

CRTO

# Council Meeting Materials

September 25, 2025



**College of Respiratory  
Therapists of Ontario**

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

## College of Respiratory Therapists of Ontario

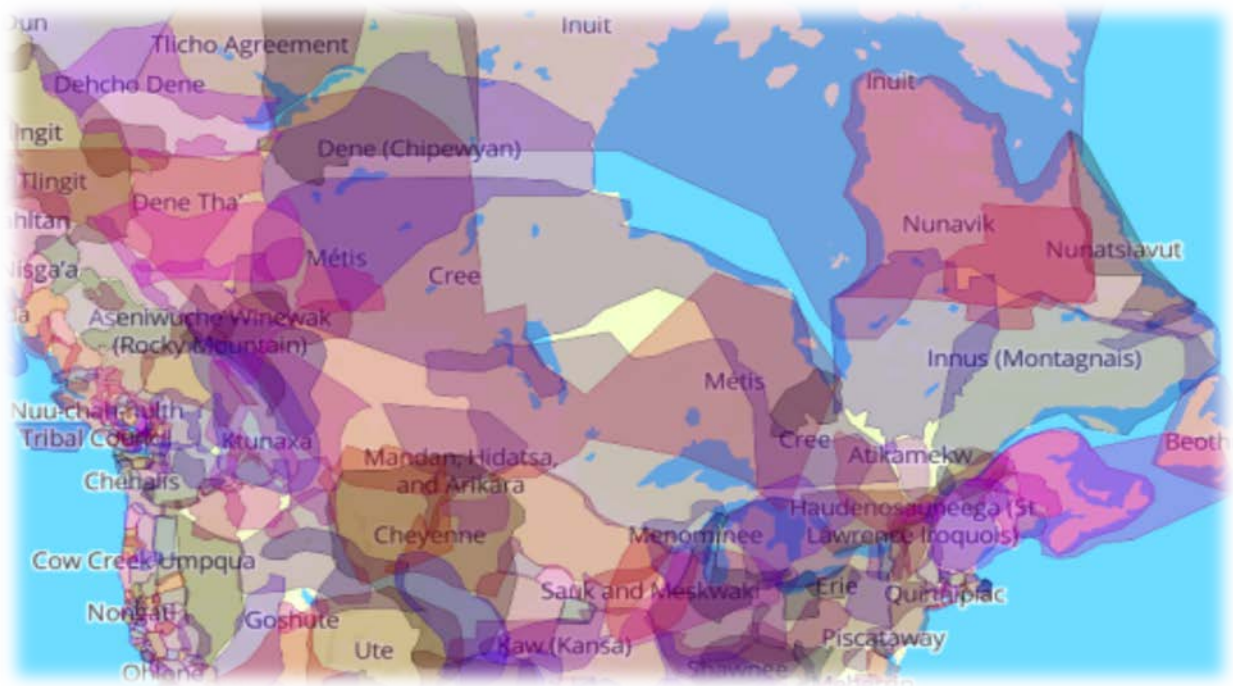
### Land Acknowledgement

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

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

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

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



Generously shared by



# Council Meeting Motion

## AGENDA ITEM # 3.0

<b>Motion Title:</b>	Approval of Council Agenda
<b>Date of Meeting:</b>	September 25, 2025

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

The Council approve the agenda for the September 25, 2025, meeting.

# CRTO Council Meeting Agenda

## September 25, 2025

### AGENDA ITEM # 3.0

1 p.m. to 4 p.m.

### In Person Meeting

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

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome & Land Acknowledgement	1-2	Lindsay Martinek		
	2.0	Conflict of Interest Declarations	--	Lindsay Martinek		Governance & Accountability
	3.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Approval of Consent Agenda				
	4.1	Approval of Minutes from June 27, 2025	7-12			
	4.2	Approval of Investment Portfolio Update	13-19			
	4.3	Risk Register Update	20-26			
	4.4	Executive Committee Report	27			
	4.5	Registration Committee Report	28-30			
	4.6	Quality Assurance Committee Report	31			
	4.7	Patient Relations Committee Report	32	Lindsay Martinek	Decision	Governance & Accountability
	4.8	Inquiries, Complaints and Reports Committee Report	33-34			
	4.9	Discipline Committee Report	35			
	4.10	Fitness to Practise Committee Report	36			
	4.11	Finance & Audit Committee Report	37			
	4.12	CRTO Update Report	38-41			
	5.0	Strategic and Operational Issues				
	5.1	Approval of Financial Statements	42-47	Carole Hamp	Decision	Core Business Practices
	5.2	Mid-Year Financial Projections	*	Carole Hamp	Information	Core Business Practices
	5.3	Membership Fees for 2026/27	*	Carole Hamp & Shaf Rahman	Decision	Core Business Practices
	5.4	Strategic Direction & Key Performance Indicators Report	48-84	CRTO Staff	Information	Governance & Accountability

\* Materials will be presented at the Council Meeting

# CRTO Council Meeting Agenda

September 25, 2025

5.5	Council Evaluation Framework Update	85-86	Carole Hamp	Information	Governance & Accountability
5.6	By-Law Revisions (approval for consultation)	87-100	Ania Walsh	Decision	Core Business Practices
6.0	Committee Items Arising				
Registration Committee					
6.1	Revised Vulnerable Sector Check Policy (for final approval)	101-110	Kelly Munoz & Shaf Rahman	Decision	Enhancing Professionalism/ Public Protection
6.2	General Certificates of Registration – Currency Condition Policy (for final approval)	111-122	Kelly Munoz & Ania Walsh	Decision	Enhancing Professionalism/ Public Protection
7.0	Legislative and General Policy Issues				
7.1	Revised CRTO Standards of Practice (approval for consultation)	123-226	Carole Hamp	Decision	Enhancing Professionalism
7.2	Revised Community Respiratory Therapy Practice PPG (approval for consultation)	227-267	Kelly Arndt	Decision	Enhancing Professionalism
8.0	Other Business				
8.1	Governance vs. Operations in a Non-Profit	*	Carole Hamp	Information	Governance & Accountability
9.0	Adjournment				
Open Forum					

## Council Self-Evaluation Survey

\* Materials will be presented at the Council Meeting

# Council Motion

## AGENDA ITEM # 4.0

<b>Motion Title:</b>	Approval of Council Consent Agenda
<b>Date of Meeting:</b>	September 25, 2025

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

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

- 4.1 Approval of Minutes from June 27, 2025
- 4.2 Approval of Investment Portfolio
- 4.3 Risk Register Update
- 4.4 Executive Committee Report
- 4.5 Registration Committee Report
- 4.6 Quality Assurance Committee Report
- 4.7 Patient Relations Committee Report
- 4.8 Inquiries, Complaints and Reports Committee Report
- 4.9 Discipline Committee Report
- 4.10 Fitness to Practise Committee Report
- 4.11 Finance & Audit Committee Report
- 4.12 CRTO Update Report

# Draft Minutes from June 27, 2025

Agenda Item #:	4.1
Item:	Draft Minutes from June 27, 2025

## Meeting Minutes June 27, 2025

### CRTO Council Meeting Minutes

Scheduled on June 27, 2025, from 9:00 am to 1:00 pm

Location: Zoom Videoconference

**PRESENT:** Lindsay Martinek, RRT, President  
Kim Morris, Vice-President  
James Butler, Public Member  
Allison Chadwick, RRT  
Jeff Dionne, RRT  
Carrie Dyson, Public Member  
Sandy Fodey, RRT  
Carmine Francella, Public Member

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

**STAFF:** Carole Hamp, RRT, Registrar & CEO  
Shaf Rahman, Deputy Registrar  
Kelly Arndt, RRT, Quality Practice Manager  
Misbah Chaudhry, Professional Conduct Coordinator  
Janessa Gazmen, Communications Manager  
Anastasia Kokolakis, Professional Conduct Officer  
Peter Laframboise, Professional Conduct Manager

Lisa Ng, Registration Manager  
Constanza Pérez, Registration Coordinator  
Abeeha Syed, Compliance & Operations Coordinator  
Temeka Tadesse, IT Manager  
Stephanie Tjandra, Finance & Office Manager  
Ania Walsh, Director, Regulatory Affairs

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

Sukhanpreet Dhanotta, Grewal Guyatt LLP  
Kevin McCarthy, The Regulator's Practice  
Vivian Pang, Senior Policy Analyst from MOH

# Draft Minutes from June 27, 2025

## 1.0: WELCOME & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:01 a.m. Lindsay Martinek made introductions and read the land acknowledgement.

## 2.0: CONFLICT OF INTEREST DECLARATIONS

There was no conflict of interest declared.

