

CERTO

# Council Meeting Materials

September 13, 2024



**College of Respiratory  
Therapists of Ontario**

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

## College of Respiratory Therapists of Ontario

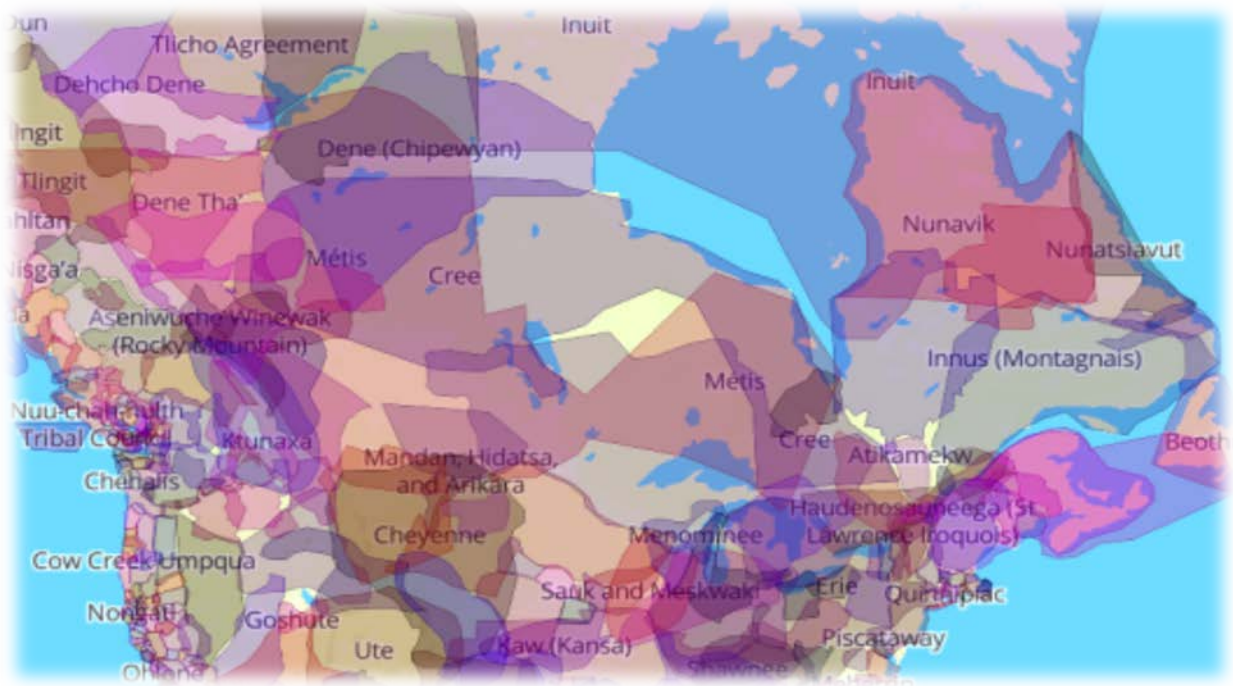
### Land Acknowledgement

I would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today, the traditional and unceded lands of the Anishinaabe, Haudenosaunee, Huron-wendat, the Mississaugas of the New Credit, and all the people who have and do reside here.

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

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

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



Generously shared by



# Council Motion

## AGENDA ITEM # 4.0

<b>Motion Title:</b>	Approval of Council Agenda
<b>Date of Meeting:</b>	September 13, 2024

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

The Council approve the agenda for the September 13, 2024, meeting.

# CRTO Council Meeting Agenda

## September 13, 2024

### AGENDA ITEM # 4.0

9 a.m. to 1 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/87160964635>

Meeting ID: 871 6096 4635

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome	--	Lindsay Martinek		
	2.0	Land Acknowledgement	2	Lindsay Martinek		
	3.0	Conflict of Interest Declarations	--	Carole Hamp		
	4.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	5.0	Minutes from June 7, 2024	6-14	Lindsay Martinek	Decision	Governance & Accountability
	<b>6.0</b>	<b>Strategic Issues</b>				
	6.1	Strategic Direction and Key Performance Indicators Report	15-54	CRTO staff	Information	Governance & Accountability
	6.2	CRTO Elections 2024	55-56	Carole Hamp	Information	Governance & Accountability
	6.3	Risk Register	57-64	Ania Walsh	Information	Governance & Accountability
	<b>7.0</b>	<b>Operational &amp; Administrative Issues</b>				
	7.1	CRTO Update Report	65-67	CRTO Staff	Information	Core Business Practices
	7.2	Financial Statements	68-73	Carole Hamp	Decision	Core Business Practices
	7.3	Investment Portfolio	74-80	Shaf Rahman	Decision	Core Business Practices
	7.4	Mid-Year Financial Projections	81-95	Carole Hamp	Discussion	Core Business Practices
	7.5	Membership Fees for 2025/26	96-102	Carole Hamp & Shaf Rahman	Decision	Core Business Practices

# CRTO Council Meeting Agenda

September 13, 2024

<b>8.0 Committee Reports</b> (for information)					
8.1	Executive Committee Report	<b>103</b>	Lindsay Martinek		Governance & Accountability
8.2	Registration Committee Report	<b>104-105</b>	Kelly Munoz		Governance & Accountability
8.3	Quality Assurance Committee Report	<b>106</b>	Jillian Wilson		Governance & Accountability
8.4	Patient Relations Committee Report	<b>107</b>	Derek Clark		Governance & Accountability
8.5	Inquiries, Complaints and Reports Committee Report	<b>108-109</b>	Kim Morris		Governance & Accountability
8.6	Discipline Committee Report	<b>110</b>	Jillian Wilson		Governance & Accountability
8.7	Fitness to Practise Committee Report	<b>111</b>	Jillian Wilson		Governance & Accountability
8.8	Finance & Audit Committee Report	<b>112</b>	Jeffrey Dionne		Governance & Accountability
<b>9.0 Committee Items Arising</b>					
Registration Committee					
9.1	Language Proficiency Requirements Policy (final approval)	<b>113-126</b>	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
Finance & Audit Committee					
9.2	Investment Policy (final approval)	<b>127-132</b>	Shaf Rahman	Decision	Core Business Practices
<b>10.0 Legislative and General Policy Issues</b>					
10.1	Orders for Medical Care PPG (final approval)	<b>133-154</b>	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
10.2	Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG (approval for consultation)	<b>155-172</b>	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
10.3	In-Camera Policy (final approval)	<b>173-178</b>	Ania Walsh	Decision	Governance & Accountability
<b>11.0 Other Business</b>					
1200	<b>12.0 Cybersecurity Presentation</b>				
1300	<b>13.0 Adjournment</b>				
<b>Open Forum</b>					

**Council Self-Evaluation Survey**

# Council Motion

## AGENDA ITEM # 5.0

<b>Motion Title:</b>	Minutes from June 7, 2024
<b>Date of Meeting:</b>	September 13, 2024

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

The Council approve the minutes from the June 7, 2024, meeting.

# Draft Minutes from June 7, 2024

<b>Agenda Item #:</b>	5.0
<b>Item:</b>	Draft Minutes from June 7, 2024

## Meeting Minutes June 7, 2024

### **CRTO Council Meeting Minutes**

**Scheduled on June 7, 2024, from 9:00 am to 12:00 pm**

**Location: DoubleTree by Hilton Hotel**

**108 Chestnut St. Toronto ON M5G 1R3**

**PRESENT:**

Lindsay Martinek, RRT, President  
Kim Morris, Vice-President  
Derek Clark, Public Member  
Jeff Dionne, RRT  
Sandy Fodey, RRT  
Andriy Kolos, Public Member  
Christa Krause, RRT

Angela Miller, RRT  
Kelly Munoz, RRT  
Jody Saarvala, RRT  
Jeffrey Schiller, Public Member  
Pappur Shankar, Public Member  
Jillian Wilson, RRT

**STAFF:**

Carole Hamp, RRT, Registrar & CEO  
Shaf Rahman, Deputy Registrar  
Kelly Arndt, RRT, Quality Practice Manager  
Wellie Chihaluca, Communications Coordinator  
Anastasia Kokolakis, Professional Conduct Coordinator  
Peter Laframboise, Professional Conduct Manager

Lisa Ng, Registration Manager  
Denise Steele, Professional Programs Coordinator  
Abeeha Syed, Professional Conduct Associate  
Stephanie Tjandra, Finance & Office Manager  
Temeka Tadesse, IT Manager  
Ania Walsh, Director, Regulatory Affairs

**GUESTS:**

Sukhanpreet Dhanotta, CPA, CA, Auditor, Grewal Guyatt LLP  
Zoe Askwith, Senior Policy Analyst, Ministry of Health

**REGRETS:**

Shawn Jacobson, RRT

# Draft Minutes from June 7, 2024

## 1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:00 a.m. Lindsay Martinek read the land acknowledgement.

## 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 June 7, 2024.

**MOTION # 3.0**            MOVED BY, Kim Morris, and SECONDED BY, Jody Saarvala, RRT, that Council approve the Council Agenda for June 7, 2024.

**MOTION # 3.0 CARRIED.**

## 4.0: MINUTES FROM MARCH 1, 2024

Council reviewed the meeting minutes from March 1, 2024.

**MOTION # 4.0**            MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Jody Saarvala, RRT, that Council approve the Council Minutes from March 1, 2024, meeting.

**MOTION # 4.0 CARRIED.**

## 5.0: STRATEGIC ISSUES

### 5.1 FINANCIAL AUDIT 2023 – 2024

Sukhanpreet Dhanotta, auditor from Grewal Guyatt LLP, presented the 2023 – 2024 Audit Findings. Council was pleased with the presentation; no concerns or questions were noted.

**MOTION # 5.1**            MOVED BY, Derek Clark, and SECONDED BY, Christa Krause, RRT, that Council approve the Audit Findings as presented by Grewal Guyatt LLP.

**MOTION # 5.1 CARRIED.**



# Draft Minutes from June 7, 2024

## 5.2 APPOINTMENT OF AUDITOR FOR 2024/25

Council discussed the assessment of the auditor for 2024/25 and decided to move forward with the appointment of Grewal Guyatt LLP as the CRTO's auditor for the 2024/25 fiscal year.

**MOTION # 5.2**            MOVED BY, Derek Clark, and SECONDED BY, Jeff Dionne, RRT, that Council approve the appointment of Grewal Guyatt LLP as the CRTO's auditor for the fiscal year of 2024/25.

**MOTION # 5.2 CARRIED.**

## 5.3 2023 – 2024 ANNUAL REPORT

Wellie Chihaluca presented the 2023 – 2024 Annual Report.

If approved, the report will be finalized to include the signed financial report summary, translated to French, and both versions will be posted on the website.

**MOTION # 5.3**            MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approve the 2023 – 2024 Annual Report.

**MOTION # 5.3 CARRIED.**

## 5.4 2024 ELECTION SCHEDULE

Council reviewed the 2024 Election Schedule. The proposed date for the election is October 9<sup>th</sup>, 2024.

The following terms will be coming up:

- District 1 – Shawn Jacobson (end of 1<sup>st</sup> term)
- District 2 – Jillian Wilson (end of 1<sup>st</sup> term)
- District 5 – Christa Krause (end of 1<sup>st</sup> term) and Angela Miller (end of 1<sup>st</sup> term)
- District 7 – Jody Saarvala (end of 3<sup>rd</sup> term)

If approved, notice of the 2024 Election will be sent out to all members on June 26, 2024.

**MOTION # 5.4**            MOVED BY, Kim Morris, and SECONDED BY, Jillian Wilson, RRT, that Council approve the 2024 Election Schedule.

**MOTION # 5.4 CARRIED.**

# Draft Minutes from June 7, 2024

## 5.5 STRATEGIC DIRECTIONS AND KEY PERFORMANCE INDICATORS (KPIs) REPORT

CRTO staff presented the Strategic Directions and KPIs Report. There was a recommendation to incorporate a comparative figure alongside the benchmark performance metrics within departmental areas. Staff will be following up to explore methods for obtaining the necessary data.

## 5.6 2023 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK REPORT SUMMARY

Carole Hamp presented the 2023 College Performance Measurement Framework (CPMF) Report Summary.

## 5.7 COUNCIL EVALUATION ACTION PLAN

Carole Hamp presented the Council Evaluation Action Plan. There are several initiatives that the CRTO staff have undertaken to enhance the effectiveness of Council and Council meetings. Council then reviewed the results of the Post-Council Evaluation Survey which were largely positive. There was a discussion regarding strategies for the CRTO to foster an environment where Council members feel increasingly at ease to voice their opinions.

## 5.8 RISK REGISTER

Ania Walsh presented the quarterly Risk Register update. Since the last Council meeting in March 2024, there has been a change in the risk rating for effective communications, mainly due the new website development delay. The CRTO's Risk Management Framework is being updated to define the criteria used in the CRTO's risk assessment process.

## 6.0: OPERATIONAL & ADMINISTRATIVE ISSUES

### 6.1 CRTO UPDATE REPORT

Staff reported on general CRTO activities and initiatives.

Internal

Current Initiatives

- 2024 Elections (*Carole Hamp*)
- Office Space Plans (*Shaf Rahman*)

Administration

- New CRTO Database & Website (*Temeka Tadesse*)
- Cybersecurity Response Plan (*Temeka Tadesse*)

# Draft Minutes from June 7, 2024

- Diversity, Equity & Inclusions (DEI) Initiatives (*Stephanie Tjandra*)

External (*Carole Hamp*)

- Accreditation Canada
- National Alliance of Respiratory Therapy Regulatory Bodies

## 6.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements from March 1, 2024 – April 30, 2024.

**MOTION # 6.2**            MOVED BY, Derek Clark, and SECONDED BY, Angela Miller, RRT, that Council approve the financial statements from March 1, 2024 – April 30, 2024.

**MOTION # 6.2 CARRIED.**

## 6.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of May 7, 2024.

**MOTION # 6.3**            MOVED BY, Kim Morris, and SECONDED BY, Pappur Shankar, that Council approve the CRTO's Investment Portfolio summary report.

**MOTION # 6.3 CARRIED.**

## 6.4 MEMBERSHIP STATISTICS

Lisa Ng presented the membership statistics, which included the total membership, status changes, and new applications received. The report now includes other registration data which, is applicants from other provinces who may have applied under section 57, Mobility-Regulated Canadian Practitioner of the Registration Regulation (ON. Reg. 596/94). The total membership reported was 4009 as of May 9, 2024.

## 7.0: COMMITTEE REPORTS

### 7.1 EXECUTIVE COMMITTEE REPORT

Council had reviewed the Executive Committee Report.

### 7.2 REGISTRATION COMMITTEE REPORT

Council had reviewed the Registration Committee Report.

# Draft Minutes from June 7, 2024

## **7.3 QUALITY ASSURANCE COMMITTEE REPORT**

Council had reviewed the Quality Assurance Committee Report.

## **7.4 PATIENT RELATIONS COMMITTEE REPORT**

Council had reviewed the Discipline Committee Report.

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

Council had reviewed the Inquiries, Complaints and Reports Committee Report.

## **7.6 DISCIPLINE COMMITTEE REPORT**

Council had reviewed the Discipline Committee Report.

## **7.7 FITNESS TO PRACTISE COMMITTEE REPORT**

Council had reviewed the Fitness to Practise Committee Report.

## **7.8 FINANCE & AUDIT COMMITTEE REPORT**

Council reviewed the Finance & Audit Committee Report.

## **8.0: COMMITTEE ITEMS ARISING**

### **REGISTRATION COMMITTEE**

#### **8.1 LANGUAGE PROFICIENCY REQUIREMENTS POLICY (FINAL APPROVAL)**

Kelly Munoz presented the Language Proficiency Requirements Policy for final approval. This policy sets out the accepted English and French language proficiency test scores for registration with the CRTO.

In March 2023, the CRTO retained Ardocs Writers & Consultants to provide recommendations for the CRTO's language proficiency requirements to include the Pearson Test of English Core (PTE Core) as an acceptable test of language proficiency.

If approved, the revised Language Proficiency Requirements Policy will be translated into French; both the English and French versions will be posted on the CRTO's website.

# Draft Minutes from June 7, 2024

**MOTION # 8.1**            MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Derek Clark, that Council approve the revised Language Proficiency Requirements Policy.

**MOTION # 8.1 CARRIED.**

## **8.2 APPLICATION FOR REGISTRATION DOCUMENT REQUIREMENTS POLICY (FINAL APPROVAL)**

Kelly Munoz presented the revised Application for Registration Document Requirements Policy for final approval. This policy was last approved by Council on May 27, 2022. Since then, Council had approved the Vulnerable Sector Checks (VSC) Policy, which comes into effect on September 1, 2024. Under the new policy, applicants for registration will be required to submit the results of a VSC as part of their application with the CRTO. Accordingly, the Application for Registration Document Requirements Policy was updated to align with the new requirements set out in the VSC Policy.

If approved, the revised Application for Registration Document Requirements Policy will be translated into French; both the English and French versions will be posted on the CRTO's website.

**MOTION # 8.2**            MOVED BY, Christa Krause, RRT, and SECONDED BY, Angela Miller, RRT, that Council approve the revised Application for Registration Document Requirements Policy.

**MOTION # 8.2 CARRIED.**

## **9.0: LEGISLATIVE AND GENERAL POLICY ISSUES**

### **9.1 ORDERS FOR MEDICAL CARE PROFESSIONAL PRACTICE GUIDELINE (FOR CONSULTATION)**

Kelly Arndt presented the draft revised Orders for Medical Care Professional Practice Guideline (PPG). This document provides information on the different types of medical orders, including direct medical directives and delegation, RTs requirements and responsibilities when accepting these orders. The PPG has been reviewed and updated to include the new Emergency Class of RTs, direct order clarity and the requirements for orders for the use of diagnostic ultrasound and tracheostomy tube changes.

If approved, the consultation survey results and the final draft of the PPG will be presented at the September 2024 Council meeting.

# Draft Minutes from June 7, 2024

**MOTION # 9.1**      MOVED BY, Angela Miller, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approve the draft revised Orders for Medical Care Professional Practice Guideline (PPG) for consultation.

**MOTION # 9.1 CARRIED.**

## 10.0: OTHER BUSINESS

### 10.1 RESPONSES TO EMAIL COMMUNICATIONS

Lindsay Martinek clarified the expectations and importance of prompt response to email communications.

## 11.0: EDUCATION (HALF) DAY – BLANKET EXERCISE

Council and staff will participate in a Kairos Blanket Exercise (KBE) led by indigenous-owned company Santele's Healing Circles for the Education Day.

## 12.0: ADJOURNMENT

### Adjournment

The June 7, 2024, Council meeting adjourned at 11:46 a.m.

## STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated August 2024

Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>Member Engagement</b>				
<b>Alignment of policies &amp; processes with the principles of Right-Touch regulation.</b>				
<b>Evidence-informed approach to QA selection, assessments &amp; remediation.</b>	<ul style="list-style-type: none"> <li>• <a href="#">Professional Development Program Policy</a> – reviewed and updated.</li> <li>• Began the planning phase of a full <b>Professional Development Program Review</b>. <ul style="list-style-type: none"> <li>○ Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Professional Development Program Review</b> – in progress.</li> <li>• <b>Professional Development Program Policy</b> – updated with references to the new Emergency Class of Registration.</li> <li>• <b>Professional Development Program Deferral Policy</b> – revised to reflect the timelines for submitting a deferral request.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	● ON TRACK
<b>Framework for the prioritization of investigations, complaints, &amp; reports.</b>	<ul style="list-style-type: none"> <li>• Completed an <b>external review of all Professional Conduct (PC) processes</b> and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.</li> <li>• Ongoing refinement of PC processes to prioritize investigations, complaints, and reports.</li> <li>• Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process.</li> </ul>	<ul style="list-style-type: none"> <li>• 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"> <li>○ Assessing options for investigations, ICRC decision reviews and accessible correspondence</li> <li>○ Developing new complaints and reports process intake documents and updating current templates</li> <li>○ Introducing changes to the ICRC decision writing process to expedite the disposition timelines.</li> <li>○ Assessing the CRTO's redaction procedures with the aim to reduce timeliness.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing development of a new case management database.</li> <li>• PC staff retained some internal investigations internally to provide for more timely and efficient investigation outcomes.</li> <li>• New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines.</li> <li>• PC Staff are developing the CRTO's Alternative Dispute Resolution process for complaints.</li> </ul>	● ON TRACK



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>Transparent, objective, impartial, &amp; fair practices.</b>				
<p><b>Clear direction regarding the registration requirements for all applicants.</b></p>	<ul style="list-style-type: none"> <li>• <b>9 Registration Policies</b> reviewed and updated.</li> <li>• <b>3 Registration Fact Sheets</b> reviewed and updated and/or developed.</li> <li>• Updated and reviewed the <b>Guide to TCLs Imposed by the Registration Committee</b>.</li> <li>• Retained a consulting agency to align the CRTO’s approved <b>language proficiency</b> standards to the federally approved language proficiency tests for Canadian Immigration.</li> <li>• Updated the <b>Applicants’ web pages</b> with relevant links.</li> <li>• Conducted a detailed review of the <b>Registration Verification Form</b> with members of the National Alliance.</li> <li>• Conducted a comprehensive review of the <b>Registration Regulation</b> (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Registration Regulation</b> (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval.</li> <li>• Conducted a detailed review of several policy documents related to the <b>Emergency Class</b> and <b>“As of Right” provisions</b>.</li> <li>• Updated the <b>CRTO website, registration guidelines and Fact Sheets</b> with references to the Emergency Class, “As of Right” provisions and the new Clinical Skills Assessment fee.</li> <li>• New <b>Clinical Skills Assessment</b> scenario was developed by the Internationally Educated Health Professionals (IEHP) working group.</li> <li>• Drafted a new <b>Vulnerable Sector Checks Policy</b>, the draft policy was sent out for consultation.</li> </ul>	<ul style="list-style-type: none"> <li>• New Vulnerable Sector Checks Policy was approved at the March Council meeting. Created a new Vulnerable Sector Checks (VSC) webpage and FAQs to ensure that applicants understand the new VSC requirement. Reviewed and updated the Application Guides and the Registration Requirements webpage with information regarding the Vulnerable Sector Checks requirement.</li> <li>• 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.</li> <li>• Reviewed and updated the Registration Verification Form to ensure consistency with the form developed by NARTRB.</li> <li>• Developed a new Statement of Professional Standing webpage and form.</li> </ul>	<p>● ON TRACK</p>
<p><b>A complaints process supported by publicly accessible policies &amp; procedures.</b></p>	<ul style="list-style-type: none"> <li>• <b>4 Professional Conduct (PC)</b> policies reviewed and updated.</li> <li>• Developed the <b>Funding for Therapy and Counselling Program Fact Sheet</b>.</li> <li>• Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing analysis for identifying a need for additional Professional Conduct policies.</li> <li>• The <b>Complaints Process Guide</b> was revised to reflect our current process.</li> <li>• Reviewed and updated three <b>Fact Sheets</b>, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program.</li> </ul>	<ul style="list-style-type: none"> <li>• PC staff worked on finalizing a new feedback form for system partners to inform our process going forward.</li> <li>• PC staff are developing policies and procedures that will outline the CRTO's Alternative Dispute Resolution process for complaints.</li> </ul>	<p>● ON TRACK</p>
<b>Accessible &amp; timely communication.</b>				





Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<p><b>Increase the information available on our website in written and online module format.</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Policy Consultation</a> - 16 draft revised policies posted on the CRTO website for consultation with the CRTO’s external stakeholders.</li> <li>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:               <ul style="list-style-type: none"> <li>○ The March 04, 2022, CRTO By-laws</li> <li>○ 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG &amp; Oxygen Therapy)</li> <li>○ 17 Policies</li> <li>○ 2 Fact Sheets</li> <li>○ Guide to TCLs Imposed by the Registration Committee</li> </ul> </li> <li>• Added the following documents to the CRTO website:               <ul style="list-style-type: none"> <li>○ Strategic Plan Progress Report</li> <li>○ Succession Plan for Senior Leadership Policy</li> <li>○ Open Forum Policy</li> <li>○ Terms of Use – Website and Social Media</li> <li>○ CRTO Risk Management Framework</li> </ul> </li> <li>• The <a href="#">2021 CPMF Full &amp; Summary Reports</a> were posted on the CRTO website.</li> <li>• Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Regulatory changes</b> – 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.</li> <li>• <b>Elections and Council and Committees webpages</b> – updated information regarding the Council elections process, committee appointments, Council and Committee Competency Profile and Council Evaluation Framework.</li> <li>• <a href="#">Policy Consultation</a> – <b>9 policy documents</b> were posted on the CRTO website for consultation. Links to the consultation surveys were also posted on the CRTO’s website homepage slider and shared through the CRTO social media accounts.</li> <li>• <b>e-learning modules</b> –two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members’ Professional Development Program platform.</li> <li>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:               <ul style="list-style-type: none"> <li>○ The March 3, 2023, CRTO By-laws.</li> <li>○ 5 <a href="#">Professional Practice/Clinical Best Practice Guidelines</a></li> <li>○ 7 Policies</li> <li>○ 3 reports and submissions</li> <li>○ 7 Fact Sheets</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:               <ul style="list-style-type: none"> <li>○ The March 1, 2024, CRTO By-laws.</li> <li>○ 2 Professional Practice/Clinical Best Practice Guidelines</li> <li>○ 4 Policies</li> <li>○ 2 updated position statements</li> <li>○ 2024 National Competency Framework</li> <li>○ 2023/24 CRTO Annual Report</li> </ul> </li> <li>• Updated the elections procedure, nomination form and webpages for the 2024 Council elections.</li> <li>• Created two new webpages: VSC and Certificate of Professional Standing</li> <li>• Posted the Orders for Medical Care PPG for consultation.</li> </ul>	<p>● AT RISK</p>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<p><b>Optimize the use of various communication platforms.</b></p>	<ul style="list-style-type: none"> <li>• Utilized several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>○ Monthly Practice Blogs</li> <li>○ Twitter (22 tweets over this period)</li> <li>○ Monthly ebulletin</li> <li>○ Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates).</li> <li>○ Stakeholder meetings/presentations (e.g., presentations to members at their employment sites, the professional association conf, graduating students, and attending RT Program Advisory Committee (PAC) meetings).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Utilized several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>○ Social Media Posts (19)</li> <li>○ e-blasts (8)</li> <li>○ 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).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Sent 2 general e-blasts and 5 election mailings and reminders</li> <li>• 2 social media posts</li> <li>• System partner meetings/presentations:               <ul style="list-style-type: none"> <li>○ 12 presentations/meetings at Ontario hospitals</li> <li>○ 3 presentations at Ontario RT programs.</li> </ul> </li> </ul>	<p>● AT RISK</p>
<p><b>Governance &amp; Accountability</b></p>				
<p><b>A highly competent &amp; effective Council.</b></p>				
<p><b>Publicly accessible Council &amp; Committee competency self-evaluation &amp; an online, pre-application learning module.</b></p>	<ul style="list-style-type: none"> <li>• ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.</li> <li>• Draft developed for enhanced competency self-evaluation for prospective Council &amp; Committee members.</li> </ul>	<ul style="list-style-type: none"> <li>• Revised the CRTO By-laws to include a <b>new elections eligibility requirement</b> (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).</li> <li>• Implemented the following governance initiatives:               <ul style="list-style-type: none"> <li>○ <a href="#">Council and Committee Competency Profile</a></li> <li>○ <a href="#">Council Evaluation Framework</a></li> <li>○ <b>New elections nomination form</b></li> <li>○ <b>New Committee Member Appointments</b> webpage and application forms</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website.</li> <li>• Post-Council self-evaluation implemented and monitored to expand and improve upon.</li> <li>• 2024 Council election candidates required to complete the online, pre-application learning module.</li> </ul>	<p>● ACHIEVED</p>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
		<ul style="list-style-type: none"> <li>○ <b>Online orientation module</b> relating to the duties, obligations and expectations of Council and Committee members</li> <li>○ <b>Post-Council self-evaluation</b> implemented and monitored to expand and improve upon.</li> </ul>		
<p><b>Framework to regularly evaluate the effectiveness of Council meetings &amp; Council with a third-party assessment of Council (min. every three years).</b></p>	<ul style="list-style-type: none"> <li>● Conducted a <b>Council Effectiveness survey</b> (BoardSource) and reported results at the May Council meeting.</li> <li>● Consultant was retained to conduct a third-party assessment of the CRTO's March 2023 Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>● Retained a consultant to conduct a <b>third-party assessment</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li>● The third-party evaluation report action plan continues to be monitored to expand and improve upon.</li> </ul>	<p>● ACHIEVED</p>
<p><b>Ongoing training provided to Council &amp; Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.</b></p>	<ul style="list-style-type: none"> <li>● Developed three eLearning modules for prospective and current Council and Committee members:               <ul style="list-style-type: none"> <li>○ Role of the Chair</li> <li>○ Regulatory Framework</li> <li>○ Committees</li> </ul> </li> <li>● Facilitated Anti-Racism &amp; Anti-Oppression training for CRTO Council, Committee and staff.</li> <li>● The Chiring a Meeting module was presented at the annual Chair's Dinner</li> <li>● Council Education Day (Sept. 23<sup>rd</sup>) focused on the following:               <ul style="list-style-type: none"> <li>○ Privacy</li> <li>○ Cybersecurity</li> <li>○ Virtual meetings</li> </ul> </li> <li>● Required all Council &amp; Committee members to provide evidence that they had reviewed the educational material posted in the CRTO's portal, which includes:</li> </ul>	<ul style="list-style-type: none"> <li>● Developed <b>new online orientation module</b> relating to the duties, obligations and expectations of Council and Committee members.</li> <li>● Provided the following additional training:               <ul style="list-style-type: none"> <li>○ Right Touch Regulation presentation (Chairs Dinner)</li> <li>○ Cybersecurity: Insurance Requirements and Implications</li> <li>○ Risk Management Workshop</li> </ul> </li> <li>● Conducted new Council member orientation.</li> <li>● Conducted annual training for the Registration Committee.</li> </ul>	<ul style="list-style-type: none"> <li>● The ICRC orientation took place in March and included presentations by CRTO legal counsel and PC staff.</li> <li>● Training is being planned and developed by PC staff for Discipline Committee Members.</li> <li>● Updated the RC terms of reference and action plan. Staff provided an overview of the updated assessment tool for reviewing IEHP application files to members of the RC.</li> <li>● The RC continues to utilize existing registration tools in reviewing application files.</li> <li>● Updated the QAC terms of reference and action plan. Conducted QAC orientation.</li> <li>● Updated the PRC terms of reference and action plan. Conducted PRC orientation.</li> <li>● Updated the FAC terms of reference and action plan.</li> <li>● Offered HPRO Governance Training for RHPA Colleges course to all Council members.</li> </ul>	<p>● ON TRACK</p>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
	<ul style="list-style-type: none"> <li>○ Role of the Chair</li> <li>○ Regulatory Framework</li> <li>○ Committees</li> <li>○ Language of Finance</li> <li>○ Annual Financial Audit</li> <li>○ Monitoring Progress</li> <li>○ Meeting in a Virtual World.</li> </ul>		<ul style="list-style-type: none"> <li>● June Chair's Dinner included an education session focused on compassionate regulation.</li> <li>● During the Education Day, Council, Committee members and staff took part in an Indigenous-led blanket exercise.</li> <li>● The following governance educational materials continue to be available throughout the year to all current Council and committee members:               <ul style="list-style-type: none"> <li>○ Role of the Chair</li> <li>○ Regulatory Framework</li> <li>○ Committees</li> <li>○ Language of Finance</li> <li>○ Annual Financial Audit</li> <li>○ Monitoring Progress</li> <li>○ Meeting in a Virtual World</li> </ul> </li> </ul>	
<b>Independent, evidence-informed &amp; transparent decision-making processes.</b>				
<b>Publicly accessible Code of Conduct &amp; Conflict of Interest Policy for Council &amp; Committee members.</b>	<ul style="list-style-type: none"> <li>● Revised <a href="#">By-laws</a> (approved at the March 4, 2022 Council meeting) include an updated <a href="#">Code of Conduct</a> and <a href="#">Rules of Order</a> that have been standardized and attached as a schedule.</li> <li>● The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings.</li> </ul>	<ul style="list-style-type: none"> <li>● The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.</li> <li>● The new elections nomination form and the committee appointees' application form include an updated conflict of interest and record of affiliations section.</li> </ul>	<ul style="list-style-type: none"> <li>● The online Conflict of Interest (COI) Declaration form continues to be used for all Council and Committee meetings.</li> <li>● Developed and implemented a new governance declaration form (to be completed by Council and committee members before each meeting).</li> </ul>	<p>● ACHIEVED</p>
<b>An ongoing commitment to performance improvement.</b>				
<b>Tracking &amp; review Key Performance Indicators (KPIs) linked to the</b>	<ul style="list-style-type: none"> <li>● One of the recommendations from the <b>external review of all Professional Conduct processes</b> is to enhance data collection, tracking and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>● Developed a KPIs reporting template linked to the CRYPTO strategic objectives.</li> <li>● Presented the KPIs report at the September 22, and December 1, 2023, Council meetings.</li> </ul>	<ul style="list-style-type: none"> <li>● A detailed KPIs report linked to the CRYPTO strategic objectives presented at the March and June Council meetings.</li> </ul>	<p>● ACHIEVED</p>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>CRTO strategic objectives.</b>	<ul style="list-style-type: none"> <li>The <b>Finance &amp; Audit Committee</b> began the development of KPIs relevant to the financial management of the CRTO.</li> <li>The <b>2021 – 2025 Strategic Direction Update Report</b> was presented at the May 27<sup>th</sup> Council meeting.</li> <li>Updated <b>QAC &amp; ICRC Terms of Reference and Action Plans</b> approved at the May 27<sup>th</sup> Council meeting.</li> </ul>			
<b>Ongoing monitoring of the KPI dashboard.</b>	<ul style="list-style-type: none"> <li>Under development.</li> </ul>	<ul style="list-style-type: none"> <li>Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>KPIs in all major program areas have been identified and are reported to Council on a regular basis.</li> </ul>	● ACHIEVED
<b>Enhancing Professionalism</b>				
<b>Policies, standards of practice, &amp; practice guidelines based on the best available evidence.</b>				
<b>Policy framework &amp; review/revision of all policies and practice guidelines.</b>	<ul style="list-style-type: none"> <li>Continued the full-scale policy review under the <a href="#">Policy Framework</a>.               <ul style="list-style-type: none"> <li>28 policies updated/approved</li> <li>3 PPGs sent out for consultation</li> <li>4 Revised PPGs approved by Council</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continued policy review guided by the <a href="#">Policy Framework</a>.               <ul style="list-style-type: none"> <li>10 policies updated/developed</li> <li>4 PPGs sent out for consultation:</li> <li>3 Revised PPGs/CBPGs approved by Council</li> </ul> </li> </ul>	<p>The CRTO continues its policy review guided by the <a href="#">Policy Framework</a>.</p> <p>Policy documents reviewed and updated:</p> <ul style="list-style-type: none"> <li>Handling, Administration &amp; Dispensing of Controlled Substances Policy</li> <li>PDP Deferral Policy</li> <li>PDP Policy</li> <li>Application for Registration Document Requirements Policy</li> <li>Language Proficiency Requirements Policy (addition of a new language proficiency test)</li> <li>Honoraria and Reimbursement Policy</li> <li>Council and Committee Meeting Materials Policy (internal)</li> <li>RTs as Anesthesia Assistants PPG</li> <li>Registration and Use of Title PPG</li> </ul>	● ON TRACK



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
			<ul style="list-style-type: none"> <li>The Discipline Committee Rules of Procedure</li> <li>Elections Procedure (internal)</li> </ul> <p>New policy documents developed:</p> <ul style="list-style-type: none"> <li>Vulnerable Sector Checks Policy</li> <li>Employee Recruitment and Selection (internal)</li> <li>Disclosure of Information to System Partners Procedure (new internal procedure)</li> </ul> <p>Policy documents under review:</p> <ul style="list-style-type: none"> <li>Language Proficiency Requirements Policy (combined test scores)</li> <li>In Camera Policy</li> <li>Orders for Medical Care PPG</li> <li>Community RT Practice PPG</li> <li>Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG</li> </ul>	
<b>Review/Revision of CRTO By-Laws &amp; Regulations (as required)</b>	<ul style="list-style-type: none"> <li>Revised <a href="#">CRTO By-laws</a> approved at the March 2022 Council meeting.</li> <li>Draft By-Law revisions approved for consultation at the December 2023 Council meeting.</li> <li>Conducted a comprehensive review and drafted amendments to the Ontario Regulation 596/94 to address the new Emergency Class of Registration and other changes related to, for example, registration requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees.</li> <li>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.</li> <li>Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH.</li> </ul>	<ul style="list-style-type: none"> <li>Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration.</li> </ul>	● ON TRACK
<b>Standards of Practice &amp; Ethical Practice documents promote</b>	<ul style="list-style-type: none"> <li>Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	● ON TRACK



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>Diversity, Equity, and Inclusion (DEI).</b>	(NARTRB) that includes expanding the existing guidance related to DEI.			
<b>Supporting the application of new or amended practice standards.</b>				
<b>Online modules to support difficult-to-understand and novel practice standards.</b>	<ul style="list-style-type: none"> <li>Drafted an outline for the Delegation &amp; Authorizing Mechanisms online modules.</li> <li>Preparing an online module for student/graduate RTs.</li> </ul>	<ul style="list-style-type: none"> <li>Finalized the Delegation e-learning module. The module is now available in PDKeeper.</li> </ul>	<ul style="list-style-type: none"> <li>Development of a new e-learning module focused on Authorizing Mechanisms is in progress.</li> </ul>	● ON TRACK
<b>The application of Risk-Based regulation.</b>				
<b>Formal risk assessments in all RC, QAC &amp; ICRC decisions.</b>	<p><b>PC</b> - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p><b>QAC</b> - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.</p> <p><b>Reg</b> - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p><b>PC</b> - 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><b>QA</b> - 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><b>Reg</b>- 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><b>PC</b> - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. A project to revise the ICRC risk assessment tool is ongoing.</p> <p><b>Reg</b> - 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.</p> <p><b>QA</b> - Development of a risk tool for QAC decisions is in progress.</p>	● ON TRACK
<b>Healthcare Community</b>				
<b>Actively seeking collaborative opportunities with other health regulatory colleges &amp; system partners.</b>				
<b>Creation of common standards (where</b>	Participated in the following initiatives with other regulators:	Continued engagement with other regulators:	Continued engagement with other regulators: <ul style="list-style-type: none"> <li>HPRO</li> </ul>	● ON TRACK



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<p><b>possible) both provincially and nationally.</b></p>	<ul style="list-style-type: none"> <li>● HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,               <ul style="list-style-type: none"> <li>○ Council Competencies Evaluation Framework</li> <li>○ Information Sharing Policy</li> <li>○ Anti-BIPOC Racism Working Group</li> </ul> </li> <li>● NARTRB               <ul style="list-style-type: none"> <li>○ Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists</li> <li>○ Review of the current NARTRB Jurisdictional Verification form.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,               <ul style="list-style-type: none"> <li>○ Council Competencies Evaluation Framework</li> <li>○ Risk management</li> </ul> </li> <li>● NARTRB               <ul style="list-style-type: none"> <li>○ Standards of Practice Working Group</li> <li>○ Validation survey for the revised NARTRB Entry-to-practice Competency Profile</li> <li>○ Updated the Language Proficiency for Respiratory Therapy document.</li> </ul> </li> <li>● CNAR               <ul style="list-style-type: none"> <li>○ Professional regulation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ EDI</li> <li>○ Risk management</li> <li>● NARTRB               <ul style="list-style-type: none"> <li>○ Review of Practice Standards pending with the creation of a focus group of subject matter experts.</li> <li>○ 2024 Entry-to-practice Competency Profile and Educational and Examination Resource</li> <li>○ Updated the Language Proficiency for Respiratory Therapy document.</li> <li>○ Updated Statement of Professional Standing Form</li> </ul> </li> <li>● CNAR               <ul style="list-style-type: none"> <li>○ Impactful Leadership in a Dynamic Regulatory World</li> <li>○ AI and Technology</li> </ul> </li> </ul>	
<p><b>Engaging with stakeholders to enhance quality patient care.</b></p>				
<p><b>Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.</b></p>	<ul style="list-style-type: none"> <li>● The <a href="#">CRTO Policy Framework</a> 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.</li> <li>● <b>20 consultations conducted under the Policy Framework.</b></li> </ul>	<ul style="list-style-type: none"> <li>● The <a href="#">CRTO Policy Framework</a> 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.</li> <li>● <b>9 consultations conducted under the Policy Framework.</b></li> </ul>	<ul style="list-style-type: none"> <li>● The <a href="#">CRTO Policy Framework</a> continues to guide the CRTO’s consultation process.</li> <li>● Council considered the feedback received in response to the following documents sent out for consultation:               <ul style="list-style-type: none"> <li>○ Revised CRTO By-law 3</li> <li>○ New Vulnerable Sector Checks Policy</li> <li>○ Revised Handling, Administration &amp; Dispensing of Controlled Substances Professional Policy</li> <li>○ RTs as Anaesthesia Assistants PPG</li> <li>○ Registration &amp; Use of Title PPG"</li> </ul> </li> <li>● Orders for Medical Care PPG posted for consultation</li> </ul>	<p>● ACHIEVED</p>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>Core Business Practices</b>				
<b>Clear financial alignment with strategic priorities.</b>				
<b>Revised financial statement &amp; investment portfolio presentation</b>	<ul style="list-style-type: none"> <li>Streamlined the financial statement reporting format to highlight how it aligns with College’s strategic direction and key priorities.</li> <li>Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting.</li> <li>Reviewed proposals &amp; presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service.</li> </ul>	<ul style="list-style-type: none"> <li>A subcommittee of the Finance &amp; Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee’s recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management.</li> </ul>	<ul style="list-style-type: none"> <li>Financial advisor reviewed the Investment Policy. Staff is in the process of updating the policy based on the suggested edits.</li> <li>Investment reporting tool enhanced</li> <li>Retained investment bookkeeping services to ensure accuracy and streamline the audit process</li> </ul>	<ul style="list-style-type: none"> <li>● ACHIEVED</li> </ul>
<b>Finance &amp; Audit Committee (FAC)</b>	<ul style="list-style-type: none"> <li>Established the FAC Goals &amp; Terms of Reference</li> <li>Assisted the Executive Committee in the review of the CRTO’s 2021 – 2022 Financial Audit, the 2022 – 2023 budget, &amp; evaluation of the External Auditor.</li> <li>Developed a Membership Fee Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>Implemented the Membership Fee Assessment Tool to review the CRTO’s membership fee structure and make recommendations to Executive Committee.</li> <li>Reviewed and updated Signing Officers and Authorized Personnel-Banking &amp; Investments Policy.</li> <li>Recommended new external auditor for the CRTO.</li> <li>Reviewed the draft budget for 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>FAC met with the Financial Advisory Team</li> <li>FAC met to discuss Audit Plan as presented by the auditor.</li> <li>FAC joined the Executive Committee at their May meeting for the 2023-2024 Audit Findings presentation.</li> <li>FAC &amp; Executive conducted the annual Auditor Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>● ON TRACK</li> </ul>
<b>A policy that clearly outlines the management of financial reserves</b>	<ul style="list-style-type: none"> <li>Review and subsequent approval of the following policies:               <ul style="list-style-type: none"> <li>○ Revised Investments Policy</li> <li>○ New Reserves Policy</li> <li>○ Revised Honoraria &amp; Expenses Policy</li> <li>○ Revised Procurement of Goods &amp; Services Policy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO’s financial reserves continue to be managed and monitored as outlined in the Reserve Policy.</li> </ul>	<ul style="list-style-type: none"> <li>● ACHIEVED</li> </ul>



Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>Embedding the principles of diversity, equity, and inclusion in College processes.</b>				
<b>Diversity, Equity and Inclusion (DEI) training for Council, Committee &amp; staff members</b>	<ul style="list-style-type: none"> <li>The CRTO's DEI Plan approved at the March Council meeting.</li> <li>Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. <a href="#">DEI Summary Report</a> provided by CED.</li> <li>CEC also conducted a survey with the membership regarding the CRTO's role in promoting DEI. A summary report of these findings was provided to the CRTO in February.</li> <li>CRTO staff participated in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions.</li> <li>Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members.</li> <li>Indigenous Awareness module completed by staff for National Day for Truth &amp; Reconciliation (Sept. 30).</li> <li>Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022.</li> <li><i>Navigating Canada's Complex Histories</i> e-course (in honour of National Truth &amp; Reconciliation Day) was completed &amp; discussed by all CRTO staff.</li> </ul>	<p>The CRTO moved into Phase 3 of its DEI Strategy:</p> <ul style="list-style-type: none"> <li>Established a DEI Steering Committee</li> <li>Identified several DEI short- and long-term key performance indicators.</li> <li>Developed new Employee Performance Review &amp; Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees.</li> </ul> <p>Staff training:</p> <ul style="list-style-type: none"> <li>CNAR UnLearn and Learn Session on Addressing Anti-Black Racism</li> <li>Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month</li> <li>CNAR Conference (DEI presentations)</li> </ul>	<ul style="list-style-type: none"> <li>Staff engaged in DEI webinars one focused on Anti-Asian Racism in Healthcare, the other celebrating Pride Month.</li> <li>Developed an inclusive question bank and interview template.</li> <li>Staff &amp; Council took part in an Indigenous-led blanket exercise during Education Day.</li> <li>Incorporated the principles of Equity Impact Assessment into a policy review checklist.</li> <li>New internal Recruitment &amp; Selection Policy was developed. The policy provides a transparent and consistent framework for employee recruitment and selection and to ensure that the CRTO provides merit-based, equal employment opportunities in accordance with relevant legislation and hiring best practices.</li> </ul>	<p>● ON TRACK</p>
<b>Equity Impact Assessment</b>	<ul style="list-style-type: none"> <li>Council approved the use of the Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook.</li> <li>The PRC is in the process of revising HEIA to meet the CRTO's needs.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment &amp; Implementation Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Started to draft an agile assessment tool to measure DEI impact of CRTO policies, guidelines and other initiatives.</li> <li>Inclusive question bank and interview template is complete. Staff is working on action plan for next quarter.</li> </ul>	<p>● ACHIEVED</p>

Key Priorities	2022/23 Highlights	2023-24 Highlights	2024/25 Q1 (March – August)	STATUS
<b>A comprehensive Risk Management Framework</b>				
<b>Formal process to identify &amp; monitor internal &amp; external organizational risk (e.g., financial &amp; human resources, cyber security, etc.)</b>	<ul style="list-style-type: none"> <li>IT Infrastructure Architecture review completed &amp; process begun to implement recommendations.               <ul style="list-style-type: none"> <li>Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.</li> <li>Installed a dedicated firewall to reduce security risk and improve the organization's security posture.</li> <li>Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera).</li> </ul> </li> <li>Cybersecurity presentation by ISA to Council and staff.</li> <li>Started the process of moving all members' files to a digital format.</li> <li>The CRTO <a href="#">Risk Management Framework</a> was approved at the Council meeting (Dec. 2).</li> </ul>	<p>The <a href="#">Risk Management Framework</a> continues to guide the CRTO's risk management processes, these include:</p> <ul style="list-style-type: none"> <li>Risk monitoring and reporting: developed a Risk Register and a Risk Report template</li> <li>Training:               <ul style="list-style-type: none"> <li>Risk management workshop attended by Council, Committee members and staff</li> <li>Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise)</li> </ul> </li> <li>Record digitalization project in progress.</li> <li>Ongoing meetings with vendor related to new database implementation.</li> <li>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.</li> <li>Continued review and development of standard operating procedures in core program areas.</li> </ul>	<ul style="list-style-type: none"> <li>The updated Risk Register report presented to Council in March.</li> <li>Staff cybersecurity awareness training and phishing campaign.</li> <li>Developed a comprehensive cybersecurity plan.</li> <li>Developed a comprehensive office transition plan.</li> <li>Staff conducted a network file cleanup based on the internal audit findings.</li> <li>Firewall is being monitored and activities considered suspicious have been investigated /resolved.</li> <li>Patching and backups continue to be completed and managed.</li> <li>Ongoing meetings with vendor related to new database implementation. Committees and Applicant Portal, case management and public register are being implemented and tested phase by phase.</li> </ul>	<p>● ON TRACK</p>
<b>Succession plan for senior leadership</b>	<ul style="list-style-type: none"> <li>Appointment of a Deputy Registrar &amp; creation of a new Manager of Regulatory Affairs position.</li> <li>Succession Planning for Senior Leadership Policy approved by Council.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness.</li> <li>Continued review and development of standard operating procedures in core program areas.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness.</li> <li>Continued review and development of standard operating procedures in core program areas.</li> </ul>	<p>● ON TRACK</p>



College of Respiratory  
Therapists of Ontario

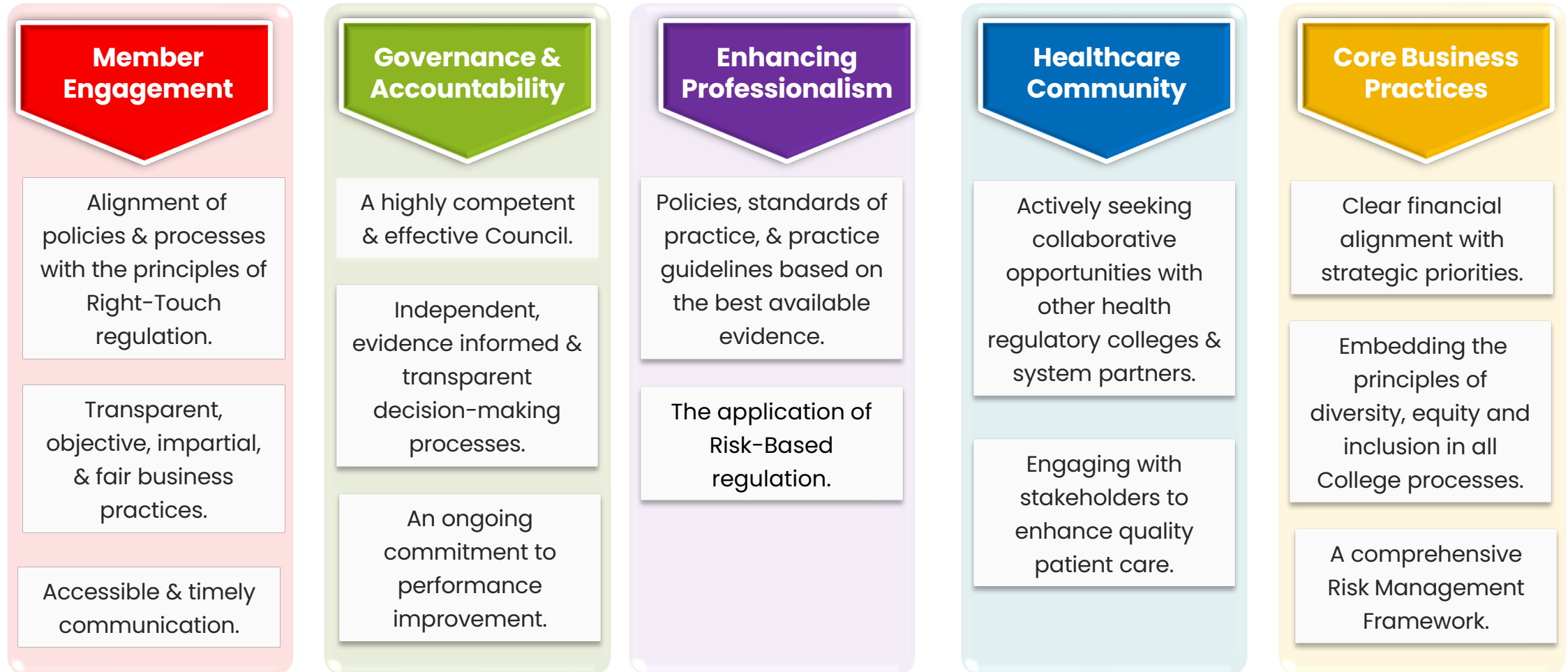
Ordre des thérapeutes  
respiratoires de l'Ontario

# 2021 – 2025 Strategic Direction Quarterly KPIs Report

September 13, 2024

CRTO Staff

# CERTO 2021 – 2025 Strategic Direction



# CRTO 2021 – 2025 Strategic Direction: Status Update

## Member Engagement

<b>Alignment of policies &amp; processes with the principles of Right-Touch regulation</b>		
Evidence-informed approach to QA selection, assessments & remediation.		● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.		● ON TRACK
<b>Transparent, objective, impartial, &amp; fair practices.</b>		
Clear direction regarding the registration requirements for all applicants.		● ON TRACK
A complaints process supported by publicly accessible policies & procedures.		● ON TRACK
<b>Accessible &amp; timely communication.</b>		
Increase the amount of information available on our website in written and online module format.		● AT RISK
Optimize the use of various communication platforms.		● AT RISK

# CRTO 2021 – 2025 Strategic Direction: Status Update

<b>Governance &amp; Accountability</b>	
<b>A highly competent &amp; effective Council.</b>	
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	● ACHIEVED
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	● 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.	● ON TRACK
<b>Independent, evidence-informed &amp; transparent decision-making processes.</b>	
Publicly accessible Code of Conduct & Conflict of Interest policy for Council & Committee members.	● ACHIEVED
<b>An ongoing commitment to performance improvement.</b>	
Tracking & review of Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	● ACHIEVED
Ongoing monitoring on KPI dashboard.	● ACHIEVED

# CRTO 2021 – 2025 Strategic Direction: Status Update

<b>Enhancing Professionalism</b>	
<b>Policies, standards of practice, &amp; practice guidelines based on the best available evidence.</b>	
Policy framework & review/revision of all policies and practice guidelines.	● ON TRACK
Standards of Practice & Ethical Practice documents promotes Diversity, Equity & Inclusion (DEI).	● ON TRACK
<b>Supporting the application of new or amended practice standards.</b>	
Online modules to support difficult-to-understand and novel practice standards.	● ON TRACK
<b>The application of Risk-Based regulation.</b>	
Formal risk assessments in all RC, QAC & ICRC decisions.	● ON TRACK
<b>Healthcare Community</b>	
<b>Actively seeking collaborative opportunities with other health regulatory colleges &amp; system partners.</b>	
Creation of common standards (where possible) both provincially and nationally.	● ON TRACK
<b>Engaging with stakeholders to enhance quality patient care.</b>	
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	● ACHIEVED



# CRTO 2021 – 2025 Strategic Direction: Status Update

Core Business Practices		
Clear financial alignment with strategic priorities.		
Revised financial statement & investment portfolio presentation		● ACHIEVED
A policy that clearly outlines the management of financial reserves		● ACHIEVED
Finance & Audit Committee		● ON TRACK
Embedding the principles of diversity, equity, and inclusion in College processes.		
DEI training for Council, Committee & staff members		● ON TRACK
Equity Impact Assessment		● ACHIEVED
A comprehensive Risk Management Framework		
Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)		● ON TRACK
Succession plan for senior leadership		● ON TRACK

## Member Engagement

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

Transparent, objective, impartial, & fair business practices

Accessible & timely communication

## 2024/25 Q2 HIGHLIGHTS

- ✓ Review of Launch failures to investigate trends, potential causes/solutions
- ✓ In development: Professional Conduct (PC) case management database, Alternative Dispute Resolution process, feedback form for system partners
- ✓ New reporting system by external investigators developed to facilitate CRTO oversight of investigations and reduce timelines
- ✓ Vulnerable Sector Checks Policy implementation – developed a new VSC webpage, updated application guides
- ✓ Developed a new Statement of Professional Standing webpage and form, updated the Registration Verification Form
- ✓ Drafted a new Emergency Registration Form and Guide

## 2024/25 Q2 HIGHLIGHTS

- ✓ **Chair's Dinner** - Committee Charis and staff attended an education session focused on compassionate regulation
- ✓ **Education Day** - Council, Committee members and staff took part in an Indigenous-led blanket exercise
- ✓ **2024 Council Elections** - updated the elections procedure, nomination form and webpages; sent out election notices and updates to Members of the CRTO
- ✓ Implemented a new **governance declaration**
- ✓ In development: training session for Discipline Committee Members

### Governance & Accountability

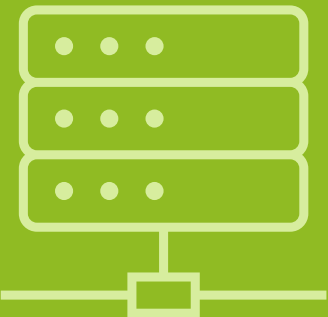
A highly competent & effective Council.

