its Privacy Policy.

All information requests for the purpose of third party studies/surveys must be submitted in writing using this Data Request Form. All data requests must be approved by the Registrar.

1. INSTRUCTIONS

- Please complete all applicable sections of this form
- Return the form by e-mail to officeofregistrar@crtto.on.ca
- If your request is approved, we will e-mail you a data sharing agreement. To finalize your request, you will need to return the completed agreement form to our office.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ORGANIZATION

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Name of your project:

What is the purpose of the project?

What information regarding RTs registered with the CRTO do you want us to provide? List all the data elements needed (e.g., practice postal code, main area of practice, etc.)



Data type (e.g., aggregate or de-identified record-level data):

Preferred Format (specify the preferred format of the completed data e.g., Excel, CSV).

How do you intend to use the data?

Who will have access to the data?

List all the persons who will have access to the data (e.g., research assistants), their names, position titles, organizations and email addresses.

Other comments:



SIGNATURE _____

DATE _____

NOTE

When reviewing data requests, the CRTO will consider factors such as:

- Purpose of the request
- Whether the request aligns with the CRTO public interest mandate
- Whether or not the information is available, and if so, how resource-intensive will it be to produce the data
- Any possible risks in sharing the data.

The CRTO collects its data during application and registration renewal. This information is self-reported by members and will be provided "As Is" without verification of the data.



Appendix 2

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Individuals may make a written request for access to their personal information held by the CRTO. For more information, please see the Privacy Policy. All requests must be submitted in writing using this Request Form.

1. NOTES & INSTRUCTIONS

- Please complete all applicable sections of this form
- Attach a copy of two pieces of valid government-issued identification which include your date of birth and signature (e.g., driver's license, card, passport or citizenship or permanent resident card).
- Return the form by e-mail to officeofregistrar@crtto.on.ca or by mail to:
CRTO, Privacy Officer
90 Adelaide Street W., Suite 300
Toronto, ON M5H 3V9
Canada
- Requests for access to personal information will be processed within thirty (30) days, failing which the applicant will be notified of the delay and the reason for it.
- Where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record.

2. REQUESTER CONTACT INFORMATION

FIRST NAME SURNAME

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Please provide details to identify the records being requested, including types of documents (if known) and dates:

- ☐ I certify that I am requesting access to my own personal information. I understand that copies of documents received from the CRTO become the responsibility of the requestor.



SIGNATURE _____ DATE _____

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Procurement of Goods & Services

Type: Policy

Origin Date: Feb. 5, 2010

Section: CP

Approved By Council on: Dec. 2, 2022

Document Number: CP-203

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The procurement of **Goods and Services** must be conducted in the most cost-effective, transparent, and fair manner possible.

2.0 PURPOSE

The purpose of this policy is to establish guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal **Value for Money**.

3.0 APPLICABILITY

This policy applies to all expenditures for goods and services over \$15,000. Purchases under \$15,000 are not subject to the procurement policy.

4.0 RESPONSIBILITIES

The Registrar has the authority to secure goods and services from a **Vendor** on behalf of the CRTO within the approved budget allocations and in accordance with the CRTO By-Laws. For items of significant value (i.e., greater than \$15,000), the following will be obtained, where possible:

- \$15,000 - \$30,000 – a minimum of two (2) **Requests for Quotes (RFQ)**.
- Over \$30,000 – three (3) **Competitive Bids** in response to a **Request for Proposal (RFP)**.

All CRTO staff, Council and Committee members engaging in the procurement process must identify any **Conflict of Interest** that may affect their impartiality.



5.0 AUTHORITY & MONITORING

The Registrar authorizes and enforces this policy.

6.0 DEFINITIONS

Competitive Bids

Allows vendors to submit a written proposal in response to the CRYPTO's RFP. This includes an Open Bidding Process, where any vendor can submit a bid, and an Invitational Bidding Process, where the CRYPTO invites specific vendors to submit a bid.

Conflict of Interest

The CRYPTO By-Laws define a conflict of interest as a situation in which *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.* (Schedule A, s. 2.02 - By-Law 2: Council & Committee).

Goods and Services

Goods are tangible items (e.g., computers), while Services are tasks performed by an external individual or vendor (e.g., consulting services). In accordance with the CRYPTO By-Laws, *goods and services do not include 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 CRYPTO* (s. 11.0, By-Law 1: General CRYPTO Administration).

Request for Proposal (RFP)

Invitation to receive proposals from a third-party vendor that outlines a specific budget limit for the project. This can involve either an Open or Invitational Bidding Process. The proposal provided by the external party should include, at a minimum:

- organizational background, including Diversity, Equity & Inclusion strategy ;
- references;
- scope of work and exclusions, including deliverables and timelines; and
- proposed costs & payment schedule.

Request for Quote (RFQ)

Invitation to receive quotes from a third-party vendor without a specific budget range or limit outlined. This generally involves a Selective Bidding Process. The proposal provided by the external party should include, at a minimum:

- an estimate of the cost of services and materials necessary to fulfill the project scope; and
- proposed deliverables, timelines, and completion dates.



Value for Money

It is based not only on the minimum purchase price but also on the maximum efficiency and effectiveness of the purchase.

Vendor

A third-party resource or service in the form of a contractor, consultant, supplier, or any other contracted worker that is external to the CRTO.

7.0 RELATED DOCUMENTS

CRTO By-Laws
Procurement of Goods & Services Procedure
Signing Officer Policy
Record Retention Policy

8.0 APPENDICES

Appendix A – RFP Template
Appendix B – RFQ Template

9.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
www.crto.on.ca

Telephone: 416-591-7800
Toll-Free (in Ontario): 1-800-261-0528
Fax: 416-591-7890
General Email: questions@crto.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Registrar & CEO Performance Review and Compensation Policy

Type: Policy

Origin Date: March 6, 2020

Section: CP

Approved By Council on September 23, 2023

Document Number: 211

Next Revision Date: September 2027

1.0 POLICY STATEMENT

The Council of the College of Respiratory Therapists of Ontario (CRTO) recognizes that a constructive and consistent approach to the Registrar & CEO Performance Reviews is critical to the position's success and the organization as a whole.

The Council will conduct the Registrar & CEO's performance review on an annual basis. This review shall consider two key elements:

1. Achievement of strategic objectives for the organization; and
2. Individual performance.

Compensation adjustments will be based on performance in these two elements, subject to budgetary conditions.

2.0 PURPOSE

The purpose of this policy is to establish a consistent process for the Registrar & CEO performance reviews that measure their performance based on the work plan and the strategic objectives approved by the Council.

3.0 APPLICABILITY & SCOPE OF POLICY

The policy applies to the Registrar & CEO's annual performance reviews conducted by the Council President, focusing on, but not limited to, the following elements:

- Strategic direction
- Management objectives
- Organizational effectiveness
- Fiscal stewardship
- Relationship management



4.0 PERFORMANCE REVIEW

The Performance Review for the Registrar & CEO is conducted annually at the start of the calendar year. This timing allows for any compensation adjustment to be considered for the budget, which is typically presented at the March Council meeting.

The Registrar & CEO performance review is based on the position profile, the CRTO's strategic objectives, work plan, and Council policies. The review consists of a self-assessment component and feedback from Council members, staff and other individuals in a position to provide such feedback.

The Performance Review process consists of the steps outlined in Appendix 1.

5.0 COMPENSATION

All positions at the CRTO are assigned to one of 7 salary levels, with the salary range for each level divided into five progressive salary steps.

The Registrar & CEO position is set at Level 7.