## 3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for June 27, 2025.

**MOTION 3.0**                MOVED BY, Sheena Lykke RRT, and SECONDED BY, Jeffrey Schiller, that Council approve the Council Agenda for the June 27, 2025, meeting.

**MOTION 3.0 CARRIED.**

## 4.0: APPROVAL OF CONSENT AGENDA

Council reviewed the Consent Agenda.

Item 4.1 - Approval of Minutes from March 28, 2025, was removed from the Consent Agenda for discussion. A correction was noted to the presenter's name for item 8.7 of the minutes.

**MOTION 4.0 (i)**                MOVED BY, Sandy Fodey, RRT, and SECONDED BY, Kim Morris, that the Consent Agenda item 4.1 - Approval of Minutes from March 28, 2025, be removed for discussion.

**MOTION 4.0 (ii)**                MOVED BY, Sheena Lykke, RRT, and SECONDED BY, Jeffrey Schiller, that Consent Agenda Item 4.1 be approved with the noted correction.

**MOTION 4.0 (iii)**                MOVED BY, Sam Gennidakis, RRT, and SECONDED BY, Jennifer Gadioma, RRT, that the following Consent Agenda items be approved and/or received for information by Council:

- 4.2 Approval of Investment Portfolio
- 4.3 Risk Register Update
- 4.4 Executive Committee Report
- 4.5 Registration Committee Report



# Draft Minutes from June 27, 2025

- 4.6 Quality Assurance Committee Report
- 4.7 Patient Relations Committee Report
- 4.8 Inquiries, Complaints and Reports Committee Report
- 4.9 Discipline Committee Report
- 4.10 Fitness to Practise Committee Report
- 4.11 Finance & Audit Committee Report

**MOTION 4.0 CARRIED.**

## 5.0: STRATEGIC ISSUES

### 5.1 FINANCIAL AUDIT 2024 – 2025

Sukhanpreet Dhanotta, auditor from Grewal Guyatt LLP, presented the 2024 – 2025 audit findings report. Council was pleased with the presentation; no concerns or questions were noted.

**MOTION 5.1** MOVED BY, Pappur Shankar, and SECONDED BY, Sam Gennidakis, RRT, that the Council approve the 2024 – 2025 Audit Findings Report and Audited Financial Statements, as presented.

**MOTION 5.1 CARRIED.**

### 5.2 APPOINTMENT OF AUDITOR FOR 2025 - 2026

Council discussed the assessment of the auditor for 2025/26 and decided to move forward with the appointment of Grewal Guyatt LLP as the CRTO's auditor for the 2025/26 fiscal year.

**MOTION # 5.2** MOVED BY, Kim Morris, and SECONDED BY, Allison Chadwick, RRT, that the Council approves the appointment of Grewal Guyatt LLP as the CRTO's auditor for the fiscal year of 2025/26.

**MOTION # 5.2 CARRIED.**

### 5.3 APPROVAL OF FINANCIAL STATEMENTS

Council reviewed the quarterly Financial Statements for March 1, 2025, to May 31, 2025.

**MOTION # 5.3** MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Carrie Dyson, that the Council approves the quarterly financial statements for March 1, 2025, to May 31, 2025.

# Draft Minutes from June 27, 2025

**MOTION # 5.3 CARRIED.**

## 5.4 2024 – 2025 ANNUAL REPORT

Janessa Gazmen presented the draft 2024–2025 Annual Report.

If approved, the report will be finalized to incorporate Council’s feedback and be submitted to the Ministry of Health in accordance with legislative requirements. The approved report will then be published on the CRTO website and promoted through CRTO communication channels.

**MOTION # 5.4**      MOVED BY, Jeffrey Schiller, and SECONDED BY, Sheena Lykke, RRT, that the CRTO Council approves the 2024 – 2025 Annual Report.

**MOTION # 5.4 CARRIED.**

## 5.5 2026-2030 STRATEGIC PLAN PROJECT

Kevin McCarthy, advisor from The Regulator’s Practice presented the 2026-2030 Strategic Plan Project.

## 5.6 STRATEGIC DIRECTION & KEY PERFORMANCE INDICATORS REPORT

CRTO staff presented the Strategic Direction and KPIs Report.

## 5.7 COUNCIL EVALUATION FRAMEWORK

Carole Hamp presented the March 2025 Council Meeting Evaluation Summary. The results were largely positive. There was recommendation to use a consent agenda format for the approval of routine, noncontroversial items without discussion. There was also feedback to provide possible training opportunities for Council Members.

## 6.0: OPERATIONAL & ADMINISTRATIVE ISSUES

### 6.1 CRTO UPDATE REPORT

Staff reported on general CRTO activities and initiatives.

Internal

- New CRTO Database and Website (*Temeka Tadesse*)
- IEHP Entry-to-Practice Assessment (*Kelly Arndt*)
- CRTO/RTSO Joint Scope of Practice Review (*Carole Hamp*)
- CRTO’s 2025 Work Plan (*Carole Hamp*)

# Draft Minutes from June 27, 2025

External (*Carole Hamp*)

- As of Right
- National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

## 6.2 GOVERNANCE MANUAL

Ania Walsh presented the draft Governance Manual which was created as part of CRTO's commitment to good governance and continuous improvement. The manual aims to clarify roles, responsibilities, and decision-making in regulating the Respiratory Therapy profession. If adopted, it will support Council and committee members as a key onboarding and governance resource.

Staff will review the Council's feedback of the draft Governance Manual and incorporate necessary revisions and present the finalized version at the September Council meeting.

## 7.0: COMMITTEE ITEMS ARISING

### FINANCE & AUDIT COMMITTEE

#### 7.1 REVISED RESERVES POLICY

Shaf Rahman presented the revised Reserves Policy.

The Reserves Policy was introduced after the Investments and Management of Net Assets Policy was archived in September 2022 to provide greater transparency, clarity, and comprehensive guidance on how the CRTO safeguards its reserve funds.

In early 2025, CRTO staff identified the need to reallocate funds between the stated categories in the Restricted Reserve Funds, as the amounts currently reflected in the policy are not aligned with the organizational needs of the CRTO.

**MOTION 7.1**                      MOVED BY, Allison Chadwick, RRT, and SECONDED BY, Sam Gennidakis, RRT, that the Council approves the revisions to the CRTO's Reserves Policy.

**MOTION 7.1 CARRIED.**

## 8.0: LEGISLATIVE AND GENERAL POLICY ISSUES

### 8.1 LANGUAGE PROFICIENCY REQUIREMENTS POLICY

Ania Walsh presented the Language Proficiency Requirements Policy. The policy has been revised to reflect the revised TEF (Test d'Évaluation de Français) test scores. These changes will align the CRTO

# Draft Minutes from June 27, 2025

policy with current TEF scores and the other tests of language proficiency accepted by the CRTO. The intent and direction of the policy have not changed.

If approved, the revised Language Proficiency Requirements Policy will be posted on the CRTO's website.

**MOTION 8.1**                      MOVED BY, Laura Van Bommel RRT, and SECONDED BY, Pappur Shankar, that the CRTO Council approves the revised Language Proficiency Requirements Policy.

**MOTION 8.1 CARRIED.**

## 9.0: OTHER BUSINESS

### 9.1 DUTIES OF COUNCIL

Carole Hamp presented on the Duties of Council.

## 10.0: ADJOURNMENT

### Adjournment

The June 27, 2025, Council meeting adjourned at 12:20 p.m.

# Council Briefing Note

## AGENDA ITEM # 4.2

September 25, 2025

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

### **PUBLIC INTEREST RATIONALE:**

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

### **ISSUE:**

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

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

### **BACKGROUND:**

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

Currently, according to Statistics Canada, as of July 2025, the Consumer Price Index has increased by 1.7% since July 2024.

**ANALYSIS:**

- The RBC investment team was given a mandate to ensure an investment mix of 50% fixed income (fixed income investments and cash & cash equivalents) and 50% Equity investments.

In the beginning of 2025, the US government imposed tariffs to many countries around the world causing a volatile period for the investment markets. In response to the market volatility stemming from the changing US policies, the RBC team has demonstrated effective management in navigating these challenging conditions.

At the beginning of the year, the RBC Team slightly altered the asset mix of the CRTO's portfolio to include:

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

As the above shows, a higher percentage of the investment funds were allocated into the cash and cash equivalents category of investments to ensure that funds were not subject to the volatility in the financial markets.

However, as the markets began to stabilize, the RBC team shifted the asset mix within the CRTO portfolio. As of September 1, 2025, the RBC team reduced the amount of money held in Cash and Cash Equivalent by 3.94% and increased the amount in Equity investments by 4.74%, when compared to amounts presented in March 2025 Council. Equity funds are the biggest driver in generating investment returns but is also subject to the most market volatility.