Independent, evidence informed & transparent decision-making processes

An ongoing commitment to performance improvement.

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
	Age of Members (General, Limited and Graduate Class)	Monitoring Measure
	Number of resignations in the past 5 years	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

\*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.

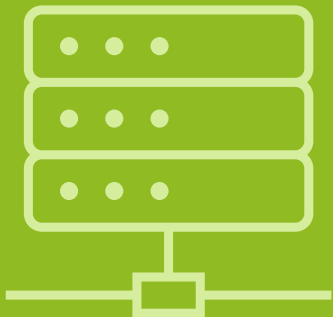
an ongoing  
commitment  
to  
performance  
improvement

## CORE PROGRAMS

Program	Indicator	Measure*
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
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	No. of website visits	Monitoring Measure
	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.

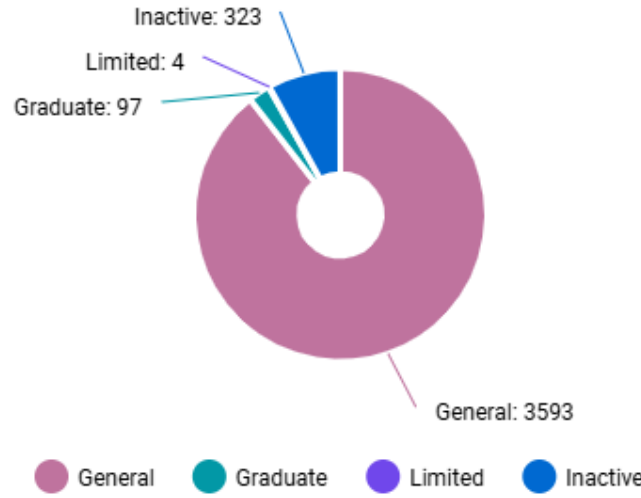


# 4017 Members



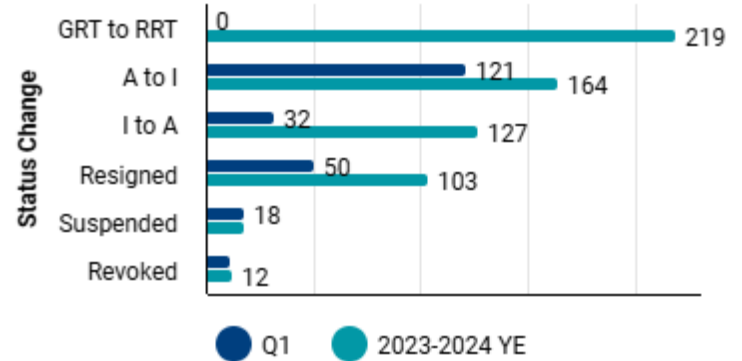
**+87** new Members from last report

## Membership Class

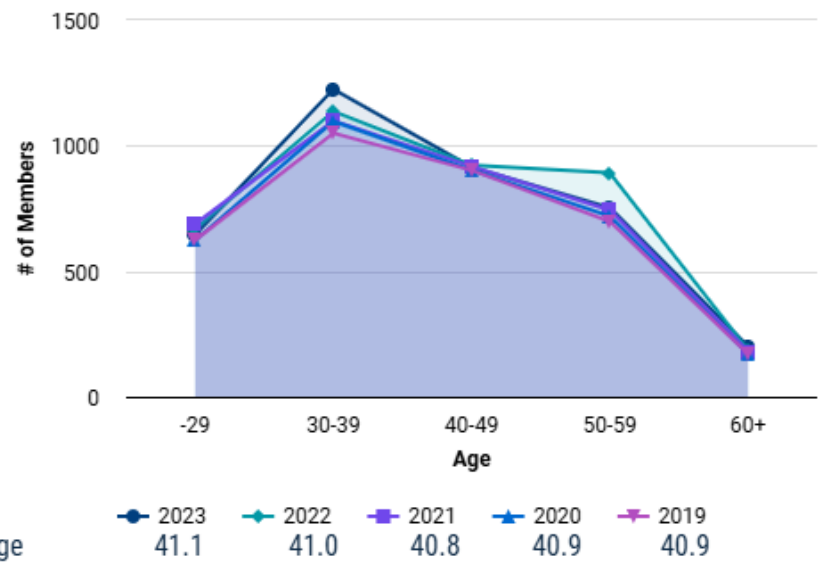


← **STATUS CHANGES PROCESSED** (March – May 2024) →

**232**



### Age of Active Members



Average age

● 2023 41.1   ● 2022 41.0   ● 2021 40.8   ● 2020 40.9   ● 2019 40.9

## Within the past 5 years



Active # based on CIHI reports

● Active Members   ● Resigned

# REGISTRATION (March – May 2024)

## 105 New applications

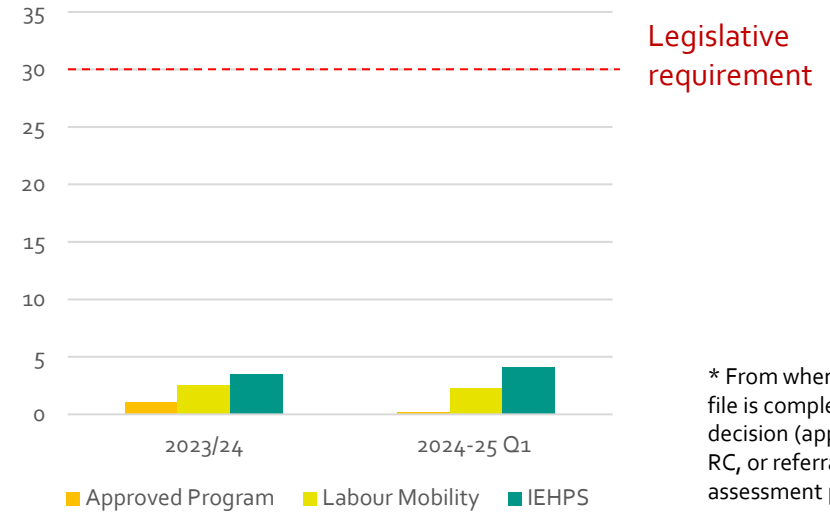
of those 6 are labour mobility applications



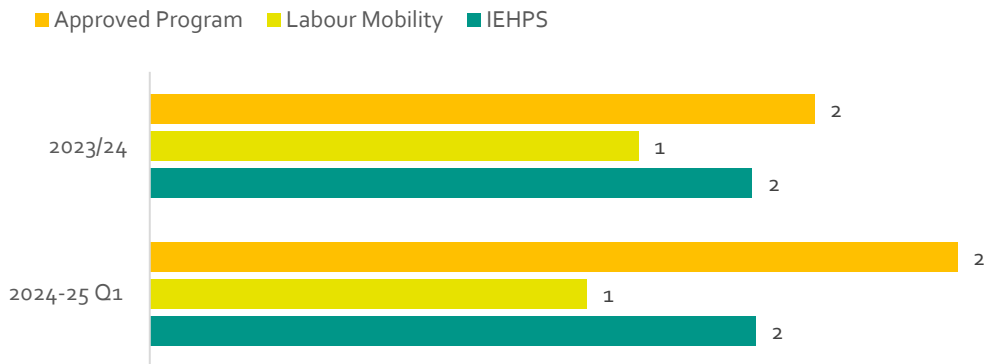
New Applications	March 2024 to May 2024
Ontario Graduates	85
Other Canadian Grad	5
USA Graduates	2
International Graduates	13

Labour Mobility Applications	March 2024 to May 2024
Alberta	2
Quebec	3
Manitoba	1

### Average No. of days to make a registration decision\*

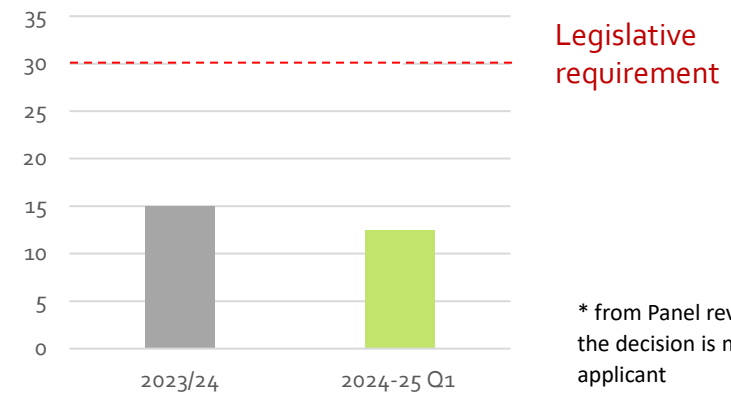


### Average no. of days to process\* an application (target 15)



\*from date of application received to "next steps" email

### Average No. of days to issue\* RC decision



# REGISTRATION (as on May 31, 2024)

**38**

## ACTIVE IEHP ASSESSMENT FILES

**25**

IEHP applicants in the process of submitting the required supporting documentation

**10**

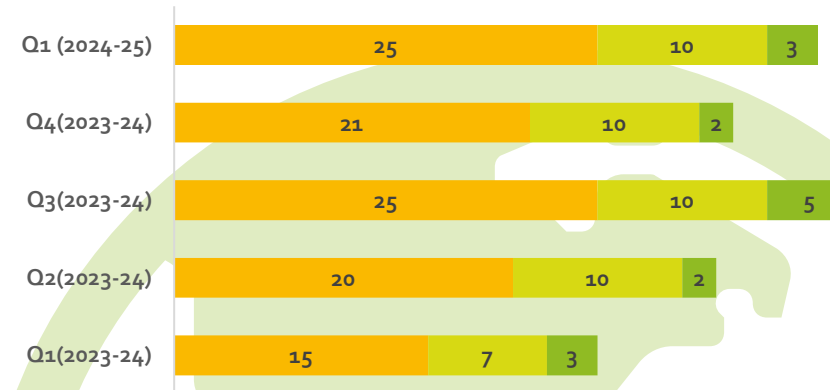
Applicants referred to the assessment who have completed or are in the process of completing the program review & interview stage

**3**

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

## ACTIVE IEHP ASSESSMENT FILES

Application Referral-BDI CSA



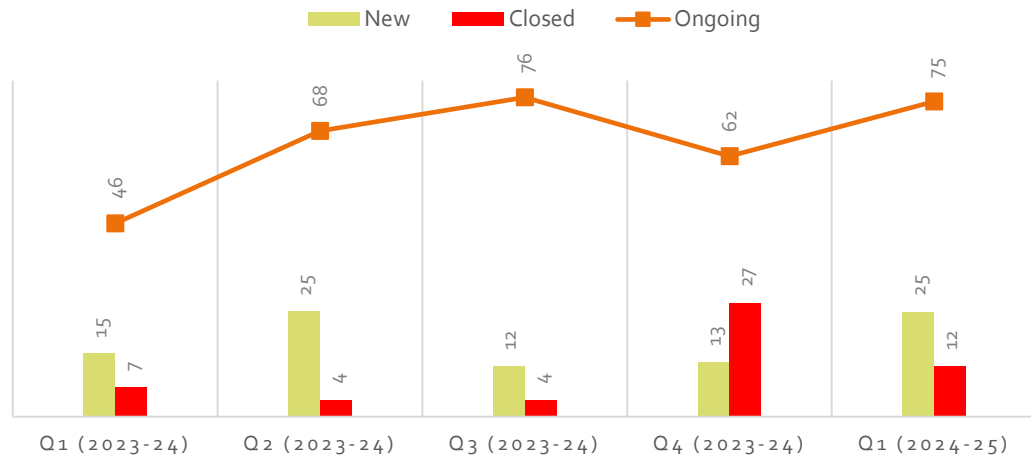
## IEHP APPLICANTS BY COUNTRY OF EDUCATION

India	10
Philippines	9
USA	9
Iran	5
Pakistan	2
Qatar	2
Afghanistan	1
Nigeria	1
Tunisia	1

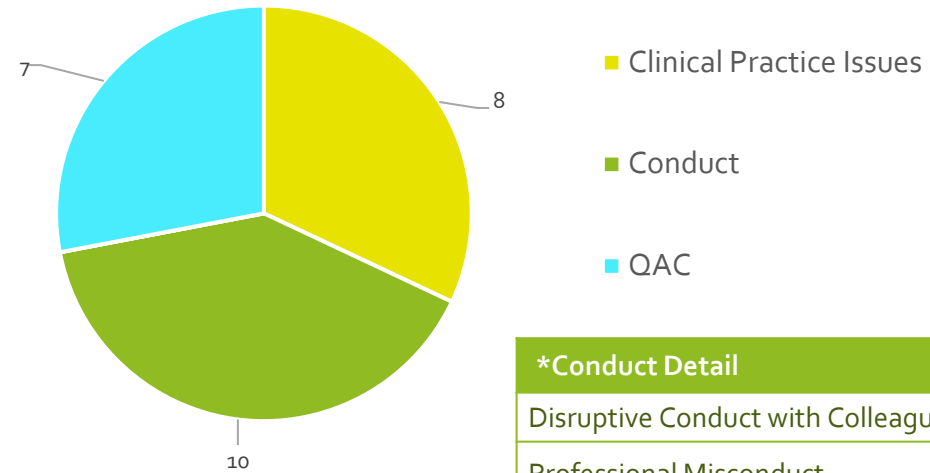


# PROFESSIONAL CONDUCT (March - May 2024)

## NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES

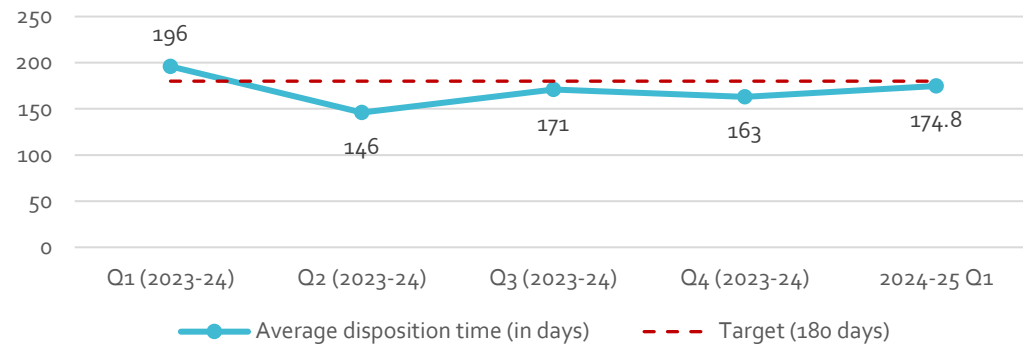


## NEW COMPLAINTS & REPORTS BY THEME

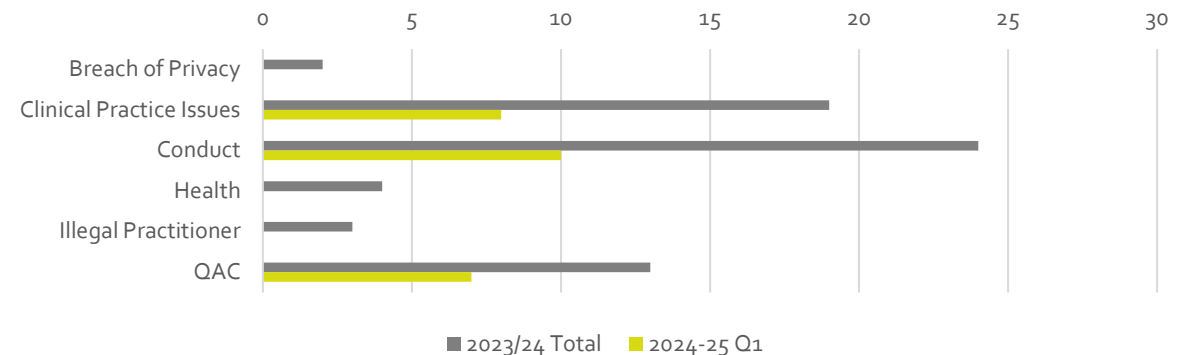


*Conduct Detail	Total
Disruptive Conduct with Colleagues	3
Professional Misconduct	6
Unprofessional Conduct in Personal Life	1

## AVERAGE DISPOSITION TIME (IN DAYS)



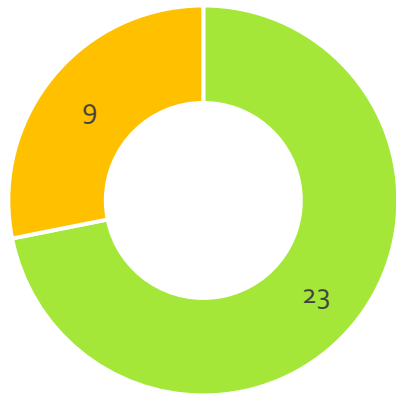
## NEW COMPLAINTS AND REPORTS BY THEME (COMPARED TO LAST YEAR)



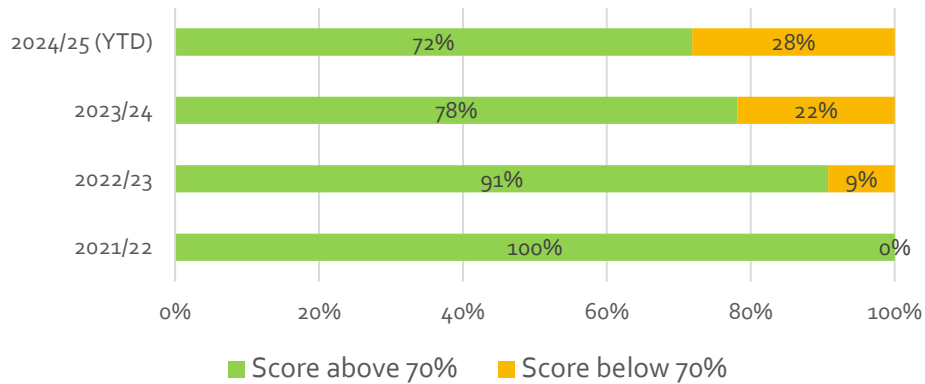
# QUALITY ASSURANCE (March – May 2024)

## Launch RT (YTD)

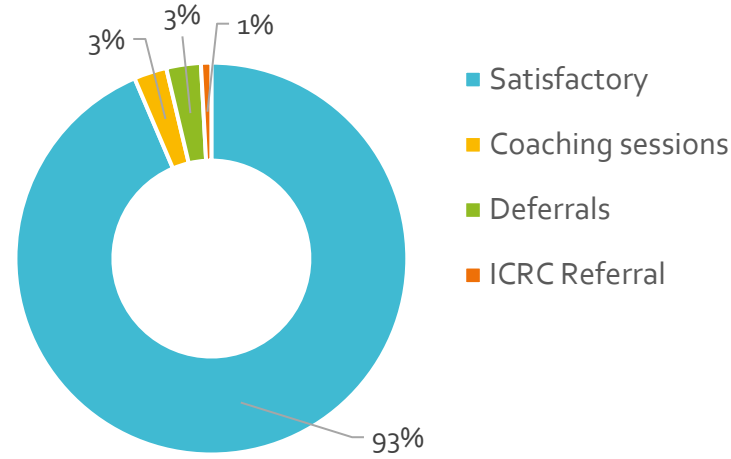
■ Score above 70% ■ Score below 70%



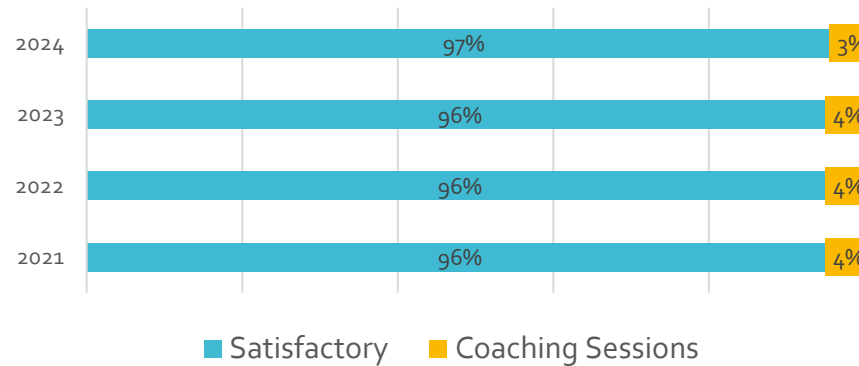
### Launch RT



## PORTfolios (2024)

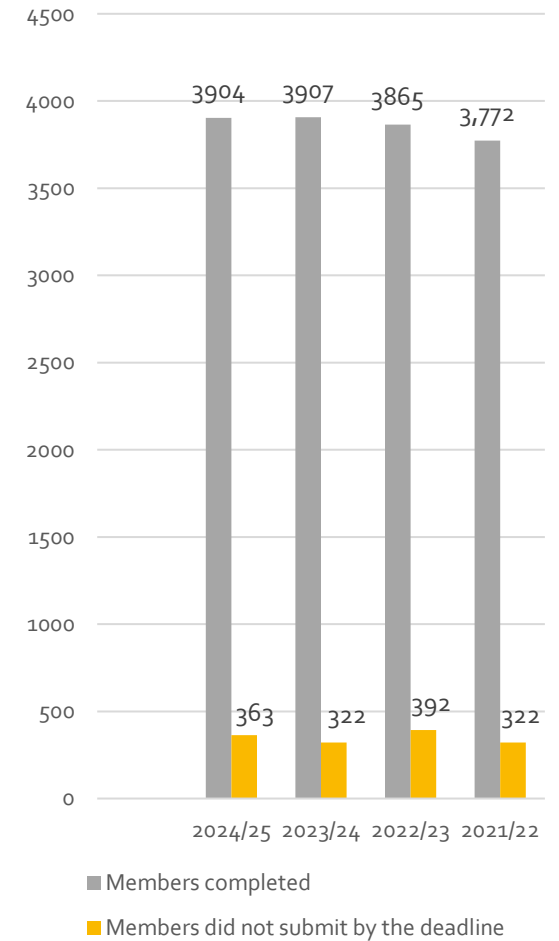


### PORTfolio



**42**

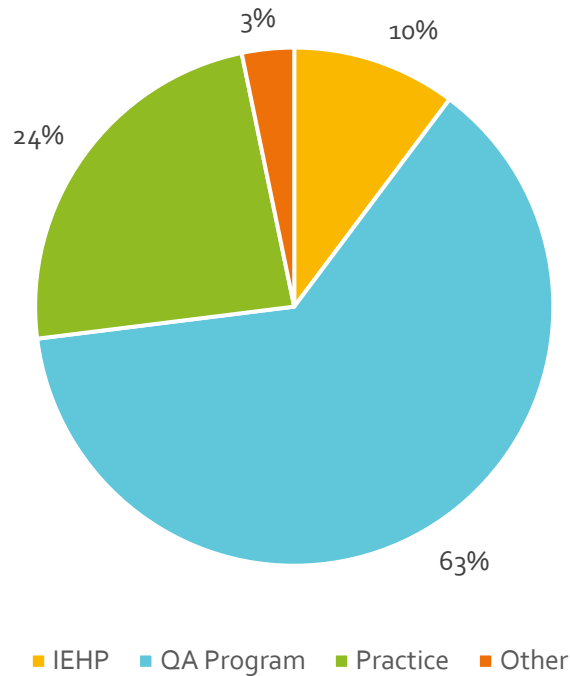
## Relevant



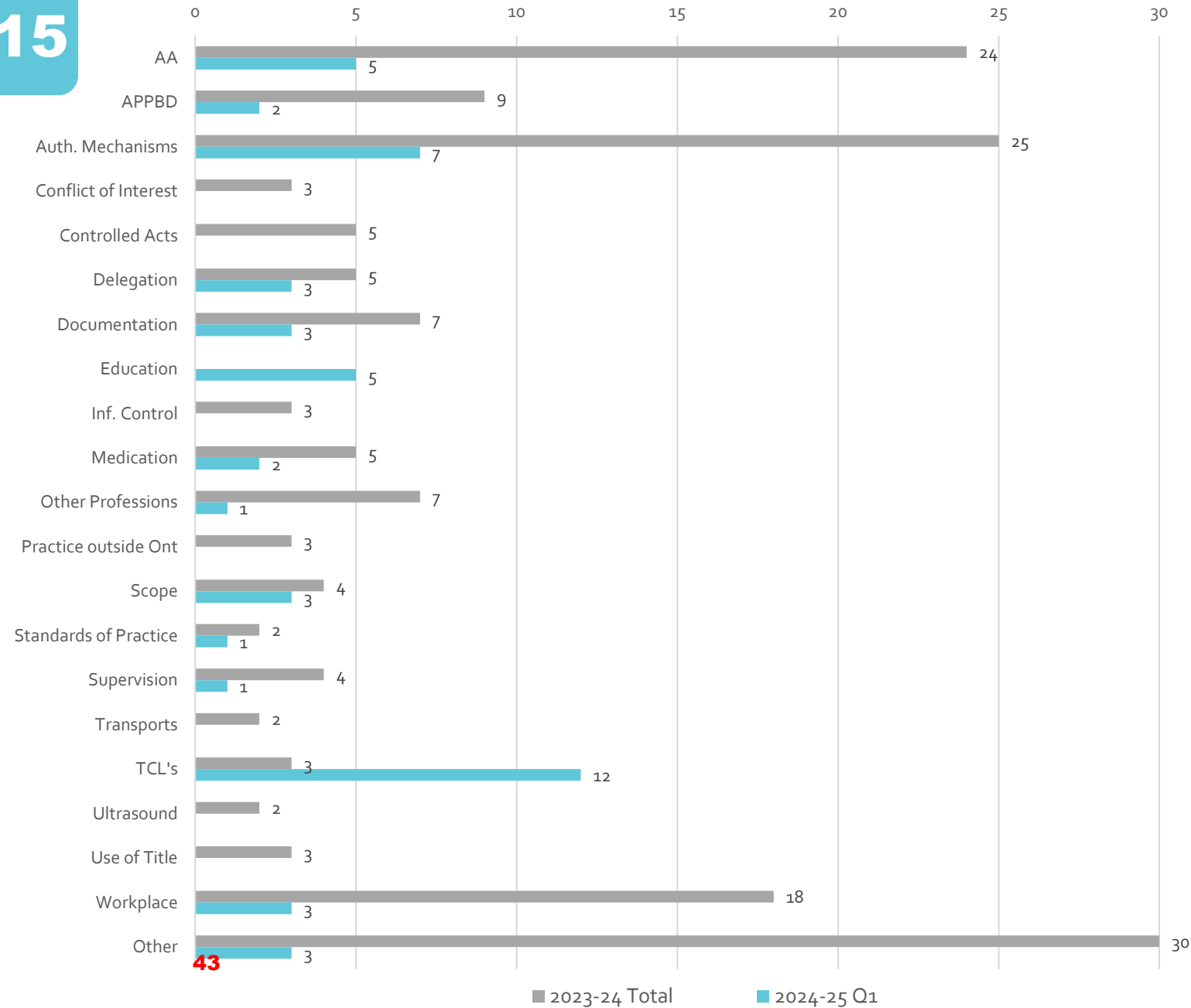
Total Number of Inquiries Received  
 (March – May 2024)

**215**

Quality Practice Inquiries by Theme



Practice Inquiries by Theme





38,000 website visits

### Top 3 most visited webpages:

- Members – CRTO (3,449)
- Public – CRTO (2,869)
- Approved RT Programs (2,663)

### Where website visitors are from:

- Canada(9656)
- USA (426)
- India (118)
- Philippines (104)
- UK (49)
- Saudi Arabia (43)
- Iran (39)

E-blasts: 74.2% average open rate



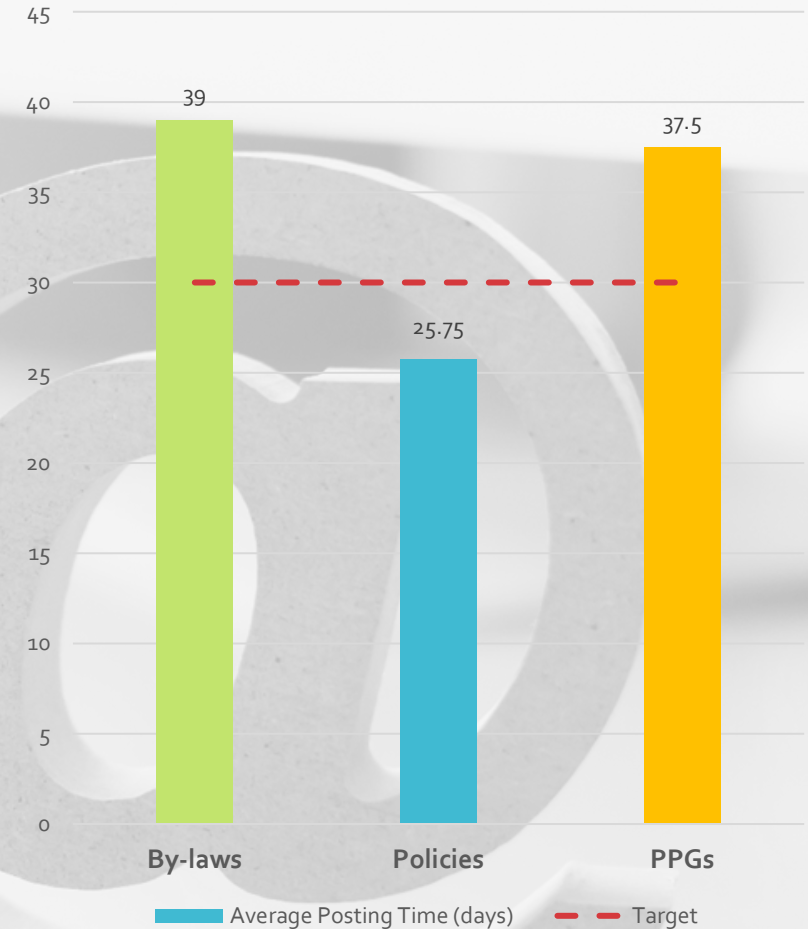
1

E-blast

1

Social Media Post

### Documents Posting Time (after approval)



## Enhancing Professionalism

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

The application of Risk-Based regulation.