Compensation Philosophy

Compensation for all positions at the CRTO, including that of the Registrar & CEO, is based on the following criteria further defined in Appendix 2:

- Seniority
- Inflation/Cost of Living
- Merit/Performance
- Market Comparison

6.0 RESPONSIBILITIES

The CRTO President is responsible for administering this policy in compliance with the CRTO By-laws and for conducting the Registrar & CEO performance reviews on an annual basis.

7.0 RELATED DOCUMENTS

The CRTO By-law no. 1

8.0 APPENDICES

Appendix 1 - Registrar & CEO Performance Review Process

Appendix 2 - CRTO Compensation Philosophy

Appendix 3 – Registrar Self-Assessment Tool

Appendix 4 – Registrar Performance Review Survey

Appendix 5 – Registrar Performance Review Report & Goal Setting



9.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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Fax: 416-591-7890

General Email: questions@crto.on.ca

DRAFT



APPENDIX 1 - REGISTRAR & CEO PERFORMANCE REVIEW PROCESS

The Performance Review is initiated

- Each January, the Registrar & CEO completes a self-assessment, a year in review summary of activities and achievements, and a strategic objectives progress update for the President.

Surveys are sent out and compiled

- The President and Registrar discuss which external reviewers will be included to complete the performance review.
- All CRTO staff and council members are automatically included.
- The President sends the survey tools to each of the reviewers, along with the supporting materials provided by the Registrar.
- Completed surveys are returned directly to the President and results are compiled.

Compensation is determined

- Compiled results are compared against the Registrar & CEO Performance Review and Compensation Policy to determine suggested compensation adjustments.
- The results and suggested compensation adjustment are reviewed by the Executive Committee and a final decision regarding the full compensation package is made by the Board.

Results are reviewed and goals are set

- The President reviews the results with the Registrar & CEO and goals are set for the coming year.

Compensation is awarded and the PR is filed

- A final document is signed by both parties and filed in the Registrar's employee file at the CRTO.



APPENDIX 2 – CRTO COMPENSATION PHILOSOPHY

Compensation for all positions at the CRTO, including that of the Registrar & CEO, is based on the following criteria:

Seniority - The salary range at each level consists of seven salary levels and four step increases within each level. The Registrar's salary range is within level seven, and step increase incorporates advancement in reward for seniority and the cost-of-living adjustments.

Inflation/Cost of Living (COLA) - Once an individual has reached the top of the salary range, additional salary increases would consist of an adjustment for COLA, again awarded annually.

Merit/Performance Bonuses - Merit or performance bonuses can be awarded in addition to a step increase or cost of living adjustment on any given year and should be administered as a single payment for that year (i.e., it is not added to the current salary).

Compensation adjustments, including Merit/Performance Bonuses, should be based on the results of the performance review and guided by the compensation principles below:

- Achievement of a **Below Expectations** rating in *either* element = No compensation adjustment awarded
- Achievement of a minimum rating **Meets Expectations** in *both* elements = Step increase or COLA awarded
- Achievement of a rating of **Exceeds Expectations** in the personal performance element of the PR = 3% bonus awarded (calculated on the base salary for that year)
- Achievement of a rating of **Exceeds Expectations** in the strategic objectives element of the PR = 1% bonus awarded (calculated on the base salary for that year)

Note: A 3-4.6% bonus target is consistent with the results in the Mungall Consulting Group review conducted in 2021.

Summary of Compensation to be Awarded				
Strategic Objectives	+	Individual Performance	=	Compensation Adjustment
Below expectations	+	Below expectations	=	No adjustment
Below expectations	+	Meets expectations	=	No adjustment
Meets expectations	+	Below expectations	=	No adjustment
Meets expectations	+	Meets expectations	=	Step increase or COLA (if at the top of the range)
Meets expectations	+	Exceeds expectations	=	Step increase or COLA and 3% bonus
Exceeds expectations	+	Meets expectations	=	Step increase or COLA and 1% Bonus
Exceeds expectations	+	Exceeds expectations	=	Step increase or COLA and 3% bonus and 1% bonus



Market Comparison

Overall compensation for the Registrar & CEO should be compared against a market analysis minimum every 3-5 years to ensure competitiveness.

DRAFT

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Reserves

Type: Policy

Origin Date: September 23, 2022

Section: CP

Approved By Council on: September 22, 2023

Document Number: 103.5

Next Revision Date: September 2028

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) to retain adequate funds to enable the continued stability of all essential Certo operations. Therefore, the Certo will maintain the necessary reserves to ensure the organization's long-term sustainability according to the Certo's By-Laws and the *Regulated Health Professions Act, 1991*.

2.0 PURPOSE

The purpose of this policy is to enable the Certo to continue to carry out its mandate of regulating the profession of Respiratory Therapy in the public interest.

3.0 APPLICABILITY

Council of College of Respiratory Therapists of Ontario

The Council of the Certo ("Council") is responsible for ensuring the appropriate policies governing the management of the net assets are in place and implemented. The Council approves the net assets policy and delegates responsibility to the Executive Committee and Finance and Audit Committee (FAC) for ongoing monitoring.

The Certo has two (2) classes of net assets:

1. **Internally Restricted Funds (Reserve Funds)** – identified by a specific need or strategic activity (e.g., Reserve Funding for Therapy)
2. **Unrestricted Operating Fund** – consists of net amounts invested in capital assets and residual funds after each of the other funds has been met.

4.0 RESPONSIBILITIES

Council of College of Respiratory Therapists of Ontario

The Certo Council is responsible for overseeing the Certo's net assets. Council delegates the ongoing oversight of these net assets to the Executive Committee and FAC. In addition, Council authorizes the Certo's Registrar & CEO (or designate) to administer the reserve funds and



operating funds in accordance with this policy, its corresponding procedure, the CRTO's By-Laws, and the *Regulated Health Professions Act, 1991*.

Finance and Audit Committee

FAC is responsible for overseeing the net assets policy, as delegated by Council. FAC is responsible for reviewing and recommending changes to the net assets policy (when necessary) to ensure required reserve funds are in place for the long-term sustainability of the CRTO according to the CRTO's By-Laws and the *Regulated Health Professions Act, 1991*.

5.0 DEFINITIONS

Net assets are the residual interest in CRTO's assets after deducting its liabilities. Net assets may include specific funds or reserves, the use of which may be either restricted or unrestricted.

I. Restricted Net Assets

General Contingency Fund

Retained for unanticipated large capital purchases or emergencies, such as property damage, cyber security threats, etc. This fund may also be used if membership fees ceased and the CRTO was required to wind down operations. The minimum amount to be maintained in this fund is \$500,000, or such greater amount as may be determined by Council.

Funding for Therapy

Section 85.7 of the *Regulated Health Professions Act, 1991* requires the CRTO to have a program to provide funding for therapy and/or counseling to patients who have been sexually abused by CRTO Members. The minimum amount to be maintained in this fund is \$20,000 or such greater amount as may be determined by the Council.

The amount in this fund is determined by Ontario Regulation 59/94, which stipulates that the maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible.

Investigations and Hearing Fund

Retained to cover costs, including legal expenses, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals exceeding annual budget provisions for those activities. The minimum amount to be maintained in this fund is \$150,000, or such greater amount as may be determined by Council.

Special Projects

Retained for projects that fall outside of the CRTO day-to-day operations. Examples include, but are not limited to, scope of practice review, quality assurance initiatives, communication initiatives or relocation expenses. The minimum amount to be maintained in this fund is \$300,000, or such greater amount as may be determined by Council.



Fee Stabilization

Retained to minimize or delay the impact of year-over-year changes in revenue or expenses on membership fees. The minimum amount to be maintained in this fund will depend upon the available surplus.

II. Unrestricted Net Assets

Operating Funds

Operating funds must be maintained at a level sufficient to ensure sustainable operational expenses but must not be less than the amount required for 6 months' budgeted operating expenses.

