

CERTO

Council Meeting Materials

March 28, 2025



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

College of Respiratory Therapists of Ontario

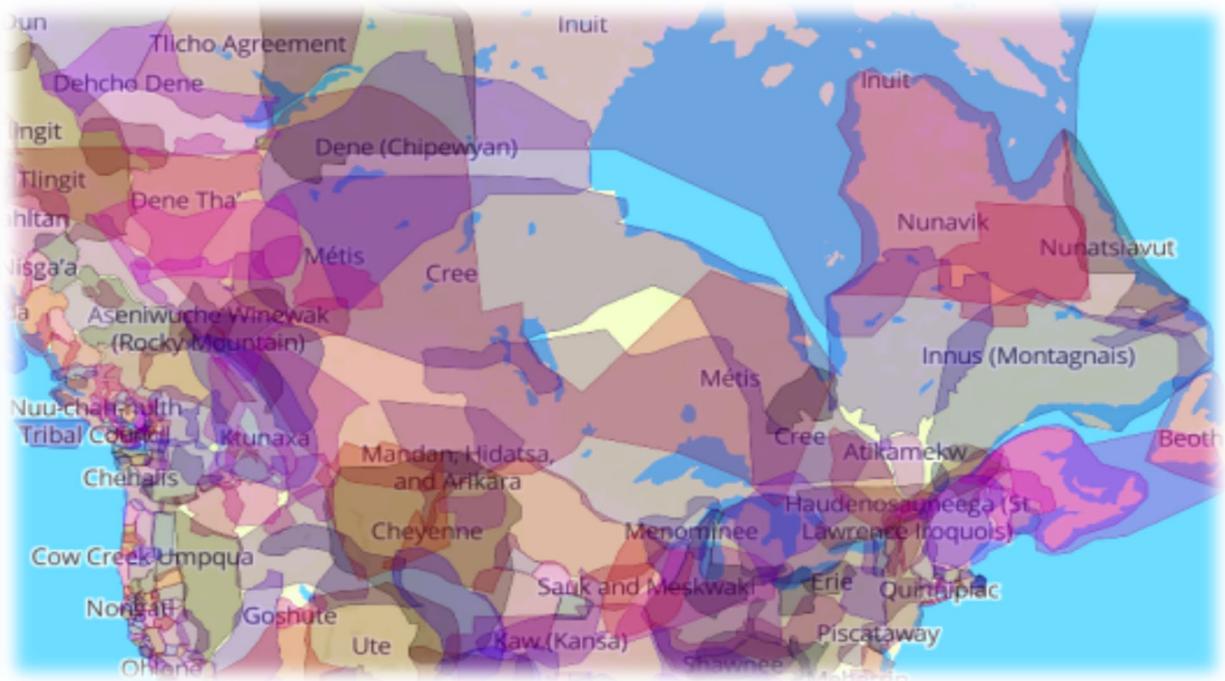
Land Acknowledgement

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

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

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

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



Generously shared by



AGENDA ITEM # 3.0

Motion Title:	Approval of Council Meeting Agenda
Date of Meeting:	March 28, 2025

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the March 28, 2025, meeting.

AGENDA ITEM # 3.0

9 a.m. to 1 p.m.

Join Zoom Meeting Link: <https://us02web.zoom.us/j/85321497900>

Meeting ID: 853 2149 7900

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement	1-2	Lindsay Martinek		
	1.1	Council and Committee Meeting Reminders	*	Lindsay Martinek	Information	Governance & Accountability
	2.0	Conflict of Interest Declarations	--	Lindsay Martinek		Governance & Accountability
	3.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Minutes from December 6, 2024	6-12	Lindsay Martinek	Decision	Governance & Accountability
	5.0	Strategic Issues				
	5.1	Strategic Direction & Key Performance Indicators Report	13-46	CRTO staff	Information	Governance & Accountability
	5.2	Draft 2024 College Performance Measurement Framework	47-49	CRTO staff	Information	Governance & Accountability
	5.3	Risk Register	50-57	Ania Walsh	Information	Governance & Accountability
	5.4	2024 Council Meetings Evaluation Summary	58-64	Carole Hamp	Information	Governance & Accountability
	5.5	CRTO Social Media Strategy	65-81	Janessa Gazmen	Information	Member Engagement
	6.0	Operational & Administrative Issues				
	6.1	CRTO Update Report	82-85	CRTO Staff	Information	Core Business Practices
	6.2	Financial Statements	86-91	Carole Hamp	Decision	Core Business Practices
	6.3	Investment Portfolio Update	92-97	Shaf Rahman	Decision	Core Business Practices
10:30	6.3.1	Presentation by RBC Investment Advisor Team	*	RBC Team	Information	Core Business Practices
	6.4	CRTO Pension Plan	*	Shaf Rahman	Discussion	Core Business Practices
	6.5	Draft Budget 2025/26	98-115	Carole Hamp	Discussion	Core Business Practices
	7.0	Committee Reports (for information)				
	7.1	Executive Committee Report	116	Lindsay Martinek		Governance & Accountability

7.2	Registration Committee Report	117-119	Kelly Munoz		Governance & Accountability
7.3	Quality Assurance Committee Report	120	Sandy Fodey		Governance & Accountability
7.4	Patient Relations Committee Report	121	Sam Gennidakis		Governance & Accountability
7.5	Inquiries, Complaints and Reports Committee Report	122-124	Kim Morris		Governance & Accountability
7.6	Discipline Committee Report	125	Sandy Fodey		Governance & Accountability
7.7	Fitness to Practise Committee Report	126	Sandy Fodey		Governance & Accountability
7.8	Finance & Audit Committee Report	127-128	Lindsay Martinek		Governance & Accountability
8.0	Committee Items Arising				
	Registration Committee				
8.1	Terms of Reference and Action Plan	129-137	Kelly Munoz	Decision	Governance & Accountability
8.2	Revised Approval of Canadian Education Programs Policy	138-143	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
8.3	Revised Entry to Practice Exam Policy	144-147	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
8.4	Revised Emergency Registration Policy	148-153	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
8.5	Labour Mobility Policy being Rescinded & Archived	154-156	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
8.6	Revised Registration & Use of Title PPG	157-172	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
	Quality Assurance Committee				
8.7	Terms of Reference and Action Plan	173-179	Sandy Fodey	Decision	Governance & Accountability
9.0	Legislative and General Policy Issues				
9.1	Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG – Final Approval	180-200	Kelly Arndt	Decision	Enhancing Professionalism/ Public Protection
10.0	Other Business				
11.0	Adjournment				
	Open Forum				

Council Self-Evaluation Survey

AGENDA ITEM # 4.0

Motion Title:	Minutes from December 6, 2025
Date of Meeting:	March 28, 2025

It is moved by _____ and seconded by _____ that:

The Council approve the minutes from the December 6, 2025, meeting.

Agenda Item #:	4.0
Item:	Draft Minutes from December 6, 2024

Meeting Minutes December 6, 2024

CRTO Council Meeting Minutes

Scheduled on December 6, 2024, from 9:00 am to 1:00 pm

Location: Zoom Videoconference

PRESENT: Lindsay Martinek, RRT, President
Kim Morris, Vice-President
Allison Chadwick, RRT
Jeff Dionne, RRT
Sandy Fodey, RRT
Carmine Francella, Public Member
Jennifer Gadioma, RRT

Sam Gennidakis, RRT
Sheena Lykke, RRT
Kelly Munoz, RRT
Jeff Schiller, Public Member
Pappur Shankar, Public Member
Laura Van Bommel, RRT

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

Lisa Ng, Registration Manager
Denise Steele, Professional Programs Coordinator
Kelly Arndt, RRT, Quality Practice Manager
Abeeha Syed, Compliance & Operations Coordinator
Temeka Tadesse, IT Manager
Stephanie Tjandra, Finance & Office Manager

GUESTS: Sarah Kibaalya, Sr. Policy Analyst, Ministry of Health
Irwin Glasberg, Fairness Commissioner for Ontario
Sola Joseph, Compliance Analyst, Office of the Fairness Commissioner

REGRETS: Carrie Dyson, Public Member
Angela Miller, RRT

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

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

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

3.0: 2024 CRTO ELECTION RESULTS & EXECUTIVE COMMITTEE ELECTIONS

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

- Lindsay Martinek, RRT
- Kim Morris, Public Member
- Jeff Dionne, RRT
- Kelly Munoz, RRT
- Jeffrey Schiller, Public Member

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

4.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for December 6, 2024.

MOTION 4.0 MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Sheena Lykke, RRT, that the Council approve the agenda for the December 6, 2024, meeting.

MOTION 4.0 CARRIED.

5.0: MINUTES FROM SEPTEMBER 13, 2024

Council reviewed the meeting minutes from September 13, 2024.

MOTION 5.0 MOVED BY, Kim Morris, and SECONDED BY, Sheena Lykke, RRT, that the Council approve the minutes from the September 13, 2024, meeting.

MOTION 5.0 CARRIED.

6.0: STRATEGIC ISSUES

6.1 STRATEGIC DIRECTION AND KEY PERFORMANCE INDICATORS REPORT

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

Council recommended tracking data on school to workforce succession for Respiratory Therapists in Canada. Staff will explore reaching out to educators to use as an access point to gather this data.

6.2 RISK REGISTER

Ania Walsh presented the quarterly Risk Register update.

7.0: OPERATIONAL & ADMINISTRATIVE ISSUES

7.1 CRTO UPDATE REPORT

Staff reported on general CRTO activities and initiatives.

Internal

- New CRTO Database and Website (*Temeka Tadesse*)
- Cybersecurity Response Plan (*Temeka Tadesse*)
- IEHP Entry-to-Practice Assessment (*Kelly Arndt*)
- Proposed Registration Regulation Revisions (*Carole Hamp & Ania Walsh*)
- Demographic Data Consultation Survey (*Stephanie Tjandra*)
- Professional Conduct Alternative Dispute Resolution (ADR) and Risk Assessment Tool (*Peter Laframboise*)

External (*Carole Hamp*)

- National Alliance of Respiratory Therapy Regulatory Bodies.

7.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements from March 1, 2024, to October 31, 2024.

MOTION 7.2 MOVED BY, Pappur Shankar, and SECONDED BY, Laura Van Bommel, RRT, that Council approves the quarterly financial statements for March 1, 2024, to October 31, 2024.

MOTION 7.2 CARRIED.

7.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio.

MOTION 7.3 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Sandy Fodey, RRT, that Council approve the CRTO's Investment Portfolio summary report.

MOTION 7.3 CARRIED.

7.4 DRAFT 2025/26 BUDGET

Carole Hamp presented the Draft Budget Projections for 2025/2026.

7.5 CRTO PENSION PLAN

Shaf Rahman presented the CRTO Pension Plan review. As part of the CRTO's risk management, critical risks were identified, including staffing turnover and loss of key staff. This led to updated procedures and compensation strategies to address these issues. A key area still under review is employee compensation, with a focus on potentially introducing a defined benefit pension plan to attract and retain employees. The CRTO has met with two major pension providers, HOOPP and CAAT, to explore options and will present more information at the next Council meeting.

8.0: COMMITTEE REPORTS

8.1 EXECUTIVE COMMITTEE REPORT

Council reviewed the Executive Committee Report.

8.2 REGISTRATION COMMITTEE REPORT

Council reviewed the Registration Committee Report.

8.3 QUALITY ASSURANCE COMMITTEE REPORT

Council reviewed the Quality Assurance Committee Report.

8.4 PATIENT RELATIONS COMMITTEE REPORT

Council reviewed the Patient Relations Committee Report.

8.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Council reviewed the Inquiries, Complaints and Reports Committee Report.

8.6 DISCIPLINE COMMITTEE REPORT

Council reviewed the Discipline Committee Report.

8.7 FITNESS TO PRACTISE COMMITTEE REPORT

Council reviewed the Fitness to Practise Committee Report.

8.8 FINANCE & AUDIT COMMITTEE REPORT

Council reviewed the Finance & Audit Committee Report.

9.0: COMMITTEE ITEMS ARISING

No new committee items arising.

10.0: LEGISLATIVE AND GENERAL POLICY ISSUES

10.1 REGISTRATION REGULATION UPDATE AND POLICY REVISIONS (ENTRY-TO-PRACTICE AND REGISTRATION CURRENCY POLICIES)

Carole Hamp and Ania Walsh presented the amended Registration Regulation and supporting policies. On May 1, 2023, the CRTO submitted revisions to the Ministry of Health to clarify provisions and harmonize registration requirements for Respiratory Therapists across Canada. CRTO's policies and guidelines are being updated accordingly, with urgent revisions identified for the Entry-to-Practice Assessment Policy and the Registration Currency Policy.

Both policies have been revised to ensure they are consistent with the new Registration Regulation and the CRTO's registration processes. These changes do not significantly affect the intent or direction of the original policies. If approved, the policies will be posted on the CRTO website and communicated to members and applicants.

MOTION 10.1 MOVED BY, Kim Morris, and SECONDED BY, Jeff Schiller, that the Council approves the revised draft Entry-to-Practice Assessment Policy (effective January 1, 2025).

MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Sheena Lykke, RRT, that the Council approves the revised draft Applications for Registration and Reinstatement – Currency Requirements Policy, (effective January 1, 2025).

MOTION 10.1 CARRIED.

11.0: OTHER BUSINESS

11.1 COUNCIL MEETING DATES FOR 2025

Carole Hamp presented the proposed Council meeting dates for 2025.

MOTION # 11.1 MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Jeff Schiller, that the Council approves the proposed dates for the 2025 Council meetings.

MOTION # 11.1 CARRIED.

12.0: OFC PRESENTATION

Fair Registration, Innovative Practices and Regulating in the Public Interest presentation by Irwin Glasberg, Fairness Commissioner for Ontario.

1.0: ADJOURNMENT

Adjournment

The December 6, 2024, Council meeting adjourned at 1:12 p.m.

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated February 2025

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
Member Engagement				
Alignment of policies & processes with the principles of Right-Touch regulation.				
Evidence-informed approach to QA selection, assessments & remediation.	<ul style="list-style-type: none"> • Professional Development Program Policy – reviewed and updated. • Began the planning phase of a full Professional Development Program Review. <ul style="list-style-type: none"> ○ Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review. 	<ul style="list-style-type: none"> • Professional Development Program Review – in progress. • Professional Development Program Policy – updated with references to the new Emergency Class of Registration. • Professional Development Program Deferral Policy – revised to reflect the timelines for submitting a deferral request. 	<ul style="list-style-type: none"> • Data collection regarding Launch failures has been reviewed for 2024 to investigate trends, potential causes/solutions. Schools that ranked higher in failures will be notified and opportunities to present to their students will be offered 	<ul style="list-style-type: none"> ● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.	<ul style="list-style-type: none"> • Completed an external review of all Professional Conduct (PC) processes and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases. • Ongoing refinement of PC processes to prioritize investigations, complaints, and reports. • Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process. 	<ul style="list-style-type: none"> • Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including: <ul style="list-style-type: none"> ○ Assessing options for investigations, ICRC decision reviews and accessible correspondence ○ Developing new complaints and reports process intake documents and updating current templates ○ Introducing changes to the ICRC decision writing process to expedite the disposition timelines. ○ Assessing the CRTO’s redaction procedures with the aim to reduce timeliness. 	<ul style="list-style-type: none"> • Ongoing development of a new case management database • PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes • New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines • PC Staff are developing the CRTO's Alternative Dispute Resolution process for complaints 	<ul style="list-style-type: none"> ● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
Transparent, objective, impartial, & fair practices.				
<p>Clear direction regarding the registration requirements for all applicants.</p>	<ul style="list-style-type: none"> • 9 Registration Policies reviewed and updated. • 3 Registration Fact Sheets reviewed and updated and/or developed. • Updated and reviewed the Guide to TCLs Imposed by the Registration Committee. • Retained a consulting agency to align the CRTO’s approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration. • Updated the Applicants’ web pages with relevant links. • Conducted a detailed review of the Registration Verification Form with members of the National Alliance. • Conducted a comprehensive review of the Registration Regulation (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders. 	<ul style="list-style-type: none"> • Registration Regulation (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval. • Conducted a detailed review of several policy documents related to the Emergency Class and “As of Right” provisions. • Updated the CRTO website, registration guidelines and Fact Sheets with references to the Emergency Class, “As of Right” provisions and the new Clinical Skills Assessment fee. • New Clinical Skills Assessment scenario was developed by the Internationally Educated Health Professionals (IEHP) working group. • Drafted a new Vulnerable Sector Checks Policy, the draft policy was sent out for consultation. 	<ul style="list-style-type: none"> • Following approval of the new Vulnerable Sector Checks (VSC) Policy, created a new VSC webpage and updated the Application Guides and relevant webpages with information regarding the VSC requirement • Drafted a new Emergency Registration Form and Guide. These documents will be available on the CRTO's website when the Emergency Class is open to applicants • Reviewed and updated the Registration Verification Form to ensure consistency with the form developed by NARTRB • Developed a new Statement of Professional Standing webpage and form • Updated the approved RT Programs webpage in response to changes in education programs accreditation status changes • Reviewed and updated several registration policies, guides and webpages to ensure that they are consistent with the new Registration Regulation 	<p>● ON TRACK</p>
<p>A complaints process supported by publicly accessible policies & procedures.</p>	<ul style="list-style-type: none"> • 4 Professional Conduct (PC) policies reviewed and updated. • Developed the Funding for Therapy and Counselling Program Fact Sheet. • Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified. 	<ul style="list-style-type: none"> • Ongoing analysis for identifying a need for additional Professional Conduct policies. • The Complaints Process Guide was revised to reflect our current process. • Reviewed and updated three Fact Sheets, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program. 	<ul style="list-style-type: none"> • PC staff worked on finalizing a new feedback form for system partners to inform our process going forward • PC staff are developing policies and procedures that will outline the CRTO's Alternative Dispute Resolution process for complaints • Implemented a new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes 	<p>● ON TRACK</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
Accessible & timely communication.				
<p>Increase the information available on our website in written and online module format.</p>	<ul style="list-style-type: none"> • Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO’s external stakeholders. • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ The March 04, 2022, CRTO By-laws ○ 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG & Oxygen Therapy) ○ 17 Policies ○ 2 Fact Sheets ○ Guide to TCLs Imposed by the Registration Committee • Added the following documents to the CRTO website: <ul style="list-style-type: none"> ○ Strategic Plan Progress Report ○ Succession Plan for Senior Leadership Policy ○ Open Forum Policy ○ Terms of Use – Website and Social Media ○ CRTO Risk Management Framework • The 2021 CPMF Full & Summary Reports were posted on the CRTO website. • Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents). 	<ul style="list-style-type: none"> • Regulatory changes – implemented several communication strategies, including social media posts, e-blasts, website updates) to address the regulatory changes introduced during the year, including the use of ultrasound in RT practice, the new Emergency Class, and “As of Right” provisions. • Elections and Council and Committees webpages – updated information regarding the Council elections process, committee appointments, Council and Committee Competency Profile and Council Evaluation Framework. • Policy Consultation – 9 policy documents were posted on the CRTO website for consultation. Links to the consultation surveys were also posted on the CRTO’s website homepage slider and shared through the CRTO social media accounts. • e-learning modules –two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members’ Professional Development Program platform. • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ The March 3, 2023, CRTO By-laws. ○ 5 Professional Practice/Clinical Best Practice Guidelines ○ 7 Policies ○ 3 reports and submissions ○ 7 Fact Sheets 	<ul style="list-style-type: none"> • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ The March 1, 2024, CRTO By-laws ○ 3 Professional Practice ○ 12 Policies ○ 1 Position Statement ○ 2024 National Competency Framework ○ 4 Fact Sheets ○ 3 reports and submissions ○ 4 Registration and Application Guides • Policy Consultations: posted two PPGs for consultation. Posted a link to the government consultation on the proposed amendments to the Registration Regulation • Several webpage updates, including: <ul style="list-style-type: none"> ○ 2024 Council elections ○ VSC ○ Certificate of Professional Standing ○ Schedule of fees ○ New Registration Regulation • Updated several policy documents and webpages to reflect CRTO's new address • Posted a list of Approved Certification Programs for Advanced Prescribed Procedures Below the Dermis 	<p>● ON TRACK</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
<p>Optimize the use of various communication platforms.</p>	<ul style="list-style-type: none"> • Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> ○ Monthly Practice Blogs ○ Twitter (22 tweets over this period) ○ Monthly ebulletin ○ Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates). ○ Stakeholder meetings/presentations (e.g., presentations to members at their employment sites, the professional association conf, graduating students, and attending RT Program Advisory Committee (PAC) meetings. 	<ul style="list-style-type: none"> • Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> ○ Social Media Posts (19) ○ e-blasts (8) ○ System partner meetings/presentations (e.g., presentations to members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings. 	<ul style="list-style-type: none"> • Sent 23 general e-blasts • 14 social media posts • Quality Practice outreach: 44 system partner meetings/presentations 	<p>● ON TRACK</p>
<p>Governance & Accountability</p>				
<p>A highly competent & effective Council.</p>				
<p>Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.</p>	<ul style="list-style-type: none"> • ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative. • Draft developed for enhanced competency self-evaluation for prospective Council & Committee members. 	<ul style="list-style-type: none"> • Revised the CRTO By-laws to include a new elections eligibility requirement (i.e., election candidates must complete the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination). • Implemented the following governance initiatives: <ul style="list-style-type: none"> ○ Council and Committee Competency Profile ○ Council Evaluation Framework ○ New elections nomination form ○ New Committee Member Appointments webpage and application forms 	<ul style="list-style-type: none"> • The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website • Post-Council self-evaluation implemented and monitored to expand and improve upon. • 2024 Council election candidates and committee appointees required to complete the online, pre-application learning module 	<p>● ACHIEVED</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
		<ul style="list-style-type: none"> ○ Online orientation module relating to the duties, obligations and expectations of Council and Committee members ○ Post-Council self-evaluation implemented and monitored to expand and improve upon. 		
<p>Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).</p>	<ul style="list-style-type: none"> ● Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting. ● Consultant was retained to conduct a third-party assessment of the CRTO’s March 2023 Council meeting. 	<ul style="list-style-type: none"> ● Retained a consultant to conduct a third-party assessment of the CRTO’s March 2023 Council meeting. Summary of the third-party evaluation was presented at the May Council meeting along with an action plan to address proposed areas of improvement. The third-party evaluation report action plan continues to be monitored to expand and improve upon. 	<ul style="list-style-type: none"> ● The third-party evaluation report action plan continues to be monitored to expand and improve upon 	<p>● ACHIEVED</p>
<p>Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.</p>	<ul style="list-style-type: none"> ● Developed three eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ● Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff. ● The Chiring a Meeting module was presented at the annual Chair's Dinner ● Council Education Day (Sept. 23rd) focused on the following: <ul style="list-style-type: none"> ○ Privacy ○ Cybersecurity ○ Virtual meetings ● Required all Council & Committee members to provide evidence that they had reviewed the educational material posted in the CRTO’s portal, which includes: 	<ul style="list-style-type: none"> ● Developed new online orientation module relating to the duties, obligations and expectations of Council and Committee members. ● Provided the following additional training: <ul style="list-style-type: none"> ○ Right Touch Regulation presentation (Chairs Dinner) ○ Cybersecurity: Insurance Requirements and Implications ○ Risk Management Workshop ● Conducted new Council member orientation. ● Conducted annual training for the Registration Committee. 	<ul style="list-style-type: none"> ● Conducted the ICRC orientation ● Training is being planned and developed by PC staff for Discipline Committee Members ● Updated the RC terms of reference and action plan. Conducted RC orientation. Provided an overview of the updated assessment tool for reviewing IEHP application files to members of the RC ● Updated the QAC terms of reference and action plan. Conducted QAC orientation ● Updated the PRC terms of reference and action plan. Conducted PRC orientation ● Updated the FAC terms of reference and action plan ● Offered HPRO Governance Training to all Council members ● June Chair's Dinner included an education session focused on compassionate regulation 	<p>● ON TRACK</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
	<ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. 		<ul style="list-style-type: none"> ● During the Education Day, Council, Committee members and staff took part in an Indigenous-led blanket exercise ● Council members and staff participated in a Cybersecurity training session at the September Council meeting ● Staff conducted an orientation session for newly elected Council members and new committee appointees ● The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World ● The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees 	
Independent, evidence-informed & transparent decision-making processes.				
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	<ul style="list-style-type: none"> ● Revised By-laws (approved at the March 4, 2022 Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. ● The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings. 	<ul style="list-style-type: none"> ● The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings. ● The new elections nomination form and the committee appointees' application form include an updated conflict of interest and record of affiliations section. 	<ul style="list-style-type: none"> ● Developed and implemented a new governance declaration form (to be completed by Council and committee members before each meeting) ● The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings 	<ul style="list-style-type: none"> ● ACHIEVED

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
An ongoing commitment to performance improvement.				
Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	<ul style="list-style-type: none"> One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting. The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO. The 2021 – 2025 Strategic Direction Update Report was presented at the May 27th Council meeting. Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27th Council meeting. 	<ul style="list-style-type: none"> Developed a KPIs reporting template linked to the CRTO strategic objectives. Presented the KPIs report at the September 22, and December 1, 2023, Council meetings. 	<ul style="list-style-type: none"> A detailed KPIs report linked to the CRTO strategic objectives presented at each (regulator) Council meeting 	● ACHIEVED
Ongoing monitoring of the KPI dashboard.	<ul style="list-style-type: none"> Under development. 	<ul style="list-style-type: none"> Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis. 	<ul style="list-style-type: none"> KPIs in all major program areas have been identified and are reported to Council on a regular basis 	● ACHIEVED
Enhancing Professionalism				
Policies, standards of practice, & practice guidelines based on the best available evidence.				
Policy framework & review/revision of all policies and practice guidelines.	<ul style="list-style-type: none"> Continued the full-scale policy review under the Policy Framework. <ul style="list-style-type: none"> 28 policies updated/approved 3 PPGs sent out for consultation 4 Revised PPGs approved by Council 	<ul style="list-style-type: none"> Continued policy review guided by the Policy Framework. <ul style="list-style-type: none"> 10 policies updated/developed 4 PPGs sent out for consultation: 3 Revised PPGs/CBPGs approved by Council <p>CRTO staff continue to implement the new VSC requirement this quarter. Additionally, CRTO sent out a survey to other health regulatory bodies to</p>	<p>The CRTO continues its policy review guided by the Policy Framework.</p> <p>Policy documents reviewed and updated:</p> <ul style="list-style-type: none"> Handling, Administration & Dispensing of Controlled Substances Policy PDP Deferral Policy PDP Policy Application for Registration Document Requirements Policy Language Proficiency Requirements Policy 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
		<p>understand how they handle criminal background checks for international applicants. The survey results will be analyzed next quarter and will assist staff in creating a guidance document to aid in the VSC requirements process.</p>	<ul style="list-style-type: none"> • Honoraria and Reimbursement Policy • Council and Committee Meeting Materials Policy (internal) • Office Security Policy (internal) • Investments Policy (internal) • <i>In Camera</i> Policy • Applications for Registration or Reinstatement - Currency Requirement Policy • Entry-to-Practice Assessment Policy • Entry-to-Practice Assessment Appeals - Policy • Graduate Certificates of Registration Policy • RTs as Anesthesia Assistants PPG • Registration and Use of Title PPG • Orders for Medical Care PPG • The Discipline Committee Rules of Procedure • Elections Procedure (internal) • Alternative Dispute Resolution Fact Shet • Entry-to-Practice Exam Fact Sheet • Inactive Certificates of Registration Fact Sheet <p>New policy documents developed:</p> <ul style="list-style-type: none"> • Vulnerable Sector Checks Policy • Employee Recruitment and Selection Policy (internal) • Disclosure of Information to System Partners Procedure (internal) • MedSpa Fact Sheet <p>Policy documents under review:</p> <ul style="list-style-type: none"> • Approval of Canadian Education Programs Entry-to-Practice Exam Policy • Emergency Registration Policy • Registration and Use of Title PPG • Community RT Practice PPG 	