- As discussed in the Background section of this briefing note, the initial outcomes sought by the CRTO in investing with the RBC team was to ensure that the CRTO's investment accounts grew to keep pace with the rise in the Canadian Consumer Price Index (CPI). Based on Statistics Canada, at the end of July 2025 the CPI grew 1.7% from July 2024. In contrast, as of September 1, 2025, the CRTO's yearly return was 9.79%, well above the CPI increase. The RBC team continues to meet the directions provided to them by the CRTO.
- The total investment return in the CRTO investment portfolio since the beginning of 2025 is currently at 5.46%. This is an increase of 4.14% from June Council, where the year-to-date return was 1.32%. This is inline with the stabilization of the markets from the beginning of this year, when the markets took a downturn due to the introduction of tariffs by the current US administration.

As a result of the stronger returns seen over the last 3 months, the CRTO's portfolio has seen a net increase of \$61, 240 over that period.

- Since inception of the CRTO's portfolio with RBC in June of 2023, the CRTO's investments have grown by 12.77%. This figure is down slightly by 1.46% as compared to September 2024. This again shows the volatility shown by the markets in the early part of 2025, where the CRTO's portfolio saw a decrease of 0.96% from January 2025 to March 2025.
- In May 2025, the United States House of Representatives approved the "Ong Big Beautiful Bill Act", which includes tax implications for foreign investors in the US financial markets as well as introduced new factors that could impact investment market volatility. In July and August, the RBC team checked-in with the CRTO, providing assurances that they are monitoring the situation and outlined their strategy going forward. Below is a brief summary of both emails:

Summary of email received on July 11, 2025:

*The email outlines major U.S. political and economic developments, highlighting the passage of the "One Big Beautiful Bill," which extends tax cuts, cuts social spending, boosts defence and border funding, rolls back clean-energy initiatives, and is projected to add US\$3.4 trillion to the deficit over the next decade. At the same time, the U.S. is escalating trade tensions with new and threatened tariffs, including a 35% blanket tariff on Canada and additional duties on copper, semiconductors, and pharmaceuticals. While certain Canadian sectors such as metals and vehicles remain vulnerable, overall market reaction has been muted, with investors showing resilience despite uncertainty. The message concludes with a cautious but balanced investment stance, emphasizing growth sectors alongside defensive income strategies while closely monitoring risks.*

Summary of Email received on August 22, 2025:

*The email highlights RBC's new policy report "Awakening the Northern Giant" on strengthening Canada's economy, while providing an update on markets and investments. Despite global uncertainty driven by U.S. trade policy and tariffs, corporate earnings have been stronger than expected, with the highest rate of estimate upgrades since 2021. However, as tariff-related stockpiles unwind, companies may face pressure to absorb higher costs or pass them to consumers, potentially affecting demand and margins. The U.S. Federal Reserve is signaling a possible September rate cut, while in Canada, easing inflation and strong duty-free export access under USMCA have kept the Bank of Canada steady at 2.75%. Overall, resilient corporate fundamentals support a cautiously optimistic outlook, with a recommended approach of staying "invested but watchful."*

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

**RECOMMENDATION:**

Council approve the CRTO's Investment Portfolio Update.



Overview of RBC Investments:

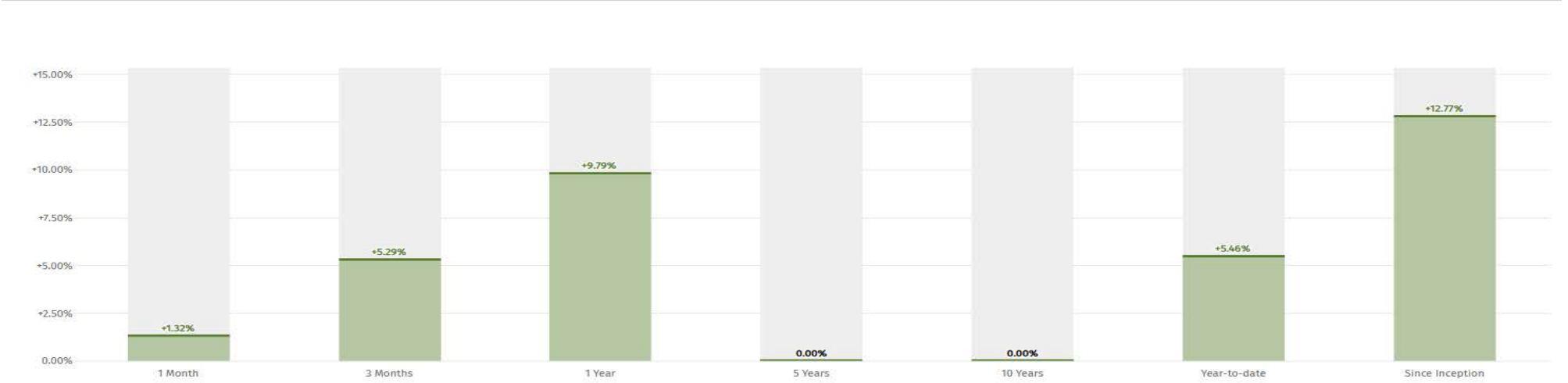
Appendix A: Investment Portfolio Summary

Total Value	Total Book Cost ⓘ	Unrealized Gain/Loss ⓘ
+1,778,451.05 CAD	+1,537,131.84 CAD	+227,158.69 CAD
+1,295,442.61 USD	+1,119,170.52 USD	+14.78%

Exchange Rate : 1 USD = 1.37285 CAD

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	-	6,257.50	1,133,026.85	1,139,284.35	1,038,358.67	+88,028.94	8.48%		
USD	-	920.55	464,655.95	465,576.50	362,819.68	+101,836.27	28.07%		

Performance Evaluation as Compared to Mile Markers:

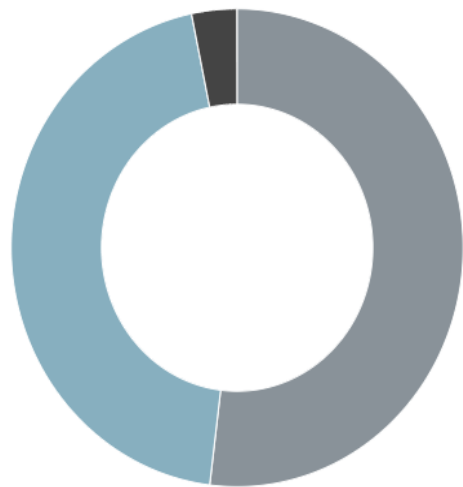


Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
+1.32%	+5.29%	+9.79%	0.00%	0.00%	+5.46%	+12.77%

RBC Investment Portfolio Asset Mix:

Asset Mix



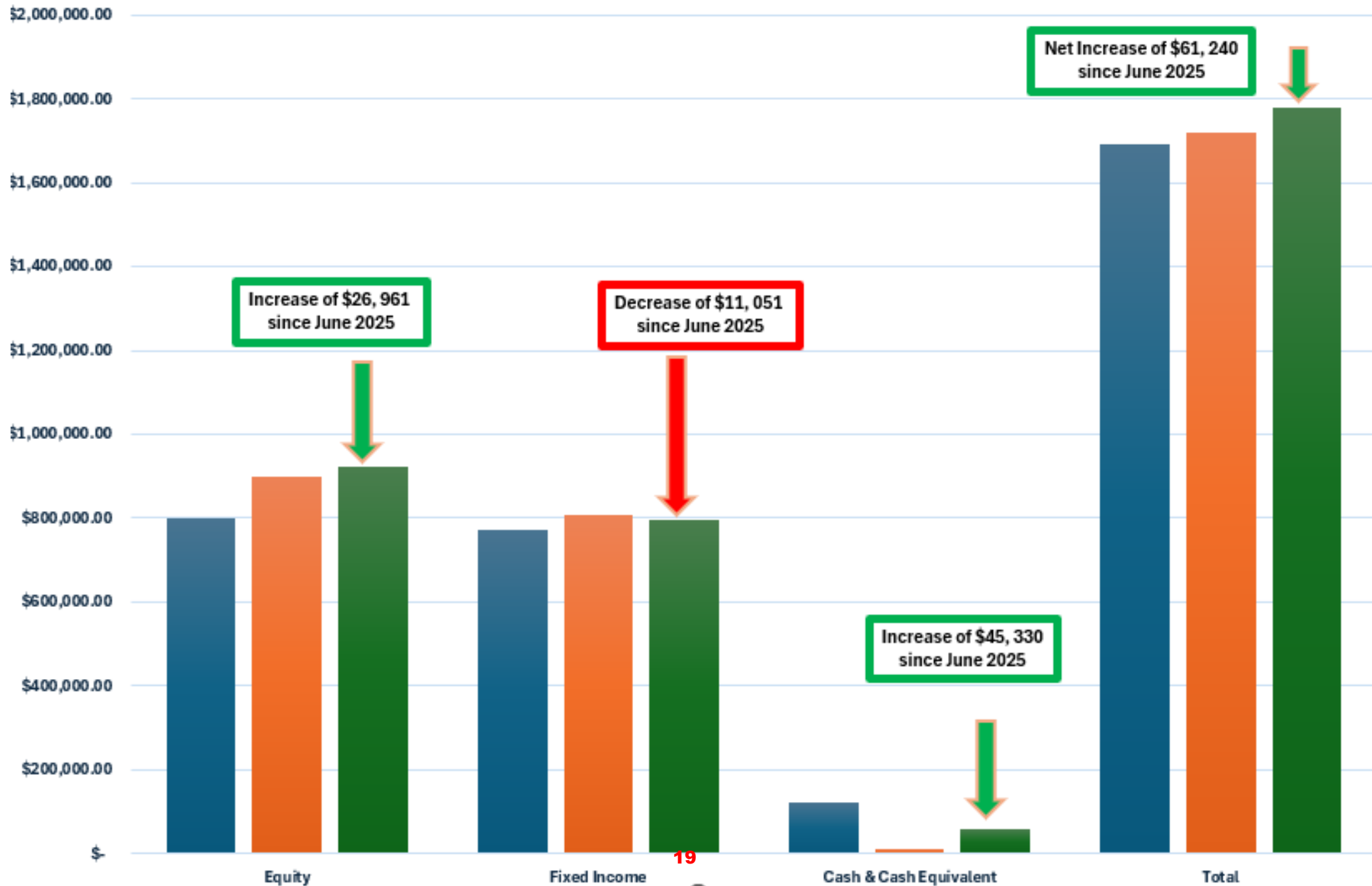
Asset Class	Total Value	Currency	% Allocation
Cash and Cash Equivalents	57,547.76	CAD	3.24%
Fixed Income	797,002.54	CAD	44.81%
Equity	923,900.74	CAD	51.95%