6.0 RELATED DOCUMENTS

Reserves Procedures

[CRTO By-Laws](#)

[Regulated Health Professions Act, 1991](#)

[O. Reg. 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members](#)
[Funding for Therapy and Counselling Fact Sheet](#)

7.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

CEO – Chief Executive Officer

FAC – Finance and Audit Committee

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crto.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Signing Officers and Authorized Personnel-Banking & Investments

Type: Policy

Origin Date: June 18, 2010

Section: CP

Approved By Council on: March 3, 2023

Document Number: CP - 206

Next Revision Date: March 2028

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) to assign personnel to review and authorize all banking and investment activities of the Certo in accordance with the Certo's By-Laws and applicable policies.

2.0 PURPOSE

The purpose of this policy is to set out who may be the signing officers and authorized personnel as referred to in the Certo By-laws for the purpose of banking and investment activities.

3.0 APPLICABILITY

Council of the College of Respiratory Therapists of Ontario

Certain individuals on the Certo Council, as directed by this policy, will be given the authority and appropriate training to be signing officers on behalf of the Certo for all banking and investment activities.

College of Respiratory Therapists of Ontario Staff

Specific staff of the Certo, as directed by this policy, will be given the authority and appropriate training to be signing officers on behalf of the Certo for all banking and investment activities.

4.0 RESPONSIBILITIES

1. Signing Officers:

For the purpose of the Certo By-laws and policies related to banking, borrowing and expenditures, **signing officers** are as follows:

"Internal signing officers" refers to:

- i. Registrar;
- ii. Deputy Registrar; and
- iii. Any additional staff authorized by the Registrar (with the exclusion of the designate for banking, as referred to in the By-laws).

“External signing officers” refers to:

- i. President;
- ii. Vice President; and,
- iii. Any other Council member (preferably, one who lives in the GTA, to facilitate expediency).

Note: An Internal signing officer or an External signing officer cannot sign a cheque or approve a payment made to themselves.

2. Investments Authorized Personnel

For the purpose of investments, authorized personnel (as referred to in the By-laws) are any two of the following:

- i. President
- ii. Vice President
- iii. Registrar
- iv. Finance and Office Manager

3. Banking Designate

For the purpose of banking, designate (as referred to in the by-laws) means the Finance and Office Manager.

4. Signature Requirements

Signature requirements shall be in accordance with CRTO By-Law 1 – 11.02.

5.0 RELATED DOCUMENTS

CRTO By-Laws
Investment Policy
Reserve Policy

6.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
GTA – Greater Toronto Area

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
www.crto.on.ca

Telephone: 416-591-7800
Toll-Free (in Ontario): 1-800-261-0528
Fax: 416-591-7890
General Email: questions@crto.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Succession Plan for Senior Leadership

Type: Policy

Origin Date: September 23, 2022

Section: CP

Approved By Council on: September 23, 2022

Document Number: 135

Next Revision Date: September 2027

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) Council to ensure the Certo has the ongoing senior leadership capacity to continue to meet its regulatory mandate.

2.0 PURPOSE

The purpose of this policy is to ensure that the organization's obligations can continue in the face of a loss of senior leadership, specifically the Registrar & CEO.

3.0 APPLICABILITY

The Certo's succession plan defines the process in the following three (3) scenarios:

1. The appointment of an Acting Registrar
2. The selection of a Deputy Registrar
3. The appointment of a Registrar

4.0 RESPONSIBILITIES

a) The appointment of an Acting Registrar

In the event of a short-term, long-term, or permanent prolonged absence of the Registrar, the Deputy Registrar is the most likely person to be appointed as Acting Registrar. The Acting Registrar shall have the same responsibilities and authority for decision-making and action as the Registrar & CEO.

In circumstances where there is no Deputy Registrar, or if they are unable at any point to act in the capacity of Acting Registrar, the Executive Committee (or Council) may temporarily appoint another Certo employee to that role.

In accordance with the Certo By-Laws (By-Law 1: General Certo Administration - s.5.01), the appointment of an Acting Registrar must ultimately be granted by Council but can be approved by the Executive Committee in the interim. Ratification of the appointment must take place at the next meeting of Council.



b) The selection of a Deputy Registrar

The CROTO has created and will maintain the position of Deputy Registrar to ensure the continuous fulfillment of its statutory obligations, and as part of its succession planning. The Deputy Registrar shall work closely with and support the Registrar in providing effective leadership, management, and administration of the CROTO, including supporting Council and various committees.

Council is responsible for appointing the Registrar, but all other staffing decisions are the prerogative of the Registrar. However, seeing that the defining characteristic of a Deputy Registrar is their ability to step into the Registrar role at a moment's notice, it is essential that Council have input into the selection of the Deputy Registrar.

c) The appointment of a Registrar

In accordance with the CROTO By-Laws, (By-Law 1: General CROTO Administration - s.4.01), the Registrar can be hired or fired only by a motion passed by a 2/3rds majority of the sitting Council Members in attendance at a Council meeting.

5.0 APPROVALS/AUTHORITY

CROTO By-Laws - By-Law 1 – s.4 & 5

6.0 RELATED DOCUMENTS

CROTO By-law 1
Succession Plan for Senior Leadership Procedure

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
www.cрто.on.ca

Telephone: 416-591-7800
Toll-Free (in Ontario): 1-800-261-0528
Fax: 416-591-7890
General Email: questions@crто.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

NUMBER:
CP- TERMS OF REFERENCE-161

Date originally approved:
February 27, 2004

Date last revision approved:
March 4, 2022

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 be accountable to Council and function on behalf of Council in-between Council meetings, except for making, amending, or revoking a regulation or By-Laws.

RESPONSIBILITIES & OPPORTUNITIES: (*action plan)

1. Monitoring the effectiveness of Council and Committees and making recommendations as necessary.
2. Monitoring the CRTO's financial status and making recommendations to the Registrar and Council, as necessary.
3. Developing Executive Committee goals based on the CRTO's Strategic Plan and the College Performance Management Framework (CPMF).
4. Reviewing the CRTO By-Laws and proposing amendments to Council.
5. Conducting the Registrar's performance review annually in accordance with the Registrar & CEO Performance Review and Compensation Policy; to be presented to the Registrar by the President and Vice-President by February 1 each year.
6. Reviewing the composition and structure of each Committee and appointing members to committees on behalf of Council.
7. Recommending tasks or projects to other committees, as required.

MEMBERSHIP:

The Committee shall consist of at least five (5) voting members, including the President, with:

- at least three (3) members of the Council who are members of the College; and
- at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council.

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

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines 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.

CHAIR:

The President of the Council shall be the Chair of the Executive Committee. The Vice-President of the Council shall be Vice-Chair of the Executive Committee. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair's absence.

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 Lieutenant Governor in Council.

TERMS OF APPOINTMENT:

Committee members will be elected annually by the members of Council.

CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to members of Council and the public.

RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- Respiratory Therapy Act [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- CRTO [By-Laws](#)

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Goals and Terms of Reference
Inquiries, Complaints & Reports**

NUMBER: **CP-GOALS & TERMS-163**

Date originally approved:
February 24, 2012

Date last revision approved:
February 18, 2025

GOALS

		Start Date	Completion Date	Frequency
1.	Amend policies, guidelines, By-Laws and disposition worksheets to reflect changes of <i>Protecting Patients Act</i> (Bill 87).	Sept 2017	Sept 21, 2018	One time

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 deal with concerns regarding the conduct or care provided by Members in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act 1991*, the By-Laws and policies of the CRTO.