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
			<ul style="list-style-type: none"> • Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG 	
Review/Revision of CRTO By-Laws & Regulations (as required)	<ul style="list-style-type: none"> • Revised CRTO By-laws approved at the March 2022 Council meeting. • Draft By-Law revisions approved for consultation at the December 2023 Council meeting. • Conducted a comprehensive review and drafted amendments to the Ontario Regulation 596/94 to address the new Emergency Class of Registration and other changes related to, for example, registration requirements. 	<ul style="list-style-type: none"> • Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees. • Drafted By-Law revisions to address the new Emergency Class of Registration. The draft revised By-law 3 approved for consultation at the December 2023 Council meeting. • Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH. 	<ul style="list-style-type: none"> • Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration • The proposed amendments to the Registration Regulation have been posted for consultation on the government website 	● ON TRACK
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	<ul style="list-style-type: none"> • Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI. 	<ul style="list-style-type: none"> • Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI. 	<ul style="list-style-type: none"> • Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI 	● ON TRACK
Supporting the application of new or amended practice standards.				
Online modules to support difficult-to-understand and novel practice standards.	<ul style="list-style-type: none"> • Drafted an outline for the Delegation & Authorizing Mechanisms online modules. • Preparing an online module for student/graduate RTs. 	<ul style="list-style-type: none"> • Finalized the Delegation e-learning module. The module is now available in PDKeeper. 	<ul style="list-style-type: none"> • Development of a new e-learning module focused on Authorizing Mechanisms is in progress 	● ON TRACK
The application of Risk-Based regulation.				
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>PC - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends</p>	<p>PC - ICRC orientation included an introduction to the ICRC decision risk assessment tool. ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. Staff collaborated on the identification of</p>	<p>PC - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. The project to revise the risk assessment tool has been</p>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
	<p>of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.</p> <p>Reg - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p>risks related to complaints and reports to further inform the risk assessment process going forward.</p> <p>QA - The QAC applied risk-based approach in its review of applications for deferral of the 2023/24 Portfolio. Ongoing review of Members who require coaching sessions to provide data for a risk-based approach to Professional Development.</p> <p>Reg- All RC panels continue to utilize the risk assessment tool for making registration decisions. The annual Registration Committee orientation session included a section related to risk management.</p>	<p>completed. The updated tool was shared with the ICRC at its annual orientation.</p> <p>Reg - All RC panels continue to utilize the risk assessment tool for making registration decisions. The assessment tool for internationally educated healthcare professionals (IEHP) has been updated. Additionally, a new risk assessment tool has been developed to assist with the review of applications that do not meet the new currency requirements.</p> <p>QA - Development of a risk tool for QAC decisions is in progress</p>	
Healthcare Community				
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.				
<p>Creation of common standards (where possible) both provincially and nationally.</p>	<p>Participated in the following initiatives with other regulators:</p> <ul style="list-style-type: none"> • HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> ○ Council Competencies Evaluation Framework ○ Information Sharing Policy ○ Anti-BIPOC Racism Working Group • NARTRB <ul style="list-style-type: none"> ○ Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists ○ Review of the current NARTRB Jurisdictional Verification form. 	<p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> • HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> ○ Council Competencies Evaluation Framework ○ Risk management • NARTRB <ul style="list-style-type: none"> ○ Standards of Practice Working Group ○ Validation survey for the revised NARTRB Entry-to-practice Competency Profile ○ Updated the Language Proficiency for Respiratory Therapy document. • CNAR <ul style="list-style-type: none"> ○ Professional regulation. 	<p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> • HPRO <ul style="list-style-type: none"> ○ EDI ○ Risk management • NARTRB <ul style="list-style-type: none"> ○ Review of Practice Standards ○ 2024 Entry-to-practice Competency Profile and Educational and Examination Resource ○ Updated the Language Proficiency for Respiratory Therapy document ○ Updated Statement of Professional Standing Form ○ Received 8 referrals to the entry-to-practice assessment process from other regulators • CNAR 	<p>● ON TRACK</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
			<ul style="list-style-type: none"> ○ Impactful Leadership in a Dynamic Regulatory World ○ AI and Technology ○ Annual National Conference ● CLEAR <ul style="list-style-type: none"> ○ Compassion in Regulatory Complaints ○ Harnessing AI in Professional Regulation ○ Annual Educational Conference 	
Engaging with stakeholders to enhance quality patient care.				
<p>Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.</p>	<ul style="list-style-type: none"> ● The CRTO Policy Framework outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. ● 20 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> ● The CRTO Policy Framework outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. ● 9 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> ● The CRTO Policy Framework continues to guide the CRTO’s consultation process ● Council considered the feedback received in response to the following documents sent out for consultation: <ul style="list-style-type: none"> ○ Revised CRTO By-law 3 ○ New Vulnerable Sector Checks Policy ○ Revised Handling, Administration & Dispensing of Controlled Substances Professional Policy ○ RTs as Anaesthesia Assistants PPG ○ Registration & Use of Title PPG ○ Orders for Medical Care PPG ● Advanced Prescribed Procedures Below the Dermis (APPBD) PPG posted for consultation ● Registration Staff sent out a survey to other health regulatory bodies to understand how they implemented the criminal background checks requirement 	<p>● ACHIEVED</p>
Core Business Practices				

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
Clear financial alignment with strategic priorities.				
Revised financial statement & investment portfolio presentation	<ul style="list-style-type: none"> Streamlined the financial statement reporting format to highlight how it aligns with College’s strategic direction and key priorities. Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting. Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service. 	<ul style="list-style-type: none"> A subcommittee of the Finance & Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee’s recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management. 	<ul style="list-style-type: none"> Updated the Investment Policy based on financial advisor’s recommendations Investment reporting tool enhanced Retained investment bookkeeping services to ensure accuracy and streamline the audit process 	● ACHIEVED
Finance & Audit Committee (FAC)	<ul style="list-style-type: none"> Established the FAC Goals & Terms of Reference Assisted the Executive Committee in the review of the CRTO’s 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. Developed a Membership Fee Assessment Tool 	<ul style="list-style-type: none"> Implemented the Membership Fee Assessment Tool to review the CRTO’s membership fee structure and make recommendations to Executive Committee. Reviewed and updated Signing Officers and Authorized Personnel-Banking & Investments Policy. Recommended new external auditor for the CRTO. Reviewed the draft budget for 2024/25. 	<ul style="list-style-type: none"> FAC met with the Financial Advisory Team FAC continued to join the Executive Committee during the year to review the financial statements, investment portfolio, and audit plan. FAC & Executive conducted the annual Auditor Evaluation Used the Membership Fee Assessment Tool to review the CRTO’s membership fee structure and make recommendations to Executive Committee 	● ON TRACK
A policy that clearly outlines the management of financial reserves	<ul style="list-style-type: none"> Review and subsequent approval of the following policies: <ul style="list-style-type: none"> Revised Investments Policy New Reserves Policy Revised Honoraria & Expenses Policy Revised Procurement of Goods & Services Policy 	<ul style="list-style-type: none"> Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors. 	<ul style="list-style-type: none"> The CRTO’s financial reserves continue to be managed and monitored as outlined in the Reserve Policy 	● ACHIEVED
Embedding the principles of diversity, equity, and inclusion in College processes.				

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	<ul style="list-style-type: none"> The CRTO’s DEI Plan approved at the March Council meeting. Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. DEI Summary Report provided by CED. CEC also conducted a survey with the membership regarding the CRTO’s role in promoting DEI. A summary report of these findings was provided to the CRTO in February. CRTO staff participated in HPRO’s Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions. Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members. Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30). Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022. <i>Navigating Canada’s Complex Histories</i> e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff. 	<p>The CRTO moved into Phase 3 of its DEI Strategy:</p> <ul style="list-style-type: none"> Established a DEI Steering Committee Identified several DEI short- and long-term key performance indicators. Developed new Employee Performance Review & Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees. <p>Staff training:</p> <ul style="list-style-type: none"> CNAR UnLearn and Learn Session on Addressing Anti-Black Racism Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month CNAR Conference (DEI presentations) 	<ul style="list-style-type: none"> Staff engaged in DEI webinars (one focused on Anti-Asian Racism in Healthcare, the other celebrating Pride Month) Staff & Council took part in an Indigenous-led blanket exercise during Education Day Staff attended training sessions focused on DEI offered during the CLEAR and CNAR conferences Staff was provided with learning materials on various culturally significant days 	 ON TRACK
Equity Impact Assessment	<ul style="list-style-type: none"> Council approved the use of the Ministry of Health’s Health Equity Impact Assessment (HEIA) tool and workbook. The PRC is in the process of revising HEIA to meet the CRTO’s needs. 	<ul style="list-style-type: none"> The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment & Implementation Strategy. 	<ul style="list-style-type: none"> Started to draft an agile assessment tool to measure DEI impact of CRTO policies, guidelines and other initiatives Developed inclusive question bank and interview template. 	 ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
			<ul style="list-style-type: none"> • Development of a procedural guideline to highlight equity impact on items being recommended to Council for considerations. • Incorporated the principles of Equity Impact Assessment into a policy review checklist. • New internal Recruitment & 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 • Development of consultation survey focused on demographic data – in progress • Continued participation with the HPRO DEI working group to develop the Equity Impact Assessment further. • Implemented a new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes, with an additional focus on individual's DEI related experience. 	
A comprehensive Risk Management Framework				
Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<ul style="list-style-type: none"> • IT Infrastructure Architecture review completed & process begun to implement recommendations. <ul style="list-style-type: none"> ○ Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training. 	The Risk Management Framework continues to guide the CRTO's risk management processes, these include: <ul style="list-style-type: none"> • Risk monitoring and reporting: developed a Risk Register and a Risk Report template • Training: 	<ul style="list-style-type: none"> • Staff continued to monitor the CRTO's risks and provide regular updates to Council utilizing the Risk Register Summary template. • Ongoing phishing campaign and cybersecurity awareness training for staff • Conducted a cybersecurity training session for Council and Staff at the September Council meeting 	● ACHIEVED

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Q1, 2 & 3 (March – February)	STATUS
	<ul style="list-style-type: none"> ○ Installed a dedicated firewall to reduce security risk and improve the organization’s security posture. ○ Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera). ● Cybersecurity presentation by ISA to Council and staff. ● Started the process of moving all members’ files to a digital format. ● The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2). 	<ul style="list-style-type: none"> ○ Risk management workshop attended by Council, Committee members and staff ○ Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise) ● Record digitalization project in progress. ● Ongoing meetings with vendor related to new database implementation. ● Adoption of the Membership Fee Assessment Tool to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest. ● Continued review and development of standard operating procedures in core program areas. 	<ul style="list-style-type: none"> ● Developed a comprehensive cybersecurity plan ● Developed a comprehensive office transition plan ● Updated the Office Security Policy ● Conducted simulated office evacuation exercise ● Staff conducted a network file cleanup based on the internal audit findings ● Firewall is being monitored and activities considered suspicious have been investigated /resolved ● Patching and backups continue to be completed and managed ● Ongoing meetings with vendor related to new database implementation ● Completed records digitalization project 	
Succession plan for senior leadership	<ul style="list-style-type: none"> ● Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position. ● Succession Planning for Senior Leadership Policy approved by Council. 	<ul style="list-style-type: none"> ● Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness. ● Continued review and development of standard operating procedures in core program areas. 	<ul style="list-style-type: none"> ● Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness ● Continued review and development of standard operating procedures in core program areas. ● Developed and implemented Registrar's directives in PC and Registration 	● ACHIEVED



College of Respiratory
Therapists of Ontario

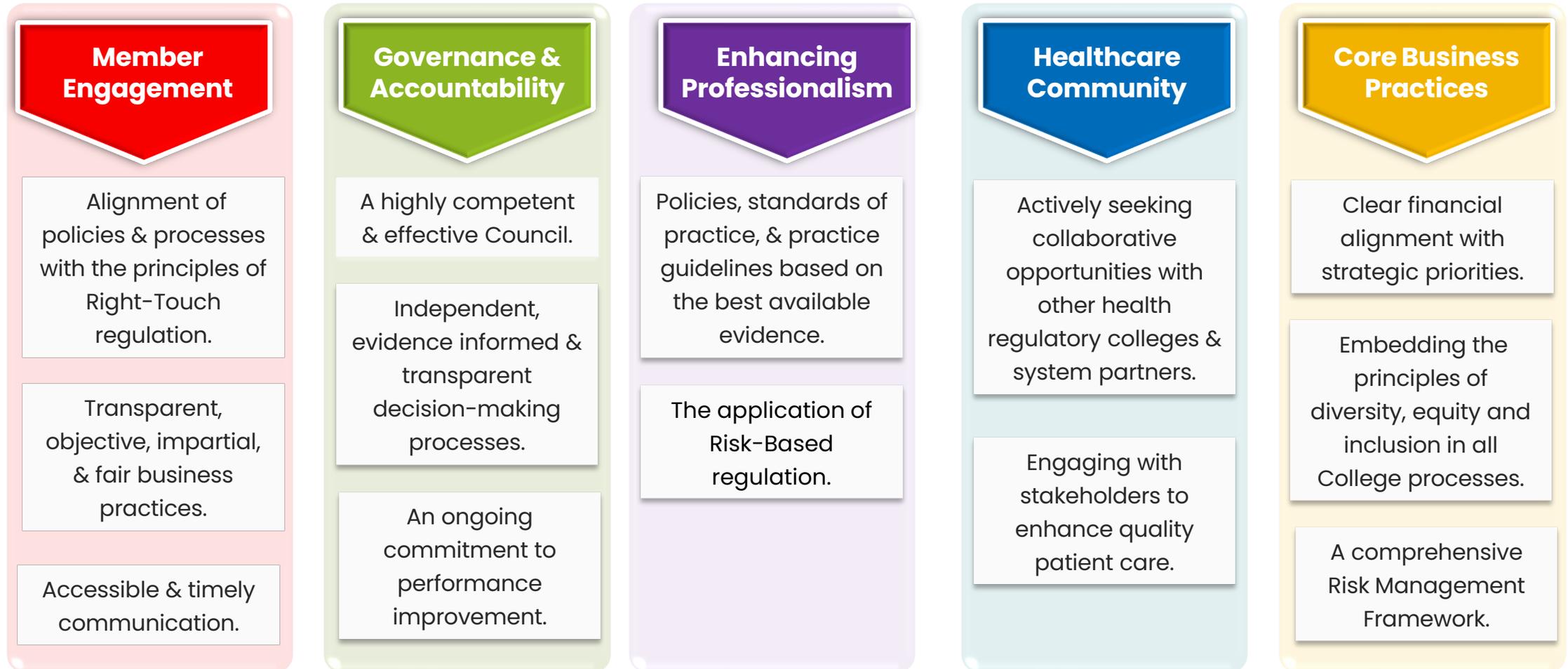
Ordre des thérapeutes
respiratoires de l'Ontario

2021 – 2025 Strategic Direction Quarterly KPIs Report

March 28, 2025

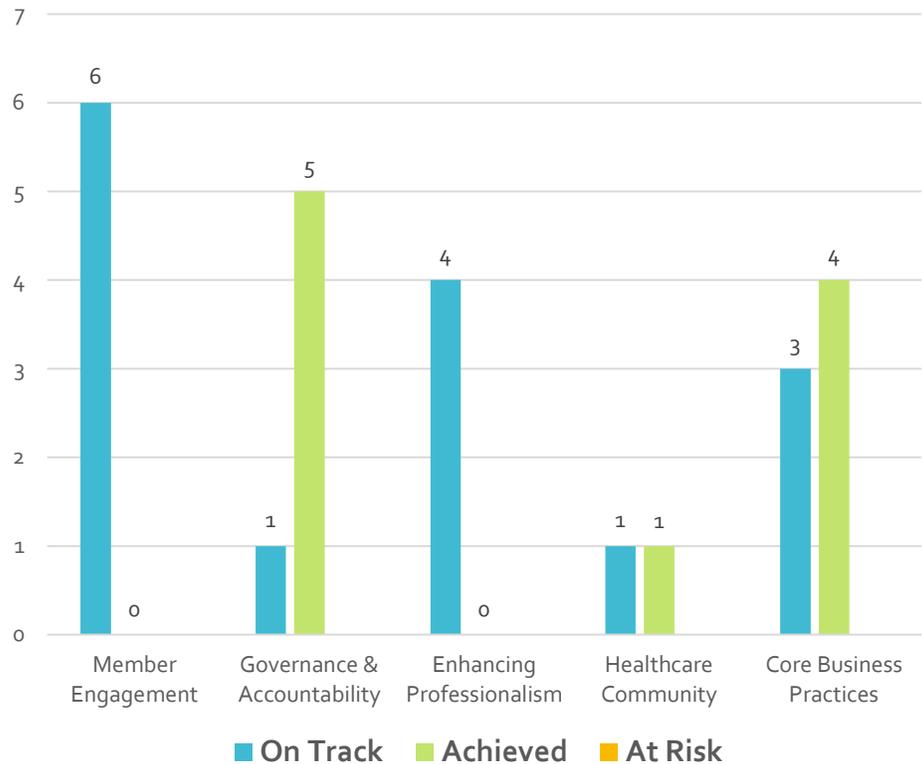
CRTO Staff

CRTO 2021 – 2025 Strategic Direction





Key Priorities (Summary)

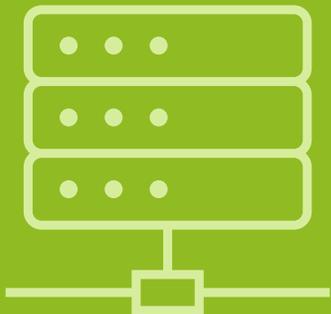


Key Priorities (Summary)



an ongoing
commitment
to
performance
improvement

CORE PROGRAMS



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

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

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

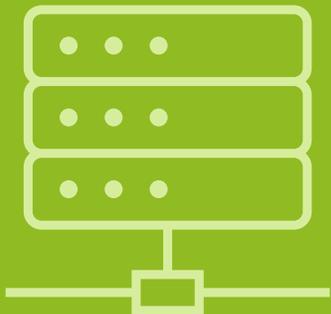
an ongoing
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CORE PROGRAMS

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

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

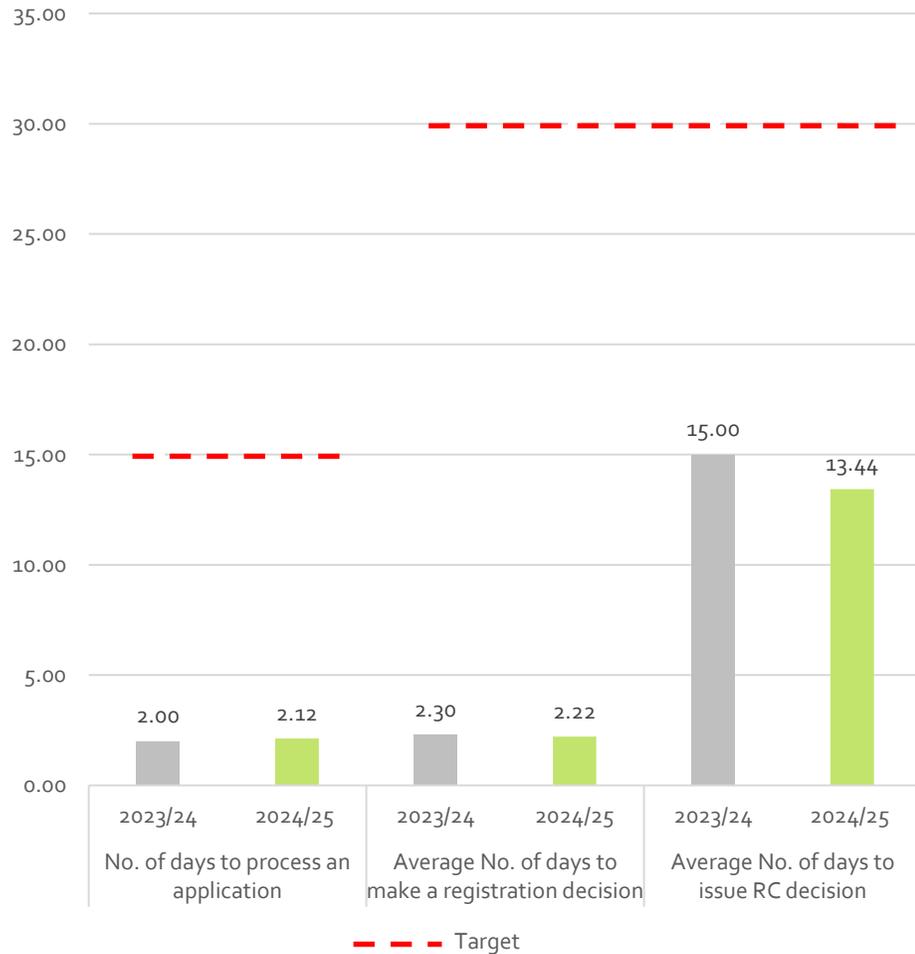
A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.



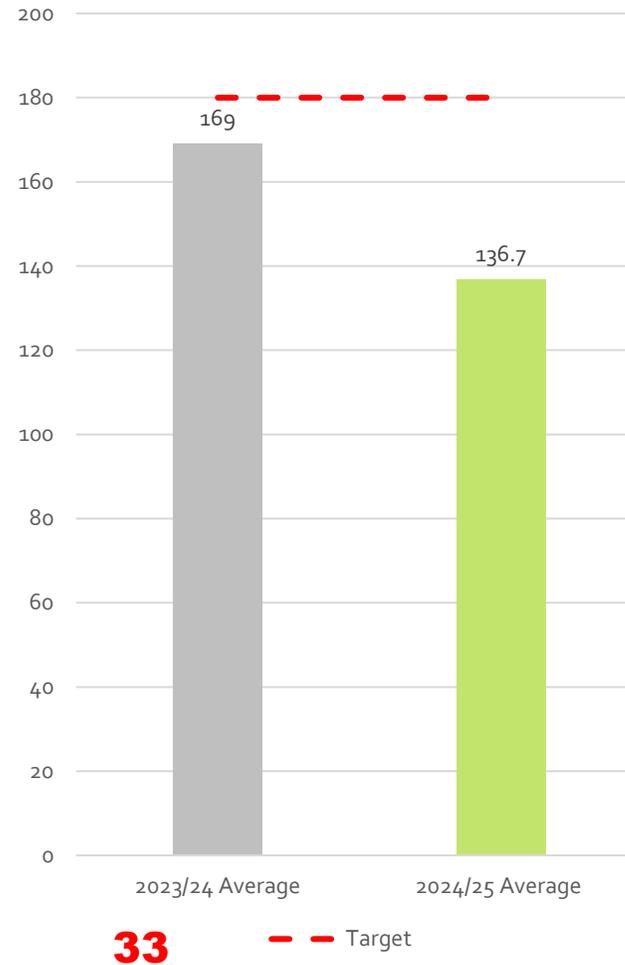
Performance Measures – Summary

Registration, Professional Conduct and Communications

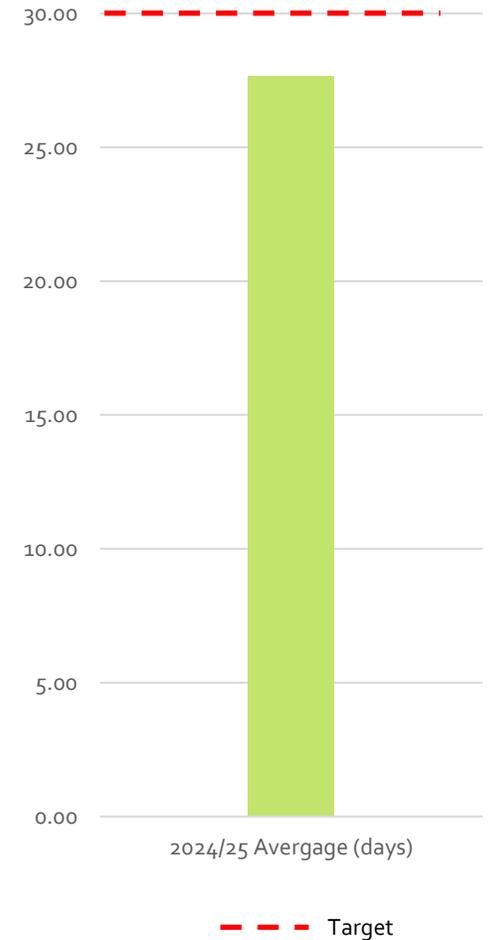
Registration



Professional Conduct



Communications

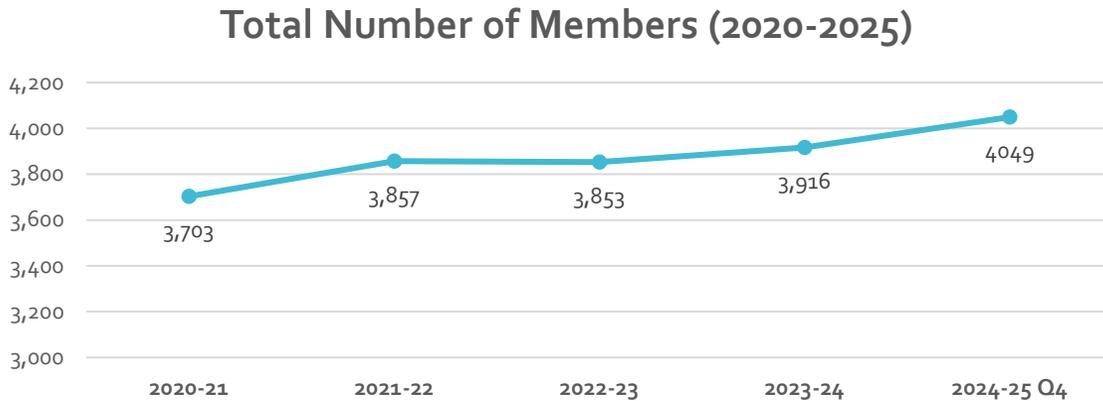
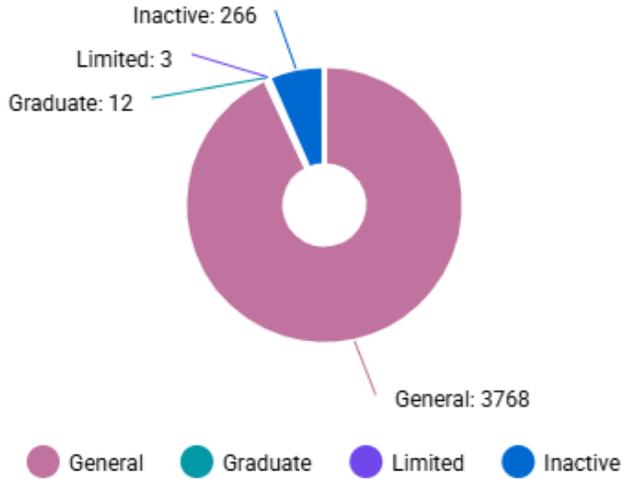


4049 Members



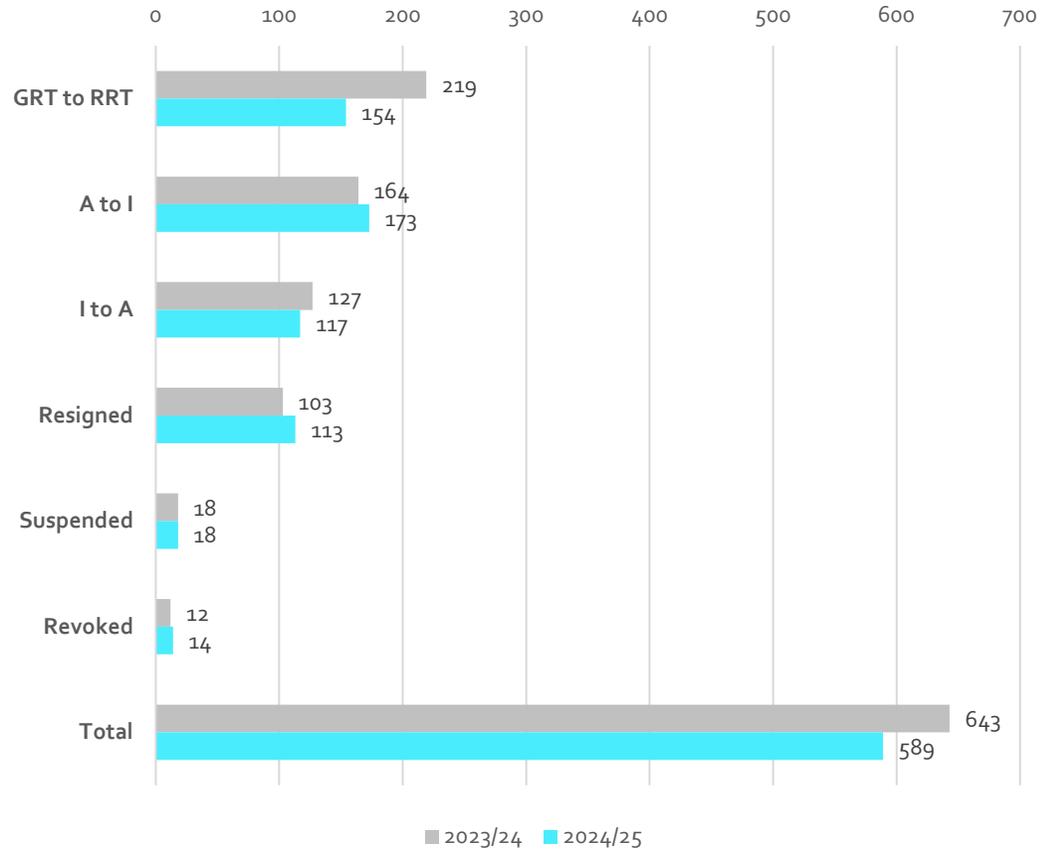
-3 Members from last report

Membership Class



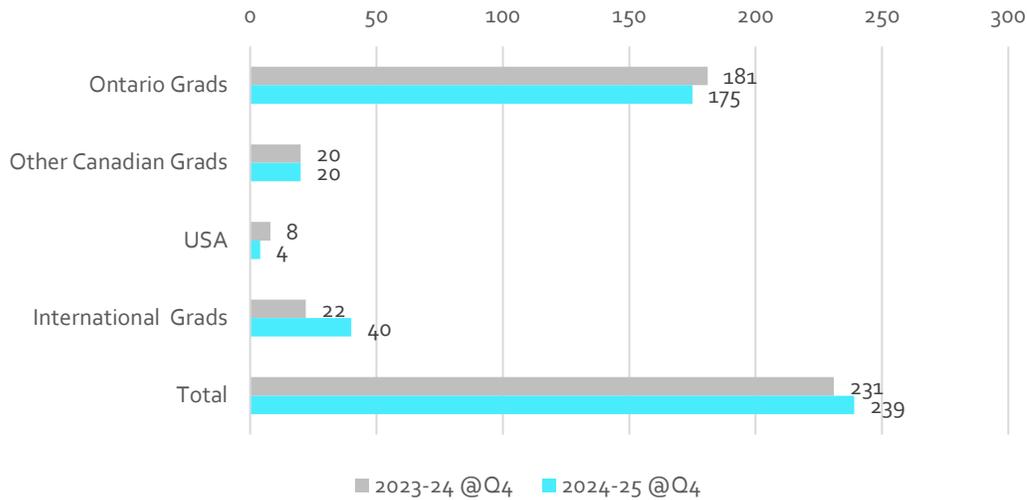
← STATUS CHANGES
 → PROCESSED (2024/25)