142\*

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

- ✓ 20 PPGs & CBPGs
- ✓ 88 Policies
- ✓ 24 Fact Sheets
- ✓ 10 Other



45\* 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



# COLLABORATIVE INITIATIVES

(2024/25 Q2 HIGHLIGHTS)

## • HPRO

- Ongoing Information Sharing
- Disclosure of Information to System Partners Procedure
- EDI initiatives
- Public Appointments Working Group

## • NARTRB:

- Common Registration Verification form
- Shared Standards of Practice
- Entry-to-practice Competency Profile and Educational and Examination Resource
- IEHP Assessment



### Healthcare Community

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

Engaging with stakeholders to enhance quality patient care



# Financial Management

## 2024/25 Q2 HIGHLIGHTS

- 2023-24 Annual Report approved and posted
- Financial reserves continue to be managed and monitored as outlined in the Reserve Policy
- Retained investment bookkeeping services to ensure accuracy and streamline the audit process

### Core Business Practices

Clear financial alignment with strategic priorities.

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

A comprehensive Risk Management Framework.

## OPERATIONS – Finance

BALANCE SHEET	May 31, 2023	May 31, 2024
<b>Current Ratio (CR)</b> Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	6.5	4.3
<b>Dept Ratio (DR)</b> Compares total liabilities to total assets to determine the level of debt held by an organization [the lower the number (e.g., < 0.5), the greater the stability of the organization].	0.02	0.02
<b>Cash Reserve (CR)</b> Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	14 months	9 months



## OPERATIONS – Finance

INCOME STATEMENT	May 31, 2023	May 31, 2024
<p><b>Bottom Line (BL)</b> Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.</p>	+\$2,074,345.61	+\$2,183,927.28
<p><b>Revenue Growth Rate % (RGR%)</b> Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.</p>	1%	9%
<p><b>Expense Growth Rate % (EGR%)</b> Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.</p>	5%	9%

## OPERATIONS - Staffing

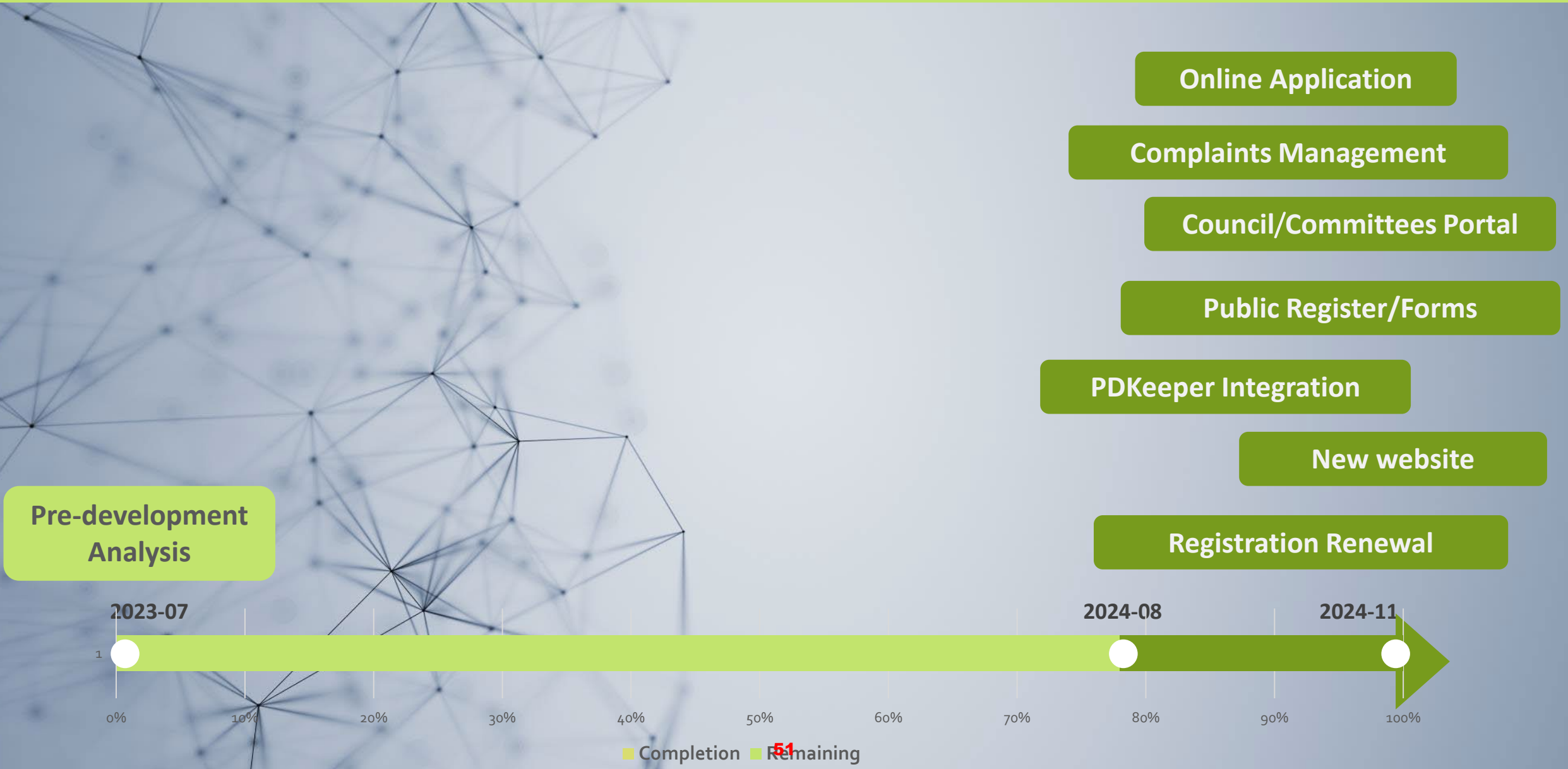
### 2024/25 Q2 HIGHLIGHTS

- Developed an inclusive interview question bank
- Staff training: cybersecurity - Social Engineering Red Flags, anti-Asian racism in healthcare
- Staff teambuilding event
  
- 12 FT staff
- Future KPIs: Staff Absenteeism Rate, Employee Satisfaction Rating



an ongoing commitment to performance improvement

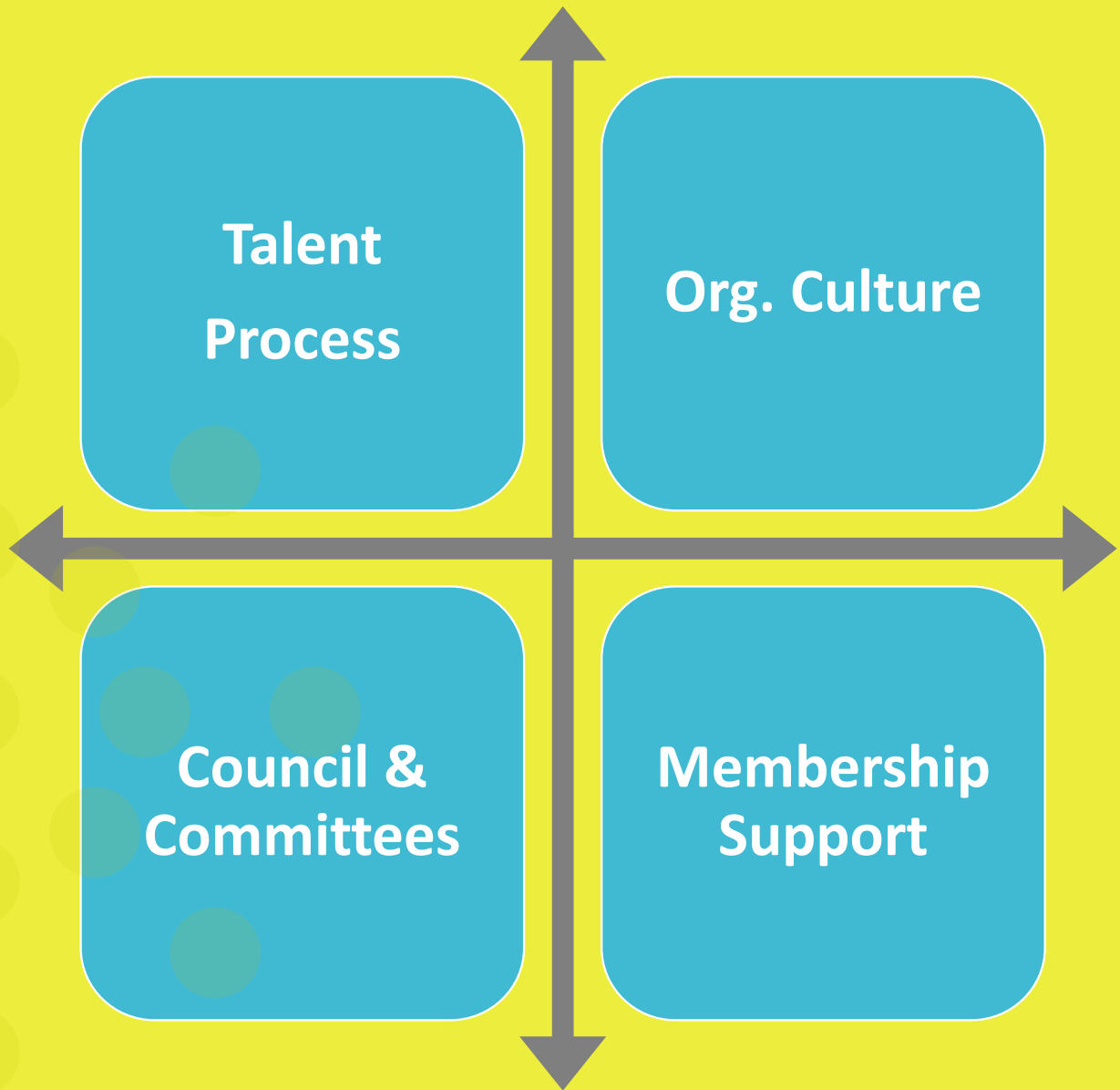
# OPERATIONS - IT New CRM System Implementation



# DEI Action Plan

## 2024/25 Q2 HIGHLIGHTS

- ✓ Developed inclusive interview question bank
- ✓ Incorporated the principles of Equity Impact Assessment into a policy review checklist
- ✓ Council, Committee members and staff took part in an Indigenous-led blanket exercise during Education Day
- ✓ Staff participated in an educational webinar hosted by CEC to celebrate Pride Month



## Core Business Practices

Clear financial alignment with strategic priorities.

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

A comprehensive Risk Management Framework.

# Risk Management 2024/25 Q2 HIGHLIGHTS

- ✓ Succession Planning
  - 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
- ✓ A comprehensive office transition plan in place
- ✓ IT and Cybersecurity
  - ✓ Developed a comprehensive cybersecurity plan
  - ✓ Staff awareness training and phishing campaign conducted in July & August
  - ✓ Record digitalization project in progress
  - ✓ Ongoing meetings with the vendor related to new database implementation
- ✓ The ICRC, QAC and RC continue to employ risk assessment tools in their decision dispositions of complaints and reports



2021 – 2025  
Strategic  
Direction

Quarterly KPIs



# Council Briefing Note

AGENDA ITEM #6.2

Sept. 13, 2024

<b>From:</b>	Carole Hamp, RRT – Registrar & CEO
<b>Topic:</b>	CRTO Elections 2024
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Governance and Accountability
<b>Attachment(s):</b>	N/A

## PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) regulates the practice of Respiratory Therapy in the public interest. In serving the public interest, the CRTO has a fiduciary duty to ensure that it has a sufficient number of professional members from across the province to support the important work of Council. This obligation is fulfilled by holding elections in accordance with the CRTO By-Laws ([By-Law 2 – Council and Committees](#)).

## ISSUE

This year, candidates were sought from the following districts:

- Electoral District 1 - composed of the territorial districts of Kenora, Rainy River and Thunder Bay.
- Electoral District 2 - composed of the territorial districts of Cochrane, Timiskaming, Sudbury, Algoma, Manitoulin, Parry Sound, Nipissing and Muskoka.
- Electoral District 5 - composed of geographic areas of Halton, Hamilton, Niagara, Waterloo, Haldimand, Norfolk, Brant, Dufferin and Wellington.
- Electoral District 7 (Academic Member) - composed of the whole of the province of Ontario.

The nomination period closed on August 28, 2024. At the end of the nomination period, the number of candidates nominated in each electoral district was equal to the number

of seats in that district. The Registrar declared the candidates to be elected by acclamation, which is consistent with the [CRTC By-law 2 \(s. 2.13\)](#).

The following Respiratory Therapists have been elected for three-year terms starting December 6, 2024:

- District 1 – Jennifer Gadioma, RRT
- District 2 – Sheena Lykke, RRT
- District 5 – Allison Chadwick, RRT
- District 5 – Laura Van Bommel, RRT
- District 7 – Sam Gennidakis, RRT

#### **NEXT STEPS**

The above individuals have been notified of their successful appointment and will take part in an orientation session in late October/early November.



# Council Briefing Note

**AGENDA ITEM #6.3**

**Sept. 13, 2024**

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

## **PUBLIC INTEREST RATIONALE**

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

## **ISSUE**

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

Since the June 2024 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.

**CRTO Risk Register (Summary)**

Sept. 13, 2024

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
01	<b>Organizational Operations</b>	<p><b>Significant staff turnover &amp;/or loss of key leadership</b></p> <p><b>Loss of critical organization knowledge</b></p> <ul style="list-style-type: none"> <li>Competitive labour market past COVID</li> <li>Illness or injury</li> <li>Staff absenteeism</li> </ul>	<p>Human Capital</p> <p>Member Relationships</p> <ul style="list-style-type: none"> <li>potential disruptions in the daily functioning of the CRTO</li> <li>insufficient staff to maintain essential College functions</li> </ul>	<p>Succession Plan Policy</p> <p>Onboarding procedures and resources for new hires</p> <p>Strong leadership on Council</p> <p>DEI Strategic Plan in place</p> <p>Registrar’s Performance Review Policy</p> <p>Standard operating procedures in most program areas</p> <p>Plan for key roles within the organization to provide coverage in the event of departure or illness</p> <p>(New) Staff Recruitment and Selection Policy</p> <p>Regular sector compensation review</p> <p><a href="#">A new inclusive question bank and interview template</a></p>	Medium	<p>Ongoing monitoring</p> <p>Staff cross training</p> <p>Continue to develop and update standard operating procedures in all program areas.</p> <p>DEI strategy implementation (talent processes and organizational culture) – in progress, to be fully implemented by Dec. 2024</p>
02	<b>Organizational Operations</b>	<p><b>Sudden/unexpected substantial increase in expenses and/or decrease in revenue</b></p> <ul style="list-style-type: none"> <li>Cost/expense escalations (e.g.,</li> </ul>	<p>Budget Adherence</p> <p>Member Relationships</p> <ul style="list-style-type: none"> <li>Deviation from budget; depletion of reserves</li> <li>Disruptions in the daily functioning of the College</li> </ul>	<p>Reserve Funds and Investments Policies</p> <p>Finance and Audit Committee oversight</p> <p>External audit</p>	Medium	<p>Ongoing monitoring</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		significant increase in investigation expenses) <ul style="list-style-type: none"> <li>• Potential decrease in membership fees</li> <li>• Sudden loss of investment funds due to market volatility</li> <li>• Cost of moving the office to COO</li> <li>• Potential additional costs due to delays in new database development</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient resources to maintain essential College functions</li> </ul>	Registration fees increase for 2024/25 New investment advisor monitoring all CRTO investments, including annual updates regarding the status of investments and economic outlook Fees Assessment Tool		
03	<b>Organizational Governance</b>	<b>Disruption in the effectiveness of Council</b> <ul style="list-style-type: none"> <li>• Loss of a public member on Council; delays in government public members' appointments</li> <li>• Potential deterioration or dysfunctionality of the relationship between staff and Council</li> <li>• Gap in compensation between public and professional Council members</li> </ul>	Member Relationships Compliance Reputation Public Protections <ul style="list-style-type: none"> <li>• Delays in Council decision-making</li> <li>• CRTO non-compliant with statutory requirements</li> <li>• Decrease in member engagement</li> </ul>	Proactive approach with government to ensure we have sufficient public members Relationship building through collaboration between staff and Council Committee appointments are competency-based, thus strengthening committees Governance e-learning modules Ongoing training for Council and Committee members Onboarding process Code of Conduct & Conflict of Interest Policy Council evaluation Updated election communication materials	High	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 CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
				Council & Committee competency self-evaluation		
04	<b>Organizational Operations</b>	<b>IT infrastructure disruption and/or compromise of data integrity</b> <ul style="list-style-type: none"> <li>• Phishing</li> <li>• Ransomware attacks</li> <li>• Denial-of-service attacks</li> <li>• Unauthorized disclosure of personal/confidential information</li> </ul>	Member Relationships Compliance Reputation <ul style="list-style-type: none"> <li>• Potential service disruption</li> <li>• CRTO non-compliant with statutory requirements</li> <li>• Negative media attention</li> <li>• Concerns/complaints from interested parties</li> </ul>	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 Internal audit of the information stored on servers Regular patch compliance Increased email security/protection Developed internal IT communication template(s) for use in the event of cyber attack Completed file cleanup based on the internal audit findings	High	Verification of cybersecurity of key 3rd party vendors Develop communication plan for use in event of a cyber-attack – March 2024 December 2024 Development of internal staff action plan to promptly address any IT infrastructure disruptions and cyber security incidents – December 2024 Increase email security/protection Ongoing network file cleanup based on the internal audit findings A detailed cybersecurity plan to be implemented in October 2024
05	<b>Organizational Operations</b>	<b>Ineffective communications</b> <ul style="list-style-type: none"> <li>• Outdated, incorrect information on the CRTO website/social media channels</li> </ul>	Member Relationships Compliance Reputation Public Protection	Periodic/regular audit of website content Staff training Member outreach initiatives – eBlasts, reminders, etc.	Medium High	New website to be developed – December 2024–Spring 2025 Monitoring response rates to CRTO consultations Develop a new communications strategy

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		<ul style="list-style-type: none"> <li>Transition to a new website/<a href="#">Delays in new website development</a></li> </ul>	<ul style="list-style-type: none"> <li>Public unaware of the CRTO and unable to access the complaints process</li> <li>Member dissatisfaction; lack of engagement with the CRTO</li> <li>Concerns from interested parties</li> <li>Members' non-compliance with statutory requirements</li> </ul>	Full-time communications professional on staff <a href="#">New French translation service provider</a>		Monitoring document posting timelines (e.g., from approval to posting) Streamline PPG and CBPG publication process, improve accessibility of PDF documents
06	<b>Organizational Compliance</b>	<b>Misalignment with regulatory requirements</b> <ul style="list-style-type: none"> <li>Changes in technology (e.g., new database, new online application system)</li> <li>Legislative changes</li> <li><a href="#">Increase in reporting requirements</a></li> </ul>	Compliance Public Protection <ul style="list-style-type: none"> <li>Potential delays in application processing and/or complaints and reports processing</li> </ul>	Ongoing monitoring and regular reporting of registration and professional conduct processing timelines Staff training Ongoing communications with developers regarding system needs Collaboration with third-party organizations	Medium	Ensure adequate staffing in core program areas – ongoing Continue to monitor registration and professional conduct processing timelines
07	<b>Regulatory Professional Practice</b>	<b>Insufficient/out-of-date practice information</b> <ul style="list-style-type: none"> <li>Changes in practice expectations/scope</li> <li>Changes in regulatory requirements (e.g., reporting, infection control, etc.)</li> </ul>	Public Protection Member Relations <ul style="list-style-type: none"> <li>Members' non-compliance with statutory requirements</li> <li>Concerns/complaints from interested parties</li> </ul>	Regular checks on the quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope Monitoring and reporting of practice-related inquiries	Medium	Continue to monitor and report on practice-related inquiries Regular legislative and regulatory scans (HPRO working group)

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
08	<b>Regulatory</b>	<b>Unauthorized Practice</b> <ul style="list-style-type: none"> <li>Impact of the “As of Right” initiative</li> <li>New unaccredited RT programs in Ontario</li> </ul>	Public Protection <ul style="list-style-type: none"> <li>Increase in unauthorized practice concerns/reports received</li> </ul>	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports New webpage for Employers to address “As of Right”	Medium	Continue to monitor unauthorized practice complaints/reports
09	<b>Organizational Operational</b>	<b>Inconsistent Processes/Records Management</b> <ul style="list-style-type: none"> <li>Lack of written procedures in key program areas</li> <li>Staff changes/departure</li> </ul>	Compliance Member relations <ul style="list-style-type: none"> <li>Potential delays in core program areas</li> <li>CRTO non-compliant with statutory requirements</li> </ul>	Policy Framework Registration guides (internal and external) PC process guides IT walkthroughs Records Management and Retention Policy Standard operating procedures in most program areas <a href="#">Digitization of CRTO paper records</a>	Medium	Review each department’s procedures, guidelines and workflows; identify what procedures need to be updated and/or developed – June 2024 Continue to develop and update standard operating procedures in all program areas.
10	<b>Regulatory</b>	<b>Health Human Resources</b> <ul style="list-style-type: none"> <li>Insufficient number of RTs to meet the demands of the healthcare system</li> <li>New unaccredited RT programs in Ontario</li> </ul>	Public Protection	Emergency Class of Registration Emergency Registration Policy Streamlined registration processes and efficient processing timelines <a href="#">Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process</a>	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	●	●	↔	
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	●	●	↔	
Regulatory	Health Human Resources	●	●	↔	



# Council Briefing Note

**AGENDA ITEM # 7.1**

**September 13, 2024**

<b>From:</b>	CRTO Staff
<b>Topic:</b>	CRTO Update Report
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	N/A

## **INTERNAL**

### **ADMINISTRATION**

#### **Office Space Plans** ([Shaf & Stephanie](#))

The CRTO is moving forward with its plans to begin sharing office space with the College of Opticians. Our lease agreement will start on October 1, 2024. We are currently in the process of emptying our current office with all its contents and transitioning to a cloud-based server.

#### **NEW CRTO Database and Website** ([Temeka & Ania](#))

In1Touch (OlaTech) was retained in June 2023 to implement a new database and website for the CRTO. That work is ongoing; the anticipated completion date is early November 2024. To prevent any service disruption during the 2025 membership renewal period, this will mean signing on with iMIS in August for one more year.

#### **Cybersecurity Response Plan**

The CRTO continues to work through the preparation phase of its cybersecurity response plan. We have retained a legal firm specializing in cybersecurity response to act as our Breach Coach in the event of an attack. Their legal team has also agreed to assist us by reviewing our draft response plan. In addition, HIROC (the CRTO's insurance provider) has confirmed for us at what point in a cybersecurity response they would need to be contacted.

Our Breach Coach team has also agreed to assist the CRTO in creating organizational parameters around our staff's use of AI.

# Council Briefing Note

## **IEHP Entry-to-Practice Assessment (Kelly)**

There has been a significant growth in the number of candidates trained outside of Canada coming to the CRTO to be assessed. Most are seeking registration in Ontario, but an increasing number are also being sent to Ontario for assessment from other Canadian RT jurisdictions. This has necessitated an increase in not only the staffing resources allocated to the implantation of this program but also the search for a site where we could potentially assess multiple candidates on a single day. To this end, some CRTO staff will visit the Michener Institute in September to tour their simulation lab. In addition, we will be adding one additional staff member to, among other things, support the IEHP assessment program.

## **Proposed Registration Regulation Revisions (Carole & Ania)**

On May 1, 2023, the CRTO submitted a number of proposed revisions to our current Registration Regulation. We communicated with the Ministry in early April of this year to explain the need to complete the review process by the end of this year. The Ministry said they would do their best to fast-track it and later contacted us in June to say they were ready to post the draft on the Regulation Registry. However, it has not yet been posted on the Registry, and the last two emails to our Ministry contact have gone unanswered.

## **EXTERNAL**

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

Most of the NARTRB member Colleges have decided to adopt the Standards of Practice document that the CRTO developed in collaboration with the Saskatchewan College of Respiratory Therapists. The regulatory bodies that will be using the most current version are in the process of sending it out for consultation with the stakeholders in their jurisdiction.

### **HPRO Public Member Appointment Working Group**

The working group met on August 30<sup>th</sup> and discussed the following:

- Colleges taking the lead on getting the word out to the public regarding the opportunity for Public Member Appointments and how to go about applying. This could be done via several mechanisms, such as:
  - College websites & social media accounts
  - The Citizens Advisory Group
- Determine how many Colleges who have made the changes to the by-laws to allow them to assign their own Public Committee Appointees.
- Make recommendations to the Public Appointments Secretariate, for example:

# Council Briefing Note

- Seeing that some Colleges are at their maximum number of public members, while others are at their minimum, it is important to even out the appointments so that the workload for all public members is more manageable.

# Council Briefing Note

**AGENDA ITEM 7.2**

**September 13, 2024**

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

**PUBLIC INTEREST RATIONALE:**

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

**ISSUE:**

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

**BACKGROUND:**

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

**ANALYSIS:**

- Appendix A: Balance Sheet Summary Report
- Appendix B: Income Statement Summary Report
- Appendix C: Reporting Codes

**RECOMMENDATIONS:**

That Council approved the CRTO's quarterly financial statements for March 1, 2024, to August 31, 2024.