RESPONSIBILITIES:

1. Make recommendations regarding the complaints and reports processes.
2. Direct investigations as required.
3. Form Panels as required, to consider complaints or reports regarding the conduct or care provided by a Member in a method which is consistent with legislation and the policies of the CRTO. This may include,
 - a) Referring specified allegations of professional misconduct or incompetence to the Discipline Committee if the allegations are related to the complaint or report.
 - b) Referring the Member to a Panel of the Inquiries, Complaints and Reports Committee under Section 58 of the *Health Professions Procedural Code* (the "Code") for incapacity proceedings.

TERMS OF REFERENCE CONT'D.

- c) Requiring a Member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
- d) Requiring a Member to complete specified continuing education and remediation program (SCERP).
- e) Taking action it considers appropriate that is consistent with the *Respiratory Therapy Act*, the *Code*, the regulations or By-Laws.

- f) Taking no action if the Panel considers a complaint to be frivolous, vexatious, made in bad faith or otherwise an abuse of the process or if there is insufficient evidence.
- 4. Develop, implement and maintain policies, tools or guidelines related to inquiries, complaints, reports.
- 5. Develop publications for members of the public, employers and Members to assist with their understanding of complaints and discipline processes.

MEMBERSHIP:

The Inquiries Complaints and Reports Committee shall consist of at least eight (8) voting members with:

- at least two (2) Council Members who are members of the CRTO;
- at least two (2) public Council Members
- 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 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.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines 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 to the close of each fiscal year.

Panels of the Committee have independent authority as set out in the *RHPA*. They are responsible to the Committee and Council in broad terms but not in relation to specific cases being heard by a Panel.

TERMS OF REFERENCE CONT'D.

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 one meeting per year to review the Committee's Goals and Terms of Reference and policies, and orient new Committee members. Additional meetings of the Committee may be called by the Chair as required, subject to budget approval.

QUORUM:

A quorum shall consist of a majority of the voting members of the Committee, at least one 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 Committee and made available to all members of Council upon request. Minutes of Committee meetings are confidential and are not available to the public.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and
Action Plan: Patient Relations
Committee**

NUMBER:
CP- PRC. TERMS-167

Date originally approved:
April 26, 2005

Date last revision approved:
May 26, 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 ensure compliance with the *Regulated Health Professions Act 1991 (RHPA)*, Schedule 2, Sections 84 & 85 and *Ontario Regulation 59/94*, the By-Laws, policies and standards of the CRTO with respect to the patient relations program.

In addition, and with approval of Council, this committee may consider other issues that impact on patient relations with Members or with the CRTO.

RESPONSIBILITIES AND OPPORTUNITIES:

1. To advise Council on adequacy of measures in place to raise awareness, provide support and prevent sexual abuse of patients. [RHPA Schedule 2 s.84(3)(b)]
2. Advise Council on opportunities to enhance patient relations through training and awareness of issues of transparency, diversity and inclusiveness to maintain public trust.
3. Conduct a review of the policies that relate to public facing communications. [RHPA Schedule 2 s.84(3)(d)]
4. To monitor adequacy of reserve funds for funding therapy or counselling or supportive measures. [RHPA Schedule 2 s.85]

RELATED POLICIES & GUIDELINES:

- Abuse Awareness and Prevention” Professional Practice Guideline (PPG)

MEMBERSHIP:

As per By-Law 2: Council and Committees section 13.01, the Committee shall consist of at least five (5) voting members with:

- at least one (1) Council Member who is a Member of the CRTO;
- at least one (1) public Council Member; and
- at least two (2) Professional Committee Appointees.

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

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide 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.

CHAIR:

The Chair and Vice-Chair will be appointed by the 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 CRO By-Law 2: Council and Committees section 14.

QUORUM:

A quorum shall consist of a majority of the voting members of the Committee, at least one (1) of whom must be a public Council Member as appointed by the Lieutenant Governor in Council.

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 Committee and made available to all Members of Council upon request. Minutes are confidential and are not available to the public.

TRAINING:

Training will be made available for Members of the Patient Relations Committee on the topic of prevention & awareness of sexual abuse and other topics as deemed necessary or appropriate.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Quality Assurance Committee**

NUMBER: **CP- QAC.TERMS-166**

Date originally approved:
January 6, 1996

Date last revision approved:
March 28, 2025

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 maintain programs to promote continuing competence among members, and to monitor the quality of practice of the profession in accordance with the Regulated Health Professions Act, 1991, the Respiratory Therapy Act, 1991, regulations, by-laws, and policies of the CRTO.

In addition, and with approval of Council, this committee may consider other issues that impact on quality assurance with members or with the CRTO.

RESPONSIBILITIES AND OPPORTUNITIES:

1. Develop, implement, and maintain a Professional Development Program which encourages the continuous quality improvement of members.
2. Ensure CRTO compliance with the Regulated Health Professions Act.
3. Evaluate the knowledge, skills, and judgement of members to promote competency through the CRTO Professional Development Program.
4. Remediate members whose knowledge, skills or judgement have been assessed and found to be unsatisfactory.
5. Monitor members' compliance with the Professional Development Program.
6. Submit a formal written report of the Committee's activities from March 1st until the last day of February is to be submitted to the office by the Chair annually.
7. Communicate with members regarding Professional Development Program initiatives and/or activities of Committee on an ongoing basis. Communication may include the solicitation of input from members, where appropriate.
8. Review and make recommendations for revising as necessary the CRTO's Professional Development Program.
9. Solicit members' participation as PORTfolio Peer Assessors, SCERP Mentors, Practice Assessors and PDP Working Group members

10. Appoint & evaluate Peer Assessors to the Professional Development Program, as needed, as per RHPA s.81

11. Monitor the online Relevant elearning module, the Professional Portfolio Online for Respiratory Therapists (PORTfolio) and the Launch RT Jurisprudence Assessment to inform educational and communication needs.

12. Participate in a review of the Standards of Practice document to ensure that the standards are appropriate for current practice and take into consideration trends that may impact future practice; in conjunction with the Standards of Practice Working Group, Registration and Patient Relations Committees.

13. Incorporate changes to RT scope of practice regarding conduct/boundary issues/ professionalism with the goal of revising the PORTfolio, Relevant Launch RT Jurisprudence Assessment and SCERP/Practice Assessment where necessary (e.g., Review and revise the Launch RT Blueprint).

RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- Respiratory Therapy Act [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- PDP Policy 101 Professional Development Program – CRTO
- PDP Policy 104 Deferrals – CRTO

MEMBERSHIP:

As per By-Law 2: Council and Committees section 13.01, the Committee shall consist of at least five (5) voting members with:

- at least one (1) Council Member who is a member of the CRTO;
- at least one (1) public Council Member; and
- at least two (2) Professional Committee Appointees.

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 appointed to the Council by Lieutenant Governor in Council.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide approved or amended terms of reference and proposed annual action 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.

CHAIR:

The Chair and Vice-Chair will be appointed by the 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: Council and Committees section 15.09.

QUORUM:

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

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

TRAINING:

Training will be made available for members of the Quality Assurance Committee on topics as deemed necessary or appropriate.