589

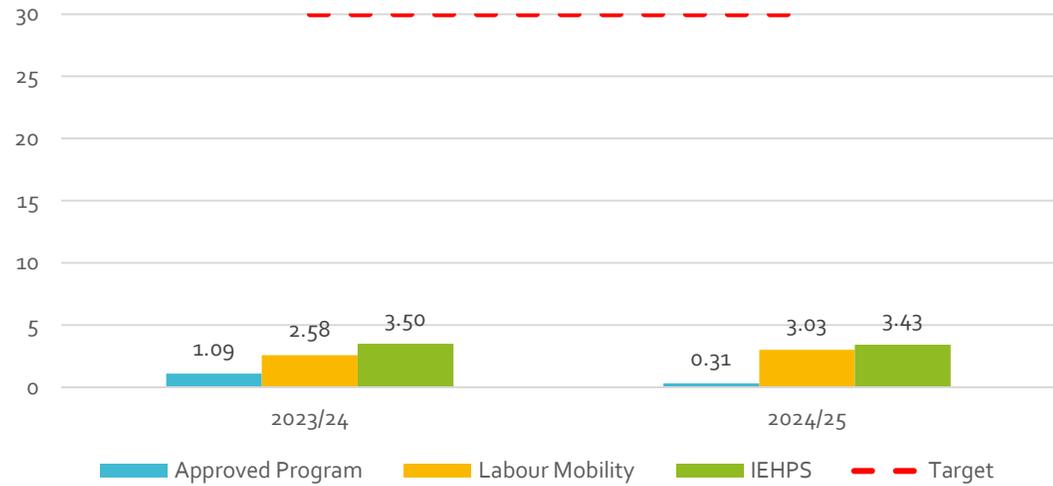


REGISTRATION (March 2024 – February 2025)

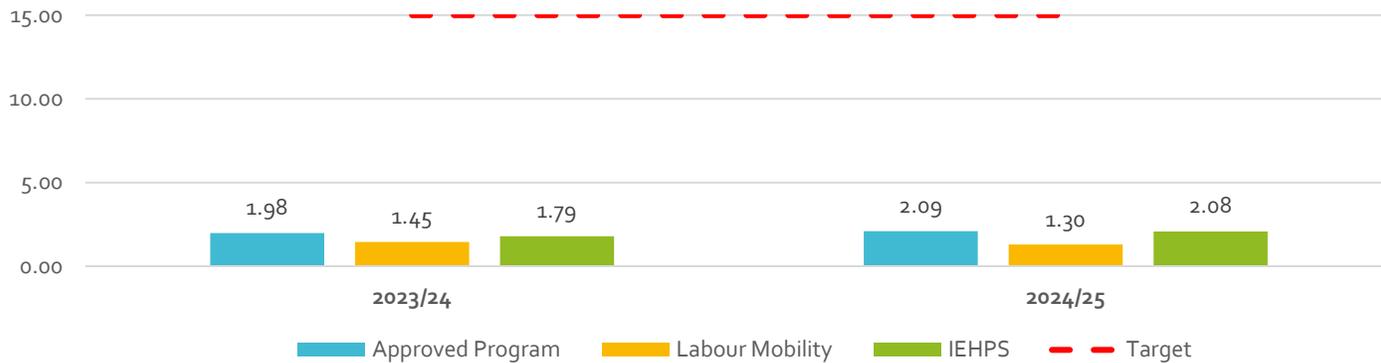
New Applications Received



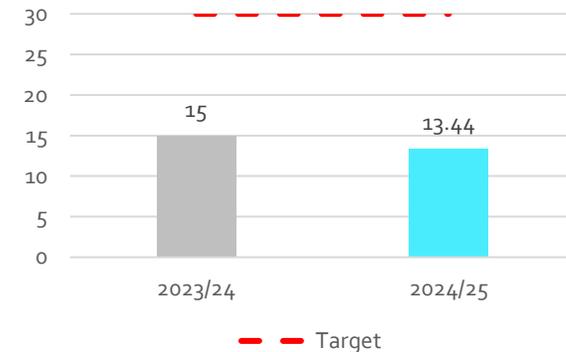
Average No. of days to make a registration decision*



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



Average No. of days* to issue RC decision



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

REGISTRATION (as on December 31, 2024)

41

ACTIVE IEHP ASSESSMENT FILES

25

IEHP applicants in the process of submitting the required supporting documentation

12

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

4

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

ACTIVE IEHP ASSESSMENT FILES

■ Application ■ Referral-BDI ■ CSA



IEHP APPLICANTS BY COUNTRY OF EDUCATION

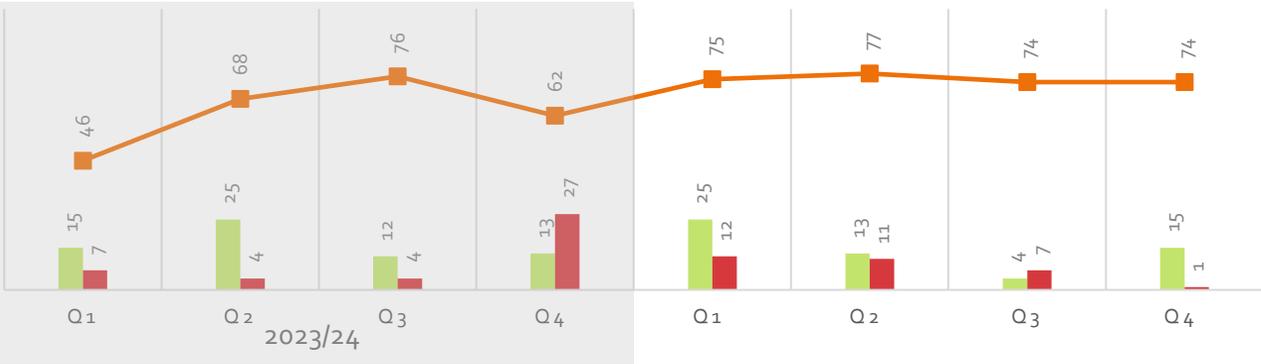
Philippines	14
India	9
Iran	6
Pakistan	3
USA	3
Nigeria	2
Colombia	1
Saudi Arabia	1
Tunisia	1
Turkey	1

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PROFESSIONAL CONDUCT (March 2024 – February 2025)

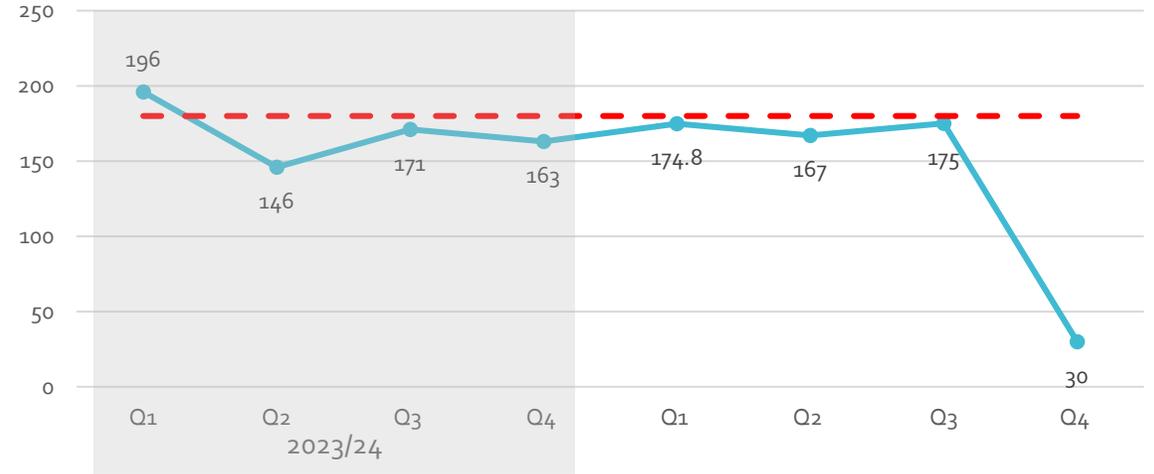
NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES

■ New ■ Closed ■ Ongoing

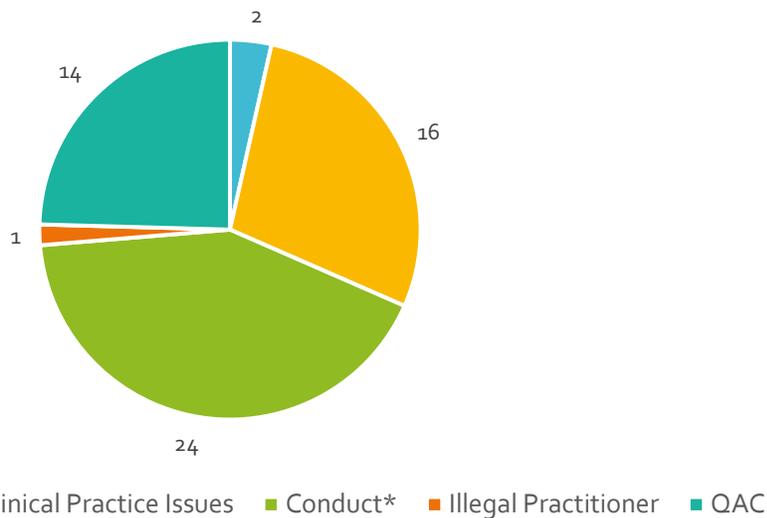


AVERAGE DISPOSITION TIME (IN DAYS)

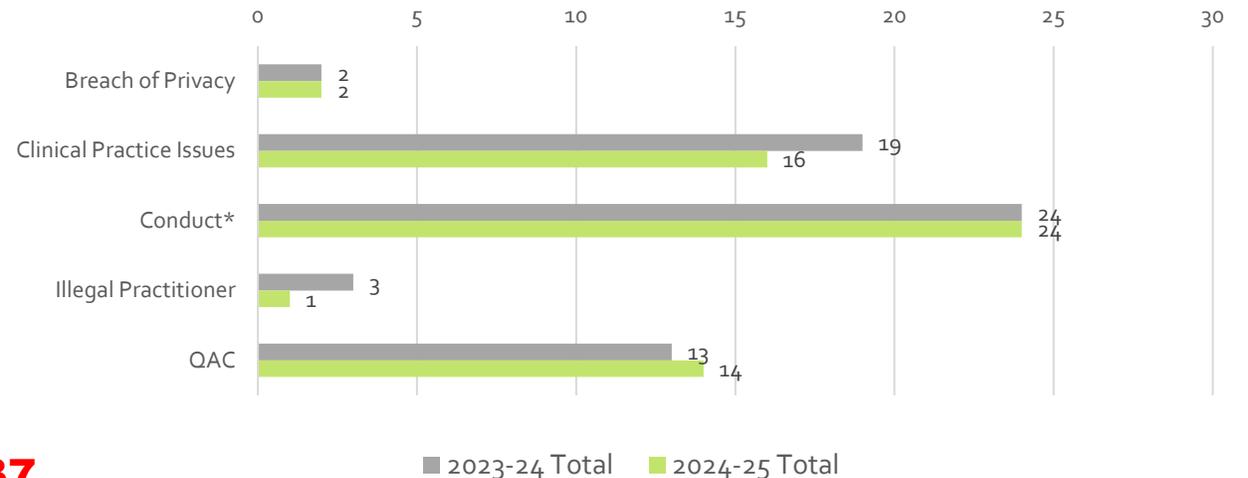
● Average disposition time (in days) - - Target (180 days)



NEW COMPLAINTS AND REPORTS BY THEME 2024/25



NEW COMPLAINTS AND REPORTS BY THEME (compared to last year)

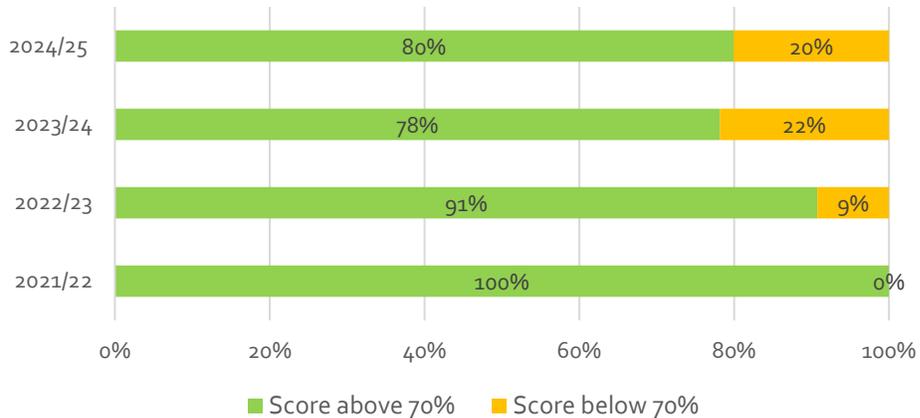
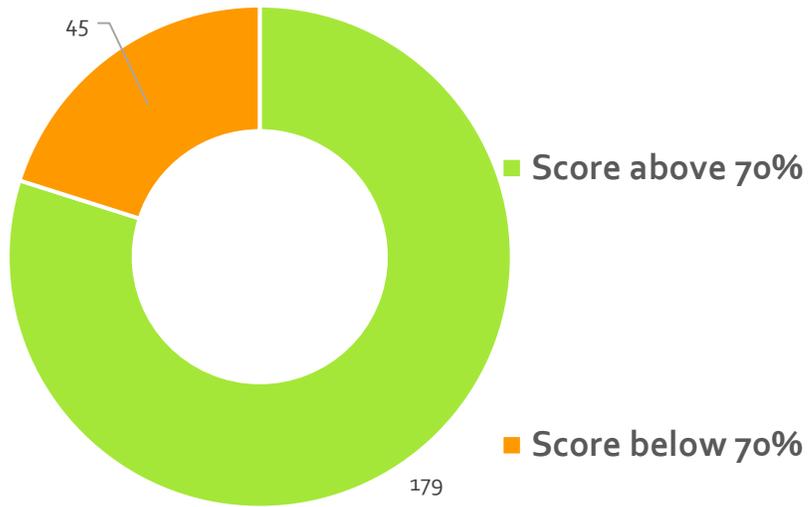


37

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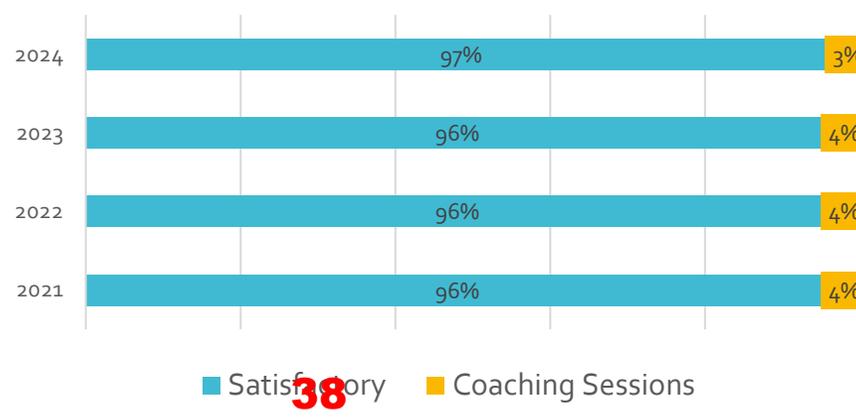
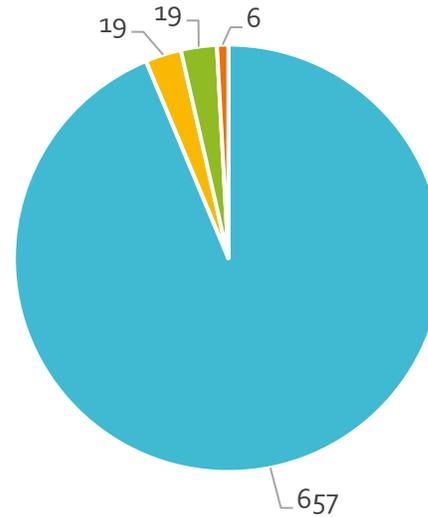
QUALITY ASSURANCE (March 2024 – February 2025)

LAUNCH RT 2024/25

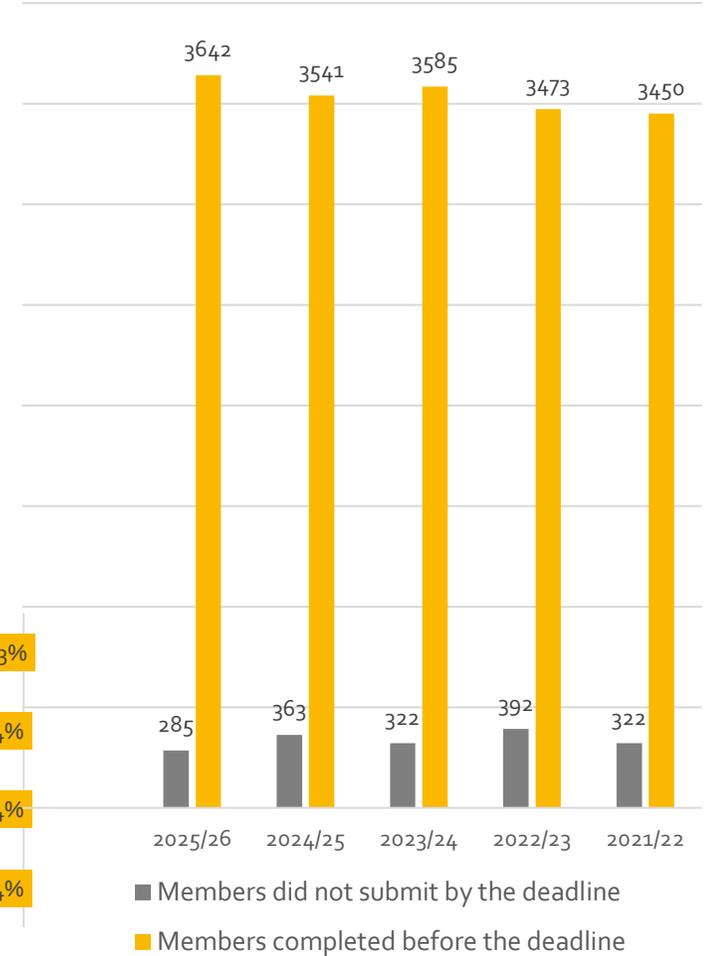


PORTfolios (2024)

■ Satisfactory ■ Coaching sessions ■ Deferrals ■ ICRC Referral

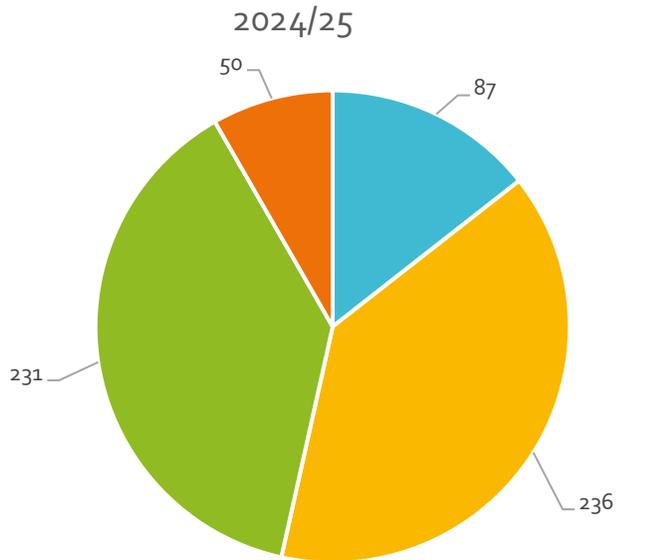


Relevant



Total Number of Inquiries Received **604**

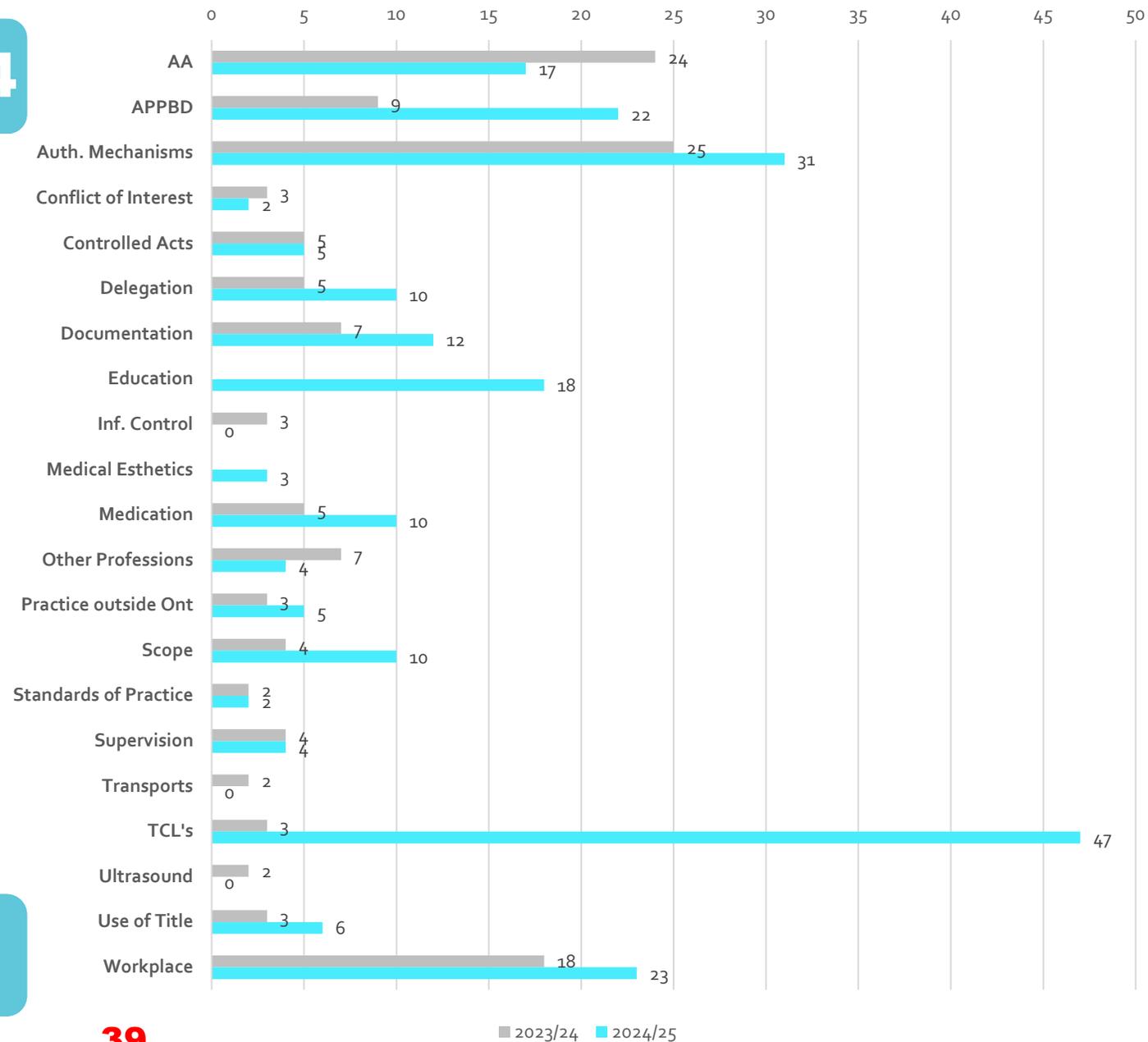
Quality Practice Inquiries by Theme



■ IEHP ■ QA Program ■ Practice ■ Other

Quality Practice Outreach – System Partner Meetings/Presentations **44**

Practice Inquiries by Theme



39

■ 2023/24 ■ 2024/25

Accessible & timely COMMUNICATIONS (March 2024 – February 2025)



266,952 website visits

Top 3 most visited webpages:

- Home Page (49K)
- Members (14 K)
- Student/Schools (11K)

Where website visitors are from:

- Canada (37K)
- USA (2K)
- Philippines (410)
- India (365)

23

E-blasts Sent

14

Social Media Posts

4

New/Updated Fact Sheets

2

Consultations

E-blasts: 70.9% average open rate



40

Documents Posting Time (in days)



Enhancing Professionalism

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

The application of Risk-Based regulation.



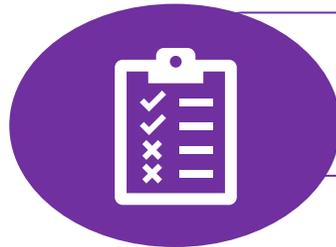
161*

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

- ✓ 21 PPGs & CBPGs
- ✓ 101 Policies
- ✓ 28 Fact Sheets
- ✓ 11 Other



46* policy documents posted for consultation under the Policy Framework



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

* Since the implementation of the Policy Framework in 2021

OPERATIONS – Finance

BALANCE SHEET	Nov. 30, 2023	Nov. 30, 2024	Feb. 29, 2024	Feb. 28, 2025
Current Ratio (CR) Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	4.0	2.7	1.6	1.5
Debt Ratio (DR) Compares total liabilities to total assets to determine the level of debt held by an organization [the lower the number (e.g., < 0.5), the greater the stability of the organization].	0.02	0.03	0.6	0.65
Cash Reserve (CR) Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	2.3 months	2.3 months	10 months	10.3 months

OPERATIONS – Finance

INCOME STATEMENT	Nov. 30, 2023	Nov. 30, 2024	Feb. 29, 2024	Feb. 28, 2025
Bottom Line (BL) Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.	\$770,738.51	\$936,571.93	\$86,843.95	\$73,939.25
Revenue Growth Rate % (RGR%) Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.	4.0%	7.6%	6.1%	8.5%
Expense Growth Rate % (EGR%) Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.	3.8%	5.0%	2.0%	9.3%

OPERATIONS – Staff Satisfaction Survey (March 2025)

Do you believe your workplace promotes diversity and inclusion?



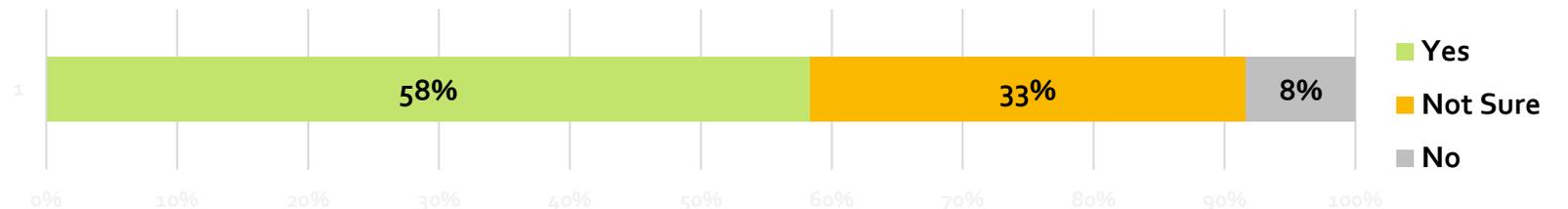
Do you believe your workplace promotes a healthy work-life balance?



How would you describe the company culture?



Do you believe your compensation is fair for your role and responsibilities?



Do you feel there are opportunities for professional growth within the company?

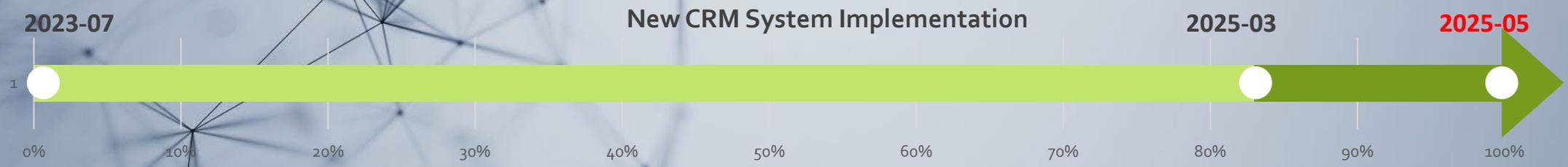


an ongoing commitment to performance improvement

OPERATIONS - IT New CRM System Implementation

Pre-development
Analysis

- Online Application
- Complaints Management
- Council/Committees Portal
- Public Register/Forms
- New website
- Registration Renewal
- PDKeeper Integration*



45

2021 – 2025
Strategic
Direction

Quarterly KPIs



From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2024 College Performance Measurement Framework Update
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	N/A

PUBLIC INTEREST RATIONALE:

To demonstrate how the CRTO has aligned its strategic direction with the expectations outlined in the Ontario Ministry of Health’s (MOH) College Performance Management Framework (CPMF).

ISSUE:

The CPMF report for the 2024 calendar year is due to be submitted to the MOH on March 30, 2025.

BACKGROUND:

The CPMF was developed and launched by the Ontario Ministry of Health in 2020 to evaluate on an ongoing basis how well Colleges execute their mandate to act in the public interest. The information gathered in these reports is intended to strengthen accountability and oversight of Ontario’s health regulatory Colleges, and support Colleges in improving their performance.

Each health regulatory College in Ontario reports annually on 14 standards within the following seven measurement domains:

1. Governance
2. Resources
3. System Partners
4. Information Management
5. Regulatory Policies
6. Suitability to Practice,
7. Measurement, Reporting and Improvement

There are 50 measures, and for each, Colleges are required to self-declare whether they met the criteria – “yes,” “partially,” or “no.” In 2023, our overall score was as follows:

Yes – 48

Partially – 2

No – 0

The two instances where our response in the 2023 submission was “partially” were as follows:

Domain 1: Governance - states Colleges must “conduct Equity Impact Assessments to ensure that decisions are fair and that a policy, program, or process is not discriminatory”.

Domain 6: Suitability to Practice – states Colleges must ensure that “the different stages of the complaints process and all relevant supports available to complainants are evaluated by the College to ensure the information provided to complainants is clear and useful.”