Summary of Types of Holdings:

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Product Type	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares	893,542.41	690,682.05	+202,860.36	29.37%
ETFs	15,132.79	10,271.81	+4,860.98	47.32%
Fixed Income	822,977.05	794,304.63	+22,033.18	2.77%
Mutual Funds	24,051.97	24,184.52	-132.55	(0.55%)
Trust Units (includes REITs)	15,225.54	17,688.83	-2,463.29	(13.93%)

## 2025/2026 Fiscal Year Quaterly Comparison

■ March 2025 Council    ■ June 2025 Council    ■ September 2025 Council



# Council Briefing Note

## AGENDA ITEM #4.3

September 25, 2025

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

### PUBLIC INTEREST RATIONALE

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

### ISSUE

The CRTC's [Risk Management Framework](#) articulates how the CRTC integrates risk management into its strategic planning, project and operations management and reporting. As outlined in the framework document, Council is ultimately responsible for overseeing the CRTC's risk management strategy. This includes monitoring CRTC's activities and maintaining oversight of risks that can impact CRTC's strategic objectives.

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

Since the June 2025 Council meeting, there has been one change in the reported risk ratings. That is, the Ineffective Communications Risk Rating changed from Medium to Low. This is due to several factors, including the new communication strategies and operating procedures that have been developed. We have also improved the posting timelines and monitoring and reporting on key performance indicators in the communications area.

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

**NEXT STEPS**

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

## Appendix A

### CRTO Risk Register (Summary)

September 25, 2025

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































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

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		challenges in website maintenance, updates) <ul style="list-style-type: none"> <li>Human error (risk of incorrect or unclear social media or website content)</li> </ul>	Public Protection <ul style="list-style-type: none"> <li>Public unaware of the CRTC and unable to access the complaints process</li> <li>Member dissatisfaction; lack of engagement with the CRTC</li> <li>Members' non-compliance with statutory requirements</li> </ul>	Monitoring of response rates to CRTC consultations Full time communications professional on staff New Social Media strategy Comprehensive review of website content conducted as part of the new website development <a href="#">Comprehensive operating procedures in the communications area developed and updated on ongoing basis</a>		Develop new communications strategy <del>Continue to develop standard operating procedures in the communications area</del> <a href="#">New YouTube strategy being developed</a> New email strategy being finalized and ready to implement once the new email communications platform is onboarded
06	<b>Organizational Compliance</b>	<b>Misalignment with regulatory requirements</b> <ul style="list-style-type: none"> <li>Changes in technology (e.g., new database, new online application system)</li> <li>Legislative changes</li> <li>Increase in reporting requirements</li> <li>Potential increase in applications from graduates of unapproved programs</li> <li>Staffing changes</li> </ul>	Compliance Public Protection <ul style="list-style-type: none"> <li>Potential delays in application processing and/or complaints and reports processing</li> </ul>	Ongoing monitoring and regular reporting of registration and professional conduct processing timelines 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	<b>Medium</b>	Finalize the review and update registration policies in response to the new Registration Regulation, <a href="#">including developing guidance documents to support implementation of the new provisions</a> 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	<b>Regulatory Professional Practice</b>	<b>Insufficient/out-of-date practice information</b>	Public Protection Member Relations	Regular checks on the quality of practice guidelines Policy Framework – review cycle	<b>Medium</b>	Regular legislative and regulatory scans (HPRO working group)



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

## Risk Register/Outlook

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

# Committee Report Items

## **AGENDA ITEM # 4.4**

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

June 27, 2025 – September 24, 2025

Since the last Council meeting, the Executive Committee has held one meeting on September 9<sup>th</sup>. The following items were address at that meeting:

- Review and recommendation for Council’s approval of the CRTO’s quarterly Financial Statements and Investment Portfolio summary.
- Mid-year Financial Projections.
- Annual review of Membership Fees.
- Proposed By-Law revisions related to Committee and Program Fees.
- Draft September Council Agenda.
- June 25, 2025 Council Survey Results.

Respectfully submitted,  
Lindsay Martinek, RRT  
Executive Committee Chair

# Committee Report Items

## AGENDA ITEM 4.5

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

June 27, 2025, to September 24, 2025

Since the last report, the Registration Committee (RC) has met on August 25, 2025. In addition, Panels of the RC met on the following dates:

- July 29, 2025
- August 25, 2025

#### Referral Summary

Reasons for Referral	
Three applications were referred to the RC due to currency requirements.	<p>In two of the applications, the Panel of the RC approved the applications for a General Certificate of Registration.</p> <p>In one of the applications, the Panel of the RC approved the application for a General Certificate of Registration with terms, conditions and limitations, including direct supervision.</p>
One application was referred to consider the applicant’s requests to change the terms, conditions and limitations (TCLs) imposed on their certificate of registration.	The Panel of the RC approved the applicant’s requests and directed the Registrar to modify the terms, conditions and limitations on their certificate of registration.
Two applications were referred to the RC to determine whether it was in the public interest to approve the applications, based on the applicants’ entry-to-practice assessment results. Both applicants had completed all three stages of the assessment process.	<p>In one of the applications, the Panel directed the Registrar to refuse to issue a Certificate of Registration.</p> <p>In the other application, the Panel directed the Registrar to issue a Graduate Certificate of Registration, subject to terms, conditions and limitations, including direct supervision, upon the applicant’s successful completion of a remediation plan.</p>

#### August 25, 2025, RC Meeting Report Highlights:

- **CRTO Update Report** – Carole Hamp, Registrar & CEO, provided the Registration Committee with an update on several CRTO initiatives, including:
  - Administrative process improvement update
  - New CRTO Database and Website

# Committee Report Items

- IEHP Entry-to-Practice (ETP) Assessment
  - CRTO/RTSO Joint Scope of Practice Review
  - Professional Development Program (PDP) Evaluation
  - Professional Misconduct Regulation Revision
  - Accreditation Canada
  - As of Right and Attestations
  - National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)
- **Internationally Educated Health Professionals (IEHP)** – 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 28 active IEHP applications in various stages of the assessment process. Additionally, there are 13 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 one file that is under appeal with HPARB.
- **Canadian Respiratory Therapy Programs** – The Registration Committee approved Vanier College based on its current accreditation status with Accreditation Canada. The RC also approved the process and criteria for reviewing and varying the terms, conditions and limitations (TCLs) placed on the April 2025 graduates of the Fleming College Respiratory Therapy program.
- **General Certificate of Registration – Currency Condition Policy** - The CRTO drafted a policy to address the new currency condition that applies to all General Certificates of Registration. This policy outlines the criteria and process used by the CRTO to determine whether Registered Respiratory Therapists meet the currency condition. The RC recommends that the new General Certificate of Registration – Currency Condition Policy be presented to Council for final approval.
- **Attestation Form for As of Right Applicants** – In fall 2023, the CRTO and three other Ontario regulatory colleges became subject to As of Right provisions, allowing regulated practitioners from other provinces to begin working in Ontario while completing registration. The Ministry of Health amended these provisions in June 2025 to broaden eligibility. Key changes include removing the restriction to public hospitals and long-term care homes, requiring in-person service delivery within Ontario, and mandating applicants to submit an attestation confirming they meet the criteria. Certain U.S. nurses and physicians are now eligible to practice in Ontario under the As of Right, and the government plans to extend the provisions to 16 additional health professions. In response, the CRTO updated its webpage, application materials, and developed a new attestation form.
- **Revisions to the Vulnerable Sector Checks Policy** – Following one year since implementation, CRTO staff conducted a review and revised the Vulnerable Sector Checks Policy. The Registration Committee approved the updated policy, which will now be presented to Council for final approval.