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:
January 22, 2025

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.
- Respiratory Therapy programs are to be approved by the Registration Committee (a list of the approved programs is posted on the [CRTO's website](#)).
- Review issues related to internationally educated applicants and monitor the assessment process.
- Submit a formal written annual report from the Chair regarding 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)
- Applications for Registration or Reinstatement -Currency Requirement Policy (RG-410)
- Emergency Registration Policy (RG-412)

- Application for Registration Documents Requirement Policy (RG-420)
- Entry-to-Practice Assessment Policy (RG-425)
- Application for Registration – File Closure Policy (RG-426)
- Entry-to-Practice Assessment Appeal Policy (RG-429)
- Vulnerable Sector Checks Policy (RG-430)
- 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 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 the 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 CRO 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:

The 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.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

NUMBER:
CP- FAC-TERMS-168

Date originally approved:

March 4, 2022

Date last revision approved:

March 1, 2024

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 (FAC) is responsible for assisting the College of Respiratory Therapists of Ontario (CRTC) 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 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 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 \$30,000 in compliance with the By-laws
- f. Inform and advise Council on any financial matters as requested, including special projects and initiatives
- g. In situations where a sudden and/or substantial financial crisis/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 the Executive Committee
- e. Recommend to 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
- 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 CRTC'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 CRTC'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 (more than 50%) 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 CRTC's By-laws, 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 AND LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- CRTC [By-Laws](#)
- CRTC Reserves Policy
- CRTC Investments Policy

**COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO**

180 Dundas Street West, Suite 2103, Toronto, ON M5G 1Z8
 Phone: 416-591-7800 or 1-800-261-0528

STATEMENT OF TRAVELLING / GENERAL EXPENSES

PURPOSE OF MEETING(S)*:							
DATE (MM/DD/YY)	PARTICULARS	No. of Kilometers		Misc. Travel Expenses			Accommodation/ Phone/Other \$
		First 5,000 km \$0.61	> 5,000 km \$0.55	(parking) \$	(plane/train) \$	(meals) \$	
		Total km. km					
		Total Driving Cost (\$)					
PER DIEM FOR:		TOTAL NON-TAXABLE AMOUNT \$					
<input type="checkbox"/> Attendance	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
<input type="checkbox"/> Attendance	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
<input type="checkbox"/> Attendance	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
<input type="checkbox"/> Prep Time	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
<input type="checkbox"/> Prep Time	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
<input type="checkbox"/> Prep Time	Committee Name:					No. of Days	\$
	Meeting Date: Start Time: End Time:						
CLAIMANT'S NAME (PLEASE PRINT)		CLAIMANT'S SIGNATURE		SOCIAL INSURANCE NO. *(please see note at the end of page 2)		TOTAL TAXABLE AMOUNT	\$
						TOTAL AMOUNT CLAIMED	\$
MAILING ADDRESS		PHONE		APPROVED BY: TITLE:			

NOTES ON EXPENSE CLAIM

Unless otherwise stated, the information provided here applies to all **Council, Committee, and Working Group members** for all meetings (including Council, Committee, and panel meetings, as well as assessments and mentoring sessions) whether attended virtually or in-person.

We encourage you to submit your expense form immediately after each meeting, preferably no later than 60 days post-meeting date.

Meals Expenses:

Expenses for meals can be claimed if travel time to and/or from the meeting is > 2 hours. The **maximum is \$50.00 per day**. The total allotted amount is intended to include gratuity. Original receipts are required.

Meeting and Prep Time Honorarium:

Please note that prep time will be determined by the Committee Chair or staff member responsible for the meeting.

Council and Committee Chair rates apply only if you are acting as Chair during the meeting.

	Council, Committee Chairs	Council, Committee Members
Full day (> 3 hours to 7.25 hours)	\$300	\$200
Half day (> 1 to 3 hours)	\$150	\$100
Quarter day (1 hour or less)	\$75	\$50

Travel Expenses:

Airfare, taxi, ride-sharing services, and public transit expenses will be reimbursed. Original receipts are required.

Automobile fuel costs are reimbursed if the distance from home to the meeting location is > 40 km one-way. No receipts are required; please include a screenshot of the route taken (using Google Maps or other navigation app) that shows total km travelled.

	Per km
First 5,000 km	\$0.61
After first 5,000 km	\$0.55

Accommodation Reimbursement

Cost for accommodations will be reimbursed for those attending meetings that **start at or before 9:00 a.m. and who live more than 40 km from the meeting location**. Individuals are required to make their own accommodation arrangements, and then submit their receipts for reimbursement. The amount expensed should not exceed the current rate being offered by the CRTO preferred hotel partner.

SIN (Social Insurance Number):

If this is your first time submitting an expense form, you must provide your SIN to receive a T4A form. Canada Revenue Agency (CRA) requires you to declare the amount provided on the T4A when filing your income tax return. Please contact Stephanie at tjandra@crtto.on.ca if you wish to arrange for an alternative method of submitting your SIN (e.g. via phone call).



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

CRTO ALPHABET SOUP



A reference guide to help you decipher acronyms related to RT regulation.

Updated: March 2024

ACRONYM	TRANSLATION	DESCRIPTION
AA	Anesthesia Assistant	Specialized role for RTs who work under the direction & supervision of an Anesthesiologist.
ADM	Assistant Deputy Minister	The Assistant Deputy Minister (ADM) at the Ontario Ministry of Health. Holds a significant role in the management and execution of health-related programs and services.
ADP	Assistive Devices Program	A program developed to provide consumer-centered support and funding to Ontario residents who have long-term physical disabilities and to provide access to personalized assistive devices appropriate for the individual's basic needs.
ADR	Alternative Dispute Resolution	Refers to a variety of methods used to resolve disputes without resorting to litigation. These processes occur outside of governmental authority and aim to find mutually agreeable solutions.
AIT	Agreement on Internal Trade	Agreement that enables professionals to move and work across Canada.
AODA	Accessibility for Ontarians with Disabilities Act	Legislation on developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises.
ACESC	Alliance of Credential Evaluation Services of Canada	A pan-Canadian organization composed of six members who assess academic credentials issued outside Canada (including the University of Toronto, International Credential Assessment Service of Canada, ICES, International Qualifications Assessment Services, Government of Quebec and the World Education Services).
BDI	Behavioural Descriptive Interview	A part of the CRTO's entry-to-practice assessment process. The interview consists of a series of scripted questions designed to compare applicants' actual, hands-on clinical experiences, against the competencies listed in the NCF.
BIPOC	Black, Indigenous, and People of Color	An acronym used to encompass non-white groups who often face harm due to systemic racial injustices.
CAE	Certified Asthma Educator	Canadian Network for Respiratory Care (CNRC) certification for asthma educators
CAG	Citizen Advisory Group	Formed in 2015 by the College of Physiotherapists of Ontario, this group has grown into a partnership of 26 health Colleges with the goal of bringing patient and caregiver voices and perspectives to health care regulation in Ontario.
CAPLA	Canadian Association for Prior Learning Assessment	Advocacy and support for the development of PLA through education and training activities.
CBPG	Clinical Best Practice Guideline	CRTO practice guidelines for clinical issues (e.g., advanced prescribed procedures below the dermis).
CIHR	Canadian Institute of Health Research	Health research funding agency, which reports to Health Canada.

ACRONYM	TRANSLATION	DESCRIPTION
CLEAR	Council for Licensure Enforcement and Regulation	Resource organization for the international regulatory community.
CNAR	Canadian Network of Agencies for Regulation	Federation of organizations whose provincial and territorial members are responsible for protecting the public through regulation of professions and occupations.
CNO	College of Nurses of Ontario	Regulatory body for Nurses in Ontario.
CNRC	Canadian Network for Respiratory Care	Organization that provides education and credentialing exams for Asthma & Chronic Obstructive Pulmonary Disease educators.
CoARC	Committee on Accreditation for Respiratory Care	Accreditation organization for respiratory care educational systems in the U.S.
COPD	Chronic Obstructive Pulmonary Disease	Includes a few lung diseases: the most common are chronic bronchitis & emphysema.
CPMF	College Performance Measurement Framework	An annual reporting process intended to strengthen the accountability and oversight of Ontario's health regulatory colleges by providing publicly available, transparent, consistent, and aligned information across all 26 regulators.
CPSO	College of Physicians and Surgeon of Ontario	Regulatory body for Physicians in Ontario
CRE	Certified Respiratory Educator	CNRC designation for asthma and Chronic Obstructive Pulmonary Disease educators.
CRTA	College of Respiratory Therapists of Alberta	Alberta's RT regulatory body. Formerly the College & Association of Respiratory Therapists of Alberta (CARTA).
CSA	Clinical Skills Assessment	A part of the CRTA's entry-to-practice assessment process. The CSA consists of a series of simulated clinical scenarios, each designed to measure whether applicants can demonstrate specific clinical competencies at an entry-to-practice level.
CSRT	Canadian Society of Respiratory Therapists	National professional association.
DEI	Diversity, Equity, and Inclusion	An organizational framework which seeks to promote the fair treatment and full participation of all people, particularly groups who have historically been underrepresented or subject to discrimination based on identity or ability.
EMO	Emergency Management Ontario	Branch of the MOH responsible for emergency planning & preparedness.
ESDC	Employment and Social Development Canada	Department of the Federal Government. Formerly Human Resources and Skills Development Canada (HRSDC)
ETP	Entry to Practice	Competencies that are considered essential to the practice of Respiratory Therapy.
F & V	Frivolous and Vexatious	A complaint that lacks a legal basis or merit and is without reasonable or probable cause.
FARPA	Fair Access to Regulated Professions and Compulsory Trades Act	Legislation developed to ensure that the registration practices of regulated professions in Ontario are transparent, objective, impartial and fair.