ANALYSIS:

Domain 1: Governance

In 2024, the CRTO developed a new internal Policy Document Review Checklist to be used alongside its existing [CRTO’s Equity Impact Assessment Framework](#). The checklist is intended to ensure that DEI considerations are systematically analyzed when developing new policies and procedures or updating existing ones. Key factors that will be considered in policy and procedure development include:

1. **Identifying impacted populations** – Considering a wide range of disadvantaged or marginalized groups and their intersections, such as country of education, immigration status, gender identity, language, race, disability, age, and family status.
2. **Understanding the regulatory context and intent of the policy:**
 - What are the positive impacts for a given population? How do they differ for other populations?
 - What are the adverse impacts for a given population, and how do they compare to other groups?
3. **Assessing parity in impacts and outcomes:**
 - Do some groups benefit more than others?
 - Are certain groups disproportionately limited?
4. **Mitigating negative impacts and enhancing positive outcomes:**
 - What actions can be taken to reduce potential harm and increase benefits?

- Are there alternative approaches to address adverse impacts?

5. Determining next steps:

- Should the policy move forward as is, or does it require further review and revision?

The CRTO has expanded its communications team to include individuals with experience in DEI initiatives further to strengthen communication with our membership on DEI matters. This will help ensure CRTO decisions are clearly communicated, demonstrating that policies, programs, and processes are reviewed thoroughly to prevent discriminatory practices.

Additionally, in 2024, the CRTO initiated research and environmental scans to identify the most effective approach for developing and implementing a demographics and race-based data survey for its membership. Recognizing the importance of transparency and engagement, the CRTO has prioritized educating members on the purpose and value of this data collection effort.

Domain 6: Suitability to Practice

In 2024, the CRTO finalized a feedback form to be sent to complainants after the disposition of their complaint. The form asks complainants to share their thoughts and feelings about the clarity and transparency of the CRTO complaints process and communication with CRTO staff and the investigator. The survey also includes an open text box where parties to the complaints process can suggest improvements.

For more information on the CRTO's past submissions, please visit the [CRTO's website](#) for all our full CPMF submissions and corresponding report summaries.

NEXT STEPS:

CRTO staff will finalize the 2024 CPMF report and prepare it for submission to the MOH at the end of March 2025.

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

PUBLIC INTEREST RATIONALE

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

ISSUE

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

Since the December 2024 Council meeting, there have been three changes in the reported risk ratings, that is:

- Significant staff turnover and/or loss of key leadership and loss of organizational knowledge – risk rating changed from Medium to Low.
- Ineffective communications – risk rating changed from High to Medium.

- Inconsistent Processes/Records Management – risk rating changed from Medium to Low.

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

NEXT STEPS

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

CRTO Risk Register (Summary)

March 28, 2025

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
01	Organizational Operations	<p>Significant staff turnover &/or loss of key leadership</p> <p>Loss of critical organization knowledge</p> <ul style="list-style-type: none"> Competitive labour market past COVID Illness or injury Staff absenteeism 	<p>Human Capital</p> <p>Member Relationships</p> <ul style="list-style-type: none"> potential disruptions in the daily functioning of the CRTO insufficient staff to maintain essential College functions 	<p>Succession Plan Policy</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>Onboarding procedures and resources for new hires</p> <p>Staff Recruitment and Selection Policy</p> <p>Regular sector compensation review</p> <p>A new inclusive question bank and interview template</p> <p>Comprehensive Standard Operating Procedures in most program areas</p> <p>DEI strategy - talent processes and organizational culture</p> <p>Registrar Directives</p> <p>Staff satisfaction survey</p>	<p>Medium</p> <p>Low</p>	<p>Ongoing monitoring</p> <p>Staff cross training</p> <p>Continue to develop and update standard operating procedures in all program areas.</p>
02	Organizational Operations	<p>Sudden/unexpected substantial increase in expenses and/or decrease in revenue</p>	<p>Budget Adherence</p> <p>Member Relationships</p> <ul style="list-style-type: none"> Deviation from budget; depletion of reserves 	<p>Reserve Funds and Investments Policies</p> <p>Finance and Audit Committee oversight</p> <p>External audit</p>	<p>Medium</p>	<p>Ongoing monitoring</p> <p>Draft 2025/26 budget to be presented for Council approval in March 2025</p>

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"> • Cost/expense escalations (e.g., significant increase in investigation expenses) • Increase in resignations, suspensions, etc., decrease in new registrations • Sudden loss of investment funds due to market volatility (e.g., due to geopolitical tensions) • Potential additional costs due to delays in new database development 	<ul style="list-style-type: none"> • Disruptions in the daily functioning of the College • Insufficient resources to maintain essential College functions 	<p>Fees Assessment Tool used annually to consider the adequacy and appropriateness of the CRTO's membership fee structure</p> <p>Investment advisor monitoring all CRTO investments, including annual updates regarding the status of investments and economic outlook</p>		
03	Organizational Governance	<p>Disruption in the effectiveness of Council</p> <ul style="list-style-type: none"> • Loss of a public member on Council; delays in government public members' appointments • Potential deterioration or dysfunctionality of the relationship between staff and Council • Gap in compensation between public and professional Council members 	<p>Member Relationships</p> <p>Compliance</p> <p>Reputation</p> <p>Public Protection</p> <ul style="list-style-type: none"> • Delays in Council decision-making • CRTO non-compliant with statutory requirements • Decrease in member engagement 	<p>Proactive approach with government to ensure we have sufficient public members</p> <p>Relationship building through collaboration between staff and Council</p> <p>Competency-based committee appointments</p> <p>Governance e-learning modules</p> <p>Onboarding process & ongoing training for Council and Committee members</p> <p>Code of Conduct & Conflict of Interest provisions in the By-laws</p> <p>Council evaluation framework</p> <p>Recent new public member appointments</p>	Medium	<p>Increased utilization of HPRO as a government relations advocate</p> <p>Ongoing engagement with Council/committee members</p> <p>New Governance Manual to be presented to Council in June 2025</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
04	Organizational Operations	IT infrastructure disruption and/or compromise of data integrity <ul style="list-style-type: none"> Phishing Ransomware attacks Denial-of-service attacks Unauthorized disclosure of personal/confidential information 	Member Relationships Compliance Reputation <ul style="list-style-type: none"> Potential service disruption CRTO non-compliant with statutory requirements Negative media attention Concerns/complaints from interested parties 	3rd party systems monitoring Cyber-audits and white-hat simulation of attacks Staff training Built-in scanning on USBs for all computers Cyber insurance Multi-Factor Authentication for access to systems is in place Regular patch compliance Increased email security/protection Internal IT communication template(s) for use in the event of cyber attack	High	Verification of cybersecurity of key 3rd party vendors Developing a detailed cybersecurity plan, map out steps/procedures for suspected cyber security incidents Staff training on the use of the new database before deployment
05	Organizational Operations	Ineffective communications <ul style="list-style-type: none"> Technology (e.g., new website delays, challenges in website maintenance, updates) Human error (risk of incorrect or unclear social media or website content) 	Member Relationships Compliance Reputation Public Protection <ul style="list-style-type: none"> Public unaware of the CRTO and unable to access the complaints process Member dissatisfaction; lack of engagement with the CRTO Members' non-compliance with statutory requirements 	Member outreach initiatives – eBlasts, reminders, etc. Ongoing reporting on Comms KPIs Monitoring of response rates to CRTO consultations Full time communications professional on staff New Social Media strategy Comprehensive review of website content conducted as part of the new website development	High Medium	New website to be developed (May 2025) Continued monitoring of publication timelines Develop new communications strategy Develop new email strategy Develop standard operating procedures in the communications area

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
06	Organizational Compliance	Misalignment with regulatory requirements <ul style="list-style-type: none"> Changes in technology (e.g., new database, new online application system) Legislative changes Increase in reporting requirements Potential increase in applications from graduates of unapproved programs 	Compliance Public Protection <ul style="list-style-type: none"> Potential delays in application processing and/or complaints and reports processing 	Ongoing monitoring and regular reporting of registration and professional conduct processing timelines Comprehensive policies and procedures in place Staff cross training Ongoing communications with developers regarding system needs, continued use of iMIS as a contingency plan Collaboration with third-party organizations	Medium	Finalize the review and update registration polices in response to new the Registration Regulation Continued review and development of internal standard operating procedures, Implementation of Registrar’s Directives to speed up the internal processes Staff training on the use of the new database before deployment
07	Regulatory Professional Practice	Insufficient/out-of-date practice information <ul style="list-style-type: none"> Changes in practice expectations/scope Changes in regulatory requirements (e.g., reporting, infection control, etc.) 	Public Protection Member Relations <ul style="list-style-type: none"> Members’ non-compliance with statutory requirements Concerns/complaints from interested parties 	Regular checks on the quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope Ongoing monitoring and regular reporting on practice-related inquiries	Medium	Regular legislative and regulatory scans (HPRO working group)
08	Regulatory	Unauthorized Practice <ul style="list-style-type: none"> Impact of the “As of Right” initiative New unaccredited RT programs in Ontario 	Public Protection <ul style="list-style-type: none"> Increase in unauthorized practice concerns/reports received 	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports New webpage for Employers to address “As of Right”	Medium	Continue to monitor unauthorized practice complaints/reports

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
09	Organizational Operational	Inconsistent Processes/Records Management <ul style="list-style-type: none"> Lack of written procedures in key program areas Staff changes 	Compliance Member relations <ul style="list-style-type: none"> Potential delays in core program areas CRTO non-compliant with statutory requirements 	Policy Framework Records Management and Retention Policy Registration guides (internal and external) PC process guides IT walkthroughs Standard operating procedures in core program areas Digitization of CRTO paper records Registrar Directives	Medium Low	Continue to develop and update standard operating procedures in all program areas
10	Regulatory	Health Human Resources <ul style="list-style-type: none"> Insufficient number of RTs to meet the demands of the healthcare system New unaccredited RT programs in Ontario 	Public Protection	Emergency Class of Registration Emergency Registration Policy Streamlined registration processes and efficient processing timelines Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process	Medium	Continue to monitor Member demographic data Ongoing engagement with other regulators and system partners (e.g., through HPRO) Continued monitoring of government initiatives related to health human resources

Risk Register/Outlook

Risks		Risk Assessment		Risk Outlook	Notes
Category	Risk Description	Prior Quarter	Current Quarter		
Organizational Operations	Significant staff turnover &/or loss of key leadership Loss of critical organization knowledge				Added several additional controls to mitigate the risk (e.g., Standard Operating Procedures in core program areas, DEI strategy- talent processes and organizational culture, Registrar Directives and staff satisfaction survey)
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				Full time communications professional on staff, new Social Media strategy, conducted a comprehensive review of website content
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				Added several additional controls to mitigate the risk (e.g., Registrar Directives, Standard Operating Procedures in core program areas, records digitalization)
Regulatory	Health Human Resources				

Council Briefing Note

AGENDA ITEM # 5.4

March 28, 2025

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2024 Council Meeting Evaluation Summary
Purpose:	For information
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Council Evaluation Framework

PUBLIC INTEREST RATIONALE

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

BACKGROUND

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey to examine the following elements:

Council meeting materials

- Are provided to Council Members in an easily accessible and timely manner.
- Was presented in a clear and easy-to-understand manner.

Council meeting outcomes

- There was an effective use of the allotted time.
- Council employed good decision-making processes that were focused on the public interest.
- The goals outlined in the meeting agenda were achieved.

Council meeting engagement

- The meeting was conducted respectfully, professionally, and orderly.
- Council members were able to provide input and express viewpoints freely.

Once the surveys are completed, CRTO staff will collect the results and provide the Executive Committee and Council with a quarterly **Council Meeting Evaluation Summary** for review and discussion.

ANALYSIS

The overall responses following the 2024 Council meetings were as follows:

1. Did we achieve all the goals outlined in the meeting agenda?



2. Were you provided with sufficient information prior to the meeting to fully understand all the agenda items?



Comment: Did not receive the agenda prior to the meeting.

3. Were you able to freely provide your input and express your viewpoints?



4. Did we make the most efficient use of time during our meeting?



5. Did the Council employ good decision-making processes that were focused on the public interest?



6. Do you have any suggestions for topics/speakers that would further the education of Council members in 2024?

- Once in 45 days, it's recommendable to have the progress from Registrar.
- Some sort of activity to help council members who don't speak up feel more empowered to do so. Don't know if it is team building or an ice breaker.

NEXT STEPS

- Revise the survey to provide a closer examination of how we can continue to improve.

The College of Respiratory Therapists of Ontario

Council Evaluation Framework

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

1. Quarterly Council Meeting Evaluation

A. Following each Council meeting, Council members in attendance will complete an anonymous online **Council Meeting Evaluation** survey to examine the following elements:

- Council meeting materials
 - provided to Council Members in an easily accessible and timely manner
 - presented in a clear and easy-to-understand manner.

- Council meeting outcomes
 - effective use of the allotted time.
 - employed good decision-making processes that were focused on the public interest
 - the goals outlined in the meeting agenda were achieved.

- Council meeting engagement
 - the meeting was conducted respectfully, professionally, and orderly
 - Council members were able to provide input and express viewpoints freely.

- B. Once the surveys are completed, CRTO staff will collect the results and provide a quarterly **Council Meeting Evaluation Summary** to the Executive Committee for review and discussion.
- C. Council will receive an annual **Council Meeting Evaluation Summary Report** to be included in the end-of-year Council meeting package and, therefore, publicly available on the CRTO website.

2. Annual Council Effectiveness Evaluation

- A. At the end of each calendar year, all Council members will complete an anonymous online **Council Effectiveness Evaluation** survey to examine the following elements:
 - Council Orientation & Ongoing Education
 - pre-nomination and onboarding orientation to the roles & responsibilities of a Council member
 - opportunities for ongoing education and input into training opportunities.
 - Alignment with the CRTO's Strategic Direction and Key Priorities
 - tracking progress toward meeting the organization's strategic goals
 - ensuring that the annual budget reflects the organization's priorities.
 - Board Composition & Structure
 - composition (public and professional), diversity and size of the Council
 - structure of the Council meetings (e.g., length, meeting format, etc.)
 - level of engagement demonstrated by the majority of the Council members.

- B. Once the surveys are completed, CRTO staff will collect the results and provide an annual **Council Effectiveness Evaluation** to the Executive Committee for review and discussion.
- C. Council will receive a **Council Effectiveness Evaluation** to be included in the end-of-year Council meeting package and, therefore, publicly available on the CRTO website.

3. Council Member Self-Evaluation

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



2025 Social Media Strategy Proposal

January 2025



2025 GOALS

1 Increase awareness: Build a stronger online presence to educate the public about respiratory therapy and CRTO's mission



2 Engage stakeholders: Foster connections with members, prospective students, and the public



3 Expand reach: Tap into new audiences by leveraging emerging platforms and trends



4 Drive traffic: Increase visits to CRTO's website for key resources, news, and updates



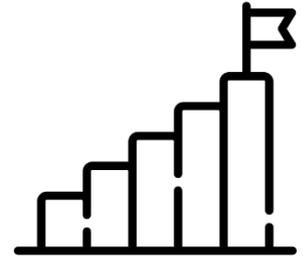
5 Promote professional development and professional conduct: Highlight resources and opportunities for registered respiratory therapists





KEY OBJECTIVES

- Grow follower count on existing meaningful platforms (LinkedIn)
- Increase engagement (likes, shares, comments) on LinkedIn
- Launch presence on new platform - BlueSky
- Develop content to appeal to target audiences (e.g., prospective respiratory therapists, etc.)
- Create partnerships with healthcare organizations and stakeholders for amplified reach





TARGET AUDIENCE

Primary

- CRTO members, RT students, prospective students
- Families of individuals with respiratory conditions, such as COPD, asthma, sleep apnea, etc
- Healthcare professionals and employers for interdisciplinary collaboration
- Policymakers and regulatory bodies

Secondary

- Ontarians, especially with increased respiratory health awareness
- Media, digital influencers, and advocacy groups for expanded outreach
- Healthcare organizations and community care providers, including the Ontario Hospital Association (OHA)



College of Respiratory
Therapists of Ontario

L'Ordre des thérapeutes
respiratoires de l'Ontario

CRTO SOCIAL PRESENCE CURRENT

- CRTO is currently on 2 social media platforms with an audience total of 1640 using these 2 social channels



640 followers



1k followers



COMPARATIVE ANALYSIS AMONG COLLEGES (HPRO)

- Out of a total of 21 HPRO colleges, the following social channels are used in their communications plans
- **LinkedIn, Facebook** and **Twitter** are the top 3 social platforms in use
- Bluesky is just emerging as a platform and an alternative to X



17 (81%)



9 (43%)



14 (67%)



15 (71%)



19 (90%)



3 (14%)



PLATFORM STRATEGIES

PLATFORM	AUDIENCE	CONTENT	FREQ	ENGAGEMENT ACTIVITIES
LinkedIn	<ul style="list-style-type: none">• Members• Partners• Prospective members	<ul style="list-style-type: none">• Industry updates, research articles, trends• Compliance• Professional development• Success stories professional milestones	1-2 posts per week	Participate in healthcare-related discussions.
Bluesky (X)	<ul style="list-style-type: none">• Healthcare organizations• Policymakers• Public	<ul style="list-style-type: none">• Provide real-time updates on CRTO news and events.• Share industry insights and resources quickly.• Facilitate engagement through polls, threads, Q&A sessions	1 tweet per day or as needed	Interactive Content: Polls, quizzes, and Q&As to boost engagement. Event coverage, news and updates.



CONTENT DEVELOPMENT

Use the “rule of thirds” to help diversify content:

1/3 promotes CRTO’s mission, what we do

Increase CRTO’s recognition and recall, industry updates.



1/3 shares ideas from industry leaders

Leverage media, interviews, share expertise from CRTO teams, humanize the brand and use subject matter experts to establish credibility.



1/3 original content

Campaigns, consumer education, RT’s education and registration.





CONTENT THEMES

Theme	Focus
Elevating CRTO's Mission	Promote CRTO's role in empowering respiratory therapists and protecting the public. Highlight how CRTO's commitment to regulatory compliance strengthens its mission. Share stories about how adherence to regulations ensures safety, integrity, and trust within your industry.
Industry Leadership	Share thought leadership, amplify insights from industry experts, partners and affiliates. Showcase CRTO's role in setting industry standards and leading the way in regulatory compliance.
Education and Engagement	Provide educational resources, professional development and engage the audience. Educate about the importance of regulatory compliance. Share informative content, such as webinars, articles, and infographics, that explain complex regulations in an accessible way and demonstrate CRTO's expertise in this area.
Humanizing CRTO	Build personal connections with audiences by showcasing CRTO's community and values



WEEKLY / MONTHLY SOCIAL EDITORIAL CALENDAR

•Example

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
THEME	Educational Spotlight	CRTO Mission and Role	Industry Leadership: Did You Know? (Facts & Tips)	Professional Development	Compliance Tips	Fun Fact/Behind the Scenes	Engagement
LINKEDIN	LinkedIn posts (copy and image/video/link) and CTA						
Bluesky (X)	Bluesky posts (copy and image/video/link) and CTA						
YouTube	YouTube videos (copy and video) and CTA						



IMPLEMENTATION AND TIMELINES (1)

Phase 1: Planning & Preparation (January–February 2025)

•Week 1–2: complete

- Finalize goals, KPIs, and content themes.
- Audit current social media accounts and performance metrics.
- Confirm target audience segments for each platform.
- Research competitors and industry trends.

•Week 3–4: complete

- Develop content calendar and template designs.



IMPLEMENTATION AND TIMELINES (2)

Phase 2: Launch & Rollout (March–April 2025)

•March 1–15:

- Initialize and research account set up on Bluesky.

•March 16–31:

- Run targeted ad campaigns to boost visibility and follower growth.
- Launch Bluesky with introductory posts via existing platforms.
- Connect with HPRO and sister Colleges to collaborate on Starter Pack.

April:

- Focus on engagement-building activities (live Q&As, polls).
- Introduce interactive content like quizzes and giveaways.
- Test different content formats (videos, carousels, infographics).



IMPLEMENTATION AND TIMELINES (3)

Phase 3: Growth & Optimization (May–August 2025)

•May–June:

- Expand campaigns for *National Respiratory Therapy Week* (mid-May).
- Post “day in the life” content featuring members and behind-the-scenes videos.
- Analyze engagement and adjust content strategies based on performance.

•July–August:

- Promote new website launch
- Highlight summer respiratory health tips and member spotlights.
- Conduct mid-year review to assess performance against KPIs



IMPLEMENTATION AND TIMELINES (4)

Phase 4: Campaign Intensification (September–November 2025)

•September–October:

- Prepare for *Respiratory Therapy Week* (October).
- Host a virtual webinar and stream highlights live on LinkedIn live.
- Collaborate with healthcare influencers and organizations for amplified reach.

•November:

- Evaluate the effectiveness of campaigns.
- Publish testimonials and success stories from the year.
- Highlight professional development programs and resources.



IMPLEMENTATION AND TIMELINES (5)

Phase 5: Year-End Review & 2026 Planning (December 2025)

•December 1–15:

- Analyze data (follower growth, engagement rates, website traffic).
- Assess performance of new platforms (Bluesky).
- Collect feedback from followers and ambassadors.

•December 16–31:

- Develop 2026 goals based on insights.
- Create a report for stakeholders outlining progress and recommendations.



EVALUATION AND KPI'S

- **Reach:** Track growth in followers/subscribers
- **Engagement:** Measure likes, shares, comments, and video view
- **Website Traffic:** Use analytics to track social media-driven traffic
- **Lead Generation:** Monitor inquiries about CRTO and membership applications

TRACK MONTHLY KPI'S AND DEVELOP
QUARTERLY PERFORMANCE REPORTS



College of Respiratory
Therapists of Ontario

L'Ordre des thérapeutes
respiratoires de l'Ontario

Thank You!

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

ADMINISTRATION

Staffing

- On December 16th, we were delighted to welcome our newest team member, **Janessa Gazmen**. Janessa, our new **Manager, Communications**, comes to us with an extensive background in communications and website management in the regulatory and non-for-profit sectors. **So glad to have you with us, Janessa!**
- **Stephanie Tjandra’s** title was changed to **Manager, Finance** in recognition of her expanding role in CRTO financial management and human resources (payroll, benefits, etc.). We all appreciate Stephanie’s dedication and attention to detail. **Thank you, Stephanie!**
- **Denise Steele’s** title was changed to **Coordinator, Registration** to align with her current role supporting the day-to-day Registration functions. The Registration Department is always very busy, especially this time of year. We thank Denise for her hard work and commitment to ongoing process improvements. **Thank you, Denise!**
- **Amelia Ma**, who worked at the CRTO for many, many years as Manager, Office & Finance, semi-retired several years ago but remained an independent contractor to assist with the transition. Amelia’s contract will end this coming August as she embraces full retirement. **We thank Amelia for all she has contributed to the CRTO over the past 25 years.**

CURRENT INITIATIVES

Internal

Renewal & Relevant 2025/26

3,896 CRTO Members renewed before the February 28, 2025, deadline, and 111 late fee notices were sent out. 3,642 Members completed their Relevant e-learning module by the same due date, and 285 late notices were sent out. Beginning this year, Members who have not submitted their Relevant module by the deadline are notified that they must do so within the next 15 days. If they fail to comply, they will be charged a \$25 penalty fee and told they must complete the module within the next 15 days. If the Member still does not submit the module, they are charged an additional \$25 and referred to a panel of the Quality Assurance Committee (QAC). The QAC may do any one or more of the following:

- require the Member to undergo a peer and practice assessment, and/or
- disclose the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the Member may have committed an act of professional misconduct.

NEW CRTO Database and Website (Temeka)

In1Touch (OlaTech) was retained in June 2023 to implement a new database and website for the CRTO. That work remains ongoing, and we expect both projects to be completed by Spring 2025. This will allow for adequate training time for staff so that we will all be prepared to utilize the new database for the 2026 renewal period.

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 more are also being sent to Ontario for assessment from other Canadian RT jurisdictions. This has necessitated an increase in the staffing resources allocated to implementing this program and the search for a site where we could potentially assess multiple candidates on a single day at a lower cost. To this end, the CRTO has established the Michener Institute at UHN as an additional assessment site.

Entry-to-Practice Study Plan (Kelly)

One of the key changes in the revised Registration Regulation is the cap on the number of times a candidate can attempt the entry-to-practice examination. Individuals who are unsuccessful after three attempts must complete a Registration Committee-approved study plan before they can rechallenge the exam. After the study plan, the individual will only

have one opportunity to challenge the exam. Therefore, it was essential to have a clear and evidence-based study plan process. The CRTO engaged an experienced RT educator and administrator to assist us in revising our existing study. This new plan has been completed and approved by the Registration Committee.

CRTO's 2025 Work Plan

In addition to all the projects currently underway, CRTO staff are looking to take on new improvement opportunities in 2025. These include:

- Realigning our Financial and Human Resources processes, such as:
 - Implementing a decentralized organizational structure.
 - Transferring daily banking to RBC's Express Core Services platform.
 - Exploring the possibility of combining our employee health benefits plan with the COO's staff.
 - Exploring the possibility of changing payroll companies.
- Finalizing the Cybersecurity/Incident Response Plan and providing staff training.
- Launching a Scope of Practice review to determine if submitting a proposal to the MOH is in the public's best interest. This proposal could potentially include:
 - Additional controlled acts to be authorized to Respiratory Therapists (RTs).
 - Amendments to the Scope statement in the *Respiratory Therapy Act*.
 - The addition of a new class of RTs (e.g., Respiratory Therapy Assistants).
- Conducting a Professional Development Program evaluation.
- Reviewing and revising the CRTO Strategic Direction and Key Priorities.
- Reviewing and revising the CRTO's Professional Misconduct Regulation.
- Establishing a demographic data collection framework.
- Reviewing and revising the CRTO's Commitment to Ethical Practice guideline in collaboration with the NARTRB.

External

Regulation of Physician's Assistants

On April 1, 2025, Ontario's Physician Assistants (PAs) will officially be regulated under the College of Physicians and Surgeons of Ontario (CPSO). At this point, PAs have not been granted any legislative authority and will continue to practice under delegation from a supervising physician. More information can be obtained from the CPSO website at

[Regulation of Physician Assistants](#).

Accreditation Canada

The CRTO and the other members of the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) are struggling to establish the most appropriate process when registering students who graduate from programs "accredited with conditions". The challenge is due to the absence of any information from Accreditation Canada (AC) as to why the program received this status. Therefore, the CRTO has had several meetings with the Director of Health Education Accreditation to determine the best way forward for the benefit of both the RT regulators and the graduates.

Scope of Practice Review

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

- A revision to the profession's scope of practice statement in the *Respiratory Therapy Act (RTA)*;
- New controlled acts authorized to RTs in the *Respiratory Therapy Act*;
- Amending regulations made under other legislation (e.g., *Controlled Acts Regulation, Public Hospitals Act*, etc.).
- Additional classes of registration (e.g., Advanced Practice designation).
- Prescribing authority for medications related to respiratory care (e.g., asthma & COPD medications).

The next step in our project plan is establishing a Working Group comprising representatives from the CRTO and RTSO and as wide a range of RT practice as possible (e.g., Acute & Primary Care, Anesthesia Assistants, Home Care, etc.). We have already begun some of the necessary research into the existing legal and regulatory frameworks across the RT profession, both provincially and nationally (e.g., scope of practice in other jurisdictions, legislative changes, trends in regulatory modifications and reforms, etc.).

From:	Carole Hamp, Registrar & CEO
Topic:	Financial Statements – March 1, 2024, to February 28, 2025
Purpose:	For Decision
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report Appendix C: Income Statement Reporting Codes
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the quarterly financial statements for March 1, 2024, to February 28, 2025.

PUBLIC INTEREST RATIONALE

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

ISSUE

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

BACKGROUND

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

ANALYSIS

Balance Sheet Summary Report

- When compared to the 2023/24 fiscal year, the 2024/25 year-end demonstrates an:
 - Increase in Total Assets by \$315,903.63
 - Increase Total Liabilities by \$223,127.96 (\$231,824 ↑ Deferred Revenue)
 - Increase in Total Equity by \$92,775.67

Income Statement Summary Report

- Actual Total Income \$24,018.83 less than the 2024/25 budget
- Actual Total Expenses \$113,279.36 less than the 2024/25 budget
- Over budget on:
 - **General Operating Expenses** – costs related to transitioning to a new office site (e.g., moving to a cloud-based server, shipping our printer, etc.)
 - **Credit card and PayPal fees** – we anticipate being able to offer an e-transfer option with the new database. However, the database implementation was delayed, and we were unable to launch it for the 2025/26 renewal period.

RECOMMENDATIONS

That Council approved the CRTO's quarterly financial statements for March 1, 2024, to February 28, 2025.