# Committee Report Items

- **HPTC Exam Results** - CRTO staff provided the Registration Committee with an update on the Health Professions Testing Canada (HPTC) Respiratory Therapy exam results received in August 2025. These results pertain to the July 2025 administration of the exam, which is offered biannually in January and July. A comprehensive report is submitted directly to the CRTO following each exam cycle. Staff will continue to monitor the performance trends and success rates of graduates from Ontario's Respiratory Therapy education programs.

Respectfully submitted,  
Kelly Munoz, RRT  
Registration Committee Chair

# Committee Report Items

## **AGENDA ITEM # 4.6**

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

[June 27, 2025 – September 24, 2025](#)

Since the last Council meeting, the Quality Assurance Committee (QAC) has held one virtual panel meeting on July 15<sup>th</sup>. The following items were addressed at that meeting:

#### **Failure to Complete PORTfolio 2025**

The Committee reviewed all Members who failed to complete their 2025 PORTfolio, a mandatory requirement for Active CRTO Members during their review year. As a result of non-compliance, 4 Members were referred to the Inquiries, Complaints, and Reports Committee (ICRC) for allegations of professional misconduct.

#### **Failure to Successfully Complete Launch Jurisprudence Assessment**

The QAC panel ordered a SCERP and mentoring session for two Members who did not achieve the required 70% score to pass in either of their two attempts at the Launch Jurisprudence Assessment.

Respectfully submitted,  
Laura Dahmann, RRT  
Quality Assurance Committee Chair

# Committee Report Items

## **AGENDA ITEM # 4.7**

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

[June 27, 2025, to September 24, 2025](#)

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

Respectfully submitted,  
Katherine Lalonde, RRT  
Patient Relations Committee Chair



# Committee Report Items

## AGENDA ITEM 4.8

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

June 27, 2025 to September 24, 2025

#### ICRC Deliberations:

Since the last Council meeting, the ICRC held four (4) meetings via Zoom. One meeting involved the review of twelve (12) referrals from the Quality Assurance Committee (QAC). Two meetings involved the review of investigations related to employer reports. The other meeting was regarding the investigation of a complaint.

#### Public Complaints:

1. In February of 2025, a complaint was received by the CRTO that alleged that the Member had acted in a manner that was unbecoming of an RRT at a private event. The Complainant was a former co-worker of the Member and was friends with the Member's spouse.

After a careful review of the information received and the Complainant's submissions, the Panel decided to take no action on the basis that the complaint was an abuse of process.

#### Employer Reports:

1. In August of 2023, 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

# Committee Report Items

2. In November of 2023, 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. However, the panel decided to take no further action on the basis that the Member had entered into an undertaking that restricted their practice until they demonstrated the required competence. The panel was assured that the restrictions on the Member's practice sufficiently addressed the panel's concerns and protected the public.

## **Quality Assurance Referrals:**

1. In June of 2023, the QAC referred 12 matters to the ICRC alleging that the Members had failed to complete Quality Assurance requirements.

After a careful review of the investigation reports and Member submissions, the Panel issued advice and recommendations in seven (7) matters, issued a written caution in one (1) matter, and ordered a Specified Continuing Education or Remedial Program in four (4) matters.

## **New Matters:**

Since the last Council meeting, the CRTO received 11 new matters. The new matters are comprised of seven (7) Reports and four (4) referrals from the QAC.

The four (4) QAC referrals have been referred to the ICRC. Six (6) of the Reports are currently under review by the Registrar. One (1) of the reports was resolved at the Registrar level.

## **Policy Framework:**

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

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

# Committee Report Items

## **AGENDA ITEM # 4.9**

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

[June 27, 2025, to September 24, 2025](#)

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

Respectfully submitted,  
Tracy Bradley, RRT  
Discipline Committee Chair

# Committee Report Items

## **AGENDA ITEM # 4.10**

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

[June 27, 2025, to September 24, 2025](#)

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

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

# Committee Report Items

## **AGENDA ITEM 4.11**

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

[June 27, 2025 – September 24, 2025](#)

The Finance & Audit Committee (FAC) joined the Executive Committee meeting on September 9, 2025, to review and discuss the following items:

- CRYPTO's Update Report
- Review of the CRYPTO's quarterly financial statements
- Review of the CRYPTO's quarterly investment portfolio update
- Mid-Year Financial Projections Presentation by Carole Hamp, Registrar
- Membership Fee Review Presentation by Shaf Rahman, Deputy Registrar
- By-Law Revisions regarding penalty fees for QA non-compliance

Respectfully submitted,  
Michelle Causton, Chair  
Finance & Audit Committee

# CRTO Update Report

## AGENDA ITEM # 4.12

September 25, 2025

<b>From:</b>	CRTO Staff
<b>Topic:</b>	CRTO Update Report
<b>Purpose:</b>	For Information
<b>Strategic Focus:</b>	Core Business Practices

### ADMINISTRATIVE

The CRTO has recently been engaged in several administrative process improvements, such as:

- Transferring our payroll services from PayTrak to Payworks.
- Enrolling CRTO staff in a defined pension benefits plan through CAAT.
- Beginning the process of transferring our daily banking from CIBC to RBC's Express Core Services platform.

### CURRENT INITIATIVES

#### Internal

##### **NEW CRTO Database and Website**

The new database remains a work in progress, and we are currently working with OlaTech to establish a revised contract with the aim of launching in the New Year.

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

There has been a significant increase in the number of candidates trained outside of Canada seeking assessment by the CRTO. Many are seeking registration in Ontario, but a considerable number are also being sent to Ontario for assessment from other Canadian RT jurisdictions. This has necessitated an increase in the staffing resources allocated to implementing this program, with a corresponding cost for the CRTO. This has necessitated levying a surcharge for candidates sent from different provinces to complete the CRTO ETP assessment process. The proposed amount is being established based on the average expenses over and above the revenue received from candidates coming to be assessed who are registered in another Canadian jurisdiction.

# CRTO Update Report

## **CRTO/RTSO Joint Scope of Practice Review**

### **Scope of Practice Review**

In January 2025, the CRTO partnered with the Respiratory Therapy Society of Ontario (RTSO) to submit a request to the Ministry of Health (MOH) for a review of the Scope of Practice of Respiratory Therapy in Ontario. A Working Group comprising 18 RTs from a wide range of practice settings (e.g., acute and primary care, Anesthesia Assistants, home care, etc.) was established. This group has met virtually several times and has assisted in the development of a survey, which will be sent out to all CRTO Members in September. The survey results, along with supporting evidence, will form a draft proposal which will be presented at the October RTSO Forum in Blue Mountain. The hope is to submit our proposed scope of practice revisions to the MOH by the end of 2025 or early 2026.

## **Professional Development Program (PDP) Evaluation**

The CRTO retained a consultant to assist with an evaluation of the PDP, and the following action items related to this project have so far taken place:

- Two focus groups were held for general Members; one for our Portfolio Assessors, and we had one-on-one meetings with each school
- Data collection was conducted, looking at Members who were referred to ICRC for non-compliance (e.g., demographics, etc.), to determine if there were any predictive patterns.
- The survey data collected after each Member completed their Relevant elearning module was reviewed.
- A survey was sent out to those RTs who were required to undergo PORTfolio Peer Coaching.
- Several improvements were made to the PDKeepr platform, including changes to the Self-Assessment quiz, and how the Learning Log is displayed (i.e., addition of an infographic and, peer coaching form).
- The presentation to the second-year students was revised with the goal of addressing the increasing number of Launch RT Jurisprudence Assessment failures. All schools were contracted, and presentations are set to begin in the fall.

# CRTO Update Report

- Types of questions (e.g., Delegation, Authorized Acts) in Launch that consistently seem to be problematic for new graduates have been identified, and an educational strategy is being developed to address this knowledge gap.
- A Welcome video is being developed to assist new Members in understanding their obligations regarding the PDP.