Appendix A: Balance Sheet Summary Report

<b>Total Liabilities &amp; Equity</b>	\$ <b>2,962,823.56</b>	\$ <b>2,799,799.51</b>
<b>CRTO Balance Sheet Summary</b>		
	<b>As of August 31, 2024</b>	<b>As of August 31, 2023</b>
<b>Assets</b>		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 1,008,750.49	\$ 1,645,185.68
Accounts Receivable	\$ -	\$ -
Investments	\$ 1,812,052.59	\$ 1,057,424.35
Prepays	\$ 28,414.29	\$ 53,733.62
<b>Total current assets</b>	<b>\$ 2,849,217.37</b>	<b>\$ 2,756,343.65</b>
Total Non-Current Assets	\$ 111,463.61	\$ 43,455.86
<b>Total assets</b>	<b>\$ 2,960,680.98</b>	<b>\$ 2,799,799.51</b>
<b>Liabilities</b>		
Accrued liability	\$ 84,842.87	\$ 54,405.87
<b>Net Assets</b>		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 20,000.00	\$ 80,000.00
Reserve for Fee Stabilization	\$ 150,000.00	\$ 250,000.00
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00
Special projects reserve fund	\$ 300,000.00	\$ 300,000.00
<i>Total Restricted funds</i>	<b>\$ 1,120,000.00</b>	<b>\$ 1,280,000.00</b>
<b>Unrestricted Reserves</b>	<b>\$ 1,757,967.13</b>	<b>\$ 1,465,380.08</b>
Budgeted Monthly Operating Expenses = \$231,577.98		
Current Unrestricted Reserves =7.5 months operating expenses		

**Appendix B: Income Statement Summary Report**

Code	CRTO Statement Summary	Income Mar 1-August 31, 2024	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - August 31, 2023
0	Revenue	2,746,240.16	\$ 2,864,750.00	-\$ 118,509.84	-4.1%	\$ 2,506,601.44
0.5	Competency Assessment Income	21,750.00	\$ 44,500.00	-\$ 22,750.00	-51.1%	\$ 26,750.00
	<b>Total Income</b>	<b>\$ 2,767,990.16</b>	<b>\$ 2,909,250.00</b>	<b>-\$ 141,259.84</b>	<b>-4.9%</b>	<b>\$ 2,533,351.44</b>
0.6	Competency Assessment Expense	\$ 38,356.15	\$ 47,856.00	-\$ 9,499.85	-19.9%	\$ 16,127.64
1	Wages and benefits	\$ 799,038.28	\$ 1,652,220.00	-\$ 853,181.72	-51.6%	\$ 727,261.31
2	Occupancy costs	\$ 133,372.06	\$ 260,419.75	-\$ 127,047.69	-48.8%	\$ 123,857.06
3	Professional services	\$ 47,067.00	\$ 91,645.00	-\$ 44,578.00	-48.6%	\$ 20,116.26
4	Investigation and hearing expense	\$ 78,872.47	\$ 150,000.00	-\$ 71,127.53	-47.4%	\$ 75,436.26
5	Technology / Website	\$ 113,951.63	\$ 289,250.00	-\$ 175,298.37	-60.6%	\$ 104,846.13
6	General operating expenses	\$ 66,040.67	\$ 118,100.00	-\$ 52,059.33	-44.1%	\$ 39,281.50
7	Credit card and Paypal fees	\$ 16,732.40	\$ 81,200.00	-\$ 64,467.60	-79.4%	\$ 12,712.47
8	Membership and dues	\$ 27,054.00	\$ 53,250.00	-\$ 26,196.00	-49.2%	\$ 17,241.64
9	Quality assurance expenses	\$ 17,150.00	\$ 59,550.00	-\$ 42,400.00	-71.2%	\$ 18,800.00
11	Unrealized (gains) losses	-\$ 1,546.00	\$ -			-\$ 3,533.00
12	Council and committee	\$ 49,929.06	\$ 86,100.00	-\$ 36,170.94	-42.0%	\$ 32,873.77
14	Consulting	\$ 4,271.40	\$ 15,000.00	-\$ 10,728.60	-71.5%	\$ 7,887.40
99	Equipment purchased	\$ 355.09	\$ 4,500.00	-\$ 4,144.91	-92.1%	\$ 506.79
	<b>Total Expenses</b>	<b>\$ 1,390,644.21</b>	<b>\$ 2,909,090.75</b>			<b>\$ 1,193,415.23</b>
	<b>Net Income</b>	<b>\$ 1,377,345.95</b>				<b>\$ 1,339,936.21</b>

**Appendix C: Income Statement Reporting Codes**

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



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

# Council Briefing Note

**AGENDA ITEM # 7.3**

**September 13, 2024**

<b>From:</b>	Shaf Rahman – Deputy Registrar
<b>Topic:</b>	Investment Portfolio
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	Appendix A: Investment Portfolio Summary
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: The Council approve the CRTO’s Investment Portfolio summary report.</b>

**PUBLIC INTEREST RATIONALE:**

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

**ISSUE:**

The CRTO is striving for improvements 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:**

In June 2023, the CRTO obtained the services of RBC Wealth Management Group to manage the CRTO investment portfolio. The goal of this new approach was to ensure a rate of return similar to the Consumer Price Index increases, to match rising inflation costs. The RBC management group was directed to manage the CRTO’s portfolio with a goal of an asset mix of approximately 50% fixed income and 50% Equity.

When transferring the CRTO’s existing investment funds from CIBC Wood Gundy to the RBC Wealth Management Group, the CRTO was advised to not transfer any GICs invested with Wood Gundy until they have matured, as there would be a penalty in withdrawing the funds early. Accordingly, two GICs totaling \$200, 000 remained with Wood Gundy.

Further, as the CRTO obtained better banking rates with CIBC than what RBC could offer from their banking department, it was decided that the CRTO's CIBC Renaissance High-Interest Savings would not be transferred to RBC and would continue to stay with CIBC.

**ANALYSIS:**

- On April 1, 2024 – the CRTO sold \$25,000 of the CIBC Renaissance High-Interest Savings to establish the GIC (CIBC Cashable Flexible @ 4.55% for one year) required to release the GSA that previously secured our CIBC corporate credit card. This enabled us to open a new corporate credit card with RBC and have the time necessary to transfer the automatic payments over to the new card without any service disruptions. Once the account transfers are complete, we will cash out this CIBC GIC and transfer the funds over to our RBC investment portfolio.
- In August 2024, the final two GICs remaining with CIBC Wood Gundy matured, and those funds and some additional funds from the CIBC Renaissance High-Interest Savings account was transferred to our RBC investment accounts. This transfer totalled \$400,000. This resulted in approximately \$246,000 remaining in the CIBC Renaissance High-Interest Savings account.
- As of September 1, 2024, the total value of the RBC investment portfolio was approximately \$1,597,000. The asset mix for these funds are approximately 48% fixed income and 52% Equity funds.
- The total investment return in the RBC investment portfolio YTD is +11.64% and 14.23% since inception (June 4, 2023).
- For further details see Appendix A – Investment Portfolio Summary

**RECOMMENDATION:**

CRTO Council approve the CRTO's Investment Portfolio summary report.

## Overview of RBC Investments: (as of September 3, 2024)

Total Value  
**+1,597,403.40 CAD**  
 +1,178,851.83 USD

Total Book Cost ⓘ  
**+1,465,799.46 CAD**  
 +1,080,349.57 USD

Unrealized Gain/Loss ⓘ  
**+120,304.17 CAD**  
 +8.21%

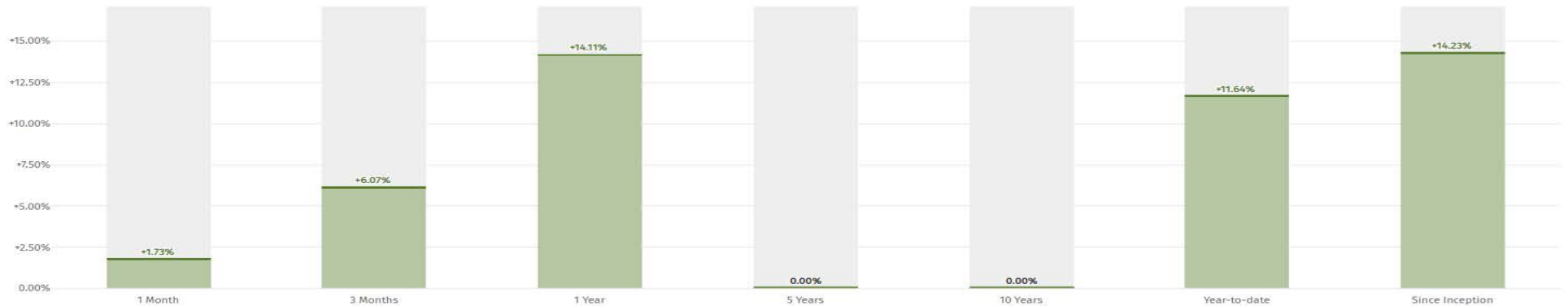
[Exchange Rate](#) : 1 USD = 1.35505 CAD | Balances as of Sept 03, 2024

### Cash and Investment Balances

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Currency	AFT	Cash	Investments	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
CAD	-	2,754.36	1,087,239.31	1,089,993.67	1,023,528.10	+57,724.24	5.64%
USD	-	1,832.41	372,625.90	374,458.31	325,006.30	+47,563.93	14.63%

## Performance Evaluation as Compared to Mile Markers: (as of September 3, 2024)



### Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
+1.73%	+6.07%	+14.11%	<b>76</b> 0.00%	0.00%	+11.64%	+14.23%

**RBC Investment Portfolio Asset Mix: (as of September 3, 2024)**



**Summary of Types of Holdings: (as of September 3, 2024)**

Product Type (in CAD)

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Product Type	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares	798,829.72	694,267.26	+104,562.46	15.06%
ETFs	23,926.99	20,543.62	+3,383.37	16.47%
Fixed Income	754,409.33	735,988.58	+12,358.35	1.68%
Mutual Funds	15,000.00	15,000.00	0.00	0.00%

**CIBC – Wood Gundy Investment Portfolio:**

The CRTO continues to hold GICs and Cash and Cash Equivalents with CIBC Wood Gundy.

**Fixed Income Investments:**

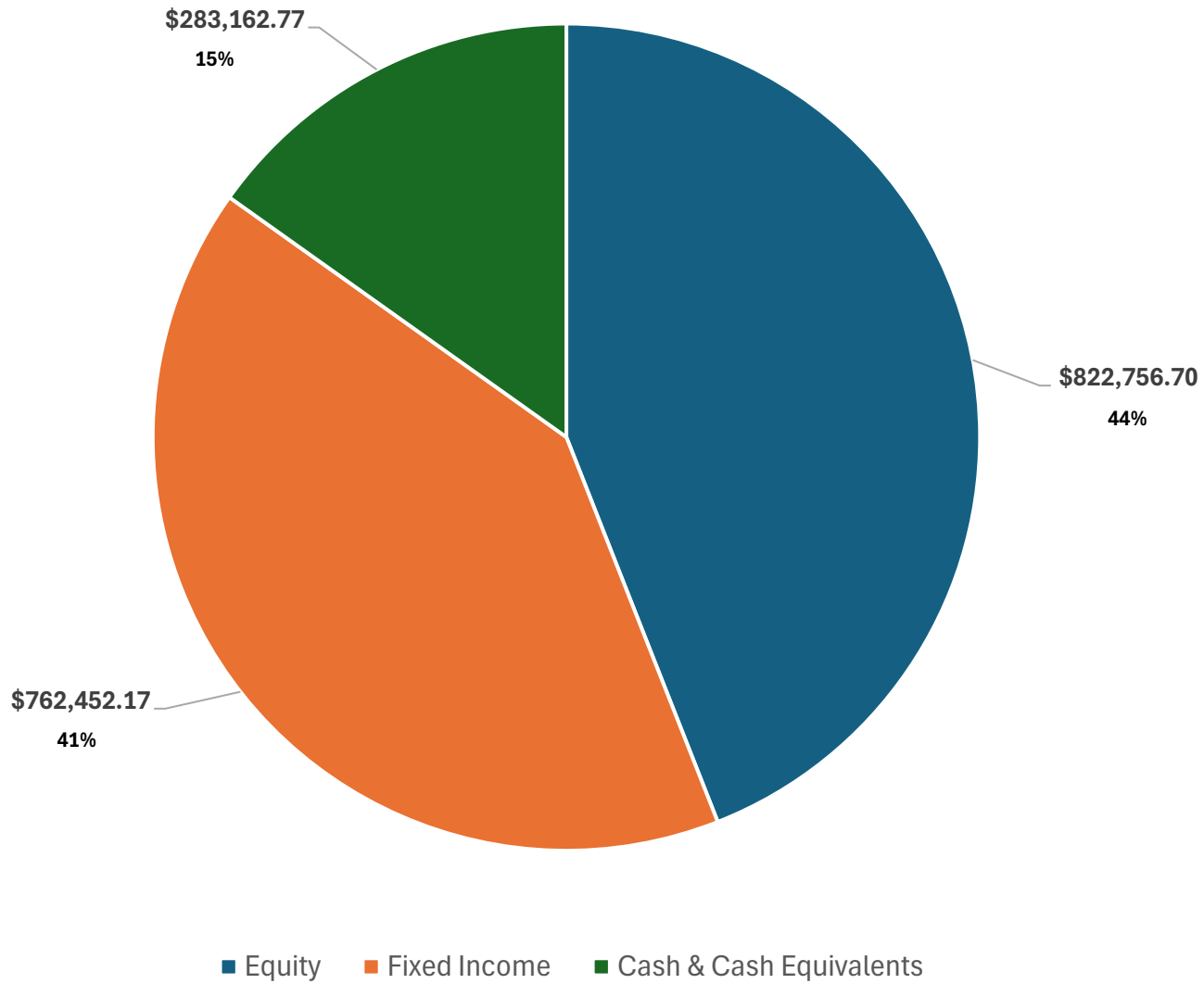
<b>GIC Name</b>	<b>Book Value</b>	<b>Interest Rate</b>	<b>Maturity Date</b>
CIBC Flexible GIC	\$25, 000	4.55%	April 4, 2025

**Cash & Case Equivalent Accounts:**

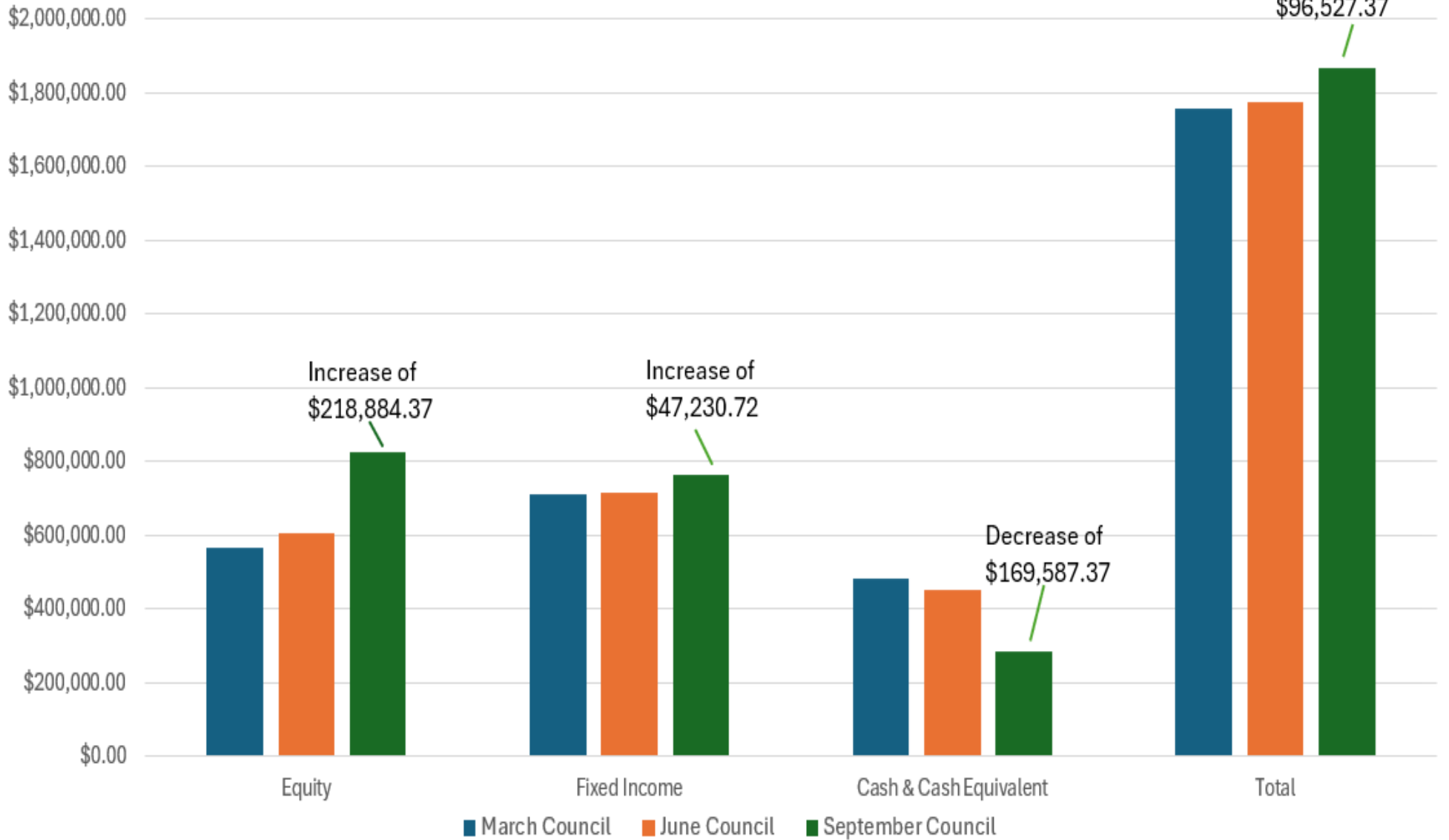
<b>Account</b>	<b>Value</b>
CIBC Renaissance High Interest Savings Account	\$ 245,968.24

**Combined Allocation of Investment Funds:**


**Asset Mix (RBC & CIBC Wood Gundy Investments)**



### Comparison: March vs June vs September Council







# CRTO Mid-Year Financial Review

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MARCH-AUGUST 2024

# Fiduciary Duty of Board Members

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In many ways, these are the same in both for-profit and nonprofit organizations.

Board members are required to remain faithful to the organization's mandate and strategic direction.



# Mandate & Strategic Direction of the CRTO

Mandated to regulate the profession of Respiratory Therapy in the interest of the public, and this is accomplished by (among other things):

- ❖ Maintaining all operational (staffing, IT, communication, etc.) & core regulatory functions (i.e., Professional Conduct, Registration & Quality Assurance).
- ❖ Providing ongoing training support to Council & Committee members to enable them to fulfill their obligations to the organization & the public of Ontario.
- ❖ Meeting the legislative & other requirements set out by the provincial government & other relevant agencies (e.g., OFC).

# Key Operational Costs

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**Staffing** – recruitment & retention, competitive compensation.

**Workspace** – leasing/rental costs, home office equipment, internet, phone services, etc.

## **Technology**

- ❖ Cybersecurity
- ❖ Database
- ❖ Cloud-Based Server

## **Mandated Requirements**

- ❖ Professional Conduct
- ❖ Governance
- ❖ Government Obligations/Opportunities



# Staffing

We currently have 12 full-time staff and one part-time.

- ❖ Our current workload, primarily related to our IEHP entry-to-practice assessment program and SCERPs for Professional Conduct matters, requires adding one full-time position to our staffing.
- ❖ This will result in an additional approximately **\$90,000** to the existing salary budget and an increase in all other associated staffing costs (e.g., benefits, training, etc.)
- ❖ We have been invited to join the Healthcare of Ontario Pension Plan (HOOPP) & are exploring that option as part of a recruitment & retention strategy.

# Workspace

Our current lease obligation (approximately \$230,000/year) ends in December 2024, and we will be moving out of our current workspace at 180 Dundas Street.

- ❖ The yearly cost for our 1-day/week rent at the College of Opticians will be approximately \$40,000 (tax included).
- ❖ Resulting in an approximate yearly **reduction in rent & occupancy costs of \$190,000.**
- ❖ **Also, a reduction in leasing costs by approx. \$2,000.**
  - ❖ One-time moving costs – Approx. \$15,000

# Technology

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**Cybersecurity** – hardware & software upgrades, external consultants, staff training.

- ❖ over \$25,000 last fiscal year & approx. \$10,000 by this current 2<sup>nd</sup> quarter.

**Database & Website**– [Development will be fully paid by the end of this fiscal year.](#) Subscription fee, staff training & ongoing enhancement & maintenance

- ❖ Back-end user training \$210/hr.
- ❖ Additional costs for other components (e.g., election module, survey tool, etc.)

**Migration to Cloud-Based Server & Telephone Access**

- ❖ Approximately \$35,000 (paid in this fiscal year)





# Mandated Requirements

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## Professional Conduct

- ❖ The number and complexity of complaints and employer reports have increased substantially over the past 3 years.

## Governance

- ❖ 2026 – 2030 Strategic Direction will need to be developed near the 3<sup>rd</sup> quarter of 2025.

## Government Obligations

- ❖ Substantial growth in IEHP candidates over the past three years, as well as increased reporting expectations from various government agencies.

## Government Opportunities

- ❖ Plans underway to conduct a Scope of Practice review & potentially submit a proposal to the MOH in 2025.



# Professional Conduct

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Significant rise in the number and complexity of complaints and reports being brought forward to the CRTO – resulting in a corresponding increase in legal & investigative costs, as well as ICRC meeting costs.

2022/23	2023/24	
46 new cases	65 new cases	Approx. increase of <b>\$25,000</b>
Approximate costs = \$126,000	Approximate costs = \$150,000	

- ❖ By the second quarter of 2024/25, the PC team have already received 42 new cases.
- ❖ For the same period, we are already at almost 130% of our proposed budget for legal fees for investigations & hearings.
- ❖ Customized SCERPs for PC matters come to Quality Practice, which again increases staff workload.

# Governance

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2026 – 2030 Strategic Direction will need to be developed near the 3<sup>rd</sup> quarter of 2025.

- ❖ Consultant costs for facilitation – Approx. **\$20,000**
- ❖ Cost for full-day special Council meeting – Approx. **\$10,000**
- ❖ These will be one-time costs



# Government Obligations

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- ❖ Substantial increase in IEHP candidates over the past three years – for applicants to Ontario and the 5 other jurisdictions for which the CRTO conducts assessments.

2021	2022	2023
9	19	35

- ❖ The candidate's costs cover the cost of the assessment site & the assessors but not the considerable amount of staff time required to manage this entry-to-practice assessment program from intake to final registration decision & possible remediation.
- ❖ Actively investigating options to reduce assessment costs, in part to off-set the staff costs.



# Government Opportunities

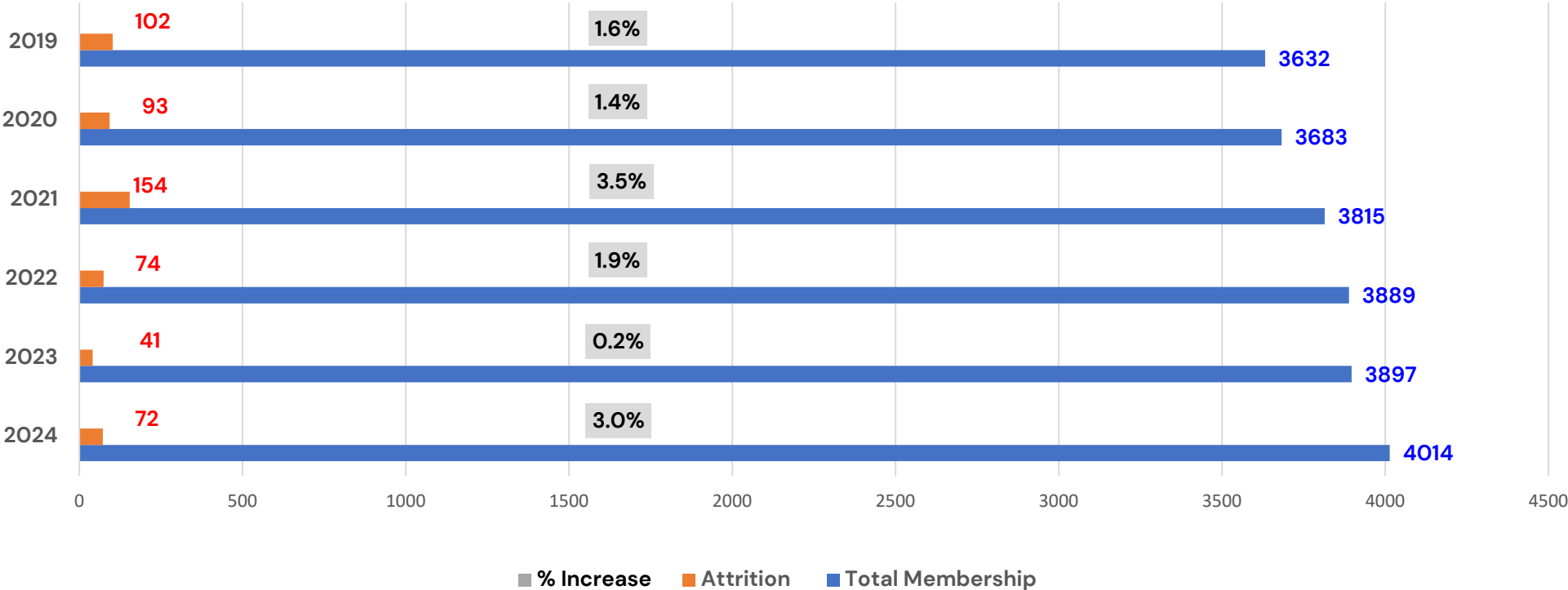
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The MOH has created a process for Colleges to submit proposed changes to their Scope of Practice (i.e., authorized acts, scope of practice statement).

Such a review would require extensive consultation with stakeholders, such as focus group meetings with RTs from all practice areas.

❖ Approx. cost – **\$30,000** (one time)

# Membership Growth & Attrition



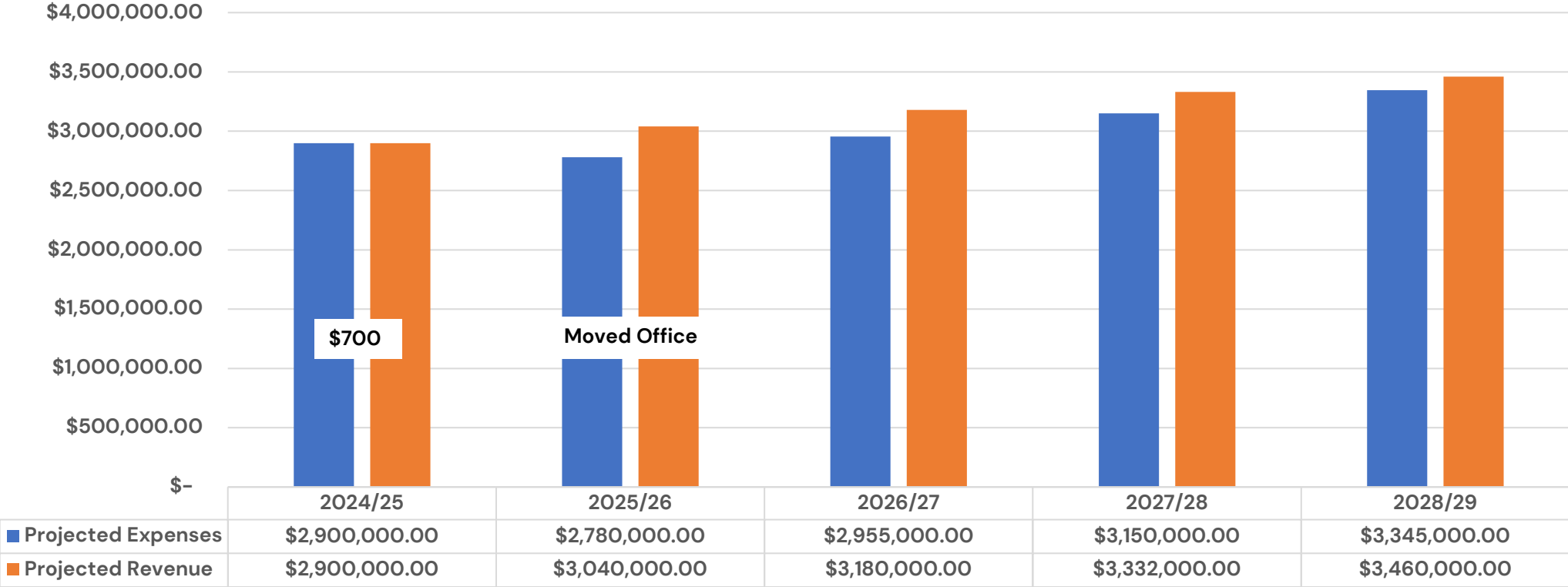
Average increase/year = 77 members

# Past Expenses & Revenue



**Bottom Line**                      **\$279,579**                      **\$257,269**                      **\$65,711**                      **-\$15,778**                      **\$86,844**

# Projected Expenses & Revenue



# Council Briefing Note

**AGENDA ITEM # 7.5**

**September 13, 2023**

<b>From:</b>	Carole Hamp RRT, Registrar & CEO and Shaf Rahman, Deputy Registrar
<b>Topic:</b>	Membership Fees for 2025/2026
<b>Purpose:</b>	Decision
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	Appendix A: Membership Fee Assessment Tool Appendix B: Projected Expenses for 2025/26 Appendix C: Projected Revenue for 2025/26 Appendix D: 5 Year projection of Revenue and Expenses
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council waives the membership fee increase for the 2025/26 fiscal year.</b>

**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:**

The initial annual registration fee (in the General, Graduate and Limited Class) set at the inception of the CRTO in 1994 was \$500, and it remained at that amount until 2018, when it was increased by \$120 spread out over two (2) years.