ACRONYM	TRANSLATION	DESCRIPTION
GRT	Graduate Respiratory Therapist	A Member of the CRTO registered in the Graduate Class of Registration. Graduate Certificate is issued to an individual who has met all academic requirements but has not yet successfully completed the approved registration examination. This is a temporary class of registration. A Graduate Certificate of Registration is automatically revoked after 18 months.
HBS	Health Board Secretariat	A branch of the government responsible for managing financial aspects related to public appointees to the health profession Colleges.
HFO	HealthForceOntario	Part of Ontario Health, the organization supports the government's health workforce objectives and contributes to the planning, recruitment, retention, transition, and distribution of health professionals in Ontario.
HIROC	Healthcare Insurance Reciprocal of Canada	Operates on a not-for-profit basis and provides a range of insurance products and risk management tools to healthcare organizations (e.g., hospitals, health regulatory Colleges).
HOP	Home Oxygen Program	A program developed to help patients who qualify pay for home oxygen therapy equipment and supplies and services necessary to maintain oxygen therapy in the home.
HPARB	Health Professions Appeal & Review Board	An independent adjudicative agency; conducts reviews of decisions made by Registration and Inquiries, Complaints and Reports Committees of health regulatory Colleges.
HPDB	Health Professions Database	A provincial database created for health workforce planning; includes demographic, geographic, educational and employment information from regulated health professions in Ontario.
HPPC	Health Professions Procedural Code	Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (RHPA); often referred to as "the Code." It provides a comprehensive set of rules that all health regulatory Colleges must adhere to, such as the registration of new members and the processes for investigating complaints.
HPRO	Health Profession Regulators of Ontario	Group of health profession regulators in Ontario, formed to discuss/collaborate on issues of common concern for regulatory bodies.
HPTC	Health Professionals Testing Canada	Produces the respiratory therapy entry-to-practice examination. Formerly the Canadian Board of Respiratory Care (CBRC).
HQO	Health Quality Ontario	Provincial advisor on quality in health care; focused on supporting and improving health care in Ontario.
ICAS	International Credential Assessment Service of Canada	Provides assessments of education/credentials completed outside Canada.
ICRC	Inquiries, Complaints and Reports Committee	One of the statutory committees within the health regulatory Colleges; primarily responsible for screening and investigating public complaints or information received by the respective health regulatory Colleges.

ACRONYM	TRANSLATION	DESCRIPTION
IEHP	Internationally Educated Health Professional	Individual educated outside of Canada.
IPAC	Infection, Prevention and Control	Refers to evidence-based practices and procedures that, when consistently applied in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents, and visitors.
IRCC	Immigration, Refugees and Citizenship Canada	The Government of Canada agency responsible for matters related to immigration, refugees, and Canadian citizenship (e.g., study and work permits).
LTV	Long-term Ventilation	Referring to individuals who require either invasive or non-invasive ventilation for some period of time each day over an extended period.
MARRT	Manitoba Association of Registered Respiratory Therapists	Manitoba's RT regulatory body.
MCM	Ministry of Citizenship and Multiculturalism	Provincial Ministry; leads Ontario government's anti-racism and inclusion initiatives, promotes equitable economic growth and opportunity for all Ontarians.
MOH	Ministry of Health	Provincial Ministry responsible for establishing overall strategic direction and provincial priorities for the health system.
MRA	Mutual Recognition Agreement	Agreement that permits registration reciprocity between the jurisdictions.
NARTRB	National Alliance of Respiratory Therapy Regulatory Bodies	An alliance of provincial respiratory therapy regulatory bodies.
NBART	New Brunswick Association of Respiratory Therapists	New Brunswick's RT association and regulatory body.
NBRC	National Board of Respiratory Care	U.S. exam credentialing agency.
NCF	National Competency Framework	Document that outlines the attitudes and values expected of RTs in Canada; includes a list of competencies (knowledge, skills, abilities, and judgment) considered essential for entering the practice of Respiratory Therapy.
NLCRT	Newfoundland and Labrador College of Respiratory Therapists	Newfoundland and Labrador's RT regulatory body.
NSCRT	Nova Scotia College of Respiratory Therapy	Nova Scotia's RT regulatory body.
OFC	Office of the Fairness Commissioner	The OFC's mandate is to ensure that registration practices of Ontario regulatory bodies are transparent, objective, impartial and fair.
OHA	Ontario Hospital Association	Provincial association for hospital issues.

ACRONYM	TRANSLATION	DESCRIPTION
OHRC	Ontario Human Rights Commission	An independent agency of government in Ontario tasked with preventing discrimination and promoting and advancing human rights within the province.
OLMA	Ontario Labour Mobility Act	The Act implements the labour mobility provisions of AIT in Ontario.
OPIQ	Ordre professionnel des inhalothérapeutes du Québec	Quebec's RT regulatory body.
ORAC	Ontario Regulators for Access Consortium	A network of Ontario's professional regulators focused on information sharing and development of initiatives that facilitate integration of internationally educated individuals.
PAS	Public Appointments Secretariat	Oversees all Ontario government appointments to provincial agencies and other community boards and organizations.
PHAC	Public Health Agency of Canada	Federal agency focused on preventing disease and injuries, responding to public health threats.
PHIPA	Personal Health Information Protection Act, 2004	Created to establish rules for the collection, use, and disclosure of personal health information.
PHO	Public Health Ontario	Provincial agency with a focus illness prevention and health improvement.
PLA/PLAR	Prior Learning Assessment/ Prior Learning Assessment & Recognition	Process of assessing knowledge and skills of foreign trained applicants.
PPG	Professional Practice Guideline	CRTO practice guidelines for legislative and regulatory requirements.
PPL	Professional Practice Leader	Commonly used job title in the hospital practice setting; generally considered to be a resource role.
PRT	Practical (Limited) Respiratory Therapist	A Member of the CRTO registered in the Limited Class of Registration. Certificates in the Limited Class were issued to individuals who had not met all requirements for a General Certificate of Registration but provided sufficient evidence of competence in a defined area of the RT scope of practice. Not available to new applicants since February 1999.
QBP	Quality-Based Procedures	Quality-Based Procedures are specific groups of patient services that offer opportunities for health care providers to share best practices that will allow the system to achieve even better quality and system efficiencies.
RHPA	Regulated Health Professions Act	Legislation enacted in 1991 for all regulated health professions in Ontario.
RPG	Reasonable and Probable Grounds	When there are reasonable and probable grounds to suggest that professional misconduct has occurred, the ICRC may refer such allegations to the Discipline Committee for a hearing.
RRT	Registered Respiratory Therapist	A Member of the CRTO registered in the General Class of Registration.
RTA	Respiratory Therapy Act	RT profession-specific legislation.