Total Liabilities & Equity	\$ 4,257,409.97	\$ 3,941,506.34
Balance Sheet Summary		
	As of February 28, 2025	As of February 29, 2024
Assets		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 2,512,254.45	\$ 2,056,370.49
Accounts Receivable	\$ -	\$ (700.00)
Investments	\$ 1,582,596.81	\$ 1,779,189.95
Prepays	\$ 28,414.29	\$ 28,414.29
Total Current Assets	\$ 4,123,265.55	\$ 3,863,274.73
Total Non-Current Assets	\$ 134,144.42	\$ 78,231.61
Total Assets	\$ 4,257,409.97	\$ 3,941,506.34
Liabilities		
Accounts Payable	\$ 11,446.53	\$ 20,142.57
Accrued Liability	\$ 84,842.87	\$ 84,842.87
Deferred Revenue	\$ 2,568,900.00	\$ 2,337,076.00
Total Liabilities	\$ 2,665,189.40	\$ 2,442,061.44
Net Assets		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 20,000.00	\$ 20,000.00
Reserve for Fee Stabilization	\$ 150,000.00	\$ 150,000.00
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00
Special projects reserve fund	\$ 300,000.00	\$ 300,000.00
Total Restricted funds	\$ 1,120,000.00	\$ 1,120,000.00
Retained Earnings	\$ 379,444.90	\$ 292,600.95
Profit for the Year	\$ 92,775.67	\$ 86,843.95
Total Equity	\$ 1,592,220.57	\$ 1,499,444.90
Unrestricted Reserves	\$ 472,220.57	\$ 379,444.90

Code	Income Statement Summary	Mar 1/24 - Feb.28/25	Budget for year	Over/ (Under) Budget	% Over Budget	Mar 1/23 - Feb. 29/24
0	Revenue	\$ 2,833,731.17	\$ 2,864,750.00	\$ (31,018.83)	-1.10%	\$ 2,577,586.19
0.5	Competency Assessment Income	\$ 51,500.00	\$ 44,500.00	\$ 7,000.00	15.70%	\$ 55,750.00
	Total Income	\$ 2,885,231.17	\$ 2,909,250.00	\$ (24,018.83)	-0.80%	\$ 2,633,336.19
0.6	Competency Assessment Expense	\$ 47,520.61	\$ 44,500.00	\$ 3,020.61	6.80%	\$ 65,713.59
1	Wages and benefits	\$ 1,651,259.82	\$ 1,652,220.11	\$ (960.29)	-0.10%	\$ 1,551,263.98
2	Occupancy costs	\$ 245,000.90	\$ 260,419.75	\$ (15,418.85)	-5.90%	\$ 254,518.28
3	Professional services	\$ 83,648.05	\$ 91,645.00	\$ (7,996.95)	-8.70%	\$ 67,785.34
4	Investigation and hearing expense	\$ 155,370.34	\$ 150,000.00	\$ 5,370.34	3.60%	\$ 150,499.73
5	Technology / Website	\$ 186,294.33	\$ 289,250.00	\$ (102,955.67)	-35.60%	\$ 121,045.68
6	General operating expenses	\$ 134,319.87	\$ 118,100.00	\$ 16,219.87	13.70%	\$ 101,298.84
7	Credit card and Paypal fees	\$ 108,308.32	\$ 81,200.00	\$ 27,108.32	33.40%	\$ 102,318.30
8	Membership and dues	\$ 40,331.50	\$ 53,250.00	\$ (12,918.50)	6.80%	\$ 71,208.15
9	Quality assurance expenses	\$ 58,809.00	\$ 59,550.00	\$ (741.00)	-1.20%	\$ 58,573.09
11	Unrealized (gains) losses	\$ (1,546.00)	\$ -			\$ (77,449.78)
12	Council and committee	\$ 71,885.27	\$ 86,100.00	\$ (14,214.73)	-16.50%	\$ 60,438.49
14	Consulting	\$ 10,634.90	\$ 15,000.00	\$ (4,365.10)	-29.10%	\$ 18,208.46
99	Equipment purchased	\$ 618.59	\$ 4,500.00	\$ (3,881.41)	-86.30%	\$ 668.84
	Total Expenses	\$ 2,792,455.50	\$ 2,905,734.86	\$ (113,279.36)		\$ 2,546,090.99
	Net Income	\$ 92,775.67	\$ 3,515.14			\$ 87,245.20

Appendix C: Income Statement Reporting Codes

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

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

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

PUBLIC INTEREST RATIONALE

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

ISSUE

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

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

BACKGROUND

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

During the transfer of CRTO’s investment funds from CIBC Wood Gundy (CIBC) to RBC, it was observed that CIBC offered more favorable banking rates than RBC’s banking department. As a result, it was decided to temporarily retain the CRTO’s CIBC Renaissance High-Interest Savings

account at CIBC. The funds in this account were classified as cash and cash equivalents within CRTO's investment portfolio.

On April 1, 2024, CRTO withdrew \$25,000 from the CIBC Renaissance High-Interest Savings account to establish a one-year cashable GIC (CIBC Cashable Flexible @ 4.55%). This step was necessary to release the General Security Agreement that had previously secured CRTO's CIBC corporate credit card. This transition allowed CRTO to open a new corporate credit card with RBC while ensuring uninterrupted automatic payments.

Subsequently, on December 6, 2024, CRTO instructed CIBC to close the Renaissance High-Interest Savings account and transfer the funds—totaling \$251,152—into CRTO's operating budget account. On the same day, the CIBC corporate credit card was closed, and the GIC funds were released and transferred into the operating budget account.

ANALYSIS

- As detailed in the background section of this briefing note, the CRTO's RBC savings count and GIC were closed on December 6, 2024, and the funds transferred to the CRTO's operating budget account. As a result, you will note a decrease in both the CRTO's Cash & Cash Equivalents investments line. This decrease does not reflect investment losses of those funds, but rather a transfer of those funds.
- After the closure of investment accounts with CIBC, the asset allocation split of the CRTO's investment accounts (solely housed with RBC now) is more inline with the directions provided to RBC by CRTO Council. The current breakdown of this split is:
 - 47.21% Equity,
 - 45.61% Fixed Income
 - 7.18% Cash and Cash Equivalents
- The total investment return in the RBC investment portfolio Year to Date is +14.44% and 12.20% since inception (June 4, 2023).
- In early November 2024, the United States elected a new President, and a regime change occurred. In addition, throughout the early part of 2025, the new administration has engaged in a fundamental shift in its approach to foreign policy, which has dramatically affected the North American financial market, including the investment markets. In response to increased market volatility, the RBC team has done the following:
 1. Has kept in communication via email to provide assurances that the CRTO investment funds are being monitored and being adjusted to reflect the tariffs being imposed by the US government. These actions include:

- **Portfolio Strategy & Adjustments:** For long-standing clients in the "Value Plus Growth" model, portfolios were adjusted in January to reduce risk ahead of a new US government. This included selling high-performing tech stocks (Nvidia, Apple, Taiwan Semiconductor, Broadcom), companies affected by tariffs (General Motors, Bombardier, Shopify), and investing in US dividend-paying stocks (Merck, US Bancorp) and US treasury bills.
 - **Market Outlook & Economic Impact:** While markets typically recover unless there is a recession, the firm is assessing the potential economic impact of tariffs and geopolitical factors. Company profits are expected to increase in 2025 and 2026, and portfolio exposure remains more focused on US and international equities rather than Canadian equities.
 - **Long-Term Investment Approach:** The firm remains cautious but does not believe in staying out of the markets entirely. Instead, they aim to navigate economic and political challenges while benefiting from businesses adapting to new conditions. They are available for further discussions with clients.
2. A webinar was held on March 13, 2025, where the RBC team shared insights on how the new American administration's policy changes are affecting investment markets and outlined the adjustments being made to their investment strategy.
- For further details and analysis of the CRTO investment portfolio, see Appendix A – Investment Portfolio Summary

RECOMMENDATION

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

Overview of RBC Investments:

Appendix A

Total Value
+1,690,905.59 CAD
 +1,180,759.16 USD

Total Book Cost ⓘ
+1,480,814.50 CAD
 +1,044,412.61 USD

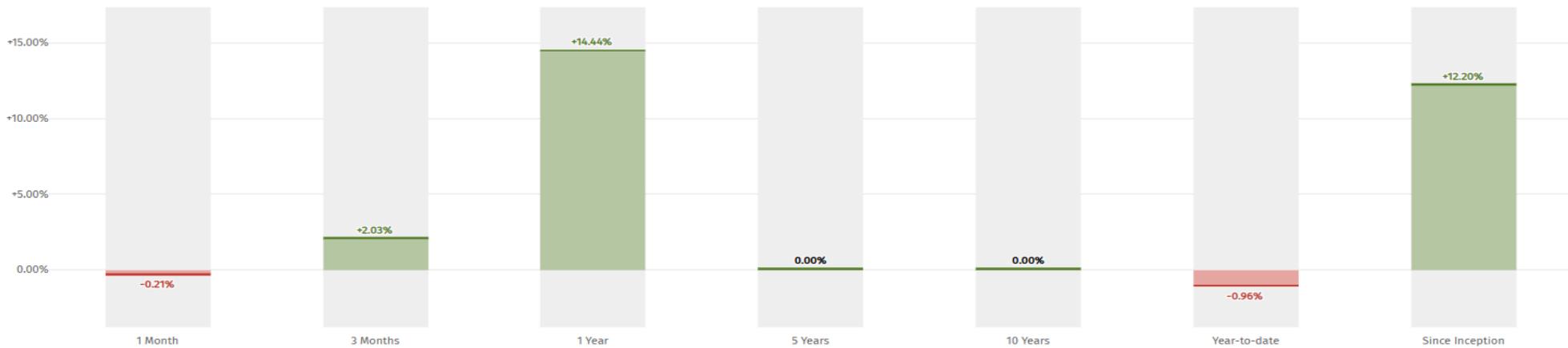
Unrealized Gain/Loss ⓘ
+156,105.18 CAD
 +10.54%

Cash and Investment Balances

Show/Hide Columns: 8 of 10 selected

Currency	AFT	Cash	Investments	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
CAD	-	47,866.60	1,060,859.53	1,108,726.13	985,908.68	+69,236.81	7.02%
USD	-	283.00	406,252.71	406,535.71	355,952.58	+50,300.13	14.13%

Performance Evaluation as Compared to Mile Markers:



Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
-0.21%	+2.03%	+14.44%	95 0.00%	0.00%	-0.96%	+12.20%

RBC Investment Portfolio Asset Mix:

Asset Mix



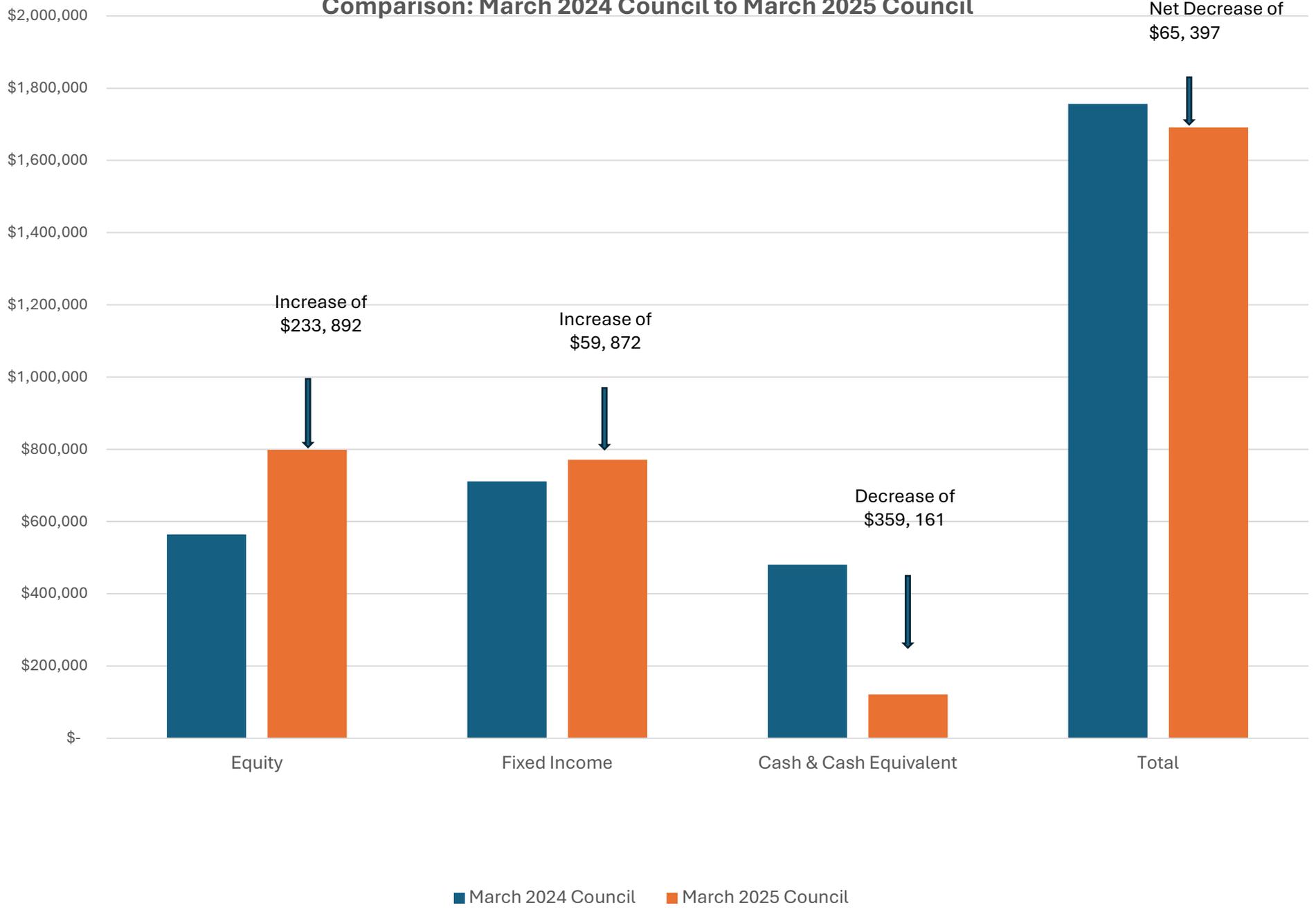
Asset Class	Total Value	Currency	% Allocation
Cash and Cash Equivalents	121,341.00	CAD	7.18%
Fixed Income	771,215.39	CAD	45.61%
Equity	798,349.20	CAD	47.21%

Summary of Types of Holdings:

Product Type (in CAD)

Product Type	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares	770,555.20	637,429.08	+133,126.12	20.88%
ETFs	12,926.00	10,271.81	+2,654.19	25.84%
Fixed Income	834,225.59	805,487.55	+23,024.00	2.86%
Mutual Funds	10,058.93	9,920.06	+138.87	1.40%
Trust Units (includes REITs)	14,868.00	17,706.00	-2,838.00	(16.03%)

Comparison: March 2024 Council to March 2025 Council



From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Draft 2025/26 Budget
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: DRAFT RTSO & CRTO Changes to Scope of Practice Project Plan Appendix B: Draft 2025/26 Budget
Motion(s):	<p>1. It is moved by _____ and seconded by _____ that: The Council approves the transfer of \$30,000 out of the CRTO’s Special Project Reserve Fund and into the Scope of Practice budget line.</p> <p>2. It is moved by _____ and seconded by _____ that: The Council approves the draft 2025/26 budget.</p>

PUBLIC INTEREST RATIONALE

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

ISSUE

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

BACKGROUND

1. The Ontario Ministry of Health has established a framework for regulated health professions to submit proposed changes to their scope of practice. Early in 2025, the CRTO and the Respiratory Therapy Society of Ontario (RTSO) established a joint Steering Committee to develop proposed changes to the RT scope of practice. Funds will be required

to fund some of the necessary research and to support the RT working group. Since this is expected to be a one-time expenditure, the CRTO has been advised to secure funding from its Special Projects Reserve Fund. The request sum is \$30,000.

2. In addition to the proposed transfer of funds into the Scope of Practice budget line, the following are the highlights of the 2025/26 budget:
 - 4200 - **Registration Fees** – lowered expected net increase in membership
 - 5011 – **Payroll Expenses** - addition of budget line to more directly track payroll expenses
 - 5011 Staff RSP changes to **Staff Pension** – RSP annual costs ~ \$40,000; Pension costs projected to be ~\$70,000 in 2025/26 at 5% employer contribution rate
 - 5110 – **Accounting & Audit** - increase in allocation for accounting and auditing costs (e.g., investment bookkeeping)
 - 5121 **Legal – Investigation & Hearing** – increased costs due to an increase in the number and complexity of PC matters requiring legal advice
 - 5220 **Computer Software** – increase costs for upgrades
 - 5250 **Translation – General** - approx. \$11,000 to translate webpages for the new website, plus the cost for RRTs to review the completed translations
 - 5340 **Credit Card Merchant Fees** – underestimated on 2024/25 budget + more members paying with credit cards
 - 6000 **Council** – increased allocation to account for Strategic Planning session.

ANALYSIS

- **Projected Total Income** - \$2,879,350.00
- **Projected Total Expenses** - \$2,879,350.00
- **Projected Surplus** - \$0

RECOMMENDATION

That Council approves:

- the transfer of \$30,000 out of the CRTO’s Special Project Reserve Fund and into the Scope of Practice budget line; and
- draft 2025/26 budget.

Appendix A: DRAFT RTSO & CRTO Changes to Scope of Practice Project Plan

DRAFT RTSO & CRTO Changes to Scope of Practice Project

Plan Date: February 18, 2025. **Version:** 2 - March 18, 2025

1. Project Overview

Objective:

To prepare and submit to the Ministry of Health (MOH) proposed changes to the scope of practice of Respiratory Therapists (RTs) in Ontario.

Scope:

Propose to the MOH may include:

1. A revision to the profession's scope of practice statement in the *Respiratory Therapy Act (RTA)*;
2. New controlled acts authorized to RTs in the *Respiratory Therapy Act*;
3. Amending regulations made under other legislation (e.g., *Controlled Acts Regulation, Public Hospitals Act*, etc.).
4. Additional classes of registration (e.g., Advanced Practice designation for AAs, Respiratory Therapist Assistant).
5. Prescribing authority for medications related to respiratory care (e.g., asthma & COPD medications).

Deliverables:

Utilizing the MOH's established submission process:

1. **Establish the Steering Committee**, set up monthly meetings & set up a Project Planner for the group.
2. Complete and **submit the notification to advise the MOH of our intent to submit** a proposal for a scope of practice change (Appendix A: Form 1).
3. **Establish a Working Group** comprised of representatives from both the CRTO and RTSO and as wide a range of RT practice as possible (e.g., Acute & Primary Care, Anesthesia Assistants, Home Care, etc.).
4. Conduct all necessary research into:
 - a. The existing **legal and regulatory frameworks** across the RT profession, both provincially and nationally (e.g., scope of practice in other jurisdictions,

legislative changes, trends in regulatory modifications and reforms).

- b. Current **professional standards, guidelines and competency frameworks** to identify potential additional training, continuing education and/or certification requirements for expanded role(s).
 - c. **Healthcare trends/unmet needs** (e.g., virtual care/telemedicine, AI & other technology, patient-centric preventative & community-based care, team-based care, access to primary care, aging population, long wait times for urgent care).
 - d. **Workforce trends/unmet needs** (e.g., workforce statistics, projected demands and shortages, stress, burnouts& difficulty with recruitment & retention, challenges with integrating internationally trained professions into practice).
 - e. **Best practices and innovative models in healthcare delivery** (e.g., research on patient outcomes related to scope expansion, impact of expanded scope on quality, safety, and access to care).
 - f. **Economic, policy and stakeholder considerations** (e.g., the potential financial impact of scope expansion, governmental priorities, potential support/opposition for key stakeholders).
5. Draft the submission to the MOH that includes:
- a. Identifying the need for the proposed changes (e.g., workforce shortages, patient care benefits, cost-effectiveness).
 - b. Supporting evidence (e.g., patient outcomes, safety, healthcare access improvements, jurisdictional reviews, stakeholder consultations).

Success Criteria:

Submission of a proposal designed to optimize:

1. Patient outcomes and safety (e.g., reduced hospital admissions).
2. Access to care (e.g., increased availability of healthcare services in home and community settings).
3. Workforce utilization and efficiency (e.g., optimal use of RTs skills, enhanced interprofessional collaboration).
4. Cost-effectiveness and Sustainability (e.g., more efficient use of healthcare resources).

2. Project Timeline

Milestones & Deadlines:

Milestone	Description	Due Date
Establish the Steering Committee.	Appendix B: Steering Committee Terms of Reference	January 31, 2025
Submit notice of intent to the MOH.	Appendix A: Form 1	March 1, 2025
Joint communication to the membership regarding the project & request for Working Group members.	Upon confirmation from MOH	April 15, 2025
Establish Working Groups (e.g., critical care, Anesthesia Assistants, primary care, home care, etc.).	Appendix C: Working Group Terms of Reference	May 1, 2025
Conduct background research (e.g., CIHI, Health Canada, Public Health Agency of Canada, Statistics Canada, Canadian Medical Association, PubMed Canada, Ontario Medical Association, etc.).		TBD
Engage stakeholders & obtain letters of support.		TBD
Submit the proposal to the MOH with supporting evidence, letters of support, legal & regulatory analysis & economic & educational impact statement.		Dec. 2025
If approved, continue with the implementation plan, including updating educational requirements.		TBD

3. Project Team & Responsibilities

Role	Name	Responsibilities
Project Manager	Mary Bayliss	Overall project oversight
Steering Committee – RTSO representatives	Mary Bayliss, Yvonne Drasovean & Faisal Shams	Appendix B: Steering Committee Terms of Reference
Steering Committee – CRTO representatives	Carole Hamp & Kelly Arndt	Appendix B: Steering Committee Terms of Reference

4. Resources & Budget Allocation

Resources:

- Human Resource
 - Canadian regulatory bodies and associations
 - Government health officials (e.g., MOH representatives)
 - Healthcare professionals (e.g., RTs, physicians, nurses, pharmacists, etc.).
 - Legal experts (e.g., health law specialists)
 - Academic experts (e.g., RT educators)
 - Patient & advocacy representatives

- Research & Data Resources
 - Healthcare labour market studies – RT workforce demand & supply (e.g., CIHI)
 - Patient outcome data – Impact of RTs on healthcare efficiency.
 - Comparative scope analyses – RT scope in other provinces or countries.
 - Existing Reports & Literature Reviews (e.g., Health policy white papers & government reports, etc.).

- Financial & Administrative Resources
 - Funding for research, consultation, and legal analysis
 - Compensation for committee members & expert consultants
 - Costs for public consultations, surveys, and stakeholder meetings

- Communication Resources
 - Webpages
 - e-blasts, emails
 - social media

Budget Allocation:

Organization	Amount Allocated
CRTO	\$30,000.00
RTSO	\$8,000

5. Risk Management

Risk	Mitigation Strategy
Lack of clear objectives	Establish clear goals, timelines, and criteria for decision-making. Align the review with legal, regulatory, and professional standards.
Bias/conflict of interest	Safeguard against proposals that serve the profession's interest rather than the public. Base decisions on objective data focused on enhanced patient outcomes (i.e., safety, quality of care).
Inadequate RT engagement	Provide adequate communication to ensure input is obtained from a sample representative of the profession. Employ various methods (e.g., public forums, surveys, and working groups) to obtain feedback.
Inadequate engagement of other stakeholders	Define relevant stakeholders (see Item 6) and engage them early and often to ensure any potential roadblocks are identified as soon as possible. Clarify RTs' expanded roles while ensuring that what we seek is collaboration, not competition.
Poor data collection & analysis	Carefully evaluate all data collected to ensure comprehensiveness, accuracy and relevance. Conduct literature reviews, case studies, and workforce assessments. Collect data on patient outcomes, cost-effectiveness, and service gaps.
Legal & regulatory hurdles	Review all relevant provincial and federal legislation to identify any misalignment with proposed changes.
Misalignment with MOH priorities	Carefully consider the MOH's MESPO evaluation framework & follow submission guidelines when completing the proposed scope of practice changes.
Misalignment with other Canadian RT regulatory bodies/jurisdictional inconsistencies	Engage in ongoing communication with the other Canadian RT regulatory bodies throughout the proposal development. Consider the impact of other provincial and relevant federal legislation (e.g., Labour Mobility, Controlled Drugs & Substances Act).
Lack of support from other Ontario health regulatory bodies	Engage in ongoing communication with the other Ontario health regulatory bodies throughout the proposal development.

Misalignment with existing National Competency Framework/RT educational programs/national exam blueprint	Carefully consider the impact of proposed changes on the existing competency framework, educational program curriculum & national exam. Work with relevant stakeholders to develop a transition plan for current RTs, ensuring they receive adequate training before taking on new responsibilities (e.g., Microcredential).
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6. Communication Plan

- **Define Communication Goals**

Inform stakeholders about the proposed scope of practice change.
Build support among healthcare professionals, policymakers, and the public.
Address concerns and opposition with evidence-based arguments.
Ensure transparency throughout the review process.

- **Identify Key Stakeholders:**

RTs in Ontario.
RTs regulatory bodies in Canada (i.e., National Alliance of Respiratory Therapy Regulatory Bodies - NARTRB).
Canadian Society of Respiratory Therapists (CSRT).
Provincial RT associations in Canada.
RT educators in Canada.
Health Professions Testing Canada (HPTC).
Employers (e.g., hospitals, home care companies, long-term care facilities, etc.).
Health regulatory bodies in Ontario (e.g., CNO, CPSO, OCP, etc.).
Patients and advocacy groups (e.g., Lung Association, Citizen Advisory Group (CAG), etc.).

- **Develop Key Messages:**

Ontario RTs – *“The expanded scope allows you to practice to the full extent of your competencies and improve patient care”.*

- **Ontario MOH** – *“These changes will improve patient’s access to health services, especially in primary, home and community care settings”.*
- **Patients & Public** *“More providers with expanded roles mean shorter wait times and better access to care”.*

Form 1: Notification to Ministry of Health

The first step of the process is to complete this Form (Ministry Notification). This completed Form will be emailed to RegulatoryProjects@ontario.ca, copying the Director of the Workforce Regulatory Oversight Branch and the Manager of the Regulatory Design and Implementation Unit. Their emails can be found [here](#).

Please refer to “A Guide for Scope of Practice Change Proposals” when completing this Form.

Once submitted, a ministry advisor will be assigned your proposal.

Section 1.	Contact Information
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1. What is the applicant/organization’s name that is submitting the proposal?
College of Respiratory Therapists of Ontario (CRTO)

2. Please provide the date that you submitted this form. March 19, 2025

3. What is the applicant/organization’s address?

Street address: 90 Adelaide Street
Unit/Suite: 300
City: Toronto
Postal code: M5H 3V9

4. Who is the primary contact for this proposal?

Name: Carole Hamp, RRT
Title: CRTO Registrar & CEO
Telephone/ext.: 416-591-8-7800 x 33
Email: hamp@crto.on.ca

5. If the primary contact is not available, who is the secondary contact for this proposal?

Name: Mary Bayliss, RRT
Title: Respiratory Therapy Society of Ontario (RTSO) - Executive Director
Telephone/ext.: 437-999-1521
Email: execdirector@rtso.ca

Section 2.**Summary of Proposal****1. This proposed scope of practice change may require (check all that apply):** New regulation Amendment to O. Reg. __107/96 Controlled Acts _____ Complementary amendments to _596/94 General Part VI _____ Revocation of O. Reg. ____/____ Legislative amendment - Respiratory Therapy Act, 1991**2. Please include the Act(s) that will be impacted by the proposed scope of practice change.**

Respiratory Therapy Act, 1991

3. Is this scope of practice proposal endorsed by the profession's regulatory college? Yes No**4. Please provide a brief summary of the proposal.**

1. Revising the profession's scope of practice statement in the Respiratory Therapy Act (RTA) to expand and optimize patient care services provided by the current and future RT workforce.
2. Modifying existing and authorizing new controlled acts in the RTA to enable RTs to provide patient care services to the fullest scope of their professional training and competence. This is also intended to enhance workforce recruitment and retention.
3. Additional classes of registration (e.g., Respiratory Therapist Assistant) to enhance the integration of internationally trained RTs into the Canadian healthcare system and increase total workforce capacity.
4. Request prescribing authority for medications related to respiratory care (e.g., asthma & COPD medications) to increase patient access to respiratory services, particularly in primary, long-term and home care.

RT Scope of Practice Review Project

Steering Committee - Terms of Reference

February 2025

Purpose of Steering Committee

The Steering Committee will lead the RT scope of review project during 2025 and ensure all deliverables are met during 2025 calendar year. The goal is to submit a proposed change in scope of practice to the Ministry of Health by the end of 2025, according to guidelines and requirements as set forth by the Ministry of Health, Health Workforce Regulatory Oversight Branch in January 2024. ¹

The last RT Scope of Practice change proposal was submitted to the Ministry of Health in 2011. Unfortunately, the government at the time declined to consider the proposal.

The CRTO and RTSO are united in their view that changes to the RT Scope of Practice is necessary to meet the needs of Ontario patients and to ensure respiratory therapists are able to work to their full potential.

Composition

The Steering Committee will be comprised of members of the Respiratory Therapy Society of Ontario's Board of Directors and the representatives from the College of Respiratory Therapists of Ontario's Council and executive team members.

Total number of committee members not to exceed 8.

Committee Member Expectations

Committee members are expected to demonstrate a commitment to the goals and outcome of the Scope of Practice Project, and:

- work collaboratively to achieve the stated purpose,
- determine what additional supports, e.g. consultants, may be required to complete the project,

¹ <https://www.ontario.ca/files/2024-02/moh-regulated-health-professions-guide-for-submitting-scope-of-practice-change-proposals-en-2024-02-02.pdf>

- attend all committee meetings and follow through in a timely manner on any commitments, and
- support the success of the project.

Term

February – November 2025

Meeting Schedule

Meetings will be held **monthly** via MS Teams. Meeting minutes will be shared between representatives of the CRTO and the RTSO, on a rotating basis.

If any meetings are required to be in-person, the costs of such meetings will be shared between the CRTO and RTSO. Expenses related to in-person meetings will be reimbursed for mileage and where necessary accommodation and meals.

Co-Chairs

The Steering Committee will be chaired by the CRTO's CEO and the RTSO President or designate.

Decision-Making

Committee members commit to consensus decision-making.

Accountability/Reporting

- RTSO representatives are accountable to the RTSO Board of Directors.
- CRTO representatives are accountable to the CRTO Council.

RT Scope of Practice Project

Working Group – Terms of Reference

February 2025

Purpose of the Working Group

The purpose of the working group is to provide input into proposed changes to the RT scope of practice, as reflected in the Respiratory Therapy Act, 1991. The goal is to submit a proposed change in scope of practice to the Ministry of Health by the end of 2025, according to guidelines and requirements as set forth by the Ministry of Health, Health Workforce Regulatory Oversight Branch in January 2024. ¹

¹The last scope of practice review was conducted in 2011 and submitted to the Ministry of Health for consideration. Unfortunately, the government at the time declined to consider the proposal.