## **Professional Misconduct Regulation Revision**

The CRTO is in the process of reviewing and revising the Professional Misconduct Regulation with a view to updating it to reflect the realities of current respiratory therapy practice. CRTO staff are in the process of drafting the proposed amendments to the regulation. Once these proposed amendments are complete, they will be reviewed by CRTO legal counsel. Once legal counsel has completed their review, the proposed amendments will be presented to the CRTO Council for approval for circulation and then final approval before submission to the government.

## **Governance Manual**

As part of our commitment to good governance and continuous improvement, the CRTO has developed a Governance Manual. The draft was presented at the June 2027 Council meeting. It has since been finalized and is now available as a resource for Council and Committee members. The goal of the manual is to clearly outline the roles, responsibilities, and decision-making processes that influence the regulation of the Respiratory Therapy profession.

## **External**

### **Accreditation Canada**

Accreditation Canada has initiated an update to the Health Education Program Standard and has established a Technical Committee to conduct the review and revision. The CRTO's Registrar was chosen to be a Technical Committee member within the Policy Makers interest category. The collaborative effort to develop this standard began in July 2025, with anticipated publication of the standard in February 2026.

### **As of Right (AOR) & Attestations**

The CRTO, along with the College of Nurses of Ontario (CNO), College of Physicians & Surgeons of Ontario (CPSO) and the College of Medical Laboratory Technologists of Ontario (CMLTO), have been subject to AOR since 2023. In May of this year, the Ontario Ministry of Health (MOH) amended our [Exemption – Restricted Titles Regulation](#) (O.Reg 199/23) to stipulate that any RT who is applying to the CRTO under AOR must sign an attestation. This document requires the applicant to declare that they meet all the eligibility criteria under



# CRTO Update Report

AOR and to acknowledge the consequences of failing to meet those conditions. The MOH is currently in the process of expanding the As of Right provision to 16 other health regulatory Colleges. They have also removed all practice setting restrictions.

## **Health Profession Regulators of Ontario (HPRO)**

Deputy Premier and Minister of Health, Sylvia Jones, joined the June 2025 HPRO AGM for an informal meeting. The following topics were discussed:

- The MOH's focus on registration of health professionals from outside of Ontario.
- The need for refresher/retraining opportunities, particularly for those practitioners coming from outside Canada.
- What opportunities there might be for HPRO to work with the government to ensure there is a sufficient number of public members and that they are both capable and understand the importance of the Colleges' public protection mandate.
- The recent move, as part of the AOR expansion, requires the CNO and CPSO to recognize the credentials for U.S.-trained nurses and physicians as equivalent to Canadian-trained.

The CRTO's Registrar has recently been elected to sit on the HPRO Management Committee in the position of Treasurer.

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

Since the NARTRB's more recent board meeting in late May, the following action items have been completed:

- Registration and copyright of the 2024 National Competency Framework (NCF), as well as its accompanying Educational and Exam Resource (EER) document.
- Designed and registered a trademark for a new NARTRB logo.
- Finalized and translated the revised Standards of Practice that will now be used by five of the NARTRB Member organizations.

The next NARTRB project will be reviewing and revising the CRTO's Commitment to Ethical Practice guideline with the aim of sharing this document nationally.

The CRTO will be hosting the upcoming NARTRB board meeting, AGM and strategic planning session in November.

# Council Briefing Note

## AGENDA ITEM 5.1

September 25, 2025

<b>From:</b>	Carole Hamp. CRTO Registrar & CEO
<b>Topic:</b>	Financial Statements – March 1, 2025, to August 29, 2025
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Core Business Practices: Clear financial alignment with strategic priorities.
<b>Attachment(s):</b>	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report Appendix C: Income Statement Reporting Codes
<b>Motion:</b>	It is moved by _____ and seconded by _____ that: <b>The Council approves the quarterly financial statements for March 1, 2025, to August 29, 2025.</b>

### **PUBLIC INTEREST RATIONALE:**

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

### **ISSUE:**

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

### **BACKGROUND:**

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

### **ANALYSIS:**

#### Balance Sheet Summary Report

- When compared to this same time in the previous fiscal year, there is an increase in Total Assets by \$388,630.40
- Currently have 10 months of operating expenses in unrestricted reserves.

**Income Statement Summary Report**

- Significant decrease in rent & occupancy costs due to office relocation.
- Modest decrease in Council & Committee costs compared to this time last year.
- Modest increase in professional services (due to increase in legal costs).
- Significant increase in consulting costs (due to strategic planning & PDP Evaluation).

**RECOMMENDATIONS:**

That Council approved the CRTO's quarterly financial statements for March 1, 2025, to August 29, 2025.

## Appendix A: Balance Sheet Summary Report

<b>Total Liabilities &amp; Equity</b>	<b>\$ 3,336,329.28</b>	<b>\$ 2,947,698.88</b>
<b>Balance Sheet Summary</b>		
	<b>As of August 29, 2025</b>	<b>As of August 29, 2024</b>
<b>Assets</b>		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 1,411,110.21	\$ 1,014,042.83
Accounts Receivable	\$ -	\$ -
Investments	\$ 1,748,196.08	\$ 1,793,778.15
Prepays	\$ 52,086.25	\$ 28,414.29
<b>Total Current Assets</b>	<b>\$ 3,211,392.54</b>	<b>\$ 2,836,235.27</b>
Total Non-Current Assets	\$ 124,936.74	\$ 111,463.61
<b>Total Assets</b>	<b>\$ 3,336,329.28</b>	<b>\$ 2,947,698.88</b>
<b>Liabilities</b>		
Accounts Payable	\$ (4,231.25)	\$ 13.56
Accrued Liability	\$ 102,642.87	\$ 84,842.87
Deferred Revenue	\$ -	
<b>Total Liabilities</b>	<b>\$ 98,411.62</b>	<b>\$ 84,856.43</b>
<b>Net Assets</b>		
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
<b>Total Restricted funds</b>	<b>\$ 1,120,000.00</b>	<b>\$ 1,120,000.00</b>
<b>Retained Earnings</b>	<b>\$ 609,998.32</b>	<b>\$ 379,444.90</b>
<b>Profit for the Year</b>	<b>\$ 1,507,919.34</b>	<b>\$ 1,363,397.55</b>
<b>Total Equity</b>	<b>\$ 3,237,917.66</b>	<b>\$ 2,862,842.45</b>
<b>Unrestricted Reserves</b>	<b>\$ 2,117,917.66</b>	<b>\$ 1,742,842.45</b>

## Appendix B: Income Statement Summary Report

Code	Income Statement Summary	Mar 1/25 - Aug/ 29/25	Budget for year	Over/ (Under) Budget	% Over Budget	Mar 1/24 - Aug. 29/24
0	Revenue	\$ 2,801,876.06	\$ 2,843,350.00	\$ (41,473.94)	-1.50%	\$ 2,725,823.14
0.5	Competency Assessment Income	\$ 41,000.00	\$ 36,000.00	\$ 5,000.00	13.90%	\$ 21,750.00
	<b>Total Income</b>	<b>\$ 2,842,876.06</b>	<b>\$ 2,879,350.00</b>	<b>\$ (36,473.94)</b>	<b>-1.30%</b>	<b>\$ 2,747,573.14</b>
0.6	Competency Assessment Expense	\$ 40,669.28	\$ 57,000.00	\$ (16,330.72)	-28.70%	\$ 37,419.52
1	Wages and benefits	\$ 882,742.03	\$ 1,815,570.00	\$ (932,827.97)	-51.40%	\$ 797,112.23
2	Occupancy costs	\$ 31,651.13	\$ 70,000.00	\$ (38,348.87)	-54.80%	\$ 130,361.21
3	Professional services	\$ 60,067.79	\$ 91,000.00	\$ (30,932.21)	-34.00%	\$ 47,067.00
4	Investigation and hearing expense	\$ 54,423.62	\$ 175,000.00	\$ (120,576.38)	-68.90%	\$ 78,872.50
5	Technology / Website	\$ 108,999.45	\$ 187,000.00	\$ (78,000.55)	-41.70%	\$ 113,951.63
6	General operating expenses	\$ 50,301.52	\$ 129,530.00	\$ (79,228.48)	-61.20%	\$ 65,985.92
7	Credit card and Paypal fees	\$ 17,894.68	\$ 111,400.00	\$ (93,505.32)	-83.90%	\$ 16,486.28
8	Membership and dues	\$ 16,770.60	\$ 53,250.00	\$ (36,479.40)	-28.70%	\$ 27,054.00
9	Quality assurance expenses	\$ 17,450.00	\$ 60,000.00	\$ (42,550.00)	-70.90%	\$ 17,150.00
11	Unrealized (gains) losses	\$ -	\$ -			\$ (1,546.00)
12	Council and committee	\$ 25,448.65	\$ 95,100.00	\$ (69,651.35)	-73.20%	\$ 42,829.06
14	Consulting	\$ 28,646.35	\$ 30,000.00	\$ (1,353.65)	-4.50%	\$ 4,271.40
99	Equipment purchased	\$ -	\$ 4,500.00	\$ (4,500.00)	-100.00%	\$ -
	<b>Total Expenses</b>	<b>\$ 1,335,065.10</b>	<b>\$ 2,909,350.00</b>	<b>\$ (1,574,284.90)</b>		<b>\$ 1,377,014.75</b>
	<b>Net Income</b>	<b>\$ 1,507,810.96</b>				<b>\$ 1,370,558.39</b>