ACRONYM	TRANSLATION	DESCRIPTION
RT(E)	Respiratory Therapist (Emergency)	A Member of the CRTO registered in the Emergency Class of Registration.
RTSO	Respiratory Therapy Society of Ontario	Provincial professional association.
SCERP	Specified Continuing Education or Remediation Program	A statutory Committee may require a Member to undergo Specified Continuing Education or Remediation Program. This remediation process is intended to be an educational opportunity for the Member to improve their knowledge, skills and judgment.
SCRT	Saskatchewan College of Respiratory Therapy	Saskatchewan's RT regulatory body.
TCL	Terms, Conditions and Limitations	Terms, conditions and limitations imposed on a certificate of registration.
WES	World Education Services	Provides assessment of education/credentials completed outside Canada.
WHO	World Health Organization	The directory and coordinating authority of the United Nations responsible for providing leadership on global health matters.

Council Briefing Note

AGENDA ITEM # 7.1

June 27, 2025

From:	Shaf Rahman, Deputy Registrar
Topic:	Revised Reserves Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	<i>Appendix A: Updated Reserves Policy</i>
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the revisions to the CRTO's Reserves Policy.

PUBLIC INTEREST RATIONALE:

Ensuring the CRTO has the necessary financial resources to continue its mandate of regulating the profession of Respiratory Therapy in the public interest.

BACKGROUND:

In September 2022, Council approved the archiving of the previous Investments and Management of Net Assets Policy and the creation of two separate policies: one to govern the CRTO's investment strategy and another to guide reserve fund management. The new Reserves Policy was introduced to provide greater transparency, clarity, and comprehensive guidance on how the CRTO safeguards its reserve funds.

Additionally, as part of its expanded investment approach, the CRTO engaged RBC Wealth Management (RBC) as its investment advisor and adopted a 50%-50% split between equity and fixed-income investments. This strategic shift led to higher investment returns for the organization.

ISSUE:

In early 2025, CRTO staff identified the need to reallocate funds between the stated categories in the Restricted Reserve Funds, as the amounts currently reflected in the policy are not aligned with the organizational needs of the CRTO.

ANALYSIS:

The following reallocation of funds will better align the funds with anticipated future use.

- 1) Lowering the amount of the Special Projects Funds from \$300,000 to \$200,000. Over the last two years, the CRYPTO has engaged in multiple special projects, including the development of a new database, development of a new website, retention of a consultant to assist in the development of the CRYPTO's next 5-year strategic plan, and starting a review of the Scope of Practice for Respiratory Therapists. Majority of the projects cost was included in the CRYPTO's operating budget, except for the Scope of Practice review. Council approved the transfer of the \$30,000 from the Special Project Reserve Fund into the Operating Budget to fund the Scope of Practice review.

Since the majority of large projects that the CRYPTO was anticipating have already been paid for, or the allocation of the funds for the projects have been identified, there is no need to have such a large amount of funds within the Special Projects reserve fund. Accordingly, it is proposed that the Special Project reserve fund be lowered by \$100,000, which will bring the total amount to \$200,000.

- 2) In comparison, the needs of the Professional Conduct department of the CRYPTO continue to grow with larger volumes of investigations, more complex investigations, and an increase in Discipline hearings. The CRYPTO is projecting two Discipline hearings in 2025, and in contrast, the CRYPTO has not had a Discipline hearing since 2017. The suggested reallocation would be to increase the funds within the Investigations and Hearings Fund by \$100,000.

The current allocation of Restricted Net Assets are:

General Contingency Fund:	\$500,000
Funding for Therapy:	\$20,000
Investigations and Hearings:	\$150,000
Special Projects Fund:	\$300,000
Fee Stabilization Fund:	\$150,000 (projected funds, based on available surplus)
Total:	\$1,120,000

The proposed new allocation of Restricted Net Assets are:

General Contingency Fund:	\$500,000
Funding for Therapy:	\$20,000
Investigations and Hearings:	\$250,000
Special Projects Fund:	\$200,000
Fee Stabilization Fund:	\$150,000 (projected funds, based on available surplus)
Total:	\$1,120,000

As of June 1, 2025, the CRTO's investment account balance is \$1,717,211, with projections for future growth. As a result, the CRTO's investment funds are sufficient to support the newly proposed allocations to Restricted Net Assets. This ensures financial stability for the organization while also meeting applicable tax requirements, ensuring that all investment income is clearly allocated for its stated purpose.

RECOMMENDATION:

That Council approve the updates to the Reserves Policy.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Reserves

Type: Policy

Origin Date: September 23, 2022

Section: CP

Approved By Council on: September 22, 2023

Document Number: 103.5

Next Revision Date: September 2028

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) to retain adequate funds to enable the continued stability of all essential CRTC operations. Therefore, the CRTC will maintain the necessary reserves to ensure the organization's long-term sustainability according to the CRTC's By-Laws and the *Regulated Health Professions Act, 1991*.

2.0 PURPOSE

The purpose of this policy is to enable the CRTC to continue to carry out its mandate of regulating the profession of Respiratory Therapy in the public interest.

3.0 APPLICABILITY

Council of College of Respiratory Therapists of Ontario

The Council of the CRTC ("Council") is responsible for ensuring the appropriate policies governing the management of the net assets are in place and implemented. The Council approves the net assets policy and delegates responsibility to the Executive Committee and Finance and Audit Committee (FAC) for ongoing monitoring.

The CRTC has two (2) classes of net assets:

1. **Internally Restricted Funds (Reserve Funds)** – identified by a specific need or strategic activity (e.g., Reserve Funding for Therapy)
2. **Unrestricted Operating Fund** – consists of net amounts invested in capital assets and residual funds after each of the other funds has been met.

4.0 RESPONSIBILITIES

Council of College of Respiratory Therapists of Ontario

The CRTC Council is responsible for overseeing the CRTC's net assets. Council delegates the ongoing oversight of these net assets to the Executive Committee and FAC. In addition, Council authorizes the CRTC's Registrar & CEO (or designate) to administer the reserve funds and



operating funds in accordance with this policy, its corresponding procedure, the CRTC's By-Laws, and the *Regulated Health Professions Act, 1991*.

Finance and Audit Committee

FAC is responsible for overseeing the net assets policy, as delegated by Council. FAC is responsible for reviewing and recommending changes to the net assets policy (when necessary) to ensure required reserve funds are in place for the long-term sustainability of the CRTC according to the CRTC's By-Laws and the *Regulated Health Professions Act, 1991*.

5.0 DEFINITIONS

Net assets are the residual interest in CRTC's assets after deducting its liabilities. Net assets may include specific funds or reserves, the use of which may be either restricted or unrestricted.

I. Restricted Net Assets

General Contingency Fund

Retained for unanticipated large capital purchases or emergencies, such as property damage, cyber security threats, etc. This fund may also be used if membership fees ceased and the CRTC was required to wind down operations. The minimum amount to be maintained in this fund is \$500,000 or such greater amount as may be determined by Council.

Funding for Therapy

Section 85.7 of the *Regulated Health Professions Act, 1991* requires the CRTC to have a program to provide funding for therapy and/or counseling to patients who have been sexually abused by CRTC Members. The minimum amount to be maintained in this fund is \$20,000 or such greater amount as may be determined by the Council.

The amount in this fund is determined by Ontario Regulation 59/94, which stipulates that the maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible.

Investigations and Hearing Fund

Retained to cover costs, including legal expenses, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals exceeding annual budget provisions for those activities. The minimum amount to be maintained in this fund is ~~\$150,000~~ ~~\$250,000~~, or such greater amount as may be determined by Council.