At the December 6, 2019, Council meeting, the board voted to amend the CRTO By-Laws to remove the membership fee structure from the By-Laws and make it publicly available on the Schedule of Fees on the CRTO website (By-Law 36.01). In its place, Council voted to include a new By-Law stating:

*“Each fiscal year, each fee set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless Council decides to waive a fee increase for that year.” (CRTO By-Law 3 – 4.20)*



Subsequent to the implementation of the new By-Law, in 2020, the annual registration fee rose to \$650. At the September 2023 Council, based on the recommendations of the Finance & Audit Committee (FAC) and the Executive Committee increased the Membership Fee to \$700 for the 2024 renewal year. This was done to offset the rising costs incurred by the CRTO as the economy was subject to increased rates of inflation.

In addition, the Council also approved an increase to the Membership Fee in subsequent years based on the most current Consumer Price Index (CPI).

**ISSUE:**

The FAC developed a Membership Fee Assessment Tool that the Executive Committee and Council would utilize annually to consider the adequacy and appropriateness of the CRTO's membership fee structure. Using this tool, the Executive Committee is tasked with assessing if the CRTO's membership fee should be increased by the most current CPI. If the Executive Committee ultimately recommends not to increase its membership fee, Council can waive a fee increase for 2025 under the authority *CRTO By-Law 2-4.20*.

**ANALYSIS:**

Please see Appendix A to D – Membership Fee Assessment Tool for complete analysis.

**RECOMMENDATION:**

The CRTO Council to waive the membership fee increase for the 2025/2026 fiscal year.

**NEXT STEPS:**

If approved, CRTO's membership will be notified by email that the membership fee will not increase for the 2025 renewal year. Rationale will be provided as part of the messaging which will include:

- a.) Reasons for not increasing the membership fees (eg. database & office relocation)
- b.) High level summary of how membership fees are used by the CRTO (eg. staffing & increasing complexities of meeting regulatory mandates).

## Stage 1 Considerations

### Anticipated Cost Projections for March 1, 2025 - February 28, 2026

- a.) Projected Expenses (to include capital expenditures)
- b.) Special Project Costs
- c.) Anticipated Ministry Requirement Costs
- d.) Additional Staffing Costs

Notes: Please see Appendix B

### Projected Unrestricted Reserves for March 1, 2025 - February 28, 2026

Current Amount in Unrestricted Funds: \$1, 757, 967.13

Does it cover 6 months operating expenses or other: Yes , currently covers 7.5 months

Notes:

### Projected Revenue for March 1, 2025 - February 28, 2026

Projected Total Revenue: \$3, 025, 000

Notes: Please see Appendix C for further details.



### Surplus or Deficit Budget

Surplus or Deficit: Surplus  
Total: \$245, 000

Notes:

**Initial Conclusion:** initial determination if membership fee needs to be increased

## Stage 2 Considerations

### Anticipated Revenue Projections for 5 Years

March 2025 - February 2026:  
March 2026 - February 2027:  
March 2027 - February 2028:  
March 2028 - February 2029:  
March 2029 - February 2030:

Notes: See Appendix D

### Anticipated Expense Projections for 5 Years

March 2025 - February 2026:  
March 2026 - February 2027:  
March 2027 - February 2028:  
March 2028 - February 2029:  
March 2029 - February 2030:

Notes: See Appendix D

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### Stabilization Fund Considerations

Projection of fund if drawn to balance budget: \$100, 000

Projection of fund if fee increased:

Notes: N/A

### Should we draw down from another fund

General Contingency Fund:  
Funding for Therapy:  
Investigations & Hearings Fund:  
Special Projects Fund:

Notes: Not Applicable

## APPENDIX B:

### Anticipated Costs Projections for March 1, 2025 – February 28, 2026

#### A. Projected Increases in Expenses:

Prior 5 Years of Expenses:

Year	Total Expenses:	Yearly Increase in Cost
2019/20	\$ 1,932,847.00	
2020/21	\$ 2,106,933.00	\$ 174,086.00
2021/22	\$ 2,337,244.00	\$ 230,311.00
2022/23	\$ 2,496,650.00	\$ 159,406.00
2023/24	\$ 2,623,912.00	\$ 127,262.00

Average yearly increase in expenses over the prior 5 years: Approximately **\$175,000/year**.

#### **Breakdown of Increases in Expenses for 2025-2026 Fiscal Year:**

##### Special Project Costs:

- 1.) Development of 5-year CRTO Strategic Plan – Projected Cost of: \$30, 000
- 2.) Review of Scope of Practice for Respiratory Therapists - Projected Cost: \$30, 000
- 3.) Miscellaneous Projects (IT, Website, Unanticipated Costs of New Office & Ministry Requirements): \$20, 000

Total: **\$80,000**

##### Additional Staffing Costs:

- 1.) The CRTO anticipates hiring one additional employee for the 2024/25 Fiscal Year, projected at approximately **\$90, 000** towards recruitment and retention.

##### Additional Departmental Increases:

- 1.) The Professional Conduct Department of the CRTO has seen a significant rise in complaints and reports, and an increase in referrals to the Discipline Committee. As such, we project an additional increase of **\$25, 000** in expenses to address the rise in numbers.

Total Increase in Expenses: **\$195, 000**

## APPENDIX B:

### B. Projected Decreases in Expenses for 2025-2026 Fiscal Year:

#### Moving To Different Office Space:

In October 2024, the CRTO will be relocating its office to a shared space with the College of Opticians of Ontario. This will help to reduce our office leasing expenses. However, this reduction will not be realized until the conclusion of the CRTO's current lease on December 31, 2024.

We project that the reduction in leasing costs will be approximately **\$190,000** for the 2025/26 fiscal year.

#### Database Development:

The CRTO has embarked on a development of a new database to ensure that we are able to efficiently and effectively leverage new technologies to meet our regulatory mandates. During the 2023/2024 audit, it was identified that the implementation costs of the database and website should be capitalized. As a result, this allows for **\$125,000** of expenses to be recognized as assets.

Total Decrease in Expenses: **\$315,000**

### C. Projected Final Expense for 2024/2025:

Per the budget that was approved by Council in March 2024, the total expenses for the CRTO for the 2024/2025 Fiscal Year is: **\$2,900,000**.

#### **Summary:**

Based on items A, B & C, the total projected expenses for the 2025/26 fiscal year will be a reduction in expenses of approximately \$120,000.

2025/2026 Projected Expenses: **\$2,780,000**

However, given the unique circumstances of these one-time reductions in expenses, the CRTO projects the decrease in expenses to be a one-year anomaly. The projected growth in expenses based on a comparison of the last 5 years indicates that the CRTO will continue to see an increase in expenses at a rate of **\$175,000** in the 2026/27 fiscal year.

## Appendix C:

### Revenue Projections for March 1, 2025 – February 28, 2026

#### A. Membership Statistics:

Since the pandemic, the total net number of membership increase (new members – resigning members) has declined. Prior to 2020, the average net increase in membership was approximately 130 members a year. Since 2020, the net increase in membership has steadily fallen. When averaging the increase in membership over the last 5 years, the CRTO has decreased to approximately a net increase of 77 new members a year (see Table A):

Table A: Membership Totals from 2019/20 to 2023/24:

Year	Total Membership	Year to Year Difference
2019	3632	
2020	3683	51
2021	3815	132
2022	3889	74
2023	3897	8
2024	4014	117
		<i>Approximate average increase of 77 members/year</i>

#### B. Revenue Summary:

Accordingly, based on these decreasing numbers in net growth of membership, the CRTO revenue growth has also slowed over the last five years, with an average increase of **\$140,000 /year** (see Table B).

Table B: Revenue Total from 2019/20 to 2023/24:

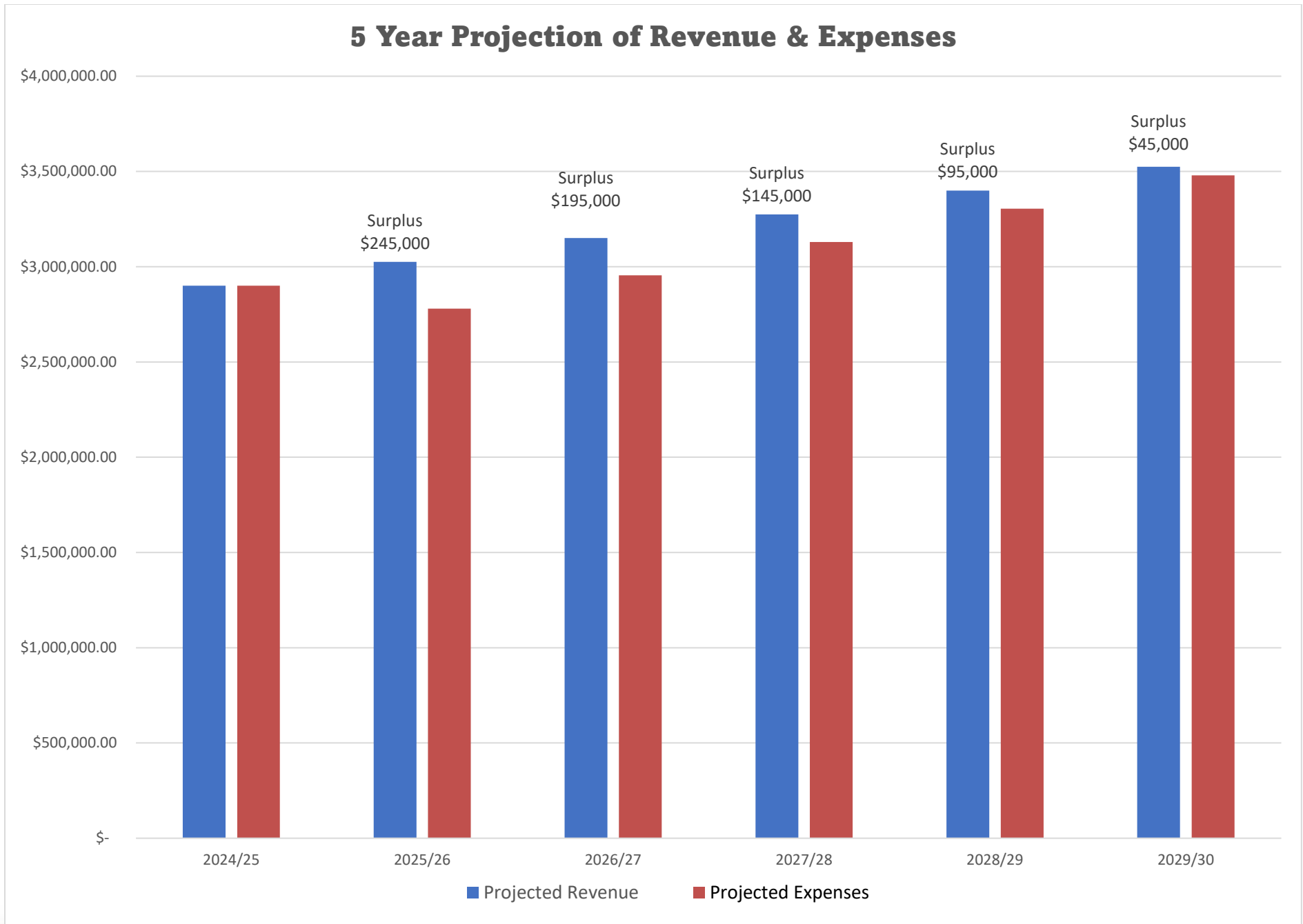
Year	Total Revenue	Year to Year Difference
2019-2020	\$ 2,212,426.00	
2020-2021	\$ 2,364,202.00	\$ 151,776.00
2021-2022	\$ 2,402,955.00	\$ 38,753.00
2022-2023	\$ 2,480,872.00	\$ 77,917.00
2023-2024	\$ 2,710,756.00	\$ 229,884.00
		<i>Approximate Average Revenue Increase: \$125,000/year</i>

#### C. Projected Final Expense for 2024/2025:

Per the budget that was approved by Council in March 2024, the total revenue for the CRTO for the 2024/2025 Fiscal Year is: **\$2,900,000**.

#### Summary:

Based on the projected revenue yearly increases, for 2025/2026 fiscal year, total revenue will be approximately: **\$3,025,000**



# Committee Report Items

## **AGENDA ITEM 8.1**

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

June 7, 2024 -September 12, 2024

Since the last Council meeting, there has been one meeting of the Executive Committee (QAC), on September 6, 2024. The following is a summary of that meeting:

- Revised Investment Policy
- Mid-Year Financial Projections
- Membership Fee Review
- Financial Statements & Investment Portfolio – March 1 - August 31, 2024
- September 13, 2024, Draft Council Agenda

Respectfully submitted,  
Lindsay Martinek, RRT  
Executive Committee Chair

# Committee Report Items

## AGENDA ITEM 8.2

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

June 7, 2024 -September 12, 2024

Since the last report, the Registration Committee (RC) met by video conference on June 26, and on September 4, 2024. In addition, RC Panels met following each meeting to consider referrals from the Registrar.

#### Referral Summary

Reasons for Referral	
Two applications were referred to the Panel of the RC to consider whether it is in the public interest to approve these applications based on the applicants’ entry-to-practice assessment results. All applicants completed the three stages of the entry-to-practice assessment.	In both cases, the Panel refused to issue a certificate of registration.
One application was referred to consider the applicant’s request to change the terms, conditions and limitations (TCLs) imposed on the Member’s general certificate of registration.	The Panel approved the applicant’s request, directing the Registrar to modify the TCLs on their certificate.
One application was referred to the Panel of RC due to currency requirements.	The Panel has decided to issue a General Certificate of Registration with specified terms, conditions, and limitations, which include a direct supervision requirement.

#### Meeting Reports:

- **Registrar’s Report:** Carole Hamp, Registrar & CEO, provided the RC with an update on several CRTO initiatives, including:
  - 2024 Elections
  - Office Space Plans
  - CRTO Database and Website Development
  - Cybersecurity Response Plan
  - Diversity, Equity & Inclusion (DEI) Initiatives
  - Accreditation Canada (AC)
  - National Alliance of Respiratory Therapy Bodies (NARTRB)
  - IEHP Entry-to-Practice Assessment
  - Proposed Registration Regulation Revisions



# Committee Report Items

- **Office of the Fairness Commissioner (OFC):**
  - At the June 24 meeting, 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 Questionnaire (RICF). On June 10, 2024, the CRTO submitted the 2023 Fair Registration Practices Report (FRP) to the OFC. A copy of the report is posted on the CRTO's [website](#).
- **International Educated Health Professionals:** Staff provided an overview of the assessment process and updated the Committee on the applicants who are currently undergoing the Entry-to-Practice Assessment.
- **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 two recent CRTO registration decisions that have been submitted to HPARB for review. The CRTO is awaiting the HPARB's final decision on one of the files. And in the second file, a case conference is scheduled for September 12, 2024.
- **Canadian Respiratory Programs:** The Approval of Canadian Education Programs Policy outlines the process the CRTO uses to approve Canadian RT programs. Under the policy, any RT education program that has been accredited by Accreditation Canada is considered an "approved program" by the CRTO Council. The CRTO continues to monitor the Accreditation Canada website ([Educational Programs - Accreditation Canada](#)) for updates and status changes and reports to the Registration Committee as required.
- **Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline (PPG):**
  - On June 24, the RC reviewed the Certificate Programs for Advanced Prescribed Procedures Below the Dermis PPG. The PPG was last updated in 2020. It was recently reviewed to include references to the new Emergency Class. The draft revised PPG will be presented to the Council under item 10.2.
- **Revised Draft Language Proficiency Requirements Policy:**
  - At the June 24 meeting, the RC reviewed the Draft Language Proficiency Requirements Policy. The policy has been revised to allow (in some circumstances) for combined test component scores. The policy will be presented to the Council under item 9.1.
- **Certification Programs for Advanced Prescribed Procedures Below the Dermis**
  - At the September 4 meeting, the RC reviewed and approved the following certification packages:
    - McMaster University Medical Centre (Children's Hospital) - Chest Needle Insertion, Aspiration, Reposition and Removal
    - Brockville General Hospital - Chest Tube Insertion, Reposition and Removal.

Respectfully submitted,  
Kelly Munoz, RRT  
Registration Committee Chair

# Committee Report Items

## **AGENDA ITEM #8.3**

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

June 7, 2024 -September 12, 2024

Since the last Council meeting, there has been one meeting of the Quality Assurance Committee (QAC), on July 3, 2024, and two panel virtual meetings. The following is a summary of those meetings, and the activities related to the QAC that have been ongoing since our last Council meeting:

#### **Approval of New Assessors**

The QAC reviewed and approved the resumes of two new QA Assessors (one for the Portfolio and one for the Internationally Educated Healthcare Professions program).

#### **Referral to ICRC**

The QAC panel ordered the referral of a Graduate Respiratory Therapist to the Inquiries, Complaints, and Reports Committee for allegation of professional misconduct for failure to complete the Launch Jurisprudence assessment.

A second panel reviewed an appeal to delay the Clinical Skills Assessment by a Member who did not graduate from an approved Canadian RT program but applied to the CRTO through labor mobility. The appeal was denied, and the Member will complete the assessment as booked in September.

Respectfully submitted,  
Laura Dahmann, RRT  
Quality Assurance Committee Chair

# Committee Report Items

## **AGENDA ITEM# 8.4**

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

June 7, 2024 – September 12, 2024

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

Respectfully submitted,  
Derek Clark  
Patient Relations Committee

# Committee Report Items

## AGENDA ITEM 8.5

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

June 7, 2024, to September 12, 2024

#### ICRC Deliberations:

Since the last Council meeting, the ICRC held three (3) meetings via Zoom. Two (2) of the meetings were regarding investigations of employer reports. The other meeting was regarding the investigation of a complaint.

#### Public Complaints:

1. In April of 2023, a complaint was received by the CRTO that alleged that the Member had failed to properly assess and intervene in a patient's care.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel identified some concerns with gaps in the Member's knowledge and skill. The Panel believed that ordering a Specified Continuing Education or Remedial Program would best address these concerns and protect the public interest.

#### Employer Reports:

1. In December of 2022, the CRTO received an employer report relating to the termination of a Member for issues relating to a lack of interprofessional collaboration and failing to be available and responsive when required.

After a careful review of the investigation report and the Member's submissions, the Panel identified deficiencies in the Member's practice with respect to interprofessional collaboration and accountability. The Panel decided that requiring the Member to complete a Specified Continuing Education or Remedial Program would best address these concerns and protect the public interest.

# Committee Report Items

2. In December of 2022, the CRTO received an employer report relating to the termination of a Member as a result of various concerns about the Member's clinical practice.

After a careful review of the investigation report and the Member's submissions, the Panel identified significant concerns about the Member's clinical knowledge, skills, and professional judgment, as well as the Member's insight into these identified practice deficiencies. The Panel decided that requiring the Member to complete a Specified Continuing Education or Remedial Program would best address these concerns and protect the public interest.

## **New Matters:**

Since the last Council meeting, the CRTO received twenty seven (27) new matters. The new matters are comprised of fourteen (14) referrals from the Quality Assurance Committee (QAC), and thirteen (13) Reports.

The fourteen (14) QAC referrals have been referred to the ICRC and are under investigation. Five (5) of the reports were disposed of at the Registrar level. Five (5) of the reports are currently under review by the Registrar. The other three (3) reports have been referred to the ICRC and are under investigation.

## **Policy Framework:**

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

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

# Committee Report Items

## **AGENDA ITEM 8.6**

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

June 7, 2024, to September 12, 2024

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 8.7**

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

June 7, 2024, to September 12, 2024

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

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

# Committee Report Items

## **AGENDA ITEM 8.8**

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

June 7, 2024 – September 12, 2024

The Finance & Audit Committee (FAC) held a meeting on September 6, 2024, in conjunction with the Executive Committee. During the meeting, the following items were reviewed and discussed by both the FAC and the Executive Committee:

- 1.) Revisions to the CRTO Investment Policy to include specific descriptions of CRTO's investment strategy.
- 2.) Mid-Year Financial Projections.
- 3.) Review of the Membership Fee and evaluation of whether the Membership Fee should be increased for the 2025/26 Fiscal Year.
- 4.) Review of CRTO's Financial Statements.
- 5.) Update on CRTO's Investment Portfolio.

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



# Council Briefing Note

**AGENDA ITEM # 9.1**

**September 13, 2024**

<b>From:</b>	Kelly Munoz RRT
<b>Topic:</b>	Language Proficiency Requirements Policy
<b>Purpose:</b>	For Approval
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Revised Language Proficiency Requirements Policy Appendix B – Test Component Retakes: Combining Results across Test Sitzings, Analysis of the Issue and Recommendations
<b>Motion(s)</b>	<b>It is moved by _____ and seconded by _____ that:</b> <b>The CRTO Council approves the revised Language Proficiency Requirements Policy.</b>

## **PUBLIC INTEREST RATIONALE:**

Applicants seeking registration with the College of Respiratory Therapists of Ontario (CRTO) 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:**

To consider whether the CRTO should revise its Language Proficiency Requirements Policy to accept combined test component scores.

## **BACKGROUND:**

The Language Proficiency Requirements Policy sets out the accepted English and French language proficiency test scores for registration with the CRTO. The policy reflects the CRTO's commitment to supporting transparent, fair, and impartial registration practices for all applicants.

Under the Language Proficiency Requirements Policy, the CRTO requires, all four domains (listening, speaking, reading and writing) to be tested in a single session. However, the CRTO has become aware that two of the language proficiency tests listed in the policy, TOEFL iBT and IELTS now allow combined results from multiple tests. This raises the question of whether the

CRTO should accept combined test scores. The CRTO retained a consultant (ardocs writers & consultants) to help us address this question and provide recommendations. In their analysis, the consultant also considered a more general approach that would allow applicants to combine multiple test scores themselves.

The consultant's report (Appendix B) recommends that to maintain the integrity of the registration processes, only the test results officially reported by the test publisher be considered valid.

The following provides a brief description of the two official partial test retakes. For more detailed information, please see the consultant's report (Appendix B).

#### **TOEFL iBT My Best Score Report**

- Has been in place since 2019
- Combines highest section scores from all test dates within the last 2 years
- The cost for each TOEFLiBT exam in Canada is CAD\$240
- All TOEFL iBT score reports include both the scores from a single test date selected by the test taker and the TOEFL iBT MyBest Scores
- Scores are valid for 2 years

#### **IELTS One Skills Retake test**

- Introduced in 2023
- Test takers must have recently completed a full exam and must sit the One Skill Retake within 60 days of the original test. Only one One Skill Retake is allowed per full IELTS test
- A new IELTS Test Report Form containing the One Skill Retake score includes the scores from the original test
- The cost for a full IELTS exam in Canada is between CAD\$309 and CAD\$335. The IELTS One Skill Retake costs between CAD\$199 and CAD\$229, depending on the test centre location
- Scores are valid for 2 years

**ANALYSIS:****Summary of Changes**

Based on the consultant's report, the CRTO's Language Proficiency Requirements Policy has been revised to allow combined test component scores, but only when officially reported by the testing organization, such as the TOEFL iBT MyBest® Scores and the IELTS One Skill Retake.

The consultant suggests that accepting official score reports for partial test retakes for language proficiency is a low-risk approach that adds more flexibility to the CRTO's registration processes. This change will also help accommodate applicants who might have faced challenges on the day of their language test, ensuring fairness while maintaining the integrity of the registration process.

The proposed revisions do not change the overall intent and direction of the policy.

**RECOMMENDATION:**

That the CRTO Council approves 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:** Sept. 22, 2006

**Section:** RG

**Approved By Council on:** June 7, 2024

**Document Number:** RG-407

**Next Revision Date:** December 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 (CRTO).

### 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 contains a list of the Language Proficiency Tests that the CRTO 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 CRTO, 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. **\*\*Note:** 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

\*\*\* Note: CELPIP – 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
233-247	349-370	298-315	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
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\*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/](http://www.celpip.ca/)
- International English Language Testing System (IELTS) - [www.ielts.org/](http://www.ielts.org/)
- Michener English Language Assessment (MELA) - [www.michener.ca/continuing-education/ce-courses/mela/](http://www.michener.ca/continuing-education/ce-courses/mela/)
- Test of English as a Foreign Language (TOEFL) iBT - [www.ets.org/toefl](http://www.ets.org/toefl)
- Canadian Academic English Language Test (CAEL) - [www.cael.ca](http://www.cael.ca)
- Pearson Test of English (PTE) Core - [www.pearsonpte.com/pte-core](http://www.pearsonpte.com/pte-core)
- Test de connaissance du français pour le Canada (TCF Canada) - [www.tcfca.com/tcf-canada/](http://www.tcfca.com/tcf-canada/)
- Test d'évaluation de français (TEF) - [www.lefrancaisdesaffaires.fr/](http://www.lefrancaisdesaffaires.fr/)

#### 5.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario  
[www.crto.on.ca](http://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](mailto:questions@crto.on.ca)

# Test Component Retakes: Combining Results across Test Sitzings

## Analysis of the Issue and Recommendations

Prepared for the College of Respiratory Therapists of Ontario

May 2024

### The Issue

Policy adjustments by some English language proficiency testing organizations now allow test takers to report their highest scores from different test sittings. These changes are welcomed by test takers, who may struggle to meet a minimum required score, as this retake approach provides them the opportunity to achieve the necessary scores through multiple attempts. Test users, such as university admissions departments, also benefit from the policy as it increases the number of eligible applicants.

Test publishers that offer such opportunities state that the policy change has been made in response to test taker needs and feedback, supported by academic research. However, rules regarding retakes for most language testing organizations specify when retests are allowed, the required interval before a test taker can retake the exam, and instructions for technical or accommodation purposes. Retakes for the purpose of combining the highest component scores to meet an institution's admission or eligibility standards are new and not universally adopted.

Two major international English language proficiency tests have formalized policies allowing combined results from multiple tests: TOEFL iBT MyBest Scores Report and IELTS One Skill Retake. Both exams are accepted as evidence of English language proficiency by the College of Respiratory Therapy of Ontario (CRTO). The testing organizations' rationale for partial test retake policies includes:

- **Component-Level Testing and Reporting:** Language proficiency exams test and report on separate language domains (speaking, listening, reading, writing). Recognizing organizations (universities, regulatory bodies, employers) set domain-level requirements and scores based on these individual test components. Separate testing and reporting allow for retakes to improve specific areas of weakness.
- **Automation and Administrative Feasibility:** Advances in test rating and reporting have made it easier to document and track results. This automation means it is not administratively prohibitive for testing organizations to prepare, validate, and report combined test results from different sittings, even though the test forms may differ.

- **Bias-for-Best:** Test taker experiences and academic research indicate that performance can be impacted by affective factors such as illness, anxiety, or cultural knowledge gaps. Retakes provide opportunities for test takers to perform at their best, promoting fairness.
- **Flexibility Benefits:** Both test takers and recognizing organizations benefit from a more flexible approach to eligibility decisions.
- **Maintaining Assessment Standards:** Based on academic research and restrictions on retake timing, test publishers are confident that the assessment's standard is maintained despite the opportunity for retakes.

These new test retake policies raise the question for the CRTO of whether combined test component scores should be incorporated into their language proficiency policy. In considering a policy change, the CRTO should anticipate both validity concerns and operational considerations.

## Current Practices

There are two different ways to combine language test results:

1. **Accepting Official Partial Retakes:** Recognizing the official combined scores provided by testing organizations.
2. **Allowing Submission of Multiple Test Results:** Permitting candidates to submit multiple test results from which the highest scores can be combined. This second option would require an internal administrative process by the test user, necessitating the design of validated procedures.

The following section describes examples of these practices.

### Official Partial Retakes

#### TOEFL iBT My Best Score

TOEFL iBT is a test recognized by the College of Respiratory Therapists of Ontario (CRTO) as an acceptable demonstration of language proficiency for registration with the college. TOEFL iBT MyBest Scores Report combines an applicant's best scores for each test section from all their valid TOEFL iBT scores in the past two years. This process has been in place since 2019. Educational Testing Services (ETS), the publisher and administrator of TOEFL iBT, states that this practice has been beneficial for school admissions worldwide, as it increases the number of eligible candidates.

The current practice is that all TOEFL iBT score reports include both the scores from a single test date selected by the test taker and the TOEFL iBT MyBest Scores. The decision to accept these “superscores” is made by the recognizing organization.