## Appendix C: Income Statement Reporting Codes

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

		5250	Translation - general
		5310	Office supplies
		5321	Office meeting exp
		5330	Bank account charges
		5350	Conf reg fees
		5545	Outreach / Travel
		5546	Communications - general
		5610	Education day expenses
		5624	Data Management
<b>7</b>	<b>Credit card and PayPal fees</b>	5331	PayPal charges
		5340	Credit card merch fees
<b>8</b>	<b>Membership and dues</b>	5380	Membership / subs
		5385	Accreditation services
<b>9</b>	<b>Quality assurance expenses</b>	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
<b>11</b>	<b>Unrealized (gains) losses</b>	5700	Unrealized (gain) / loss
<b>12</b>	<b>Council and committee</b>	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
<b>14</b>	<b>Consulting</b>	5140	Consulting - general
<b>99</b>	<b>Equipment purchased</b>	5050	Equip purchases
		5221	Computer hardware

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated August 2025

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
Member Engagement					
Alignment of policies & processes with the principles of Right-Touch regulation.					
Evidence-informed approach to QA selection, assessments & remediation.	<ul style="list-style-type: none"> <li><a href="#">Professional Development Program Policy</a> – reviewed and updated.</li> <li>Began the planning phase of a full Professional Development Program Review. <ul style="list-style-type: none"> <li>Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Professional Development Program Review</b> – in progress.</li> <li><b>Professional Development Program Policy</b> – updated with references to the new Emergency Class of Registration.</li> <li><b>Professional Development Program Deferral Policy</b> – revised to reflect the timelines for submitting a deferral request.</li> </ul>	<ul style="list-style-type: none"> <li>Data collection regarding Launch failures has been reviewed for 2024 to investigate trends, potential causes/solutions. Schools that ranked higher in failures will be notified and opportunities to present to their students will be offered.</li> </ul>	<ul style="list-style-type: none"> <li>Strategic and directed approach to education of commonly misunderstood topics using social media.</li> <li>Ongoing full PDP review using an external consultant, focus groups and data collection to drive change and create meaningful quality assurance practices.</li> <li>Connected with all RT schools in Ontario to begin a 2nd yr RT student presentation series, addressing the Launch Jurisprudence exam.</li> <li>Survey to all RT's who were required to participate in a coaching session following their Portfolio submission to assess that remediation effectiveness.</li> <li>Addition of a new remediation strategy for poor performance in Portfolio submissions (practice assessment).</li> <li>Continue to support PC/RC with the creation of tailored e-learning modules for remediation (currently 19 in 2025)</li> </ul>	● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.	<ul style="list-style-type: none"> <li>Completed an <b>external review of all Professional Conduct (PC) processes</b> and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.</li> <li>Ongoing refinement of PC processes to prioritize investigations, complaints, and reports.</li> <li>Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process.</li> </ul>	<ul style="list-style-type: none"> <li>Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including: <ul style="list-style-type: none"> <li>Assessing options for investigations, ICRC decision reviews and accessible correspondence</li> <li>Developing new complaints and reports process intake documents and updating current templates</li> <li>Introducing changes to the ICRC decision writing process to expedite the disposition timelines.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ongoing development of a new case management database.</li> <li>PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes.</li> <li>New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines.</li> </ul>	<ul style="list-style-type: none"> <li>PC staff participated in the ongoing development of a new case management database.</li> <li>PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes.</li> <li>PC staff refined and updated a listing of all past cases to allow for a more useful application of precedents at the Registrar and ICRC level.</li> </ul>	● ON TRACK



Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
		<ul style="list-style-type: none"> <li>Assessing the CRTO's redaction procedures with the aim to reduce timeliness.</li> </ul>			
<b>Transparent, objective, impartial, &amp; fair practices.</b>					
<b>Clear direction regarding the registration requirements for all applicants.</b>	<ul style="list-style-type: none"> <li><b>9 Registration Policies</b> reviewed and updated.</li> <li><b>3 Registration Fact Sheets</b> reviewed and updated and/or developed.</li> <li>Updated and reviewed the <b>Guide to TCLs Imposed by the Registration Committee</b>.</li> <li>Retained a consulting agency to align the CRTO's approved <b>language proficiency</b> standards to the federally approved language proficiency tests for Canadian Immigration.</li> <li>Updated the <b>Applicants' web pages</b> with relevant links.</li> <li>Conducted a detailed review of the <b>Registration Verification Form</b> with members of the National Alliance.</li> <li>Conducted a comprehensive review of the <b>Registration Regulation</b> (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li><b>Registration Regulation</b> (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval.</li> <li>Conducted a detailed review of several policy documents related to the <b>Emergency Class</b> and <b>"As of Right" provisions</b>.</li> <li>Updated the <b>CRTO website, registration guidelines and Fact Sheets</b> with references to the Emergency Class, "As of Right" provisions and the new Clinical Skills Assessment fee.</li> <li>New <b>Clinical Skills Assessment</b> scenario was developed by the Internationally Educated Health Professionals (IEHP) working group.</li> <li>Drafted a new <b>Vulnerable Sector Checks Policy</b>, the draft policy was sent out for consultation.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Drafted a new Emergency Registration Form and Guide. These documents will be available on the CRTO's website when the Emergency Class is open to applicants.</li> <li>Developed a new Statement of Professional Standing webpage and form.</li> <li>Updated the approved RT Programs webpage in response to changes in education programs accreditation status.</li> <li>Reviewed and updated several registration policies, guides and webpages to ensure that they are consistent with the new Registration Regulation.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a new Labour Mobility Fact Sheet to replace the rescinded Labour Mobility Policy.</li> <li>CRTO staff continue to review and develop registration-related policies and documents to ensure they provide clear guidance on registration requirements for all applicants. Examples include the revision of the Vulnerable Sector Checks Policy and the development of the new General Certificate of Registration – Currency Policy.</li> <li>The Registration Committee approved 3 Canadian RT programs based on their accreditation status with Accreditation Canada.</li> </ul>	● ON TRACK
<b>A complaints process supported by publicly accessible policies &amp; procedures.</b>	<ul style="list-style-type: none"> <li><b>4 Professional Conduct</b> (PC) policies reviewed and updated.</li> <li>Developed the <b>Funding for Therapy and Counselling Program Fact Sheet</b>.</li> <li>Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing analysis for identifying a need for additional Professional Conduct policies.</li> <li>The <b>Complaints Process Guide</b> was revised to reflect our current process.</li> <li>Reviewed and updated three <b>Fact Sheets</b>, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes.</li> <li>Updated the Alternative Dispute Resolution Fact Sheet.</li> </ul>	<ul style="list-style-type: none"> <li>PC staff have utilized a feedback form for system partners to inform our process going forward.</li> <li>PC staff revised templates and correspondence with a view to enhancing transparency and clarity in communication with system partners.</li> </ul>	● ON TRACK
<b>Accessible &amp; timely communication.</b>					
<b>Increase the information available on our website in written and online module format.</b>	<ul style="list-style-type: none"> <li><b>Policy Consultation</b> - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders.</li> <li>Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> <li>The March 04, 2022, CRTO By-laws</li> <li>4 Professional Practice/Clinical Best Practice Guidelines (Conflict of</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Regulatory changes</b> – implemented several communication strategies, including social media posts, e-blasts, website updates) to address the regulatory changes introduced during the year, including the use of ultrasound in RT practice, the new Emergency Class, and "As of Right" provisions.</li> <li><b>Elections and Council and Committees webpages</b> – updated information regarding the Council elections process, committee</li> </ul>	<ul style="list-style-type: none"> <li>Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> <li>The March 1, 2024, CRTO By-laws</li> <li>3 Professional Practice Guidelines</li> <li>12 Policies</li> <li>1 Position Statement</li> <li>2024 National Competency Framework</li> <li>4 Fact Sheets</li> <li>3 reports and submissions</li> <li>4 Registration and Application Guides.</li> </ul> </li> </ul>	<b>Updated Policies &amp; Guidelines and By-laws posted on the CRTO website:</b> <ul style="list-style-type: none"> <li>Entry-to Practice Exam Policy</li> <li>Approval of Canadian Education Programs Policy</li> <li>Emergency Registration Policy</li> <li>Language Proficiency Requirements Policy</li> </ul>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
	<p>Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG &amp; Oxygen Therapy)</p> <ul style="list-style-type: none"> <li>o 17 Policies</li> <li>o 2 Fact Sheets</li> <li>o Guide to TCLs Imposed by the Registration Committee.</li> <li>• Added the following documents to the CRTO website: <ul style="list-style-type: none"> <li>o Strategic Plan Progress Report</li> <li>o Succession Plan for Senior Leadership Policy</li> <li>o Open Forum Policy</li> <li>o Terms of Use – Website and Social Media</li> <li>o CRTO Risk Management Framework.</li> </ul> </li> <li>• The <a href="#">2021 CPMF Full &amp; Summary Reports</a> were posted on the CRTO website.</li> <li>• Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents).</li> </ul>	<p>appointments, Council and Committee Competency Profile and Council Evaluation Framework.</p> <ul style="list-style-type: none"> <li>• <a href="#">Policy Consultation</a> – 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.</li> <li>• <b>e-learning modules</b> –two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members’ Professional Development Program platform.</li> <li>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> <li>o The March 3, 2023, CRTO By-laws.</li> <li>o 5 <a href="#">Professional Practice/Clinical Best Practice Guidelines</a></li> <li>o 7 Policies</li> <li>o 3 reports and submissions</li> <li>o 7 Fact Sheets.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Policy Consultations: posted 2 PPGs for consultation. Posted a link to the government consultation on the proposed amendments to the Registration Regulation.</li> <li>• Several webpage updates, including: <ul style="list-style-type: none"> <li>o 2024 Council elections</li> <li>o Vulnerable Sector Checks</li> <li>o Certificate of Professional Standing</li> <li>o Schedule of Fees</li> <li>o New Registration Regulation – Summary of Changes.</li> </ul> </li> <li>• Updated several policy documents and webpages to reflect CRTO's new address.</li> <li>• Posted a list of Approved Certification Programs for Advanced Prescribed Procedures Below the Dermis.</li> </ul>	<ul style="list-style-type: none"> <li>• By-Laws: Updated version published alongside a dedicated microsite for easier navigation and accessibility.</li> <li>• Certification Programs for Advanced Prescribed Procedures Below the Dermis PPGs</li> <li>• Registration and Use of Title PPG</li> <li>• Delegation of Controlled Acts PPG</li> <li>• Dispensing Medications PPG</li> </ul> <p><b>New and Updated Fact Sheets &amp; Educational Resources posted on the CRTO website</b></p> <ul style="list-style-type: none"> <li>• New Labour Mobility Policy Fact Sheet</li> <li>• Updated Study Plan Guide</li> <li>• Updated Conditions on a Graduate Certificate of Registration Fact Sheet</li> <li>• Updated Determining Applicants' Suitability to Practice Fact Sheet</li> <li>• Updated the Upcoming Professional Events webpage</li> </ul> <p><b>Public Documents &amp; Transparency</b></p> <ul style="list-style-type: none"> <li>• Notices of Discipline Hearings (2): Published in accordance with public transparency requirements.</li> <li>• Discipline Rules of Procedure: Updated and made available to the public.</li> <li>• Posted the approved Executive Minutes (March 2025), Council Minutes (March 2025) and Council meeting highlights (March and June 2025).</li> <li>• Code of Conduct for Public Observers Policy: posted on the Discipline Hearings webpage.</li> <li>• Updated the As of Right webpage to reflect recent regulation changes.</li> </ul> <p><b>Strategic &amp; Regulatory Reporting</b></p> <ul style="list-style-type: none"> <li>• College Performance Measurement Framework (CPMF) Report: Full report posted in alignment with regulatory reporting obligations.</li> <li>• 2024 Fair Registration Practices Report posted in alignment with regulatory reporting obligations.</li> </ul>	