The CRTO and RTSO are united in their view that changes to the RT Scope of Practice is necessary to meet the needs of Ontario patients and to ensure respiratory therapists are able to work to their full potential.

Composition

The working group will be comprised of Ontario registered respiratory therapists who are registered in good standing with the CRTO and are a practising member of the RTSO and represent one of the following practice areas:

- Acute care – adult-focused
- Acute care – paediatric/neonatal
- Community Care – home-based care
- Primary Care, including Family Health Teams or Community Health Centres
- Certified Anaesthesia Assistant
- Certified Respiratory Educator (Patient/client focused)
- Respiratory Therapy Educator/Professor (must be from an accredited RT Program in Ontario)

¹ <https://www.ontario.ca/files/2024-02/moh-regulated-health-professions-guide-for-submitting-scope-of-practice-change-proposals-en-2024-02-02.pdf>

- CRTO Representative(s)
- RTSO Representative(s)

Total number of working group members not to exceed 12.

Appointment Process

Ontario RTs will be invited to participate in the Working Group via an email sent to all CRTO and RTSO members. Interested individuals will be asked to submit an expression of interest, indicating their practice area and their reasons for wanting to participate in this project.

The Scope of Practice Steering Committee members will review all RT Expressions of Interest and select individuals they feel will have the requisite knowledge, skills and judgement to contribute to this important project.

Term

February to November 2025.

Chair/Co-Chairs

Working Group meetings will be chaired by representatives from the CRTO and RTSO on a rotating basis.

Meeting Schedule

Meetings will be held monthly via MS Teams. Meeting minutes will be shared between representatives of the CRTO and RTSO BoD.

Decision-making

The Working Group has no formal decision-making powers and instead will be making recommendations to the RT Scope of Practice Steering Committee.

Accountability/Reporting

The Working Group is accountable to the Steering Committee, which is comprised of CRTO Council/ Staff and RTSO BoD members.

Appendix B: DRAFT 2025/26 Budget

Income	2024/25 Budget	2024/25 Actual	(under)/over Budget	% of Budget	2025/26 Budget
4100 Registration Application Fees	\$ 15,000.00	\$ 17,550.00	\$ 2,550.00	117.00%	\$ 17,600.00
4200 Registration & Renewal Fees	\$ 2,767,500.00	\$ 2,661,701.00	\$ (105,799.00)	96.18%	\$ 2,700,000.00
4210 Competency Assessment-Stage1&2	\$ 7,500.00	\$ 9,500.00	\$ 2,000.00	126.67%	\$ 6,000.00
4211 Competency Assessment (CSA)	\$ 37,000.00	\$ 42,000.00	\$ 5,000.00	113.51%	\$ 30,000.00
4300 Penalty Fees	\$ 12,000.00	\$ 16,287.50	\$ 4,287.50	135.73%	\$ 13,000.00
4310 QA Late fee	\$ -	\$ -	\$ -	0.00%	\$ 2,500.00
4400 Misc. Revenue	\$ 250.00	\$ -	\$ (250.00)		\$ 250.00
4600 Investment Income	\$ 70,000.00	\$ 138,192.67	\$ 68,192.67	197.42%	\$ 110,000.00
Total Income	\$ 2,909,250.00	\$ 2,885,231.17	\$ (24,018.83)	99.17%	\$ 2,879,350.00
Expenses					
5000 Admin./Operational Expenses					
5010 Staff Salaries	\$ 1,395,211.77	\$ 1,406,567.06	\$ 11,355.29	100.81%	\$ 1,523,570.00
5011 Payroll expense (new 2025-26)			\$ -	0.00%	\$ 3,000.00
5020 Staff Benefits	\$ 103,929.30	\$ 86,733.58	\$ (17,195.72)	83.45%	\$ 95,000.00
5021 Staff Health Expense	\$ 6,000	\$ 5,717.98	\$ (282.02)	95.30%	\$ 6,500.00
5030 CPP&EI-Employer Contribution	\$ 63,916.06	\$ 69,912.54	\$ 5,996.48	109.38%	\$ 70,000.00
5031 Staff RSP	\$ 41,856.35	\$ 38,627.77	\$ (3,228.58)	92.29%	\$ 75,500.00
5035 Employer Health Tax (EHT)	\$ 7,706.63	\$ 7,548.39	\$ (158.24)	97.95%	\$ 8,000.00
5040 Staff Training & Development	\$ 4,000.00	\$ 2,711.01	\$ (1,288.99)	67.78%	\$ 3,000.00
5041 Staff Personal Education	\$ 9,600.00	\$ 4,395.70	\$ (5,204.30)	45.79%	\$ 6,000.00
5045 Staff-Travel & Expense-Misc.	\$ 20,000.00	\$ 24,077.45	\$ 4,077.45	120.39%	\$ 25,000.00
5050 Equipment (Non-Capitalized)	\$ 2,000.00	\$ -	\$ (2,000.00)	0.00%	\$ 1,000.00
5060 Rent & Occupancy	\$ 240,222.90	\$ 225,251.78	\$ (14,971.12)	93.77%	\$ 50,000.00
5070 Equipment Leases & Maintenance	\$ 13,876.00	\$ 12,772.32	\$ (1,103.68)	92.05%	\$ 13,000.00
5090 Insurance	\$ 6,320.85	\$ 6,976.80	\$ 655.95	110.38%	\$ 7,000.00
5110 Accounting & Audit	\$ 18,645.00	\$ 30,246.71	\$ 11,601.71	162.22%	\$ 35,000.00
5120 Legal - General	\$ 25,000.00	\$ 29,284.18	\$ 4,284.18	117.14%	\$ 35,000.00
5121 Legal - Investigation&Hearing	\$ 15,000.00	\$ 35,032.13	\$ 20,032.13	233.55%	\$ 40,000.00
5130 Expenses-Investigations&Hearing	\$ 10,000.00	\$ 1,191.90	\$ (8,808.10)	11.92%	\$ 5,000.00
5131 Investigation Services	\$ 125,000.00	\$ 119,033.31	\$ (5,966.69)	95.23%	\$ 130,000.00
5140 Consulting (General)	\$ 15,000.00	\$ 10,634.90	\$ (4,365.10)	70.90%	\$ 30,000.00
5210 Telephone/Fax/Internet	\$ 18,000.00	\$ 19,657.90	\$ 1,657.90	109.21%	\$ 21,000.00
5220 Computer Software	\$ 35,000.00	\$ 62,082.59	\$ 27,082.59	177.38%	\$ 40,000.00

5221 Computer Hardware	\$ 2,500.00	\$ 618.59	\$ (1,881.41)	24.74%	\$ 3,500.00
5223 Website Hosting	\$ 5,000.00	0	\$ (5,000.00)	0.00%	\$ 10,000.00
5224 Website Development	\$ 25,000.00	\$ 15,177.33	\$ (9,822.67)	60.71%	\$ 25,000.00
5230 Postage/Courier - General	\$ 1,500.00	\$ 1,812.74	\$ 312.74	120.85%	\$ 2,000.00
5240 Printing - General	\$ 1,000.00	\$ 3,654.51	\$ 2,654.51	365.45%	\$ 4,000.00
5250 Translation - General	\$ 25,000.00	\$ 9,848.67	\$ (15,151.33)	39.39%	\$ 30,000.00
5310 Office Supplies	\$ 2,000.00	\$ 2,532.71	\$ 532.71	126.64%	\$ 2,530.00
5321 Office Expenses	\$ 10,000.00	\$ 18,583.92	\$ 8,583.92	185.84%	\$ 20,000.00
5330 Bank Account Charges	\$ 1,600.00	\$ 2,319.04	\$ 719.04	144.94%	\$ 2,000.00
5331 Paypal Charges	\$ 1,200.00	\$ 1,311.44	\$ 111.44	109.29%	\$ 1,400.00
5340 Credit Card Merchant Fees	\$ 80,000.00	\$ 106,996.88	\$ 26,996.88	133.75%	\$ 110,000.00
5350 Conference Registration Fees	\$ 6,000.00	\$ 9,769.43	\$ 3,769.43	162.82%	\$ 9,000.00
5380 Membership/Subscriptions	\$ 40,000.00	\$ 27,081.50	\$ (12,918.50)	67.70%	\$ 40,000.00
5385 Accreditation Services	\$ 13,250.00	\$ 13,250.00	\$ -	100.00%	\$ 13,250.00
5500 QA Portfolio Reviewers	\$ 20,000.00	\$ 17,225.00	\$ (2,775.00)	86.13%	\$ 20,000.00
5516 QA PORTfolio Annual Fee	\$ 39,550.00	\$ 41,584.00	\$ 2,034.00	105.14%	\$ 40,000.00
5521 Competency Assessment-Phase1&2	\$ 7,500.00	\$ 4,850.00	\$ (2,650.00)	64.67%	\$ 5,000.00
5522 Competency Assessment-CSA	\$ 37,000.00	\$ 36,050.15	\$ (949.85)	97.43%	\$ 45,000.00
5524 CSA Expense	\$ -	\$ 6,620.46	\$ 6,620.46	0.00%	\$ 7,000.00
5545 Outreach Activities-Travel/Exp.	\$ 2,000.00	\$ 51.54	\$ (1,948.46)	2.58%	\$ 2,000.00
5546 Communications	\$ 2,000.00	\$ 350.00	\$ (1,650.00)	17.50%	\$ 8,000.00
5555 Government Relations* make inactive	\$ 30,000.00	\$ -	\$ (30,000.00)	0.00%	\$ -
5600 Chairs Event (Dinner)	\$ 5,000.00	\$ 4,092.10	\$ (907.90)	81.84%	\$ -
5610 Education Day Expenses	\$ 2,000.00	\$ 5,085.00	\$ 3,085.00	254.25%	\$ -
5620 Data Base Development	\$ 140,000.00	\$ 48,351.36	\$ (91,648.64)	34.54%	\$ 40,000.00
5621 IT Services *new*		\$ -	\$ -	0.00%	\$ 8,000.00
5622 Cybersecurity	\$ 75,250.00	\$ 33,640.10	\$ (41,609.90)	44.70%	\$ 20,000.00
5623 Database Subscription	\$ 40,000.00	\$ 64,300.39	\$ 24,300.39	160.75%	\$ 72,000.00
5624 Database Hosting	\$ 4,000.00	\$ 24,825.15	\$ 20,825.15	620.63%	\$ 12,000.00
5635 Data Management	\$ 30,000.00	\$ 18,198.79	\$ (11,801.21)	60.66%	\$ 10,000.00
5700 Unrealized Gain/Loss (investments)	\$ -	\$ (1,546.00)	\$ (1,546.00)	0.00%	\$ -
5928 Scope of Practice		\$ -	\$ -		
Total 5000 Admin./Operational Expenses	\$ 2,824,634.86	\$ 2,715,090.80	\$ (109,544.06)	96.12%	\$ 2,784,250.00
6000 Council					

6010 Council - Meeting Per Diems	5,200.00	\$ 7,973.00	\$ 2,773.00	153.33%	\$ 10,000.00
6020 Council - Prep Time Per Diems	1,400.00	\$ 7,200.00	\$ 5,800.00	514.29%	\$ 8,000.00
6040 Council - Meals	900.00	\$ 248.16	\$ (651.84)	27.57%	\$ 3,000.00
6050 Council - Accommodation	1,400.00	\$ 4,641.39	\$ 3,241.39	331.53%	\$ 7,000.00
6060 Council - Travel Expense	3,000.00	\$ 2,544.60	\$ (455.40)	84.82%	\$ 3,000.00
6090 Council - Meeting Expenses	6,000.00	\$ 6,561.02	\$ 561.02	109.35%	\$ 8,000.00
6097 Council-Education/Training Cost	1,000.00	\$ 2,800.00	\$ 1,800.00	280.00%	\$ 3,000.00
Total 6000 Council	\$ 18,900.00	\$ 31,968.17	\$ 13,068.17	169.14%	\$ 42,000.00
6100 Executive					
6110 Executive - Meeting Per Diems	800.00	\$ 625.00	\$ (175.00)	78.13%	\$ 700.00
6120 Executive - Prep Time Per Diems	400.00	\$ 750.00	\$ 350.00	187.50%	\$ 800.00
Total 6100 Executive	\$ 1,200.00	\$ 1,375.00	\$ 175.00	114.58%	\$ 1,500.00
6200 Registration					
6210 Registration-Meeting Per Diems	2,300.00	\$ 2,800.00	\$ 500.00	121.74%	\$ 3,000.00
6220 Registration-PrepTimePerDiems	1,150.00	\$ 3,025.00	\$ 1,875.00	263.04%	\$ 3,000.00
Total 6200 Registration	\$ 3,450.00	\$ 5,825.00	\$ 2,375.00	168.84%	\$ 6,000.00
6300 Pat.Rel.					
6310 Pat.Rel.-Meeting Per Diems	3,000.00	\$ 400.00	\$ (2,600.00)	13.33%	\$ 800.00
6320 Pat.Rel.-Prep Time Per Diems	1,500.00	\$ 400.00	\$ (1,100.00)	26.67%	\$ 800.00
Total 6300 Pat.Rel.	4,500.00	\$ 800.00	\$ (3,700.00)	17.78%	\$ 1,600.00
6400 QA					
6410 QA - Meeting Per Diems	\$ 1,300.00	\$ 1,800.00	\$ 500.00	138.46%	\$ 2,000.00
6420 QA - Prep Time Per Diems	\$ 650.00	\$ 1,700.00	\$ 1,050.00	261.54%	\$ 2,000.00
Total 6400 QA	\$ 1,950.00	\$ 3,500.00	\$ 1,550.00	179.49%	\$ 4,000.00
6500 ICRC					
6510 ICRC-Mtg Per Diems	\$ 27,500.00	\$ 8,350.00	\$ (19,150.00)	30.36%	\$ 15,000.00
6520 ICRC-Prep Time	\$ 13,750.00	\$ 10,925.00	\$ (2,825.00)	79.45%	\$ 10,000.00
6597 ICRC-Educ/Training				0.00%	\$ 3,000.00
Total 6500 ICRC	\$ 41,250.00	\$ 19,275.00	\$ (21,975.00)	46.73%	\$ 28,000.00
6600 Discipline					
6610 Discipline-Mtg Per Diems	\$ 1,900.00	\$ 325.00	\$ (1,575.00)	17.11%	\$ 6,000.00
6620 Discipline-Prep Time	\$ 950.00	\$ 650.00	\$ (300.00)	68.42%	\$ 2,000.00
6697 Discipline-Education/Training	\$ 900.00	\$ 2,725.00	\$ 1,825.00	302.78%	\$ 2,000.00
Total 6600 Discipline	\$ 3,750.00	\$ 3,700.00	\$ (50.00)	98.67%	\$ 10,000.00

6700 Fitness					
6710 Fitness-Mtg Per Diems	\$ 1,900.00	\$ -	\$ (1,900.00)	0.00%	\$ 500.00
6720 Fitness-Prep Time	\$ 950.00	\$ -	\$ (950.00)	0.00%	\$ 500.00
6797 Fitness-Education/Training	\$ 900.00	\$ -	\$ (900.00)	0.00%	\$ -
Total 6700 Fitness	\$ 3,750.00	\$ -	\$ (3,750.00)	0.00%	\$ 1,000.00
6800 Finance and Audit					
6810 Finance and Audit-Mtg Per Diems	900.00	\$ 475.00	\$ (425.00)	52.78%	\$ 500.00
6820 Finance and Audit-Prep Time	450.00	\$ 225.00	\$ (225.00)	50.00%	\$ 500.00
6897 Finance and Audit-Education/Training	1,000.00		\$ (1,000.00)	0.00%	
Total 6800 Finance and Audit	\$ 2,350.00	\$ 700.00	\$ (1,650.00)	29.79%	\$ 1,000.00
5928 Scope of Practice	\$ -	\$ -	\$ -	\$ -	\$ 30,000.00
Total Expense	\$ 2,905,734.86	\$ 2,782,233.97	\$ (123,500.89)		\$ 2,909,350.00
Net Operating Income	\$ 3,515.14	\$ 102,997.20	\$ 99,482.06		\$ (30,000.00)

AGENDA ITEM 7.1

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

[December 6, 2024 - March 27, 2025](#)

Since the last Council meeting, there has been one meeting of the Executive Committee on March 21, 2025. The following is a summary of that meeting:

- Investment portfolio presentations by RBC
- Audit Plan Presentation by Grewal Guyatt LLP.
- Approval of the Financial Statements & Investment Portfolio – March 1 – February 28, 2025
- Overview of Colleges of Applied Arts and Technology Pension (CAAT) Designated Pension Plan
- Approval of Draft 2025/26 Budget
- Discussion of the 2024 Council Meeting Evaluation Survey
- Approval of the March 28, 2025, Council meeting agenda.

Respectfully submitted,
Lindsay Martinek, RRT
Executive Committee Chair

AGENDA ITEM 7.2

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 6, 2024 - March 27, 2025

Since the last report, the Registration Committee (RC) has met on January 22, 2025. In addition, a Panel of the RC met on February 26, 2025, to consider referrals from the Registrar.

Referral Summary

Reasons for Referral	
Three applications were referred to consider the applicants’ requests to change the terms, conditions and limitations (TCLs) imposed on the Members’ certificates of registration.	In all three applications, the Panel of the Registration Committee approved the applicants’ requests and directed the Registrar to modify the terms, conditions and limitations on their certificates of registration.

January 22, 2025, RC Meeting Report:

- **Registration Committee Orientation** – legal counsel Alexandra (Sandra) Matushenko from Steinecke Maciura LeBlanc provided members of the RC with an annual orientation and training session. The presentation focused on the new registration requirements, decision-making, human rights, the Health Professional Appeal and Review Board (HPARB), and the Office of the Fairness Commissioner (OFC).
- **Registration Committee Terms of Reference & Action Plan for 2025** – The RC reviewed the Terms of Reference and Action Plan for the 2025 year. The changes made to the document reflect recent amendments to the Registration Regulation and align policies to these changes. The RC Terms of Reference & Action Plan for 2025 will be discussed under item 8.1.
- **Registration Committee Panel Appointment** – The Chair appointed members of the Registration Committee to two Panels (Panel A and Panel B) to consider referrals from the Registrar. This will streamline the panel appointment process for the year.
- **CRTO Update Report** – Carole Hamp, Registrar & CEO, provided the Registration Committee with an update on several CRTO initiatives, including:
 - Staffing changes at the CRTO
 - Update on the 2025/2026 Membership Renewal
 - New CRTO Database and Website
 - Internationally Educated Health Professionals Assessment update
 - Recent changes due to Registration Regulation Revisions
 - Entry-to-Practice Study Plan
 - CRTO’s 2025 Work Plan
 - Accreditation Canada

- **Internationally Educated Health Professionals** – Staff provided an overview of the assessment process and updated the Committee on the applicants who are currently undergoing the Entry-to-Practice Assessment. There are 42 active IEHP applications in various stages in the assessment process. Additionally, there are 8 files referred from other provinces that the CRTO is conducting assessments on behalf of.
- **Health Professions Appeal and Review Board (HPARB)** - Staff provided a brief overview of the role that the Health Professions Appeal & Review Board (HPARB) plays in the CRTO's registration process and an update on the current files that are under appeal with HPARB.
- **Office of the Fairness Commissioner** – Staff provided an overview of the role of the OFC and the CRTO's responsibilities under the Fair Access legislation, which includes the submission of an annual Fair Registration Practices Report, and the Risk-Informed Compliance Framework (RICF). The OFC has opened its portal for the 2024 Fair Registration Practices (FRP) report submissions. The deadline for submission is March 31, 2025, and staff has begun the work to prepare the report.
- **Registration Regulation Update** - On May 1, 2023, the CRTO submitted its proposed revisions to the Registration Regulation to the Ministry of Health. The revisions included the new Emergency Class of Registration, which took effect in August 2023, along with several other changes drafted to clarify existing provisions and harmonize the registration requirements for Respiratory Therapists across Canada. The Registration Committee reviewed many revised registration-related policies to support the changes that were made to the Registration Regulation. CRTO staff will finalize all the necessary changes to registration guidelines, and factsheets to ensure that they align with the new regulation. Additionally, a new policy will be drafted to address the new currency condition imposed on Members registered in the General Class.
- **Revised Applicants for Registration Currency Requirements Procedure** – The procedure has been revised to ensure it is consistent with the new Registration Regulation and the Applications for Registration or Reinstatement – Currency Requirement Policy. The revised procedure has been approved by the Registration Committee, and CRTO staff has posted the procedure internally and updated the registration process accordingly.
- **Revised Approval of Canadian Education Programs Policy and Approval of Canadian RT Programs** - The process to approve the Canadian Respiratory Therapy programs is detailed in the Approval of Canadian Education Programs Policy and Procedure (under item 8.2). These documents have been amended because of the recent changes to the Registration Regulation and in addition, the categories of accreditation have been updated based on the changes made by Accreditation Canada. In addition, the Registration Committee approved the Respiratory Therapy Programs for 2025 based on the programs' accreditation status with Accreditation Canada.
- **Revised Entry-to-Practice Exam Policy** – The Policy provides direction for the non-exemptible registration requirement for a General Certificate of Registration, this includes provisions related to examination rewrites. The policy has been updated to reflect the

amended Registration Regulation, which now includes a provision limiting the number of times an applicant can attempt to pass the entry-to-practice examination. The details are discussed under item 8.3.

- **Labour Mobility Policy** – CRTC staff conducted a detailed review of the policy to ensure it aligns with the new Registration Regulation. During the review, it was determined that this policy references the labour mobility provisions in the *Health Professions Procedural Code* and the Registration Regulation. It does not, however, provide any additional direction or interpretation of the legislation. Accordingly, it is recommended that the policy be rescinded and archived to avoid potential discrepancies between guiding documents that are rescinded and archived. This item will be discussed under item 8.5.

- **Revised Emergency Registration Policy** – The policy is intended to expedite the registration process during emergencies. The policy sets out the circumstances under which:
 - the CRTC will issue Emergency Certificates of Registration; and
 - the Registrar can waive specific exemptible registration requirements for applicants in the General and Graduate Class (e.g., currency requirements, registration-related fees, etc.).The policy has been updated to reflect the new Registration Regulation, specifically the currency requirements referenced in the policy. This policy will be presented to the Council for approval under item 8.4.

- **Revised Registration and Use of Title PPG** - Previously revised in 2024, the Registration and Use of Title PPG has been reviewed and updated with references to the new amendments to the Registration Regulation. The document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been addressed. The PPG will be addressed under item 8.6.

Respectfully submitted,
Kelly Munoz, RRT
Registration Committee Chair

AGENDA ITEM #7.3

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 6, 2024 – March 27, 2025

Since the last Council meeting, there has been one meeting and orientation of the Quality Assurance Committee (QAC) held virtually on February 4, 2025. Additionally, two panels of the QAC were held via email decision on February 13 and 26, 2025. The following is a summary of that meeting and those decisions:

QAC Orientation 2025

The Committee participated in a review of the QAC mandate, applicable legislation and responsibilities through the 2025 orientation session.

Terms of Reference and Action Plan 2025

The QAC reviewed and approved the 2025 Terms of Reference and Action Plan.

PORTfolio Reviewer Terms

The QAC reviewed the 2024 Peer Assessors and approved the renewal of their terms.

Deferral Request Panels

Two panels reviewed and approved Member requests for a Portfolio deferral request. Two requests were denied and eleven were approved based on the information provided.

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

AGENDA ITEM# 7.4

PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL

[December 6, 2024 – March 27, 2025](#)

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

Respectfully submitted,
Katie Lalonde, Chair
Patient Relations Committee

AGENDA ITEM 7.5

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

[December 6, 2024, to March 27, 2025](#)

ICRC Deliberations:

Since the last Council meeting, the ICRC held eight (8) meetings via Zoom. Four (4) of the meetings were regarding the investigation of a large multi-member public complaint. Two (2) of the meetings were regarding the investigation of public complaints. One (1) of the meetings was regarding the investigation of a report. The remaining ICRC meeting was for the purpose of ICRC orientation.

Public Complaints:

1. In June of 2020, a complaint was received by the CRTO that alleged that all 26 Members involved in the care of a patient had failed to properly assess and intervene.

The CRTO undertook an extensive investigation that included the retention of experts. The process of disclosing the investigation, preparing for panel, and panel review (which took place over 4 separate meetings) was a very complex and involved endeavour.

After a careful review of the investigation reports, Complainant submissions and Member submissions, the Panel identified concerns around documentation, accountability and a failure to advocate for the patient. The Panel ordered various dispositions for all 26 Members including letters of advice and recommendation, letters of caution, oral cautions and Specified Continuing Education and Remedial Programs (SCERP).

2. In April of 2023 a complaint was received by the CRTO that alleged that the Member had failed to properly assist the Complainant in providing education regarding care for the client and had made a false complaint to the facility regarding the Complainant.

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

3. In September of 2023 a complaint was received at the CRTO that alleged that the Member had failed to provide appropriate clinical care to the client, had failed to properly document and had failed to properly communicate with the client's family.

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

Employer Reports:

1. In November of 2022, the CRTO received an employer report of termination relating to concerns about the Member's clinical competency. The Member was investigated for a variety of clinical issues.

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

ICRC Orientation Meeting:

The meeting consisted of the following topics:

- a) An overview of the role and responsibilities of the ICRC and Administrative Law Principles.
- b) An overview of the Professional Conduct Department of the CRTO. The presentation included a walkthrough of the CRTO Professional Conduct Department from initial receipt of a complaint/report until the matter is ready for an ICRC Panel's review and deliberation.
- c) A review of the CRTO Alternative Dispute Resolution Process and the ICRC's terms of reference.
- d) The ICRC's Revised Risk Assessment Tool
- e) The Options available to the ICRC when ordering a SCERP.

The first presentation (item a) was conducted by Emily Graham of Steinecke Macuira Leblanc. The remaining items were presented by Peter Laframboise, Manager of Professional Conduct, Misbah Chaudry, Coordinator of Professional Conduct and Anastasia Kokolakis, Professional Conduct Officer. This meeting was offered to all members of the ICRC, both returning and new.

New Matters:

Since the last Council meeting, the CRTO received fifteen (15) new matters. The new matters are comprised of thirteen (13) reports and two (2) complaints.

Eleven (11) of the reports are currently under review by the Registrar. One (1) report was closed at the Registrar level. One (1) report and the two (2) complaints 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

AGENDA ITEM 7.6

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

December 6, 2024, to March 27, 2025

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

Respectfully submitted,
Tracy Bradley, RRT
Discipline Committee Chair

AGENDA ITEM 7.7

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

December 6, 2024, to March 27, 2025

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

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

AGENDA ITEM 7.8

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

December 6, 2024 – March 27, 2025

The Finance & Audit Committee (FAC) held two meetings on March 12, 2025, and March 21, 2025. The following is a summary of the items reviewed and discussed during the meeting:

March 12, 2025, Meeting:

- 1.) Finance and Audit Committee Orientation
 - a. The FAC reviewed two learning videos:
 - i. Language of Finance
 - ii. Annual Financial Audits
 - b. Michelle Causton, FAC Chair, provided an additional presentation on the role and expectations of FAC members.

- 2.) Terms of Reference and Action Plan updates for 2025
 - a. Changes in language to the Terms of Reference were proposed, discussed, and accepted during the meeting. The changes were regarding the responsibilities section of the Terms of Reference, allowing FAC to join Executive Committee during certain parts of the Executive Committee's meeting to provide their input on the review of the CRTO's financial statements, budget and investment statements.

- 3.) Reserves Policy Review
 - a. Changes were discussed regarding increasing the limits on certain reserve accounts as summarized below:
 - i. The General Contingency Fund will be increased from \$500, 000 to \$1, 000, 000 to ensure that the CRTO has sufficient reserves to respond to growing risks of disruptions to CRTO activities, including cybersecurity attacks, possibility of future health crisis (e.g. global pandemic), and economic volatility.
 - ii. Fee Stabilization Fund will be increased from \$150, 000 to \$250,000 to further minimize or delay potential membership fee increases, ensuring greater financial predictability for members while maintaining the organization's long-term sustainability.

- 4.) Investment Policy Review – no changes made to the policy.

- 5.) Pension Plan Update - presentation to FAC regarding the CRTO's intention to establish a Defined Benefit Pension Plan for its staff.

March 21, 2025, Meeting:

The FAC joined the Executive Committee to review the following items:

- 1.) Audit Plan presentation by CRTO's external auditor, Grewal Guyatt LLP.
- 2.) Investment portfolio annual update presentation by RBC Wealth Management Team.
- 3.) Review of the CRTO's quarterly financial statements.
- 4.) Review of the CRTO's investment portfolio update.
- 5.) Review of the CRTO's proposed 2025/2026 budget.

Respectfully submitted,
Michelle Causton, Chair
Finance & Audit Committee

From:	Kelly Munoz, RRT
Topic:	Registration Committee Terms of Reference and Action Plan
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Registration Committee Terms of Reference & Action Plan
Motion(s)	<p>It is moved by _____ and seconded by _____ that:</p> <p>The CRTO Council approves the revised Registration Committee Terms of Reference and Action Plan for 2025.</p>

PUBLIC INTEREST RATIONALE

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

BACKGROUND

Under the Registration Committee (RC) Terms of Reference, it is recommended that the committee review its terms of reference annually. On January 22, 2025, members of the Registration Committee reviewed the RC Terms of Reference (see Appendix A). These changes are made to reflect recent amendments to the Registration Regulation and to align policies to these changes.

ANALYSIS

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

- Names of various policies have been updated to align with the changes to the Registration Regulation
- Added Vulnerable Sector Checks Policy to the Terms of Reference
- Proposal to archive the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy
- Adding potential new policies to address new currency conditions imposed on the General Certificate of Registration
- The status of each policy has been reviewed and updated.

Overall, the draft 2025 Action Plan has been updated to align with amendments in the Registration Regulation.