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Special Projects

Retained for projects that fall outside of the CRTC day-to-day operations. Examples include, but are not limited to, scope of practice review, quality assurance initiatives, communication initiatives or relocation expenses. The minimum amount to be



maintained in this fund is ~~\$300,000~~, ~~\$200,000~~, or such greater amount as may be determined by Council.

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Fee Stabilization

Retained to minimize or delay the impact of year-over-year changes in revenue or expenses on membership fees. The minimum amount to be maintained in this fund will depend upon the available surplus.

II. Unrestricted Net Assets

Operating Funds

Operating funds must be maintained at a level sufficient to ensure sustainable operational expenses but must not be less than the amount required for 6 months' budgeted operating expenses.

6.0 RELATED DOCUMENTS

Reserves Procedures

[CRO By-Laws](#)

[Regulated Health Professions Act, 1991](#)

[O. Reg. 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members](#)
[Funding for Therapy and Counselling Fact Sheet](#)

7.0 ABBREVIATIONS

CRO – College of Respiratory Therapists of Ontario

CEO – Chief Executive Officer

FAC – Finance and Audit Committee

8.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 8.1

June 27, 2025

From:	Ania Walsh, Director, Regulatory Affairs
Topic:	Language Proficiency Requirements Policy
Purpose:	For Approval
Strategic Focus:	Enhancing Professionalism/Public Protection
Attachment(s):	Appendix A – Draft Revised Language Proficiency Requirements Policy
Motion(s)	It is moved by _____ and seconded by _____ that: The CROTO Council approves the revised Language Proficiency Requirements Policy.

PUBLIC INTEREST RATIONALE

Applicants seeking registration with the College of Respiratory Therapists of Ontario (CROTO) whose first language is not English or French, and whose relevant healthcare education was not conducted in these languages, must demonstrate proficiency in either English or French. Effective communication in English or French is vital for ensuring safe respiratory therapy practice.

ISSUE

The Language Proficiency Requirements Policy sets out the accepted English and French language proficiency test scores for registration with the CROTO. We have recently learned that the TEF (Test d'Évaluation de Français), which is one of the tests recognized in the policy, has modified its score levels. As a result, the CROTO must update the policy to reflect these new TEF scores.

BACKGROUND:

The Language Proficiency Requirements Policy reflects the CROTO's commitment to supporting transparent, fair, and impartial registration practices for all applicants.

The minimum scores for language tests listed in the policy align with the recommended Canadian Language Benchmark (CLB) language proficiency requirements for the effective practice of Respiratory Therapy in Canada, which were established through the Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy project in 2012.

TEF is one of the accepted language proficiency tests approved under the *Immigration and Refugee Protection Act* for use by Immigration, Refugees and Citizenship Canada (IRCC). Under the [Registration Requirements Regulation](#), health regulatory bodies in Ontario must recognize TEF as a valid option for meeting their language proficiency requirements.

ANALYSIS:

Summary of Changes

The Language Proficiency Requirements Policy has been revised to reflect the revised TEF test scores. The intent and direction of the policy have not changed.

The table below maps the **previous** TEF score bands to the updated score bands (which align with the recommended Canadian Language Benchmarks). The mapping is based on the conversion charts available on the [Government of Canada website](#).

Test d'évaluation de français (TEF)							
Reading		Writing		Listening		Speaking	
233-247	462-502	349-370	472-511	298-315	503-545	349-370	494-517

These changes will align the CRTO policy with current TEF scores and the other tests of language proficiency accepted by the CRTO.

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Language Proficiency Requirements Policy.

NEXT STEPS:

If approved, the revised Language Proficiency Requirements Policy will be posted on the CRTO's website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Language Proficiency Requirements

Type: Policy

Origin Date: September 22, 2006

Section: RG

Approved By Council on: September 13, 2024

Document Number: RG-407

Next Revision Date: September 2029

1.0 POLICY STATEMENT

Applicants for registration whose first language is not in English or French and whose relevant health-care education/instruction was not in English or French must demonstrate fluency in either language.

2.0 PURPOSE

This policy sets out the accepted English and French language proficiency test scores for registration with the College of Respiratory Therapists of Ontario (CRTC).

3.0 APPLICABILITY & SCOPE OF POLICY

Applicants looking to demonstrate their ability to communicate fluently in either English or French will need to submit one of the following approved test scores.

a. ACCEPTED LANGUAGE PROFICIENCY TESTS

Parts b. and c. of this section contain a list of the Language Proficiency Tests that the CRTC accepts, as well as the minimum benchmark scores that must be achieved by applicants. An applicant for registration who is required to demonstrate language proficiency must submit a copy of their test score report with their initial application for registration. The applicant is responsible for the cost of the language proficiency test.

For test results to be accepted by the CRTC, all four domains (listening, speaking, reading and writing) must have been tested in a single testing session, with the exception of official combined score reports issued by the testing organization, such as the TOEFL iBT MyBest® Scores and the IELTS One Skill Retake. Overall scores alone are not accepted.

Test results are valid for two (2) years from the date of the language assessment. Results that are valid at the point of submission with an application for registration will be considered valid for the duration of the registration process.



b. ENGLISH LANGUAGE PROFICIENCY TEST SCORES

International English Language Testing System (IELTS)* Academic (AC) or General Training (GT)				
Reading	Writing	Listening	Speaking	Overall
7	7	7	7	7
Michener English Language Assessment (MELA)				
Reading	Writing	Listening	Speaking	Overall
8	8	9	9	N/A
Test of English as a Foreign Language (TOEFL) iBT**				
Reading	Writing	Listening	Speaking	Overall
22	20	24	24	90
Canadian Academic English Language Test (CAEL)				
Reading	Writing	Listening	Speaking	Overall
70	70	80	70	70
Canadian English Language Proficiency Index Program – General (CELP – G)***				
Reading	Writing	Listening	Speaking	Overall
8	8	9	8	N/A
Pearson Test of English (PTE) Core				
Reading	Writing	Listening	Speaking	Overall
69	79	82	76	N/A

* Including IELTS One Skill Retake

** Including TOEFL iBT MyBest® Scores

*** **CELP – General LS** is **not** accepted by the CRTO as proof of language proficiency.



c. FRENCH LANGUAGE PROFICIENCY TEST SCORES

Test d'évaluation de français (TEF)*				
Reading	Writing	Listening	Speaking	Overall
462-502 233-247	472-511 349-370	503-545 298-315	494-517 349-370	N/A
Test de connaissance du français pour le Canada (TCF Canada)**				
Reading	Writing	Listening	Speaking	Overall
499-523	12-13	524-548	12-13	N/A

*Note: TEF intégration, résidence et nationalité (IRN) is **not** accepted by the CRTO as proof of language proficiency.

Note: TCF intégration, résidence et nationalité (TCF – IRN) is **not accepted by the CRTO as proof of language proficiency.

4.0 RELATED DOCUMENTS/WEBSITE LINKS

- Canadian English Language Proficiency Index Program (CELP) - www.celpip.ca/
- International English Language Testing System (IELTS) - www.ielts.org/
- Michener English Language Assessment (MELA) - www.michener.ca/continuing-education/ce-courses/mela/
- Test of English as a Foreign Language (TOEFL) iBT - www.ets.org/toefl
- Canadian Academic English Language Test (CAEL) - www.cael.ca
- Pearson Test of English (PTE) Core - www.pearsonpte.com/pte-core
- Test de connaissance du français pour le Canada (TCF Canada) - www.tcfca.com/tcf-canada/
- Test d'évaluation de français (TEF) - www.lefrancaisdesaffaires.fr/

5.0 CONTACT INFORMATION

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