The cost for each TOEFL iBT exam in Canada is CAD\$240. See Appendix for details.



### IELTS One Skills Retake test

The IELTS One Skill Retake is a new feature introduced worldwide in 2023. According to promotional materials of the British Council/Cambridge, the IELTS publishers and administrators, the IELTS One Skill Retake is designed to help test takers achieve their desired test score without retaking the full test. Test takers interested in this feature must have recently completed a full exam through a test administrator certified to administer the IELTS One Skill Retake. The retake must be completed within 60 days of the original test, and only one One Skill Retake is allowed per full IELTS test. A new IELTS Test Report Form will be issued, which includes the One Skill Retake score along with the scores from the original test.

The cost for a full IELTS exam in Canada is between CAD\$309 and CAD\$335. The IELTS One Skill Retake costs between CAD\$199 and CAD\$229, depending on the test centre location. See Appendix for details.

### Allowing Submission on Multiple Test Scores

#### Nursing and Midwifery Council

In searching for examples of other regulators using combination or retake approaches, the Nursing and Midwifery Council (NMC) offers a relevant policy. The NMC accepts only two language tests: the IELTS Academic and the Occupational English Test (OET). The NMC does not accept the IELTS One Skill Retake, but they allow test takers to combine scores from two sittings of the IELTS or OET if the test takers achieve overall scores close to the cut score. Applicants must demonstrate scores just below the cut score to be eligible for this option. By setting these parameters, the NMC limits the option of combining partial test results to candidates performing around the cut scores.

As an example, the NMC’s IELTS Academic policy is summarized in the table below:

	Reading	Writing	Listening	Speaking
<b>The NMC standard</b>	<b>7</b>	<b>6.5</b>	<b>7</b>	<b>7</b>
Scores that must be achieved between the two combined test sittings	One reading score of at least 7	One writing score of at least 6.5	One listening score of at least 7	One speaking score of at least 7
Minimum scores must be equal to or higher than these minimum scores across both sittings	6.5 for reading	6 for writing	6.5 for listening	6.5 for speaking

### Analysis: Benefits and Drawbacks

#### Validity Concerns

Standardization of score results can only be guaranteed when the test publisher issues result reports that have been psychometrically verified. The psychometric properties of an exam differ with each version administered. Only the test publisher can report with certainty equivalent results in a test component across different test versions (sittings). Test users, such as regulatory bodies, are responsible for protecting the integrity of the tests they employ to make high stakes decisions. To maintain the integrity of examinations used in licensure processes, it is recommended that only the test results officially reported by the test publisher be considered valid. If test users combine test scores themselves, they alter the standardized scoring and reporting procedures.

Both Educational Testing Services (ETS) (the TOEFL iBT publisher and administrator) and the British Council/Cambridge (the IELTS publishers and administrators) have committed to monitoring the validity of these more flexible scoring methods. However, neither organization has provided documentation more recently than 2022. It is recommended that ongoing research be monitored to ensure that these practices remain defensible in a regulatory context.

While the test retake policy adds flexibility and may represent cost savings for test takers who are able to compensate for suboptimal performance caused by factors unrelated to their abilities in one section of the exam, research indicates that test takers typically make only moderate gains of a few points, if any, when retesting. Therefore, candidates at or just above the threshold are more likely to benefit from the retake policy, while weaker candidates are unlikely to achieve significant language skill improvements in a short period. This could create a situation where test takers with lower language proficiency spend time and money on retakes rather than upgrading their skills through language training between test sittings.

A final validity consideration is the potential that these newly introduced policies are motivated by the commercial interests of testing organizations, which typically operate as for-profit entities, aiming to increase their market share by encouraging repeat test-taking.

### Operational Considerations

In most cases, when test takers have had multiple unsuccessful attempts to achieve the required scores, insufficient English skills are the primary barrier and retaking the test several times in quick succession is not advisable. However, for test takers who demonstrate strong performance in other test components, being able to retake the specific component where a weakness was identified can be beneficial. A flexible policy is likely to help those test takers who are close to meeting the language proficiency requirements of the CRTO. Embracing greater flexibility may also reflect a desire to accommodate candidates who encounter extenuating circumstances on the day of the test, thereby demonstrating fairness to applicants.

It is recommended that if a regulatory body accepts the combination of test results across multiple sittings, these should come directly from the testing organization as an official test report. If combined test scores across different exams is accepted for tests that do not offer official combined reports, a policy like that of the Nursing and Midwifery Council should be adopted, including specific rules regarding the time between test results.

Combining score reports present operational challenges, including differing validity periods for scores from separate reports, and how best to collect official test reports and the candidate's intention for combining the results. Regulators will need to develop policies to address these decisions.

To address potential inquiries about combining test results from other required exams, such as professional knowledge and competency exams, it is advisable to prepare standardized responses in advance.

## Evaluation of Benefits and Drawbacks

Regulatory bodies must balance flexibility with the need to ensure only qualified professionals are licensed. Taking these validity and operational considerations into account, the following advantages and disadvantages of accepting partial test scores from multiple sittings have been identified:

### Benefits:

- The "bias-for-best" approach provides a flexible method for international applicants to demonstrate language proficiency.
- Allows test takers to leverage their best performance in each component.
- Increases fairness by accommodating extenuating circumstances such as illness, anxiety, or cultural unfamiliarity.
- May result in cost savings for test takers.
- Official combined results from test publishers like TOEFL iBT and IELTS are reliable and valid.
- Research shows moderate gains for retesting, benefitting candidates at or just above the threshold.

### Drawbacks:

- Over-reliance on test retakes can lead to improved test performance without reflecting true gains in language competence.
- Potentially compromises the standardization and integrity of test scores as standardization can only be guaranteed with psychometrically verified results from the test publisher.
- Requires careful monitoring and validation to ensure defensibility in a regulatory context.
- Not all language exams offer official, combined test results reports, limiting choice for this approach.
- May be influenced by the commercial interests of testing organizations.
- Potentially sets a precedent for a discussion about combining test results in other required exams.

## Summary and Recommendations

Testing standards require that decision rules be clearly stated. For high-stakes decisions, such as those related to professional registration, the rules for combining scores across tests should be established with a clear understanding of the associated implications. A regulator may inadvertently encourage applicants with borderline language proficiency to register. In the case of the CRTO, because there are multiple steps required to demonstrate professional competence, additional opportunities to confirm language proficiency will be offered through performance-based credentialing interviews and assessments, as well as the professional practice exam. Accepting official score reports for partial test retakes for language proficiency is a low-risk approach.

The most defensible practice would be to accept official test results from the test publisher and administrator, such as the TOEFL iBT MyBest® Scores and the IELTS One Skill Retake. If a regulatory body accepts combined score reports of exams that do not offer official combined results, the parameters identifying the acceptable conditions should be clearly articulated.

If the decision is made to accept the combination of score results from multiple test sittings from testing organizations that do not offer official combined test results, it is recommended that a customized form be prepared. The candidate would complete this form, explaining how their combined score reports meet the required language proficiency standards. The form would clearly and accurately describe the decision rules and procedures, including test name, test dates, test results (accessible via a secure link), and which scores should be combined. To confirm the authenticity and validity of the results, regulators would access official test reports. A disclaimer should be included, waiving any guarantee that these results will be accepted but stating they will be considered as alternate evidence of language proficiency.

Introducing such a policy demonstrates flexibility in support of fairness, including the following:

- Adopting a "bias-for-best" approach to reviewing applications.
- Recognizing that affective variables, such as illness or anxiety, can impact test performance.
- Acknowledging that multiple steps are required to demonstrate professional competence, providing additional opportunities to demonstrate language proficiency.
- Understanding that language proficiency is an exemptible requirement; if concerns are raised about an applicant's language skills during the registration process, additional testing or language training can be requested.

## Appendix: IELTS One Skill Retake and TOEFL iBT MyBest Scores

\*Information current as of May 31, 2024

Test	TOEFL iBT	IELTS AC or GT
<b>Partial Test</b>	<p>“MyBest® scores, also called Superscores, are the combination of an applicant's best scores for each test section from all of their valid TOEFL iBT scores in the last 2 years.”</p> <p><a href="https://www.ets.org/toefl/institutions/ibt/set-score-requirements.html">https://www.ets.org/toefl/institutions/ibt/set-score-requirements.html</a></p>	<p>“IELTS One Skill Retake is a new feature designed to help you get your desired test score without retaking the full test. If you want to improve your score on one test skill, you can retake any of the four IELTS skills – Listening, Reading, Writing, or Speaking.”</p> <p><a href="https://www.britishcouncil.ca/exam/ielts/one-skill-retake">https://www.britishcouncil.ca/exam/ielts/one-skill-retake</a></p>
<b>Implementation</b>	<p>Starting in August 2019</p> <p>MyBest™ Scores: A Rationale for Using TOEFL iBT® Superscores: A Research Report (ETS, March 2019)</p> <p>The cost for a full TOEFLiBT exam is CAD\$240 per test.</p>	<p>New feature as of 2023</p> <p>IELTS One Skill Retake: A Bias for Best Model IELTS Research Group Position Statement (IELTS, December 2022)</p> <p>The cost for a full IELTS exam in Canada is between CAD\$309 and CAD\$335. The ELTS One Skill Retake costs between CAD\$199 and CAD\$229.</p>
<b>Conditions</b>	<p>Combines highest section scores from all test dates within the last 2 years.</p>	<ul style="list-style-type: none"> <li>• Must have recently completed a full exam.</li> <li>• Must sit the One Skill Retake within 60 days of original test.</li> <li>• Must have received results from a test centre that offers IELTS One Skill Retake.</li> <li>• Can only complete the One Skill Retake once per full IELTS test.</li> </ul>
<b>Score Report</b>	<p>All TOEFL iBT score reports include both the scores from a single test date selected by the test taker and the MyBest scores as shown in the example below.</p>	<p>A new IELTS Test Report Form containing the One Skill Retake score is issued which includes the scores from the original test. Only available on computer in selected test centres, in selected countries.</p>
<b>Validity</b>	<p>Score is valid for 2 years.</p>	<p>Score is valid for 2 years.</p>

## References

- American Educational Research Association (AERA), American Psychological Association (APA), National Council on Measurement in Education (NCME) (2014) Standards for Educational and Psychological Testing
- Clark, T., Bruce, E. and Dunlea, J. (December 2022) IELTS One Skill Retake: A Bias for Best Model, IELTS Research Group Position Statement <https://s3.eu-west-2.amazonaws.com/ielts-web-static/production/Research/ielts-one-skill-retake-bias-for-best-model-clark-et-al-2022.pdf>
- Educational Testing Services (ETS) (March 2019) MyBest™ Scores: A Rationale for Using TOEFL iBT® Superscores: A Research Report <https://www.ets.org/content/dam/ets-org/pdfs/toefl/mybest-scores-rationale-for-toefl-ibt-superscores.pdf>
- International Language Testing Association (ILTA) ILTA Code of Ethics <https://www.iltaonline.com/page/CodeofEthics>
- International Language Testing Association (ILTA) ILTA Guidelines for Practice in English <https://www.iltaonline.com/page/ILTAGuidelinesforPractice>
- Nursing and Midwifery Council (June 2023) Guidance on registration language requirements. <https://www.nmc.org.uk/globalassets/sitedocuments/registration/language-requirements-guidance.pdf>
- Pearson, W.S. (2023) Test review: High-stakes English language proficiency tests—Enquiry, resit, and retake policies. *Language Testing*, Vol. 40(4) 1022–1035

# Council Briefing Note

**AGENDA ITEM # 9.2**

**September 13, 2024**

<b>From:</b>	<i>Shaf Rahman, Deputy Registrar</i>
<b>Topic:</b>	<b><i>Investments Policy Update</i></b>
<b>Purpose:</b>	<i>For Decision</i>
<b>Strategic Focus:</b>	<i>Core Business Practice</i>
<b>Attachment(s):</b>	<i>Appendix A: Proposed Changes to Investment Policy</i>
<b>Motion:</b>	It is moved by _____ and seconded by _____ that: Council approves the revisions to the Investments Policy.

**PUBLIC INTEREST RATIONALE:**

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

**ISSUE:**

In the summer of 2024, the RBC Wealth Management team was asked to review the current CRTO Investment policy and provide suggestions for improvements to the policy. The RBC Wealth Management Team responded by indicating that while the current policy provided a good general overview, it lacked the specifics of the investment strategy that the CRTO wished to implement. Accordingly, they recommended more specific details to be included in the Investment Policy.

**BACKGROUND:**

During the September 2022 Council meeting, the CRTO Council approved a newly developed Investments Policy. This policy was developed to focus strictly on the CRTO’s investment approach. More details were provided in both the applicability and responsibilities surrounding the management of CRTO investments. Authority was granted to the Finance & Audit Committee (FAC) to monitor the investment portfolio and provide recommendations to Council regarding CRTO investments.

In June 2023, RBC Wealth Management was retained by the CRTO to act as the CRTO's investment managers. The RBC Wealth Management team was given initial directions by Council and the FAC to invest CRTO funds in a portfolio mix of 50% fixed income and 50% equities. Both the FAC and Council concluded that as a non-profit organization, this would be a long-term approach for the organization as we transitioned to a more agile investment portfolio. It ensured a balance of obtaining returns to offset Consumer Price Index increases to the cost of meeting the CRTO's regulatory mandate, while protecting the CRTO's funds from severe market volatility.

**ANALYSIS:**

The RBC Wealth Management team provide three considerations to be added to the Investments Policy. They are as follows:

- 1.) A recommendation that the policy include the asset allocation directions provided to RBC Wealth Management by CRTO Council and the FAC, to ensure transparency of the CRTO's investment strategy.
- 2.) A recommendation to provide more definition regarding the types of asset categories that are permissible under the CRTO's investment strategy.
- 3.) A recommendation to include a definition of the minimum standard of the quality of investments to be purchased by the CRTO's investment portfolio managers. This would allow for the CRTO's membership and system partners to have confidence in the quality of the CRTO's investment portfolio.

The recommended changes to the Investments Policy can be found in Appendix A.

**RECOMMENDATION:**

CRTO Council approves the revisions to the Investments Policy.



## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



### Title: Investments

**Type:** Policy

**Origin Date:** June 15, 2007

**Section:** CP

**Approved By Council on:** September 23, 2022

**Document Number:** CP-130

**Next Revision Date:** September 2027

### 1.0 POLICY STATEMENT

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

### 2.0 PURPOSE

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

### 3.0 APPLICABILITY

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

The Council has the ultimate responsibility for the CRTO'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 CRTC Council and the FAC. The current investment policy are as follows:

### Allocation of Funds:

<u>Asset Class</u>	<u>Minimum</u>	<u>Target</u>	<u>Maximum</u>
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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Suite 2103  
Toronto, ON M5G 1Z8

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

# Council Briefing Note

**AGENDA ITEM # 10.1**

**September 13, 2024**

<b>From:</b>	Kelly Arndt, RRT, Manager, Quality Practice
<b>Topic:</b>	Final draft revised Orders for Medical Care Professional Practice Guideline (PPG)
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Final Draft Orders for Medical Care Professional Practice Guideline (PPG) Appendix B – Consultation survey results for Orders for Medical Care Professional Practice Guideline (PPG)
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the final draft revised Orders for Medical Care Professional Practice Guideline (PPG) for publication.</b>

## **PUBLIC INTEREST RATIONALE**

The Orders for Medical Care PPG provides information on the different types of medical orders, including direct medical directives and delegation and RTs requirements and responsibilities when accepting these orders.

## **ISSUE**

Previously revised in 2019, the Orders for Medical Care PPG has been reviewed and updated to include the new Emergency Class of RTs, direct order clarity, and the requirements for orders for the use of diagnostic ultrasound and tracheostomy tube changes. The document has gone through a rigorous policy review process, to ensure that all legislative and regulatory requirements have been addressed.

## **BACKGROUND**

This PPG was developed by the CRTO to ensure that healthcare providers who perform procedures involving controlled acts are authorized to do so by the legislation, regulations, policies, and guidelines that govern their practice.

## ANALYSIS

### Summary of Changes

The format and intent of this document is unchanged. The content has been revised to reflect the recent regulatory amendments and gender-neutral pronouns where applicable, with updated links.

- Classes of Registration:
  - Added the Emergency Certificates of Registration.
- Orders for Diagnostic Ultrasound and Tracheostomy Tube Changes
  - Added the specific regulated healthcare providers (including out-of-province) that are authorized to order ultrasound and tracheostomy tube changes by Respiratory Therapists.
- Clarity for Direct Orders
  - Based on Member feedback, clarification of the allowance of time between the direct order and the actual procedure.

Other changes were made to improve readability and to ensure consistency with other CRTO documents.

### Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website and tweeted on the CRTO's Twitter account. In total, 99 people viewed the consultation survey, and 3 responses were received for the full survey (3 Respiratory Therapists).

50% of respondents found the policy clear, understandable, and free from omissions and errors.

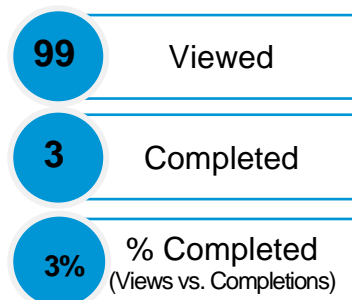
One comment noted a grammatical error and felt that page 5 needed clarity for the classes of health regulatory bodies. As such, the addition of the term "Nurse Practitioner" was added after the Certificate of Registration in the Extended Class for the College of Nurses.

For full consultation results see appendix B.

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

**Date consultation closed:** August 20, 2024

#### CONSULTATION FEEDBACK



**RECOMMENDATION**

It is recommended that Council approve the revised Orders for Medical Care PPG for publication.

**NEXT STEPS**

If the motion is approved, the Orders for Medical Care PPG will be translated and published on the CRTO's website.

**DRAFT 2024 REVISIONS**

**ORDERS FOR MEDICAL CARE**

PROFESSIONAL PRACTICE GUIDELINE



## PROFESSIONAL PRACTICE GUIDELINE: ORDERS FOR MEDICAL CARE

### Professional Practice Guideline

College of Respiratory Therapists of Ontario (CRTO) publications contain practice parameters and standards that should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CRTO publications may be used by the CRTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to orders for medical care. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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## Introduction

The College of Respiratory Therapists of Ontario (CRTO), through its administration of the [Regulated Health Professions Act \(RHPA\)](#) and the [Respiratory Therapy Act \(RTA\)](#), is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner.

This Orders for Medical Care Professional Practice Guideline was developed by the CRTO to serve both the interest of the public and RTs, by ensuring that healthcare providers who perform procedures involving controlled acts are authorized to do so in accordance with the legislation, regulations, policies, and guidelines that govern their practice.

Healthcare professionals, such as **Respiratory Therapists**, are permitted to perform certain, specific tasks via the following authorizing mechanisms:

- Controlled acts authorized by profession-specific legislation (e.g., *RTA*);
- Exceptions permitted by the *RHPA*;
- Delegation of Controlled Acts; and
- Public Domain.

## Controlled Acts Authorized to RTs

Under section 4 of the *RTA*, Members of the CRTO<sup>1</sup> are authorized to perform six controlled acts\*:

1. *Performing a prescribed procedure below the dermis.*
2. *Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.*
3. *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.*
4. *Administering a substance by injection or inhalation.*
5. *Administering a prescribed substance by inhalation\*\*.*
6. *Use of diagnostic ultrasound*

\*Members must have a General Certificate of Registration and must not be prevented from performing the controlled act(s) due to a term, conditions, or limitation on their certificate of registration.

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<sup>1</sup> With the exception of Inter-jurisdictional Respiratory Therapists who meet the conditions under O. Reg. 199/23 Exemption – Restricted Titles, which include having submitted an application for registration to the CRTO.

## Appendix A: Final draft Orders for Medical Care PPG

\*\*This authorized act refers to the independent initiation, titration, and discontinuation of oxygen without the requirement of an order.

### Orders for Controlled Acts

**The RTA requires an order from an authorized prescriber for all controlled acts authorized to RTs, regardless of the practice setting except for:**

- Authorized Act #3 - *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and*
- Authorized Act #5 - *Administering a prescribed substance by inhalation.*

However, a regulation under the *Public Hospitals Act* ([O. Reg. 965, Hospital Management](#)) requires an order for every treatment or diagnostic procedure. Therefore, authorized act #3 requires an order in a public hospital setting, and authorized act #5 can only be performed by a Respiratory Therapist (RT) outside of a public hospital setting

Authorized Acts #1, 2, and 4 may only be performed upon receipt of a valid order from a Member of one of the following health regulatory bodies:

- the College of Physicians and Surgeons of Ontario; or out-of-province physician
- the College of Midwives of Ontario;
- the Royal College of Dental Surgeons of Ontario; or
- the College of Nurses of Ontario – provided the healthcare professional holds a Certificate of Registration in the Extended Class (RN[EC])\* (Nurse Practitioner) or out-of-province physician<sup>2</sup>

Diagnostic Ultrasound can only be performed upon receipt of a valid order from a Member of

- the College of Physicians and Surgeons of Ontario, or an out-of-province physician
- the College of Nurses of Ontario – provided the healthcare professional holds a certificate of registration in the Extended Class (RN[EC]) \* or an out-of-province RN(EC)

\*RN[EC] (commonly referred to Nurse Practitioners) have the authority to order a defined list of medications, diagnostic and laboratory tests. To view an updated version

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<sup>2</sup> O. Reg. 107/96 ([Controlled Acts Reg](#)): s. 7.1 (2) (b) (c) and 14.4 (a) (b)

## Appendix A: Final draft Orders for Medical Care PPG

of this list, please visit the College of Nurses of Ontario website at [CNO - Nurse Practitioners](#)

Depending upon the practice setting [Integrated Community Health Services Centres Act](#) has several regulations that may have an impact on the ordering of a diagnostic or therapeutic procedure.

## Delegation of Controlled Acts

**Delegation is the transfer of legal authority to perform a controlled act (regulated healthcare professional) to a person not authorized to perform that controlled act (regulated or non-regulated healthcare professional). It is important to note that delegation is a formal process that is procedure-specific and may also be specific to:**

- an individual patient/client;
- a specific patient/client population;
- a specific situation;
- a specific health care provider, and/or;
- groups of patient/client populations or health care providers.

### **Please note...**

It is the CRTO's position that there is no provision in the *RHPA* to allow a physician or any other regulated healthcare professional to delegate the ordering of a controlled act.

**For more information on the delegation process, please review the [CRTO Delegation of Controlled Acts](#).**

## Exceptions within the RHPA

Section 29(1) of the *RHPA* permits healthcare professionals (regulated and non-regulated) as well as others (e.g., family members, unpaid care providers) to perform certain controlled acts under the following specific conditions:

[6]

## Appendix A: Final draft Orders for Medical Care PPG

- *rendering first aid or temporary assistance in an emergency;*
- *fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;*
- *treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;*
- *treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2); or*
- *assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).*

### Controlled Acts – Paragraph 1, 5 & 6 in the s.27 of the RHPA

1. *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or their personal representative will rely on the diagnosis.*
5. *Administering a substance by injection or inhalation.*
6. *Putting an instrument, hand or finger,*
  - i. *beyond the external ear canal,*
  - ii. *beyond the point in the nasal passages where they normally narrow,*
  - iii. *beyond the larynx,*
  - iv. *beyond the opening of the urethra,*
  - v. *beyond the labia majora,*
  - vi. *beyond the anal verge, or*
  - vii. *into an artificial opening into the body.*

## Acts within the Public Domain

If the activity is not a controlled act, it is within the public domain and may be performed by any care provider, whether they are a regulated or non-regulated healthcare professional. Administering oral medications is an example of a task that is within the public domain. The expectation for an RT performing an intervention within the public domain is that they are competent to do so and act in the best interest of the patient/client(s).

## Forms of a Valid Order

An order is a direction from a regulated healthcare professional with legislative ordering authority (e.g., physicians, registered nurses in the extended class, dentists, midwives) that permits the performance of a procedure by another healthcare professional (regulated and non-regulated).

There are two forms of a valid order:

### 1. Direct Orders

A direct order is one that is authorized by an individual prescriber at the time care is to be delivered for a specific patient/client for a specific treatment or intervention. The date and time that the intervention should occur may also be specified in a direct order. Note, that the intervention does not have to happen at the time of the order, depending on the nature of the act. (For example, an order for a CT scan that may take six months to be performed) A direct order may be written in the patient/client's medical records\*, or maybe in the form of a prescription or requisition, and should include the following information:

- when the order is given (i.e., date, time);
- who the order is for (i.e., patient/client identification);
- who the prescriber is – accompanied by the prescriber's **signature**;
- details of the intervention (e.g., treatment/procedure to be undertaken, when the order is to be carried out, dose/frequency/mode of administration, etc.)

\*direct orders may be given in writing, electronically and verbally. Please review the sections in this document entitled **Verbal Orders** and **Electronic Orders**.

\*Controlled substances require a direct order for administration by an RT\*

## Appendix A: Final draft Orders for Medical Care PPG

### For example...

Patient: Mr. Brown

Jan.1/19 (1000) – RT to administer 4 puffs of Salbutamol (100 mcg/puff) QID.

Signed: Dr. One

### Please note...

An **RT-driven protocol** is a type of direct order. These protocols outline a pre-designed plan of care to be delivered to a specific patient; often with the use of an algorithm to guide the RT's decision-making processes (e.g., Ventilation-Wearing Protocol).

An **Order Set** (either in a paper-based or digital format) can be used to implement a direct order, provided it contains all the necessary information (e.g., patient identifiers, name of authorizer, etc.).

## 2. Medical Directives

A medical directive is an order that is authorized in advance by either an individual prescriber or a group of prescribers for a specified range of patients for who meet specific conditions.

A properly constructed medical directive must include the following:

- the name and description of the procedure, treatment or intervention being ordered;
- the recipient patients/clients;
- the authorized implementer(s) who are permitted to release the medical directive and either:
  - perform the intervention themselves; or
  - request that a co-implementer perform the intervention.
- indications and contraindications\* (e.g., Indications - Signs and symptoms of respiratory distress associated with bronchospasm)  
\*may attach an appendix that provides a detailed outline



## Appendix A: Final draft Orders for Medical Care PPG

- and any educational requirements required (e.g., only Respiratory Therapists who work in a certain area and have advanced certification or have completed continuing education, etc.);
- the physician(s) or other health care professional authorizing the medical directive; and
- a list of administrative approvals from the facility with dates and signatures
- all relevant appendices attached to the medical directive

### **For example...**

All RNs on a paediatric unit may be listed as the implementer of a medical directive for bronchodilator administration, and all the RTs in the hospital may be listed as the co-implementers. When the RN feels that a patient/client meets the criteria outlined in the medical directive, they may contact the RT and ask that the medical directive be implemented. The RT would then perform their own assessment and if they agreed that the patient/client meets the criteria, they can administer the bronchodilator.

### **Please note...**

To be a valid order, a medical directive must be signed by at least one authorized prescriber (e.g., physician). However, employers often have policies regarding who must sign a medical directive. For example, an employer can stipulate that the Chief of Emergency Medicine must sign all ER directives on behalf of the entire department, or they may require signature from all physicians whose patients will be impacted by the directive.