RECOMMENDATION

It is recommended that the CRTO Council review and approve the revised Registration Committee Terms of Reference and Action Plan for 2025.

NEXT STEPS

If approved by the Council, the revised Terms of Reference and Action Plan will be used as a guidance document for the Registration Committee for 2025.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO		
	<p>Title: Terms of Reference and Action Plan: Registration Committee</p> <p>Date originally approved: January 8, 1996</p>	<p>NUMBER: CP-RC-TERMS-162</p> <p>Date last revision approved: March 1, 2024</p>

Terms of Reference

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

PURPOSE:

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

RESPONSIBILITIES & OPPORTUNITIES:

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

REGISTRATION POLICIES, GUIDELINES & RELATED LEGISLATION:

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

TITLE: Terms of Reference & Action Plan: Registration Committee

NUMBER: CP-RC-TERMS-162

- [Applications for Registration or Reinstatement -Currency Requirement](#) Policy (RG-410)
- Emergency Registration Policy (RG-412)
- [Labour Mobility: Applicants from Regulated Canadian Jurisdictions \(RG-416\)](#)
- Application for Registration Documents Requirement Policy (RG-420)
- Entry-to-Practice [Competency](#) Assessment Policy (RG-425)
- Application for Registration – File Closure Policy (RG-426)
- [Entry-to-Practice Competency](#) Assessment Appeal Policy (RG-429)
- [Vulnerable Sector Checks Policy \(RG-430\)](#)
- Registration and Use of Title Professional Practice Guideline (PPG)
- Certificate Programs for Advanced Prescribed Procedures Below the Dermis (APPBD) Professional Practice Guideline (PPG)

Commented [LN1]: For proposal to archive

MEMBERSHIP:

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

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

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

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

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

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

TRAINING:

Members of the Registration Committee will receive training annually on:

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

ACTION PLAN FOR THE PERIOD ENDING (FEBRUARY 2025)

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

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

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

Action	How	When	Status
1. Conduct a review of the <i>Ontario Regulation 596/94 Part VIII</i> - Registration Regulation and entry-to-practice requirements and make recommendations to Council as appropriate.			
a. Identify any changes or proposed changes to legislation: <ul style="list-style-type: none"> <u>Additional changes</u> <u>Proposed changes to the Registration Regulation were accepted by the Ministry and are effective on January 1, 2025.</u> 	Staff are proposing <u>drafting changes to various registration-related policies to align with the changes to the new Registration Regulation. The Registration Committee will review and, where appropriate, approve revised recommendations that Council approve the related Registration policy revisions.ies will monitor and brief the Registration Committee.</u>	Changes to the regulation were submitted to the Ministry in May 2023. Update from the government is pending. To align with the changes to the new Registration Regulation, policies, guides and other communications are being reviewed and updated are underway.	Pending <u>Implementation stage.</u> <u>Target date: March 2025</u>
2. Conduct a review of the <i>Ontario Regulation 596/94 Part VII</i> – Prescribed Procedures (below the dermis).			
a. Identify any changes or proposed changes to legislation. <ul style="list-style-type: none"> 	Staff will monitor and brief the Registration Committee.	As required.	As required.
3. Conduct a review of the <i>Ontario Regulation 596/94 Part VII.1</i> – Prescribed Substances			
a. Identify any changes or proposed changes to legislation. <ul style="list-style-type: none"> 	Staff will monitor and brief the Registration Committee.	As required.	As required.

Action	How	When	Status
4. Conduct a review of the following practice guidelines:			
a. Review the Registration and Use of Title PPG and identify any changes or proposed changes to the guideline.	The Registration Committee will review <u>and update</u> the Registration and Use of Title Practice Guideline <u>and recommend changes if necessary to ensure that it aligns with the new Registration Regulation.</u>	The document was last approved in March 2024.	As required-Under review <u>Target date: March 2025</u>
b. Review the Certificate Programs for Advanced Prescribed Procedures Below the Dermis PPG.	The Registration Committee will review the <u>practice guideline entitled "Certification Programs for Advanced Prescribed Procedures Below the Dermis" Practice Guideline</u> and recommend changes if necessary.	This document was last approved in March 2020 <u>by the Registration Committee in June 2024, and was approved by Council to be sent for consultation in September 2024</u>	Under review <u>and approved for consultation by Council.</u>
5. Conduct a review of the policies that support the Registration Committee.			
a. Graduate Certificate of Registration Policy (RG-403)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation.</u>	This document was last updated in November 2023, by the Registration Committee	As required-Under review.
b. Entry-to-Practice Exam Policy (RG-406)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation.</u>	This document was last approved in September 2021 by Council.	As required-Under review.
c. Language Proficiency Requirements Policy (RG-407)	The Registration Committee will review documents <u>the policy</u> and recommend changes if necessary.	This document was last approved in December 2022 <u>September 2024</u> by Council.	Under review-As required.
d. Approval of Canadian Education Programs Policy (RG-408)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation.</u>	This document was last approved in May 2022 by Council.	Complete <u>As required.</u>

Action	How	When	Status
e. Application for Registration or Reinstatement – Currency Requirement Policy (RG-410)	The Registration Committee will review documents and recommend changes if necessary.	This document was last approved in April 2022 <u>December 2024</u> by Council.	Under review <u>Complete</u> .
f. Emergency Registration Policy (RG-412)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation</u> .	This document was last approved in December 2023 by Council.	Complete <u>Under review</u> .
g. Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation</u> .	This document was last approved in April 2022 by Council.	Complete <u>Under review</u> .
h. Application for Registration Documents Requirement Policy (RG-420)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation</u> .	This document was last approved in May 2022 <u>June 2024</u> by Council.	Under review <u>As required</u> .
i. Entry-to-Practice Competency Assessment Policy (RG-425)	The Registration Committee will review the policy documents and recommend changes if necessary.	This document was last approved in April 2022 <u>December 2024</u> by Council.	As required <u>Complete</u> .
j. Application for Registration – File Closure Policy (RG-426)	The Registration Committee will review documents <u>the policy</u> and recommend changes if necessary.	This document was last updated in November 2023 by the Registration Committee.	Complete <u>As required</u> .
k. Entry-to-Practice Competency Assessment Appeal Policy (RG-429)	The Registration Committee will review documents and recommend changes if necessary <u>the policy to ensure that it aligns with the new Registration Regulation</u> .	This document was last approved in April 2022 by Council.	Complete <u>As required</u> .
l. New – Vulnerable Sector Checks Policy (RG-430)	The Registration Committee will monitor the new policy implementation <u>will review documents the policy and recommend changes if necessary</u>	Approved by Council on March 1, 2024.	Complete <u>As required</u> .

Action	How	When	Status
m. <u>New policy to address new currency conditions imposed on the General Certificate of Registration</u>	<u>Staff will draft the proposed policy and bring it forward to the Registration Committee for review and consideration.</u>	<u>Tenatively for September 2025 Council's approval.</u>	<u>Under development.</u>

From:	Kelly Munoz, RRT
Topic:	Revised Approval of Canadian Education Programs Policy
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism / Public Protection
Attachment(s):	Appendix A – Revised Approval of Canadian Education Programs Policy Appendix B – Revised Approval of Canadian Education Program Procedure
Motion(s)	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Approval of Canadian Education Programs Policy.

BACKGROUND

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting entry-to-practice requirements in Ontario. As of January 1, 2025, section 55(2) in the Registration Regulation (ON. Regulation 596/94, Part VIII), now reads,

- (2) Subject to subsection (7), an applicant must,
 - (a) have successfully completed a respiratory therapy program offered in Canada that, at the time of completion, was approved by the **Registration Committee**; or
 - (b) have,
 - (i) successfully completed a program in respiratory therapy that is acceptable to the Registration Committee, along with any additional education, remediation or period of supervised practice that is required by the Registration Committee, and
 - (ii) demonstrated through an assessment process acceptable to the Registration Committee that the applicant has knowledge, skills and judgment equivalent to those of a person who has successfully completed a program referred to in clause (a). O. Reg. 548/24, s. 2 (1).

The Approval of Canadian Respiratory Therapy Programs Policy sets out the criteria used by the Registration Committee to approve Respiratory Therapy programs for the purpose of section 55(2) (a) above.

ANALYSIS

Revised Approval of Canadian Education Programs Policy and Procedure

The process to approve the Canadian Respiratory Therapy programs is detailed in the Approval of Canadian Education Programs Policy and Procedure (attached as Appendices). These documents have been amended as a result of the recent changes to the Registration Regulation. In addition, the categories of accreditation have been updated based on the changes made by Accreditation Canada.

To obtain “approved program” status, a Respiratory Therapy education program must obtain and maintain satisfactory accreditation status with Accreditation Canada. The standards applied by Accreditation Canada are viewed by the Registration Committee as relevant to the approval of respiratory therapy education programs.

RECOMMENDATION

To recommend that the CRTO Council approve the revised Approval of Canadian Education Programs Policy and Procedure.

NEXT STEPS

If approved, the revised Approval of Canadian Education Programs Policy will be posted on the CRTO’s website.

Appendix A:

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

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

1.0 POLICY STATEMENT

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

2.0 PURPOSE

This policy sets out the approach used by the Registration Committee ~~to recommend for the~~ approval of Canadian Respiratory Therapy ~~Programs~~programs¹~~to the CRTO's Council.~~

3.0 APPROVED STATUS

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

A Respiratory Therapy program accredited with conditions, will be monitored by the Registration Committee. A decision regarding the program's approval will be made on a case-by-case basis.

A Canadian Respiratory Therapy with "admitted" accreditation status will be monitored by the Registration Committee. A decision regarding the program's approval will be made on a case-by-case basis.

4.0 NON-ACCREDITED PROGRAMS

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

5.0 RELATED DOCUMENTS

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

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

6.0 DEFINITIONS

- **Approved Programs** – Programs ~~that are accredited with Accreditation Canada~~[approved by the Registration Committee under section 55.\(2\) a of the Registration Regulation](#)
- **Accredited (by Accreditation Canada)** – The education program complies with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.
- **Accredited with Condition (by Accreditation Canada)** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within two (2) years of conditional accreditation award.
- **Registered-Admitted (with Accreditation Canada)** – An unaccredited education program that has successfully applied for accreditation, and accreditation processes are underway.

7.0 CONTACT INFORMATION

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Appendix B:

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Approval of Canadian Education Programs

Type: Procedure

Origin Date: July 9, 2008

Section: RG

Updated on: May 27, 2022

Document Number: RG-408

Next Revision Date: May 2027

BACKGROUND

The Registration Committee ~~makes recommendations to Council concerning~~ approves Canadian Respiratory Therapy education programs' ~~approval status~~ on an annual basis.

The ~~College of Respiratory Therapists of Ontario (CRO) Registration Committee's approval is based on the program's accreditation status with Accreditation Canada~~ uses Accreditation Canada to accredit Respiratory Therapy education programs. Approval status is based on Accreditation Canada's accreditation categories.

OBJECTIVE

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

ACCREDITATION CATEGORIES

The following accreditation status(es) are acceptable for ~~CRO's the Registration Committee's~~ "approved program" status:

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

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

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

MONITORING

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

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

APPROVALS/AUTHORITY OF THE REGISTRATION COMMITTEE

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

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

The Registration Committee will review the list of approved programs on an annual basis. When considering the approval of a Canadian Respiratory Therapy program, the Registration Committee will review the program's accreditation status along with any other relevant information.

APPENDIX

[Accreditation Canada Status Page](#)

RELATED DOCUMENTS

Approved Canadian Programs Policy RG-408

From:	Kelly Munoz, RRT
Topic:	Revised Entry-to-Practice Exam Policy
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism / Public Protection
Attachment(s):	Appendix A – Draft Revised Entry-to-Practice Exam Policy
Motion(s)	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Entry-to-Practice Exam Policy.

ISSUE

The Entry-to-Practice Exam Policy provides direction for the non-exemptible registration requirement for a General Certificate of Registration, this includes provisions related to examination rewrites. The policy needs to be updated to reflect the new Registration Regulation, which now includes a provision limiting the number of times an applicant can attempt to pass the entry-to-practice examination.

BACKGROUND

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

55 (4) An applicant must have successfully completed the examinations set or approved from time to time by the Council, which assess the generally accepted competencies for respiratory therapy.

The examination requirement is one of the mechanisms that assist the CRTO in ensuring that applicants who wish to enter the profession have the minimum competencies required for the safe and effective practice of the profession.

The Entry-to-Practice Exam Policy was last approved by Council in September 2021.

ANALYSIS

The policy has been revised to ensure it is consistent with the new Registration Regulation and the CRTO’s registration processes. The proposed changes reflect the new provision in the Registration Regulation, that is, under section 55:

(4.1) If an applicant [for a General Certificate of Registration] fails to successfully complete the examinations mentioned in subsection (4) three times after satisfying the requirements set out

in subsection (2), the applicant is not eligible to retake the examinations until the Registration Committee has approved a study plan submitted by the applicant to the College.

(4.2) If, following the Registration Committee's approval of an applicant's study plan under subsection (4.1), an applicant fails to successfully complete the examinations through one additional attempt, the applicant must enrol in a program described in clause (2) (a) and successfully complete that program before taking the examinations again.

The revised policy also includes minor changes to clarify some of the language and ensure consistency with other policy documents.

Implementation

The CRTO is offering an extension for individuals who were in the process of completing the exam before the new Registration Regulation took effect. This extension applies explicitly to current applicants for registration and Graduate Members who submitted their applications to the CRTO before January 1, 2025, and who did not pass the January 2025 exam (or earlier). These individuals will be granted three additional attempts to pass the exam, regardless of how many times they have previously attempted it. However, if they have been unsuccessful in three or more attempts, they will need to complete a CRTO-approved study plan before each subsequent exam attempt. This extension will expire after the July 2026 exam. After that date, no individual will be permitted to take the exam more than four times.

RECOMMENDATION

To recommend that the CRTO Council review and approve the revised draft Entry-to-Practice Exam Policy.

NEXT STEPS

If approved, the revised Entry-to-Practice Exam Policy will be posted on the CRTO's website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO		
	Entry-to-Practice Exam Policy	
	Type: Registration	Origin Date: June 10, 2005
	Section: RG	Approved By Council on: September 24, 2021
	Document Number: RG-406	Next Revision Date: September 2026

1.0 POLICY STATEMENT

The Council of the College of Respiratory Therapists of Ontario (“CRTO”) accepts the Health Professionals Testing Canada (HPTC)¹ ~~Respiratory Therapy examination Exam as the approved national certification entry-to-practice exam for entry-to-practice requirements a General Certificate of Registration².~~

Commented [AW1]: To clarify which HPTC exam applies under this policy

2.0 PURPOSE

This policy provides direction governing the entry-to-practice examination requirements authorized by the CRTO.

3.0 APPLICABILITY & SCOPE OF POLICY

~~Prior to 2003, the CRTO also accepted the CRTO’s Core Competencies Evaluation as the national certification exam for entry to practice. As of December 2003, the CRTO no longer offers the Core Competencies Evaluation.~~

Commented [AW2]: Moved to a footnote

Applicants

- Applicants for registration will initially be allowed up to three attempts to write the HPTC examination.
 - ~~For each subsequent attempt, the applicant must submit to the CRTO an upgrading study plan for review and approval. The purpose of the review is to verify that the applicant has undertaken a systematic approach in preparing to re-write the exam and to provide the applicant with feedback concerning the content of their study plan which may assist them in successfully completing the examination.~~
 - ~~If an applicant fails to successfully complete the examinations three times, they will not be eligible to take the examinations again until the Registration Committee has approved a study plan submitted by the applicant.~~

¹ Formerly the Canadian Board of Respiratory Care (CBRC)

² ~~Prior to 2003, the CRTO also accepted the CRTO’s Core Competencies Evaluation as the entry-to-practice examination. As of December 2003, the CRTO no longer offers the Core Competencies Evaluation.~~



- If the applicant fails the exam one more time after their study is approved by the Registration Committee, they must enroll in an approved Respiratory Therapy program and successfully complete that program before taking the examinations again.

4.0 RELATED DOCUMENTS

- [Registration Regulation \(O. Reg. 596/94: GENERAL \(ontario.ca\)Part VIII\)](#)
- [Health Professionals Testing Canada](#)
- [Registration-Entry-to-Practice Exam Procedure](#)
- [Examination Fact Sheet](#)
- [Study Plan Guide](#)

5.0 CONTACT INFORMATION

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From:	Kelly Munoz, RRT
Topic:	Revised Emergency Registration Policy
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism / Public Protection
Attachment(s):	Appendix A – Draft Revised Emergency Registration Policy
Motion(s)	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Emergency Registration Policy.

ISSUE

The Emergency Registration Policy is intended to expedite the registration process during emergency situations. The policy sets out the circumstances under which:

1. the CRTO will issue Emergency Certificates of Registration; and
2. the Registrar can waive specific exemptible registration requirements for applicants in the General and Graduate Class (e.g., currency requirements, registration-related fees, etc.).

The policy needs to be updated to reflect the new Registration Regulation, specifically the currency requirements referenced in the policy.

BACKGROUND

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting entry-to-practice requirements in Ontario. The Registration Regulation sets out the requirements for registration with the CRTO, including specific currency requirements. The currency requirements help ensure that applicants who wish to enter the profession have the current knowledge and skills required to practise safely and competently.

The Emergency Registration Policy was last approved by Council in December 2023, when the new Emergency Class provisions came into force. The policy must be updated again to reflect the currency requirements in the new Registration Regulation.

ANALYSIS

The policy has been revised to ensure it is consistent with the new Registration Regulation and the CRTO’s registration processes. The proposed changes reflect the new currency provisions, including that, for example, under section 55 (5), an applicant for a General Certificate of Registration must:

have met the requirements of subsection (2)[education] within the three years immediately preceding the date of the application for registration unless the applicant practised respiratory therapy for at least 1,125 hours within the three years immediately preceding the date of the application for registration.

The revised policy also includes minor changes aimed at consistency with other policy documents.

RECOMMENDATION

To recommend that the CRTO Council review and approve the revised Emergency Registration Policy.

NEXT STEPS

If approved, the revised Emergency Registration Policy will be posted on the CRTO's website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Emergency Registration

Type: Policy

Origin Date: June 13, 2003

Section: RG

Approved By Council on: December 1, 2023

Document Number: RG-412

Next Revision Date: December 2028

1.0 POLICY STATEMENT

During times of emergency and/or health crises, the College Respiratory Therapists of Ontario (CRTO) Council may declare that it is in the public interest to issue certificates of registration in the Emergency Class. In addition, during these emergency circumstances, the Registration Committee may authorize the Registrar to waive certain registration requirements for registering applicants in the General and Graduate Class who meet the conditions detailed in this policy.

2.0 PURPOSE

Emergencies or health crises, such as natural disasters and pandemic situations, may require the CRTO to implement emergency registration provisions.

This policy is intended to expedite the registration process during emergency situations. The policy sets out the circumstances under which:

1. the CRTO will issue Emergency Certificates of Registration; and
2. the Registrar can waive certain exemptible registration requirements for applicants in the General and Graduate Class (e.g., currency requirements, registration-related fees, etc.).

3.0 APPLICABILITY & SCOPE OF POLICY

A. EMERGENCY CLASS¹

The Emergency Class can be ordered by the government or by the CRTO Council. For the Council to trigger the Emergency Class, the following criteria must be met:

1. There must be a current or imminent threat to the supply of qualified, skilled and competent respiratory therapists to meet the needs of the public and the healthcare system.

¹ Acknowledgements: This policy is based in part on the College of Midwives of Ontario (CMO), Emergency Class Policy.



2. It is in the public interest to issue Emergency Class certificates of registration.
3. All possible options have been considered and it is determined that issuing certificates in the Emergency Class is the best solution under the circumstances.

When the Emergency Class is in force, an applicant for a certificate of registration in the Emergency Class will be required to meet the registration requirements set out in the Registration Regulation, section 63.1.

B. REGISTRATION CONSIDERATIONS – GENERAL AND GRADUATE CLASS

During times of emergency and/or health crises, the Registration Committee may authorize the Registrar to waive certain registration requirements for registering applicants in the General and Graduate Class who meet the conditions detailed in this policy.

- **Retired or Resigned Members:**

Members who have retired and/or resigned their certificate of registration with the CRTO can reapply by submitting an online application for registration. At the time of reapplying, applicants who practised respiratory therapy for at least 1,125 hours within the last ~~two (2)~~three years are considered to have met the currency requirements. The Registrar will reissue the same class of certificate held before retiring/resigning, along with any applicable terms, conditions, or limitations the member previously held before their retirement/resignation.

For applicants who:

- -have ~~not~~ practised in the last three years but have accumulated less than 1,125 total practice hours during that time within the last 2-5 years, or
- Have not practiced within the last three to five years.

the Registration Committee grants the Registrar the authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Applications for Registration or Reinstatement - Currency Requirement Registration Currency Policy Procedure.

Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Inactive Class of Registration:**

Members in the Inactive Class applying for a general certificate and who have practised respiratory therapy for at least 1,125 hours within the last ~~two (2)~~three (3) years are considered to have met the currency requirements. The Registrar will issue the certificate along with any applicable terms, conditions, or limitations the member previously held before going Inactive.

For applicants who



- ~~have not practised in the last three years but have accumulated less than 1,125 total practice hours during that time~~within the last 2-5 years, or
- have not practiced within the last three to five years

the Registration Committee grants the Registrar the authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the [Applications for Registration or Reinstatement - Currency Requirement](#) ~~Registration-Currency Policy~~[Procedure](#).

Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Respiratory Therapy Students:**

Respiratory Therapy (RT) students enrolled in ~~a recognized~~an approved program who are within ten (10) weeks of successful completion of that program may be considered for registration in the Graduate Class. This is contingent on confirmation from the educational program that the applicant has completed the program. In addition, during a state of emergency, these individuals will be considered eligible to write the [Health Professionals Testing Canada \(HPTC\)](#)² exam as first-time writers.

Second-year RT Students (i.e., those who have not completed a substantial amount of the clinical training provided in the program) are not eligible for registration with the CRTO. However, the CRTO supports the deployment of second-year RT students in non-direct patient care roles (e.g., screening, technical support roles in the RT department, etc.).

- **Out-of-Province Applicants:**

Out-of-province applicants wishing to register with the CRTO will be registered in accordance with the Labour Mobility [provisions set out in the Registration Regulation : Applicants from Regulated Canadian Jurisdictions Policy and the Registration Currency Policy](#). Applicants coming from provinces that are regulated will be granted a certificate of registration equivalent to the one held in their home province.

Applicants applying under Labour Mobility [provisions](#) will be required to provide the following:

- **Registration Verification Forms** - If the applicant holds (or ~~have~~has ever held) a license or registration to practise Respiratory Therapy outside of Ontario, and/or if they hold (or have ever held) a license or registration to practise another profession, they will need to complete the Registration Verification Form; and
- Submit a **written declaration** stating that they have worked as an RT within the past ~~two~~three years and have no outstanding conduct issues.

These applicants will be granted a certificate of registration that permits them to practice under terms, conditions and limitations stipulated by the CRTO until such time that they can provide the [employment verification form\(s\)](#). If the employment

² Formerly the Canadian Board for Respiratory Care (CBRC)



verification form is not provided to the CRTO within six (6) months from their registration date, their registration will be revoked.

C. REGISTRATION-RELATED FEES

During an emergency, registration-related fees may be waived, at the discretion of the Registrar. The decision will be based on the circumstances of the emergency, as well as the need for qualified respiratory ~~therapists~~[therapists](#) in the workforce and will be balanced against the necessity of finances for the CRTO to continue operating effectively.

4.0 RESOURCES

- [Registration Verification Form](#)
- [Employment Verification Form](#)
- [Labour Mobility: Applicants from Regulated Canadian Jurisdictions](#)
- [Graduates \(GRTs\)](#)
- [Registration Currency Policy](#)

5.0 CONTACT INFORMATION

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From:	Kelly Munoz, RRT
Topic:	Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy
Motion(s)	<p>It is moved by _____ and seconded by _____ that:</p> <p>The CRTC Council rescind the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy.</p>

ISSUE

The Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy applies to individuals applying for registration with the College of Respiratory Therapists of Ontario (CRTC) from regulated Canadian jurisdictions. Under the Registration Regulation, labour mobility applicants are exempted from the education and examination requirements.

The CRTC conducted a detailed review of the Labour Mobility Policy to ensure it aligns with the new Registration Regulation. During the review, it was determined that this policy references the labour mobility provisions in the *Health Professions Procedural Code* and the Registration Regulation. It does not, however, provide any additional direction or interpretation of the legislation. Accordingly, it is recommended that the policy be rescinded and archived to avoid potential discrepancies between guiding documents. If the policy is archived, the CRTC will develop a new Labour Mobility Fact Sheet to provide plain language information about the labour mobility provisions.

RECOMMENDATION

It is recommended that the CRTC Council rescind the Labour Mobility: Applicants from Regulated Canadian Jurisdiction Policy.

NEXT STEPS

If approved, the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy will be archived, and CRTC staff will develop a new Labour Mobility Fact Sheet.

Item 8.5 Appendix A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Labour Mobility: Applicants from Regulated Canadian Jurisdictions

Type: Policy

Origin Date: June 18, 2010

Section: RG

Approved By Council on: April 8, 2022

Document Number: RG-416

Next Revision Date: April 2027

1.0 POLICY STATEMENT

Applicants who are applying for registration with the College of Respiratory Therapists of Ontario (CRTC) may apply under the labour mobility provision from regulated Canadian jurisdictions if the applicant:

- holds an out-of-province certificate as defined in section 22.15 of the *Health Professions Procedural Code*¹ that is equivalent to a class of a certificate of registration issued by the CRTC;
- provides a certificate, letter, or other evidence satisfactory to the Registrar that the applicant is in good standing as a respiratory therapist in every jurisdiction where the applicant holds an out-of-province certificate; and
- has practiced the profession there within the past two (2) years.

Subjected to the provisions of section 22.18 of the *Health Professions Procedural Code*, and the measures permitted there, applicants for registration may be deemed to meet the educational, clinical experience and registration examination requirements for that class of certificate.

2.0 PURPOSE

The purpose of this policy is to implement the provisions of the [Ontario Labour Mobility Act, 2009](#), and the Registration Regulation under the *Respiratory Therapy Act, 1991*, Part VIII, Mobility - Regulated Canadian Practitioner, Mobility – Graduate Certificate, and to promote the mobility and access to employment opportunities of Respiratory Therapists in Canada.

3.0 APPLICABILITY & SCOPE OF POLICY

In addition to the conditions listed above in the policy statement section, the CRTC may:

- require the applicant to demonstrate proficiency in English or French if the equivalent language proficiency requirement was not a condition of registration in the host regulatory jurisdiction;

¹ The *Health Professions Procedural Code*, (the Code) being Schedule 2 of the *Regulated Health Professions Act, 1991*.

- require an individual to undergo additional training, experience, examinations or assessments if they have **not** practiced the profession in the host jurisdiction within the **two (2)** years preceding the application;
- impose equivalent terms, conditions, and limitations on a certificate of registration to those imposed by the host regulatory body;
- require the applicant to provide evidence of good character;
- require the applicant to obtain professional liability insurance, hold an appropriate immigration status, and not be incapacitated;
- refuse to register the applicant or impose terms, conditions, and limitations on a certificate if such action is deemed necessary to protect the public interest as a result of complaints, or criminal, disciplinary or other proceedings, against the applicant in any jurisdiction whether in or outside Canada, relating to the applicant's competency, conduct or character.

To register with the CRTO under labour mobility provisions, applicants from regulated Canadian jurisdictions must complete and submit an application, together with the applicable fee(s) and documentation to the CRTO. In addition, the CRTO may impose post-registration requirements such as compliance with the Professional Development Program.

4.0 RELATED DOCUMENTS

- [Ontario Labour Mobility Act, 2009](#)
- [Health Professions Procedural Code \(the Code\)](#)
- [Application for Registration Guide for Graduates of Canadian RT Programs or Applicants from Regulated Canadian Jurisdictions](#)
- [Applicants from Other Canadian Jurisdictions](#)
- [Registration Requirements and How to Meet Them](#)

5.0 CONTACT INFORMATION

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From:	Kelly Arndt, RRT, Manager, Quality Practice
Topic:	Final Draft Revised Registration and Use of Title Professional Practice Guideline (PPG)
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism/Public Protection
Attachment(s):	Appendix A: Draft Reg and Use of Title– Draft Registration and Use of Title Professional Practice Guideline (PPG)
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the draft revised Registration and Use of Title PPG.

PUBLIC INTEREST RATIONALE

The Registration and Use of Title PPG provides guidance with respect to the different classes of registration, protected titles and the requirements of maintaining one’s registration with the CRTO. The protected title and registration requirement provisions assure that anyone identifying themselves as a Respiratory Therapist is authorized to practice, and as such, meets certain registration requirements and is professionally accountable for providing safe, competent and ethical care.

ISSUE

Previously revised in 2024, the Registration and Use of Title PPG has been reviewed and updated with references to the new amendments to the Registration Regulation. The document has gone through a rigorous policy review process, to ensure that all legislative and regulatory requirements have been addressed.

BACKGROUND

In Ontario, there are currency requirements that both applicants and General Members must meet, including minimum practice hours. The Registration and Use of Title PPG assists Members in clarifying their professional obligations to maintain registration with the CRTO.

ANALYSIS

Summary of Changes

The format and intent of this document is unchanged. The content has been revised to reflect the recent regulatory amendments, particularly the new currency requirements for General Members.

In addition, the section on the previous title “RRCP” has been removed.

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

RECOMMENDATION

It is recommended that the CRTO Council approve the draft revised Registration and Use of Title PPG.

NEXT STEPS:

If the motion is approved, the PPG will be posted on the CRTO’s website.

Item 8.6 Appendix A

January 2025 revisions~~March 2024~~ |

Registration & Use of Title

PROFESSIONAL PRACTICE GUIDELINE



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Professional Practice Guideline

College of Respiratory Therapists of Ontario (Certo) 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. Certo publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these Certo publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to registration and use of title. If an employer's policies are more restrictive than the Certo's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the Certo, the RT must adhere to the expectations of the Certo.

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Introduction

The [*Regulated Health Professions Act, 1991*](#) (RHPA) sets out the framework for the regulation of health professions in Ontario. This piece of legislation grants the privilege of self-regulation to Respiratory Therapists as well as other healthcare professionals. The RHPA also permits each regulatory College to determine the appropriate registration requirements for its own profession. In addition, as a public protection mechanism, the profession-specific Acts restrict the use of certain professional titles and designations to members of health regulatory Colleges.

The [*Respiratory Therapy Act, 1991*](#) (RTA) confers the title “Respiratory Therapist” to those individuals who have met the College of Respiratory Therapists of Ontario’s (CRTO) registration requirements. The intent of this practice guideline is to offer clarification with respect to the different classes of registration, protected titles, and maintaining one’s registration with the CRTO.

Classes of Registration

All Members of the CRTO are issued a “certificate of registration.” A member’s certificate may be issued in either the General, Graduate, Limited (Practical), Inactive or Emergency class. All CRTO Members are “Respiratory Therapists” regardless of the class of certificate of registration they hold.

General Certificates of Registration

A General Certificate may be issued to an individual who has met all registration requirements, including academic requirements, and has successfully completed the registration examination approved by the CRTO, or met the registration requirements under labour mobility provisions. A Member holding a General Certificate of Registration, must use the designation “RRT” when practising the profession and may use “Registered Respiratory Therapist” or “Respiratory Therapist” as their protected title.

CRTO Members in the General Class must meet currency requirements as part of their Certificate of Registration. This includes having practiced Respiratory Therapy for at least 1,125 hours within the previous three years. If Members do not meet this requirement, they may be referred to a panel of the Registration Committee for review, upon such time that terms, conditions and limitations may be placed on their Certificate of Registration.

Commented [AW1]: Consider adding a reference to the new currency condition here. Similar to how the GRT conditions are listed.

Graduate Certificates of Registration

A Graduate Certificate may be issued to an individual who has met all registration requirements, including academic requirements, but has not yet successfully completed the registration examination approved by the CRTO. A Member holding a Graduate Certificate of Registration, must use the designation “GRT” and may use “Graduate Respiratory Therapist” as their protected title. This is a temporary class of registration.

A Graduate Certificate of Registration is automatically revoked after 18 months.

The following conditions apply to a Graduate Certificate of Registration:

The (Graduate) Member shall,

1. at the first reasonable opportunity, advise every employer of any terms, conditions, and limitations that apply to the Member’s Graduate Certificate of registration if their employment is in the field of Respiratory Therapy;
2. only perform a controlled act that is authorized to the profession if it is performed under the general supervision of a member of a College within the meaning of the Regulated Health Professions Act, 1991 who, the Member holding the Graduate Certificate has reasonable grounds to believe, is authorized to perform the controlled act, and is competent to do so and who is available to be personally present at the site where the authorized act is performed on ten minutes notice;
3. not delegate a controlled act;
4. not perform advanced prescribed procedures below the dermis; and

Commented [AW2]: This has been removed from the reg.

- not perform authorized act #5 “administering a prescribed substance by inhalation”.

A Graduate Certificate is deemed to have been revoked 18 months after its initial date of issue.

Table 1: Controlled Acts Authorized to Respiratory Therapists

Authorized Acts (under the Respiratory Therapy Act)	GRT Can Perform*
1. Performing a prescribed procedure below the dermis	✓ (Basic procedures only)
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 ¹	X
Exceptions (under the Controlled Acts Regulation)	GRT Can Perform*
1. Performing a tracheostomy tube change ²	✓
2. Use of diagnostic ultrasound ³	✓

*please note that general supervision is required.

Notes:

- Graduate Respiratory Therapists (GRTs) are not permitted to independently self-initiate oxygen therapy as per authorized act #5 (“administering a prescribed substance”). However, GRTs can still administer oxygen, and other substances (e.g., bronchodilators) as per authorized act #4 (“administering a substance by injection or inhalation”) provided they have a valid order (direct or via a medical directive) from an authorized prescriber (e.g., physician).
- All Members of the CRTO are permitted under the *Controlled Acts Regulation* to change a tracheostomy tube, subject to any terms, conditions and limitations on their certificates of registration. However, it is the position of the CRTO that GRTs are not permitted to perform a tracheostomy tube change for a stoma that is less than 24 hours old.
- Ultrasound must be ordered by a member of the College of Physicians and Surgeons of Ontario or an out-of-province physician of Ontario or the College of Nurses (Extended Class) of Ontario or an out-of-province registered nurse in the extended class of Ontario (Extended Class).

PLEASE NOTE:

In addition to GRTs not being permitted to delegate controlled acts, the CRTO's position is that GRTs should not accept delegation of any controlled act.

For example, a GRT working in a pulmonary function lab cannot accept delegation to implement the controlled act "Communicating to the individual or his or her personal representative a diagnosis...". GRTs require general supervision for the acts authorized to RTs (listed above). It is, therefore, in the best interest of patients/clients for GRTs to first focus on developing their competency in core areas of RT practice.

Limited Certificates of Registration

Limited Certificates were issued to individuals who had not met all requirements for a General Certificate of Registration but provided sufficient evidence to a Panel of the Registration Committee of their competence in a defined area of the scope of practice of the profession. The CRTO stopped issuing Limited Certificates of Registration on February 25, 1999. If a Member holds a Limited Certificate of Registration, they must use the designation "PRT" and may use "Practical Respiratory Therapist" (PRT) as their protected title.

NOTE:

It is important that Members clearly identify themselves by their respective professional designation and/or title on their name badge and when documenting in the patient/client record.

Inactive Certificates of Registration

A Member registered with a General or Limited Certificate of Registration may apply for an Inactive Certificate of Registration provided they are not practicing the profession* in the broadest sense of that phrase.

NOTE:

A GRT is not permitted to apply for an Inactive Certificate of Registration.

The following conditions apply to an Inactive Certificate of Registration:

The (Inactive) Member shall not,

- engage in providing direct patient care;
- use the protected title or designation;
- supervise the practice of the profession; or
- make any claim or representation to having any competence in the profession.

NOTE:

An Inactive Member is not permitted to serve as a CRTO Council Member or Committee Appointee.

*for additional information on what it means to be "practising the profession", please review the [CRTO's Am I Practising Fact Sheet](#).

Commented [AW3]: Consider removing - I'm not sure the reference to the minimum practice hours applies here

Emergency Certificates of Registration

An Emergency Certificate may be issued when the government has requested that CRTC initiate registrations under the Emergency Class, or the CRTC Council has determined that there are emergency circumstances and that it is in the public interest to issue Emergency Certificates of Registration. If a Member holds an Emergency Certificate of Registration, they must use the designation RT(E) and may use "Respiratory Therapist (Emergency)" as their protected title.

An Emergency Certificate of Registration expires twelve (12) months after it is issued unless it is renewed or six (6) months after Council determines that emergency circumstances no longer exist.

The following conditions apply to an Emergency Certificate of Registration:

The Member shall,

1. at the first reasonable opportunity, advise every employer of any terms, conditions and limitations that apply to the Member's Emergency Certificate of registration if their employment is in the field of respiratory therapy
2. only perform a controlled act that is authorized to the profession if it is performed under the general supervision of a Member who holds a certificate in the General Class of Registration and who is available to be present at the site on ten minutes notice; and
3. not delegate a controlled act*

* It is the CRTC's position that Members who cannot delegate a controlled act, cannot accept delegation for a controlled act.

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Protected Titles

In Ontario, the title “Respiratory Therapist” is protected under the *Respiratory Therapy Act, 1991* (RTA).

This means that to use the “Respiratory Therapist” title or any variation or abbreviation of that title, and/or hold oneself out as qualified to practice respiratory therapy in Ontario, a person must be registered with the CRTO¹.

Professional Designations, Protected Titles & Job Titles

Professional title is the full expression of the title, as it corresponds to the Member’s certificate of registration.

Designation is the abbreviation of the professional title.

Job title is often the term given by employers, educational facilities, and certification bodies to designate certain professional roles. These titles are not protected under law but can be used in addition to the protected professional title/designation to highlight the RT’s credentials and/or position within their organization.

Section 67 of the *Registration Regulation* (O. Reg. 596/94) specifies that:

- Members may use the protected title that corresponds to their certificates of registration (see table 2 below)
- Members must use the designation that corresponds to their certificates of registration (see table 2 below)

Job titles may also be used, but they must be accompanied by the appropriate designation.

Table 2: Professional Designations, Protected Titles & Job Titles

Class of Registration	Designation	Protected Title	Job Title
General	RRT	Registered Respiratory Therapist or Respiratory Therapist	Anesthesia Assistant (AA) Patient Educator Registered
Graduate	GRT	Graduate Respiratory Therapist	Polysomnography Technician (RPSGT)
Limited (Practical)	PRT	Practical Respiratory Therapist	Certified Respiratory Educator (CRE)
Emergency	RT(E)	Respiratory Therapist (Emergency)	

Documents or records signed by a Member or used by a Member in a professional capacity (e.g., business card) must include, at a minimum, their name and their professional designation (e.g., RRT).

Example...

An RT who has successfully completed an Anesthesia Assistant certification program may use “AA” when working in their role as an AA, provided their designation is listed first (i.e., RRT/AA). Additional information regarding the AA role can be found in the CRTO’s [Respiratory Therapists as Anesthesia Assistants Professional Practice Guideline](#).

¹ 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.

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Registered Names

It is also important that when practising the profession, Members use the name that they have registered with the CRTC in all interactions with the public and the healthcare team. The name used to register with the CRTC is the one that is found on the Public Register and is used to identify the Member as being registered with the CRTC. The [Professional Misconduct Regulation \(O. Reg. 753/93\)](#) states that it is professional misconduct for a Member to be “using a name other than the Member’s name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession”.

PLEASE NOTE:

It is an expected standard of practice that RTs manage their professional and therapeutic relationships by “introducing themselves to patients/clients and other members of the healthcare team using their name and professional title” ([CRTC Standards of Practice - Standard 13. Professional Responsibilities - Responsibilities to the Profession and the Public](#)).

If a Member feels that identifying themselves by name could put them at risk, they should seek further assistance by contacting the CRTC.

PLEASE NOTE:

~~In 1999, the CRTC adopted the use of the title Registered Respiratory Care Practitioner (RRCP) to identify Registered Respiratory Therapists (RRTs) in Ontario. At the time, it was felt that this title more accurately reflected the role of CRTC Members. However, Members who responded to a survey conducted by the CRTC in June 2002 were overwhelmingly in favour of returning the professional title and designation back to Registered Respiratory Therapist (RRT) because they believed that the RRCP designation caused confusion for both the healthcare team and the public. As a result, the CRTC Council voted in September 2002 to amend the [Registration Regulation](#) and returned Registered Respiratory Therapists (RRT) as the official professional title and designation for Respiratory Therapists in Ontario.~~

~~Professional titles and designations are intended to help safeguard the public by making registered members of health professions easy to identify. Using a title and designation that is no longer official may be contrary to this intention and, therefore, the title “Registered Respiratory Care Practitioner” and the designation “RRCP” is not to be used by Members of the CRTC. For the correct professional titles and designation for the various classes of registration, please see the table on page 9.~~

Commented [AW4]: Could we remove the note re RRCPs? Unless the issue still comes up

Student Respiratory Therapists (SRT)

Students enrolled in an approved RT education program are not Members of the CRTO, but the CRTO encourages them to use the title Student Respiratory Therapist (SRT) while fulfilling the requirements to become a Respiratory Therapist.

Terms, Conditions and Limitations

Terms, conditions, and limitations are restrictions that may appear on any certificate of registration. In general terms, such restrictions are imposed to protect the public. These restrictions may be imposed by regulation (e.g., preventing Inactive Members from engaging in practice), or by one of the CRTO's statutory committees on a particular Member, such as disciplinary action. The Registration Committee may also direct that terms, conditions, or limitations be placed on a certificate of registration when reviewing an application for registration. For example, the Registration Committee may direct an RT practice under supervision when the Member has been away from practice for an extended period and does not meet the CRTO's currency requirement.

Terms, conditions, and limitations may be removed from a certificate of registration in a variety of ways, including:

- submitting a request to, and receiving approval from, the committee that originally put the restrictions in place; and
- meeting pre-set conditions, such as completing a Specified Continuing Education or Remediation Program (SCERP), or providing acceptable evidence of competence to perform a procedure

Terms, conditions, or limitations imposed on a Member's certificate of registration are part of the CRTO's online Public Register. Additional information about TCLs can be found in the CRTO's [Terms, Conditions and Limitations Fact Sheet](#).

CRTO Public Register

The *Regulated Health Professions Act, 1991* (RHPA) requires all health regulatory colleges to maintain a register of Member information that is publicly available on their websites. The CRTO online Public Register includes the information required under the RHPA, and additional information outlined in the CRTO's By-laws.

Examples of information provided on the online Register include:

- Members' names, and where applicable, former names
- Members' class of registration, registration number, and registration status
- Any conditions or restrictions imposed on Members' certificates of registration
- Information about Members' practice locations
- The language(s) in which Members are able to provide respiratory therapy services
- Registration history, for example, information about Members' registration with the CRTO, including changes to the class and registration status
- Information about registration or licensure in other professions or with other RT regulators
- Information about health profession corporations

- Conduct information, for example,
 - Results of past hearings
 - Notations of pending hearings, for example, when a Member has been referred for a hearing before CRTO's Discipline or Fitness to Practise Committee
 - Notations of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee (ICRC) and any specified continuing education or remedial programs required by a panel of the ICRC
 - Information about convictions, if for example, a Member has been found guilty of an offence under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offences that relate to the Member's suitability to practise
 - Information about charges under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offences that relate to the Member's suitability to practise, including where applicable bail conditions

The Register also includes information about former Members of the CRTO, the date on which the Member ceased to be registered, and the reason for the cessation of membership.

For more information, please see the [Public Register Fact Sheet](#).

Maintaining Registration with the CRTO

Members of the CRTO must renew their registration on an annual basis, by completing the online registration renewal form and by paying the annual renewal fee. In addition, Members are required to:

- Practise according to the standards of practice established in the legislation, regulations and CRTO guidelines;
- Participate in the CRTO Professional Development Program;
- Maintain Professional Liability Insurance (PLI) in the amounts and coverage set out in the CRTO By-Law 3. For additional information about the PLI requirement, please review [the Professional Liability Insurance Policy Fact Sheet](#);
- Inform the CRTO of any change to their personal contact information and employment status;
- Self-report information about themselves as outlined in section 23 of the Code and the CRTO By-Law 3. For example,
 - Information related to charges and/or findings of guilt related to offenses,
 - Findings/proceedings of professional negligence or malpractice,
 - Findings/proceedings of professional misconduct, incompetence, incapacity, or other similar finding by another professional.

Additional Information...

For additional information on mandatory reporting obligations, please review the CRTO's [Mandatory Reporting by Members](#) and [Mandatory Reporting by Employers/Facilities Fact Sheets](#).

Certificates of registration must be renewed annually and failure to provide the requested information at renewal time, or pay the renewal fee by the CRTO's deadline, may ~~results~~ result in the suspension of a Member's certificate of registration. A person who no longer wishes to be a Member of CRTO must formally resign their certificate; simply failing to renew on time or pay the renewal fee will result in suspension of the certificate of registration and, ultimately, revocation.

Resignation

Members who are not practising the profession and who do not wish to renew their registration must let the CRTO know of their intent to resign in writing. Under the *Respiratory Therapy Act* 1991, a Member who has resigned or no longer holds a certificate of registration is prohibited from using the title "Respiratory Therapist" (or any variation or abbreviation of that title) and is prohibited from holding themselves out as a person who is qualified to practise as a Respiratory Therapist in Ontario.

If a resigned Member wishes to be reinstated, they must re-apply and meet the registration requirements in place at the time of their re-application.

Suspension (for Failure to Renew Membership)

If a Member fails to renew their registration with the CRTO and does not resign, their certificate of registration will be suspended.

A person whose certificate of registration has been suspended is not permitted to:

- Hold themselves out as a person qualified to practise the profession in Ontario, including using the title "Respiratory Therapist" or any variation or abbreviation of these titles, such as "RT", "RRT".
- Practise as a Respiratory Therapist in Ontario.
- Perform controlled acts under the *Regulated Health Professions Act, 1991* by virtue of being a Member of the CRTO.

In order to have the suspension lifted, the person will be required to meet all annual renewal requirements, including payment of fees as set out in the CRTO By-Laws.

Revocation (for Failure to Renew Membership)

According to the *Registration Regulation* (s. 66.(2)), if the suspension (for failure to renew registration) is not lifted, the Member's certificate of registration will be revoked by the last day of the CRTO's fiscal year in which the suspension was imposed. Once the certificate has been revoked, a former Member may be reinstated if they:

- a. re-apply for registration and pay the application fee;
- b. meet the registration requirements;
- c. pay the annual fee for the year in which the new certificate is issued.

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

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

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E-mail: questions@crto.on.ca

From:	Sandy Fodey, RRT
Topic:	Quality Assurance Committee Terms of Reference and Action Plan
Purpose:	For Approval
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Quality Assurance Committee Terms of Reference & Action Plan
Motion(s)	<p>It is moved by _____ and seconded by _____ that:</p> <p>The CRTO Council approves the revised Quality Assurance Committee Terms of Reference and Action Plan for 2025.</p>

PUBLIC INTEREST RATIONALE

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

BACKGROUND

Under the Quality Assurance (QA) Terms of Reference, it is recommended that the committee review its terms of reference annually. On February 4, 2025, members of the QA Committee reviewed the QA Terms of Reference (see Appendix A). Changes were made to reflect the responsibilities of the QA Committee with respect to Peer Assessors.

ANALYSIS

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

- Action Plan
 - The draft 2025 Action Plan has been updated to reflect the obligations the QAC has in reviewing and approving the terms of the Professional Development program Peer Assessors.
 - Update to change the evaluation to the Launch Jurisprudence exam from yearly to as needed.

RECOMMENDATION

To recommend that the CRTO Council review and approve the revised Quality Assurance Committee Terms of Reference and Action Plan for 2025.

NEXT STEPS

If approved, the revised Terms of Reference and Action Plan will be used as a guidance document for the Quality Assurance Committee for 2025.

Appendix A:

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Quality Assurance Committee**

NUMBER:
CP- QAC.TERMS OF REFERENCE-166

Date originally approved: January 6, 1996

Date last revision approved: October 5, 2024

TERMS OF REFERENCE

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

PURPOSE: To maintain programs to promote continuing competence among members, and to monitor the quality of practice of the profession in accordance with the Regulated Health Professions Act, 1991, the Respiratory Therapy Act, 1991, regulations, by-laws, and policies of the CRTO.

In addition, and with approval of Council, this committee may consider other issues that impact on quality assurance with members or with the CRTO.

RESPONSIBILITIES AND OPPORTUNITIES:

1. Develop, implement, and maintain a Professional Development Program which encourages the continuous quality improvement of members.
2. Ensure CRTO compliance with the Regulated Health Professions Act.
3. Evaluate the knowledge, skills, and judgement of members to promote competency through the CRTO Professional Development Program.
4. Remediate members whose knowledge, skills or judgement have been assessed and found to be unsatisfactory.
5. Monitor members' compliance with the Professional Development Program.
6. Submit a formal written report of the Committee's activities from March 1st until the last day of February is to be submitted to the office by the Chair annually.
7. Communicate with members regarding Professional Development Program initiatives and/or activities of Committee on an ongoing basis. Communication may include the solicitation of input from members, where appropriate.
8. Review and make recommendations for revising as necessary the CRTO's Professional Development Program.
9. Solicit members' participation as PORTfolio Peer Assessors, SCERP Mentors, Practice Assessors and PDP Working Group members

10. Appoint & evaluate Peer Assessors to the Professional Development Program, as needed, as per RHPA s.81

11. Monitor the online Relevant elearning module, the Professional Portfolio Online for Respiratory Therapists (PORTfolio) and the Launch RT Jurisprudence Assessment to inform educational and communication needs.

12. Participate in a review of the Standards of Practice document to ensure that the standards are appropriate for current practice and take into consideration trends that may impact future practice; in conjunction with the Standards of Practice Working Group, Registration and Patient Relations Committees.

13. Incorporate changes to RT scope of practice regarding conduct/boundary issues/ professionalism with the goal of revising the PORTfolio, Relevant Launch RT Jurisprudence Assessment and SCERP/Practice Assessment where necessary (e.g., Review and revise the Launch RT Blueprint).

RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- Respiratory Therapy Act [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- PDP policy 101 Professional Development Program – CRTO
- PDP policy 104 Deferrals – CRTO

MEMBERSHIP:

As per By-Law 2: Council and Committees section 13.01 , the Committee shall consist of at least five (5) voting members with:

- at least one (1) Council Member who is a member of the CRTO;
- at least one (1) public Council Member; and
- at least two (2) Professional Committee Appointees.

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

A panel shall consist of at least three (3) members of the committee, at least one of whom must be appointed to the Council by Lieutenant Governor in Council.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide approved or amended terms of reference and proposed annual action plan. The Committee shall report to Council at each Council meeting outlining all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities at the close of each fiscal year.

CHAIR:

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

FREQUENCY OF MEETINGS:

The Committee shall hold at least two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRTO By-Law 2: Council and Committees section 15.09.

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

TRAINING:

Training will be made available for members of the Quality Assurance Committee on topics as deemed necessary or appropriate.

ACTION PLAN FOR THE PERIOD ENDING (MONTH – YEAR)

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

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

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

Action	How	When	Status
1. Conduct an evaluation of the Professional Development Program (PDP).			
a. Member satisfaction	Relevant	Yearly	95 % satisfaction with module
Member satisfaction	Launch	Yearly As needed.	Launch review underway
b. Does it provide opportunity to increase knowledge?	Relevant Review blueprint as needed	Yearly	95 % satisfaction with module
Does it provide opportunity to increase knowledge?	Launch Review blueprint as needed	Yearly	95 % satisfaction with module
c. Is communication effective?	Relevant	Yearly	95 % satisfaction with module
Is communication effective?	Launch	As needed	

2. Conduct a review of the policies and documents that support the PDP program			
a. Review PDP policy 101 Professional Development Program	Committee will review documents and recommend changes if necessary.	As needed	Amended- QAC review May 2024
b. Review PDP policy 104 Deferrals	Committee will review documents and recommend changes if necessary.	As needed	
c. Review Standards of Practice	Staff will monitor and brief Committee. Committee will review documents and recommend changes if necessary.	As needed	

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

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.

Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website. In total, 52 people viewed the consultation survey, and 2 responses were received for the full survey (2 Respiratory Therapists).

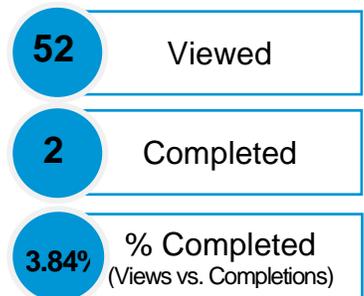
100% of respondents found the policy clear, understandable, and free from omissions and errors.

For full consultation results see appendix B.

Length of time consultation was open: 60 days

Date consultation closed: December 12, 2024

CONSULTATION FEEDBACK



RECOMMENDATION

It is recommended that Council review and approve the final draft Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG for publication.

NEXT STEPS

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

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 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 Respiratory Therapists** to perform some of the controlled acts. The CRTC 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 CRTC 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:

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 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 General Certificate of Registration are permitted to perform basic prescribed procedures below the dermis. In addition, Members who hold a 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 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

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.

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:

Tracheostomy tube changes are not listed under the *Prescribed Procedures Regulation*. However, tracheostomy tube changes are authorized as an exemption to RTs in the (*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, however 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 .](#)

Certification and Recertification for Advanced Prescribed Procedures Below the Dermis

Only RRTs who hold a General or Emergency* Certificate of Registration 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 RRT 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

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 RT can perform an advanced prescribed procedure below the dermis, there must be an appropriate system in place for instruction, certification, recertification, and documentation.

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. Practice Considerations and Technique.

II. Observation Component

After successful completion of the knowledge component, the RT 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. RTs 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

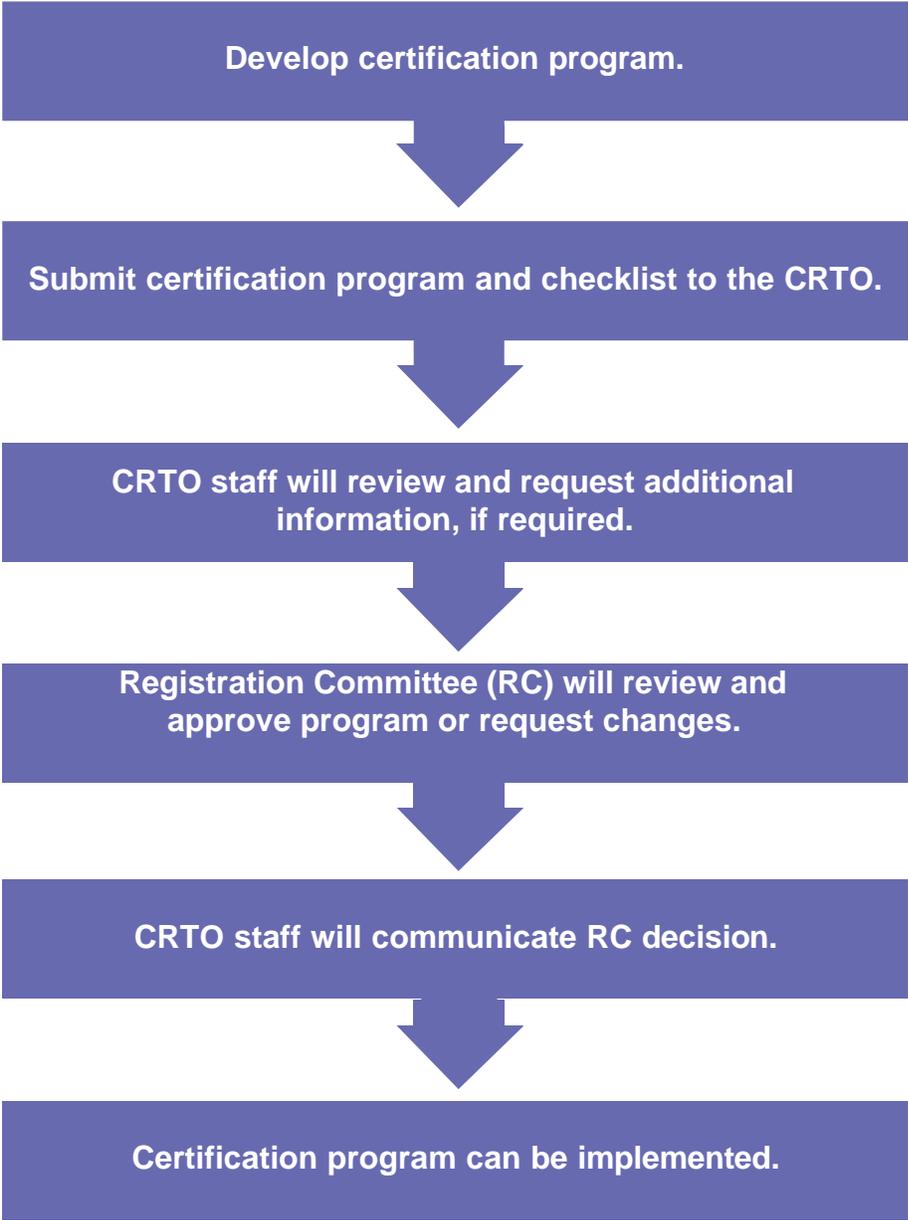
Evidence-based practice requires the retrieval and a critical appraisal of the best available evidence. All sources used in the development of the certification program should be cited and the level of evidence provided. For example, “no observable difference occurs when 0.9% normal saline is used compared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

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.

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^{OM}). 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 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., Anesthesia Assistant) does not alter the fact that in order to perform an advanced prescribed procedure below the dermis, they must still complete a CRTO approved certification program.
- 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](#)
- 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
90 Adelaide Street West, Suite 300
Toronto, ON
M5H 3V9

Phone 416-591-7800
Toll Free 1-800-261-0528

Fax 416-591-7890
E-mail questions@crto.on.ca

www.crto.on.ca

Answers to Questions Advanced Prescribed Procedures Below the Dermis PPG

As of: 12/12/2024 11:50:59 AM

Page: Consultation Overview		
Question: Introduction/Overview		
Number Who Answered: 0		View Details
Page: About You		
Question: Are you a...		
Number Who Answered: 2		View Details
Respiratory Therapist (including retired)	2	100 %
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	0	0 %
Question: I live in...		
Number Who Answered: 2		View Details
Ontario	2	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
Page: Questions		
Question: Advanced Prescribed Procedures Below the Dermis PPG		
Number Who Answered: 0		View Details
Question: Is the Advanced Prescribed Procedures Below the Dermis PPG written in a way that is clear and understandable?		
Number Who Answered: 2		View Details
Yes	No	
2	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Is the Advanced Prescribed Procedures Below the Dermis PPG free from omissions and/or errors?		
Number Who Answered: 2		View Details
Yes	No	
2	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Does the PPG provide you with a sufficient understanding of the requirements for advanced prescribed procedures ?		
Number Who Answered: 2		View Details
Yes	No	
2	0	
100 %	0 %	

Question: If no, please provide further details
<i>Number Who Answered: 0</i> View Details
Page: Additional Comments
Question: Do you have any additional comments you would like to share?
<i>Number Who Answered: 0</i> View Details