## Appendix A: Final draft Orders for Medical Care PPG

### Sample Medical Directive

**Title:** Bronchodilator Administration

**Number:** 123-456

**Activation Date:** Jan. 1, 2024

**Review due by:** 2021

**Sponsoring/Contact Person(s):**  
(name, position, contact particulars)

Director of Cardiorespiratory Services  
Chief of Paediatrics  
Chief of Emergency Medicine  
Chief of General Internal Medicine

<b>Order:</b>	<b>Appendix Attached:</b> No <b>Title:</b>
Administration of Salbutamol Sulfate via meter dose inhaler (MDI) and aerochamber or small volume nebulizer (SVN).	
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> No <b>Title:</b>
Any inpatient. Also, any patient receiving services in the Emergency Department or in an outpatient clinic.  Adult: 18 years of age and older Paediatric: 1 to 18 years of age Neonate/Infant: birth to 1 year of age	
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> No <b>Title:</b>
All RRTs in this organization. GRTs may also implement this directive provided they do so under the general supervision of another regulated healthcare professional.	
<b>Indications:</b>	<b>Appendix Attached:</b> Yes <b>Title:</b> Indications
Signs and symptoms of respiratory distress with bronchospasm.  <b>Contraindications:</b>  Known allergy to Salbutamol Sulfate. Patient/Substitute Decision Maker (SDM) does not consent	
<b>Consent:</b>	<b>Appendix Attached:</b> Yes <b>Title:</b> Consent Policy
All RTs and GRTs implementing this medical directive will first obtain informed consent from the patient/SDM in accordance with this organization's Consent Policy,	

**Appendix A: Final draft Orders for Medical Care PPG**

the CRTO's Standards of Practice and the <i>Health Care Consent Act</i> .	
<b>Guidelines for Implementing the Order:</b>	<b>Appendix Attached:</b> Yes <b>Title:</b> Dosage Chart
The RT/GRT will:	
<ol style="list-style-type: none"> <li>1. Perform respiratory assessment pre-treatment and determine if bronchodilator administration is necessary.</li> <li>2. Administer the bronchodilator in accordance with the attached dosage chart.</li> <li>3. Assess the patient's response to treatment.</li> <li>4. Document in patient medical record and inform Most Responsible Physician (MRP) if the patient requires any further intervention(s).</li> </ol>	
<b>Documentation and Communication:</b>	<b>Appendix Attached:</b> No <b>Title:</b>
Documentation should include:	
<ol style="list-style-type: none"> <li>1. Date and time of administration.</li> <li>2. Dosage of bronchodilator given.</li> <li>3. Results of pre and post respiratory assessment.</li> <li>4. Name and number of the medical directive (e.g., "As per Bronchodilator Administration Medical Directive # 123-456").</li> </ol>	
<b>Review and Quality Monitoring Guidelines:</b>	<b>Appendix Attached:</b> No <b>Title:</b>
MRPs, RTs/GRT, and RNs will monitor patients for any unintended outcomes arising from the implementation of this medical directive.	
<b>Administrative Approval (as applicable):</b>	<b>Appendix Attached:</b> Yes <b>Title:</b> MAC approval letter
Medical Advisory Committee (approved December 12, 2018)	
<b>Approving Physician(s)/Authorizer(s):</b>	<b>Appendix Attached:</b> No <b>Title:</b>
<p>Dr. One – Chief of Paediatrics          Dr. Two - Chief of Emergency Medicine          Dr. Three - Chief of General Internal Medicine</p>	

**Please note...**

The) Health Profession Regulators of Ontario has developed [templates](#) for both medical directives and medical directive/delegation combined.

## The Difference Between a Medical Directive & Delegation

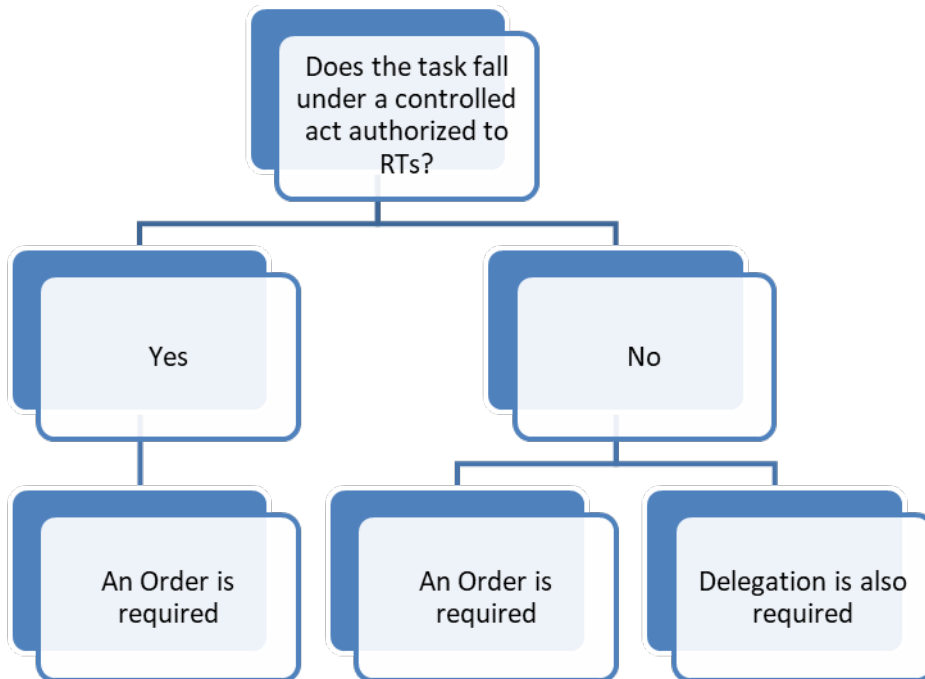
It is important to understand that **Medical Directives** and **Delegation** are two completely different processes. **Delegation** is that transfer of legal authority (from a healthcare professional who has the authority to perform a controlled act to a healthcare professional who does not), whereas a **Medical Directive** is a type of order.

As outlined previously, there are two types of orders:

1. A Direct Order (naming an individual patient)
2. A Medical Directive (for a broad group/type of patient)

The flowchart below may help you determine whether an order or both an order and delegation is required.

## Appendix A: Final draft Orders for Medical Care PPG



### Verbal Order

It is acceptable for an RT to accept a verbal order received in-person or by telephone, provided the order is:

- received directly from the prescriber and not their designate, unless the designate is another regulated health professional;
- transcribed into the patient's medical record by the regulated healthcare professional who received the order with a notation that it was a verbal order; and
- signed by the prescriber within a reasonable amount of time.

**Please note...**

You may wish to have a verbal order heard and co-signed by another regulated health care professional.

## Electronic Orders

Electronic ordering, or e-ordering, refers to medical orders that are transmitted from the prescriber via an electronic format (e.g., electronic medical record)

RTs are permitted to accept electronic orders, provided that the:

- order meets all the requirements of a **valid order**;
- method of transmission of the e-order is secure to ensure the privacy and confidentiality of the patient/client's personal health information; and
- digital or electronic signature generated can be authenticated.

## RT Responsibilities Related to Orders

Whether performing an act authorized to respiratory therapists under delegation, via an exception or within the public domain, RTs must consider:

- the professional scope of practice of Respiratory Therapy;
- their own personal scope of practice (i.e., competency);
- their practice setting (i.e., hospital, community setting) and the policies in that practice setting;
- whether they are authorized to perform the ordered intervention (e.g., not prevented due to terms, conditions, and limitations on their certificate of registration);
- whether the implementation of the order is in the best interest of the patient/client; and
- other relevant legislation (e.g., *Public Hospitals Act*, *Integrated Community Health Services Centres Act*).

## Disagreement with an Order

If an RT receives an order for an intervention that, in their professional judgment, is not in the best interests of the patient/client, then they must not implement the order and make every possible attempt to contact the prescriber to discuss the order. If, after that discussion, the RT is still convinced that carrying out the order would be detrimental to the patient/client, then they must refuse to implement the order, ensure that the prescriber is informed that the order will not be carried out, and document all details related to their decision.

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## Appendix A: Final draft Orders for Medical Care PPG

For more information regarding documenting a disagreement, please review the CRTO's Professional Practice Guideline on [Documentation](#)

## Appendix A: Final draft Orders for Medical Care PPG

[17]



# Appendix B: Orders for Medical Care PPG Consultation Survey Results

Answers to Questions Orders for Medical Care PPG As of: 8/20/2024 11:20:29 AM		
<b>Page: Consultation Overview</b>		
<b>Question: Introduction/Overview</b>		
Number Who Answered: 0		<a href="#">View Details</a>
<b>Page: About You</b>		
<b>Question: Are you a...</b>		
Number Who Answered: 5		<a href="#">View Details</a>
Respiratory Therapist (including retired)	3	60 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	2	40 %
<b>Question: I live in...</b>		
Number Who Answered: 6		<a href="#">View Details</a>
Ontario	3	60 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	2	40 %
<b>Page: Questions</b>		
<b>Question: Orders for Medical Care PPG</b>		
Number Who Answered: 0		<a href="#">View Details</a>
<b>Question: Is the Orders for Medical Care PPG written in a way that is clear and understandable?</b>		
Number Who Answered: 4		<a href="#">View Details</a>
<b>Yes</b>	<b>No</b>	
2	1	
75 %	25 %	
<b>Question: If no, please provide further details:</b>		
Number Who Answered: 0		<a href="#">View Details</a>
<b>Question: Is the Orders for Medical Care PPG free from omissions and/or errors?</b>		
Number Who Answered: 4		<a href="#">View Details</a>
<b>Yes</b>	<b>No</b>	
1	2	
25 %	75 %	
<b>Question: If no, please provide further details:</b>		
Number Who Answered: 0		<a href="#">View Details</a>
<b>Question: Does the PPG provide you with a sufficient understanding of the requirements for medical orders?</b>		
Number Who Answered: 4		<a href="#">View Details</a>
<b>Yes</b>	<b>No</b>	
2	1	
75 %	25 %	
<b>Question: If no, please provide further details</b>		

# Appendix B: Abuse Awareness and Prevention PPG Consultation Survey Results

Number Who Answered: 0

[View Details](#)

## Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 1

[View Details](#)

# Council Briefing Note

**AGENDA ITEM # 10.2**

**September 13, 2024**

<b>From:</b>	Kelly Arndt, RRT, Manager of Quality Practice
<b>Topic:</b>	Draft Revised Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline (PPG)
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A – Draft Revised Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the draft revised Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG for consultation.</b>

## **PUBLIC INTEREST**

The CRTO recognizes that some controlled acts authorized to Respiratory Therapists require greater expertise and have a higher degree of risk to perform. The Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline (PPG) is intended to provide direction to Members wishing to perform advanced prescribed procedures below the dermis and to individuals developing required certification programs to ensure that minimum requirements are met.

## **ISSUE**

Previously revised in 2020, the Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG has been reviewed and updated with references to the new Emergency Class. The document has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been addressed.

## **BACKGROUND**

Organizations, where Respiratory Therapists are required to perform advanced prescribed procedures below the dermis, must submit a certification package to the CRTO for approval. This package outlines the supporting policies, educational requirements, and ongoing competency requirements.

The CRTO developed the Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG to provide Members with the expectations and responsibilities when performing these procedures.

## **ANALYSIS**

### **Summary of Changes**

The format and intent of this document is unchanged. The content has been revised to reflect the recent regulatory amendments, particularly the new Emergency Class of Registration. For example, under:

- Classes of Registration:
  - Added the Emergency Certificates of Registration and supervision requirements

Other changes were made to improve readability and to ensure consistency with other CRTO documents.

## **RECOMMENDATION**

It is recommended that Council review and approve the revised draft Certification Programs for Advanced Prescribed Procedures Below the Dermis for consultation.

## **NEXT STEPS**

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

# Certification Programs for Advanced Prescribed Procedures Below the Dermis

## PROFESSIONAL PRACTICE GUIDELINE



## Professional Practice Guideline

College of Respiratory Therapists of Ontario (CRTO) publications contain practice parameters and standards that should be considered by all Ontario Respiratory Therapists (RTs) in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these CRTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to an RT's ability to perform advanced prescribed procedures below the dermis. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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## Introduction

The [Regulated Health Professions Act, 1991 \(RHPA\)](#) sets out the framework for regulating the health professions in Ontario. The primary purpose for the regulation of a health profession is to protect the public by ensuring that practitioners meet minimum qualifications and standards of practice. In order to focus on the issue of public protection the RHPA identifies ~~thirteen~~ fourteen “controlled acts”. These controlled acts consist of a variety of activities that could result in serious harm to the public if performed incorrectly.

The [Respiratory Therapy Act, 1991 \(RTA\)](#) authorizes **R**espiratory **T**herapists to perform some of the controlled acts. The CRTO recognizes that some controlled acts require greater expertise to perform than others and that incorrect performance of some controlled acts places the public at greater risk of harm than the performance of others. In order to provide the public with adequate protection with respect to the performance of the most serious of the controlled acts that may be performed by respiratory therapists, the CRTO requires that Members performing these controlled acts undergo a certification program.

This guideline is intended to provide direction to Members wishing to perform advanced prescribed procedures below the dermis and to individuals developing required certification programs to ensure that minimum requirements are met.



## Prescribed Procedures Below the Dermis Regulation

One of the controlled acts authorized to [Respiratory Therapists \(RTs\)](#) is performing a prescribed procedure below the dermis. "Prescribed," in this case, means listing the specific procedures in regulation. Part VII of [Ontario Regulation \(O. Reg\) 596/94](#), sets out the prescribed procedures authorized to RTs, which are as follows:

**1. Basic Procedures:**

- i. Arterial, venous and capillary puncture
- ii. Insertion, suturing, aspiration, repositioning, manipulation, and removal of an arterial cannula.
- iii. Insertion, suturing, aspiration, repositioning, manipulation, and removal of a venous cannula.

**2. Advanced Procedures:**

- i. Manipulation or repositioning of a cannula balloon.
- ii. Chest needle insertion, aspiration, reposition, and removal
- iii. Chest tube insertion, aspiration, reposition, and removal
- iv. Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.
- v. Intraosseous needle insertion.
- vi. Subcutaneous electrode placement for interoperative and perinatal fetal monitoring.

## Requirements when Performing Prescribed Procedures Below the Dermis

Prescribed procedures below the dermis are separated into two categories — basic and advanced. ~~RTs must fulfill specific requirements to perform any of these procedures. These requirements are outlined below. To perform any of these procedures, there are specific requirements that must be fulfilled, which are as follows:~~

### Basic Procedures

Members must:

- be competent to perform the procedure;
- perform the procedure only if permitted by their certificate of registration (see Table 1);
- not perform if prohibited by their terms, conditions and limitations; and
- adhere to all employer policies.

### Advanced Procedures

Members must:

- Satisfy all requirements of a basic procedure, and also:
  - o complete a ~~CRTO-approved~~CRTO-approved certification program;
  - o ensure that their certification program is up-to-date with the best evidence-based clinical practice; and
  - o re-certify every two (2) years.

For information on the **Process for Obtaining Approval for a Certification Program**, please see page 11. Additional information can also be found in the [Prescribed Procedure Regulation](#), and the [Interpretation of Authorized Acts Professional Practice Guideline](#) (PPG).

### PLEASE NOTE:

A valid order (direct order or a medical directive) is required to perform both a basic and advanced prescribed procedure below the dermis. For additional information on orders, please review the CRTO's [Orders for Medical Care Professional Practice Guideline](#) (PPG).

## Certificates of Registration and Prescribed Procedures Below the Dermis

### Registered Respiratory Therapists (RRT)

(I.e., Members registered with General Certificates of Registration)  
Members who hold a ~~valid~~ General Certificate of Registration are permitted to perform basic prescribed procedures below the dermis. In addition, Members who hold a ~~valid General~~ General Certificate of Registration are permitted to perform advanced prescribed procedures below the dermis, subject to terms, conditions or limitations on their certificate of registration, ~~and~~ provided they have successfully completed an approved certification or recertification program for each specific procedure within the past two years.

### Graduate Respiratory Therapists (GRT)

(I.e., Members registered with Graduate Certificates of Registration)  
Graduate Respiratory Therapists are permitted to perform basic prescribed procedures below the dermis under supervision. Graduate Respiratory Therapists **are not permitted** to perform advanced prescribed procedures below the dermis even if they have successfully completed an approved certification program.

### Practical Respiratory Therapists (PRT)

(I.e., Members registered with Limited Certificates of Registration)  
Practical Respiratory Therapists are not permitted to perform advanced prescribed procedures below the dermis and may not perform basic prescribed procedures unless the Member is permitted to perform the procedure by the terms and conditions of their certificate of registration unless they have been individually authorized by the CRTO's Registration Committee to perform the specific procedure, and they have successfully completed an approved certification or recertification program for the specific procedure within the past two years.

### Respiratory Therapists (Emergency) [RT(E)] (I.e., Members registered with Emergency Certificates of Registration)

Members who hold an Emergency Certificate of Registration are permitted to perform basic prescribed procedures below the dermis under supervision. In addition, Members who hold an Emergency Certificate of Registration are permitted to perform advanced prescribed procedures below the dermis under supervision (and subject to any other terms, conditions or limitations on their certificate of registration) provided they have successfully completed an approved certification or recertification program for each specific procedure within the past two years.

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**Table 1: Certification of Registration and Prescribed Procedures Below the Dermis**

Procedures	RRT	GRT*	RT/E**	PRT**
Basic prescribed procedures.	✓	✓	✓	***
Advanced prescribed procedures.	✓		✓	

\* GRTs require general supervision to perform any controlled act and are not permitted to delegate any controlled acts.

\*\* RT(E)s require general supervision to perform any controlled act.

\*\*\* PRTs are only able to perform basic procedures below the dermis if permitted to do so by the terms and conditions on their certificate of registration.

**PLEASE NOTE:**

The **Tracheostomy tube changes** (for a stoma greater than 24 hours and less than 24 hours) are not listed under the *Prescribed Procedures Regulation*. However, tracheostomy tube changes are authorized as an exemption to RTs in the *Controlled Acts Regulation (O. Reg. 107/96)*. For additional information, please see the [Interpretation of Authorized Acts PPG \(p.17\)](#). In 2023, [tracheostomy tube changes for a stoma that less than 24 hours old are permitted to be performed by GRT's](#), ~~adding a note here because I can't add it in a text frame — but I would suggest removing this sentence as it does not relate to PPBDs or changing it to: It is the position of the CRTO that GRTS should not perform tracheostomy tube changes for a stoma that is less than 24 hours old.~~

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## Certification and Recertification for Advanced Prescribed Procedures Below the Dermis

Only ~~ARTs~~ who hold a ~~general~~ General or eEmergency\* ~~certificate~~ Certificate of ~~registration~~ Registration, ~~without terms and conditions~~, are authorized to perform an advanced prescribed procedure below the dermis, subject to terms, conditions or limitations on their certificate of registration. Prior to performing an advanced prescribed procedure, the ~~ART~~ must have successfully completed an approved certification program. In addition, recertification is required every two (2) years ~~–~~ (s.49(1) - O.Reg 596/94).

\*RT(E) require general supervision for all controlled acts

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### Components of a Certification Program

The CRTO does not wish to limit the flexibility of organizations in designing certification programs that meet their particular needs. At the same time, the CRTO needs to ensure that each organization's unique certification programs contain some standard and minimum components. Certification programs are approved on a case-by-case basis by the CRTO Registration Committee. Therefore, before an ~~ART~~ can perform an advanced prescribed procedure below the dermis, there must be an appropriate system in place for instruction, certification, recertification, and documentation.

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Each certification program curriculum must consider the following:

- Level of evidence of the reference material;
- Hours of instruction;
- Methods of instruction; and
- Assessment of knowledge and experience (e.g., written examination).

The certification program must be made up of three components:

- I. Knowledge Component;
- II. Observation Component; and
- III. Demonstration Component.

#### I. Knowledge Component

The knowledge component can be evaluated by a written or verbal examination. It is recommended that a minimum mark be required in order to proceed to the observation component. An estimate of the time required to complete this portion should be described. The Knowledge Component should include, at a minimum:

- A. Nature and Purpose of the Procedure;
- B. Learning Objectives;
- C. Anatomy;
- D. Indications and Contraindications;
- E. Risk Factors, Complications and their Management; and
- ~~F.G~~ Practice Considerations and Technique.

## II. Observation Component

After successful completion of the knowledge component, the RRT will advance to review the skill under the direction of certified clinician. The intent of this portion of the program is to provide a safe setting for the review of the skill and competencies required in order to be successful in performing the procedure on a patient. An estimate of the time required to complete this portion should be described.

## III. Demonstration Component

This portion requires that the procedure be performed on a patient, under direct observation by a clinician certified in the procedure, and who has the skills required to teach effectively. The decision as to who the clinician(s) is should be determined based on internal resources. There is no evidence to support the decision of how many times the procedure should be repeated in order to determine competence. There is only an understanding that proficiency does come with practice and that ongoing evaluation is needed in order to ensure competency.

These components are sequential. RRTs must complete each component before moving to the next.

## Recertification Process

A recertification process should include a hands-on demonstration of competence and may include a review of related experience and a verbal/written evaluation of knowledge.

## Interpretation of Evidence

Evidence-based practice requires the retrieval and a critical appraisal of the best available evidence. All sources used in the development of the certification program should be cited and the level of evidence provided. For example, “no observable difference occurs when 0.9% normal saline is used compared with heparinized solutions for maintaining catheter patency and functionality of arterial lines” (Cochrane Database of Systematic Reviews, 2014 <sup>LOE1</sup>).

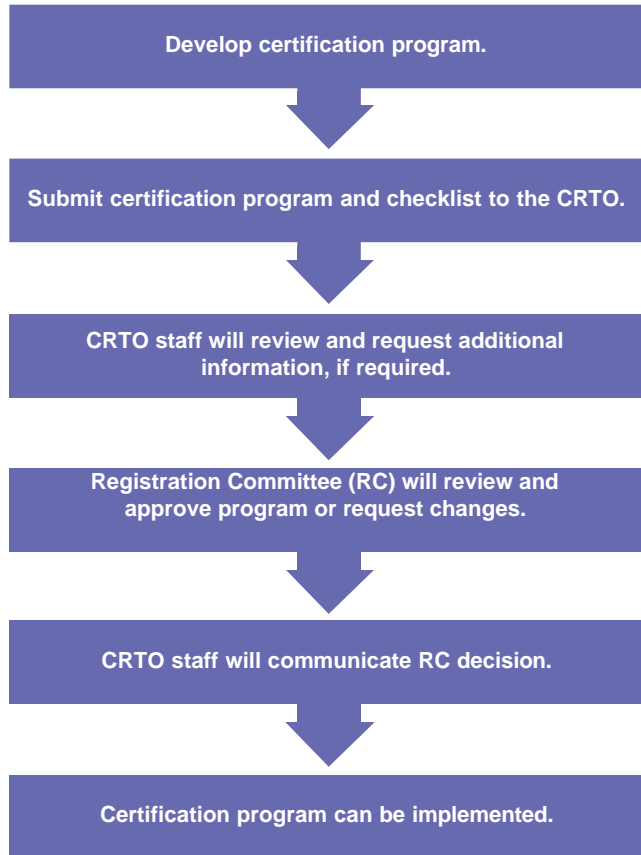
**Table 2: Levels of Evidence**

Level I	Evidence obtained from a meta-analysis or systematic review of all relevant Randomized Controlled Trials (RCTs) or evidence-based clinical practice guidelines based on systemic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT- (E.g., a large, multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomization- (i.e., quasi-experimental).
Level IV	Evidence obtained from well-designed case-control or cohort studies.
Level V	Evidence obtained from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence obtained from a single descriptive or qualitative study.
Level VII	Evidence obtained from the opinion of authorities and/or report of expert committees.

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This level of effectiveness rating scheme is based on the following: Ackley, B. J., Swan, B. A., Ladwig, G., & Tucker, S. (2008). *Evidence-based nursing care guidelines: Medical-surgical interventions*. (p. 7). St. Louis, MO: Mosby Elsevier.

## Process for Obtaining Approval for a Certification Program







## Additional Considerations

### Please Note:

RTs who work at multiple sites must ensure that they are following each employer's policies regarding what procedure below the dermis they can perform.

### Organizational Policies and Procedures

To support safe and competent practice and ensure consistency between practitioners, each organization develops its own policies and procedures for specific tasks and processes. When a certification program is submitted to the CRTO for consideration, the organization's policy and procedure should also be included because it serves as part of the curriculum that must be reviewed by the learner undertaking the certification program.

### Record Keeping

#### Institution

Each organization that has obtained approval for a certification program must retain a complete copy of the program along with a record of the date it was implemented. Each subsequent version of a certification program must go through the CRTO's approval process and be retained along with previous versions.

#### Member

Members must keep documentation related to certification and recertification processes in their Professional Portfolio Online for Respiratory Therapists (PORTfolio<sup>PM</sup>). Members are required to keep this documentation for the duration of their professional career.

### Keeping Certification Programs Current

- Health care practices are constantly evolving. It is up to each Member to keep up-to-date ~~in~~with current practice standards. If significant revisions are being made to an existing certification package, it will need to be resubmitted to the CRTO. For more information, please contact the CRTO Manager of Quality Practice.
- Any additional training or credentials obtained by a Member (e.g., ~~Anaesthesia~~Anesthesia Assistant) does not alter the fact that in order to perform ~~these procedures~~an advanced prescribed procedure below the dermis, they must still complete a CRTO approved certification program ~~for advance prescribed procedures below the dermis~~.
- It is an expectation that Members ensure that the certification package they are using has been approved by the CRTO, and the employer's policy governing the procedure has received final organizational approval **prior to beginning the process of certification**.

## Advanced Prescribed Procedure Certification Program Checklist

To request permission to perform an advanced prescribed procedure below the dermis, the following must be submitted to the CRTO:

- Advanced Prescribed Procedure Certification Program [Checklist\\*Checklist](#)
- The certification package; and
- a copy of the organizational policy.

\* Please note that a separate checklist must be completed and submitted for each procedure.



This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

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

**Phone** 416-591-7800      **Fax** 416-591-7890  
**Toll Free** 1-800-261-0528      **E-mail** [questions@crto.on.ca](mailto:questions@crto.on.ca)

[www.crto.on.ca](http://www.crto.on.ca)

# Council Briefing Note

**AGENDA ITEM # 10.3**

**September 13, 2024**

<b>From:</b>	Ania Walsh, Director, Regulatory Affairs
<b>Topic:</b>	<i>In Camera</i> Policy
<b>Purpose:</b>	For Approval
<b>Strategic Focus:</b>	Governance & Accountability
<b>Attachment(s):</b>	Appendix A – In Camera Policy
<b>Motion(s)</b>	<b>It is moved by _____ and seconded by _____ that: The CRTO Council approves the In Camera Policy.</b>

**PUBLIC INTEREST RATIONALE**

The *In Camera* Policy reflects the CRTO’s commitment to open and transparent decision-making processes. All Council meetings are open to the public. However, occasionally, Council may be required to exclude the public from a meeting (move *in camera*) when, for example, its discussions include confidential personnel matters<sup>1</sup>. A well-defined *in camera* policy helps to ensure that the need for confidentiality is balanced with the CRTO’s commitment to openness and transparency.

**ISSUE**

The *In Camera* Policy was drafted to establish transparent and consistent guidelines for conducting *in camera* sessions, ensuring confidentiality, transparency, and effective governance. The draft has undergone a thorough policy review, including external legal review.

**BACKGROUND**

The previous version of the *In Camera* Policy was archived in April 2022. At that time, it was determined that most of the information in the policy was already covered in legislation and the CRTO By-laws, making the policy redundant. However, since then, it has been suggested that the policy be reinstated and expanded to include additional considerations ensuring transparent and consistent processes when Council determines that the public be excluded from its meeting.

---

<sup>1</sup> As set out in subsection 7(2) of the Health Professions Procedural Code

The new version of the policy expands on the provisions outlined under section 7 of the Health Professions Procedural Code (the Code) and the CRTO By-laws. It provides additional guidance on issues such as attendance, confidentiality, minutes, and documentation. The policy also includes an appendix detailing the process for closing a Council meeting to the public to discuss a confidential matter.

## ANALYSIS

The *In Camera* Policy aims to provide clear guidelines for conducting *in camera* sessions during Council meetings. The policy is designed to ensure confidentiality, transparency, and effective governance. In particular, it addresses the following points:

- *In camera* agenda and topics: A decision to close the meeting to the public must be related to a specific agenda item. A general "*in camera* discussion" is not an acceptable agenda item on its own.
- Attendance: *In camera* sessions include Council members and the Registrar, unless the purpose of the agenda item is to discuss the Registrar's performance review or other Registrar-related issues. Council may also invite guests, such as legal counsel, senior staff, or other advisors, to the *in camera* session.
- 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.
- Minutes and Documentation: 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. The policy also provides guidance on *in camera* minutes.

## RECOMMENDATION

That the CRTO Council approves the *In Camera* Policy.

## NEXT STEPS

If approved, the *In Camera* Policy will be posted on the CRTO website and included in the Council governance manual (currently being developed).

## COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



### Council Meetings *In Camera*

Type: Policy

Origin Date: August 28, 1998

Section: CP

Approved By Council on:

Document Number: 170

Next Revision Date:

## 1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) 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 item<sup>1</sup>.

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.

<sup>1</sup> 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 Code<sup>1</sup>, 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 (3<sup>2</sup>).

## 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**

[www.crto.on.ca](http://www.crto.on.ca)

**Fax:** 416-591-7890

**Telephone:** 416-591-7800

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

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

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<sup>2</sup> 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

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### 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.