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
				<ul style="list-style-type: none"> <li>Scope of Practice Working Group: Collaborative initiative with the RTSO; call for interest posted.</li> <li>Posted the 2024-2025 CRTO Annual Report and detailed financial statements.</li> </ul> <p><b>Registration Resources updated and published</b></p> <ul style="list-style-type: none"> <li>Approved Certification Packages by Hospitals</li> <li>Approved RT Programs webpage</li> <li>Vulnerable Sector Checks webpage</li> </ul> <p><b>Website Updates</b></p> <ul style="list-style-type: none"> <li>Current website continues to be updated in advance of new website launch.</li> </ul>	
Optimize the use of various communication platforms.	<ul style="list-style-type: none"> <li>Utilized several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>Monthly Practice Blogs</li> <li>Twitter (22 tweets over this period)</li> <li>Monthly ebulletin</li> <li>Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates).</li> <li>Stakeholder meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conf, graduating students, and attending RT Program Advisory Committee (PAC) meetings.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Utilized several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>Social Media Posts (19)</li> <li>e-blasts (8)</li> <li>System partner meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continued to utilize several communication strategies to ensure timely and accessible information sharing, this includes:               <ul style="list-style-type: none"> <li>Social Media Posts (14)</li> <li>e-blasts (23)</li> <li>Updated Fact Sheets (4)</li> <li>System partner meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings.</li> </ul> </li> </ul>	<p><b>Social Media</b></p> <ul style="list-style-type: none"> <li>Strategic Channel Realignment</li> <li>Retired X (formerly Twitter) to refocus efforts on platforms better aligned with CRTO’s engagement goals.</li> <li>Launched an official CRTO account on Bluesky, expanding our presence in emerging professional networks.</li> <li>Continued to increase content &amp; engagement growth on LinkedIn and BlueSky.</li> </ul> <p><b>E-blasts</b></p> <ul style="list-style-type: none"> <li>Continued to use email as a key communications channel to engage with Members and stakeholders.</li> <li>Email volume continued to increase with a total of 34 emails sent to date.</li> <li>Improved Open Rate and Click-through Rate indicating stronger engagement and higher relevance and value of email content.</li> </ul> <p><b>YouTube</b></p> <ul style="list-style-type: none"> <li>Developing a strategy and plan to increasingly leverage videos.</li> </ul> <p><b>Media Monitoring</b></p> <ul style="list-style-type: none"> <li>Introduced weekly media monitoring to proactively track and assess coverage</li> </ul>	<div> <div></div> <div>ON TRACK</div> </div>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
				<p>related to respiratory therapy, healthcare trends, and regulatory developments across Ontario and Canada.</p> <p><b>Website Rebuild</b></p> <ul style="list-style-type: none"> <li>Made steady progress on the website redevelopment project, with initial planning, content mapping, and system partner-input well underway.</li> </ul> <p><b>Email strategy and welcome journey</b></p> <ul style="list-style-type: none"> <li>Developing a strategy and plan. Once new email/communication platform is ready, we will use to support this strategy.</li> </ul>	
Governance & Accountability					
A highly competent & effective Council.					
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	<ul style="list-style-type: none"> <li>ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.</li> <li>Draft developed for enhanced competency self-evaluation for prospective Council &amp; Committee members.</li> </ul>	<ul style="list-style-type: none"> <li>Revised the CRTO By-laws to include a <b>new elections eligibility requirement</b> (i.e., election candidates must complete the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination).</li> <li>Implemented the following governance initiatives: <ul style="list-style-type: none"> <li>Council &amp; Committee Competency Profile</li> <li>Council Evaluation Framework</li> <li>New elections nomination form</li> <li>New Committee Member Appointments webpage and application forms</li> <li>Online orientation module relating to the duties, obligations and expectations of Council and Committee members</li> <li>Post-Council self-evaluation implemented and monitored to expand and improve upon.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website.</li> <li>Post-Council self-evaluation implemented and monitored to expand and improve upon.</li> <li>2024 Council election candidates and committee appointees required to complete the online, pre-application learning module.</li> </ul>	<ul style="list-style-type: none"> <li>The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website.</li> <li>Post-Council self-evaluation implemented and monitored to expand and improve upon.</li> <li>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.</li> </ul>	● ACHIEVED
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council	<ul style="list-style-type: none"> <li>Conducted a <b>Council Effectiveness survey</b> (BoardSource) and reported results at the May Council meeting.</li> <li>Consultant was retained to conduct a third-party assessment of the CRTO’s March 2023 Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Retained a consultant to conduct a <b>third-party assessment</b> of the CRTO’s March 2023 Council meeting. Summary of the third-party evaluation was presented at the May Council meeting along with an action plan to address proposed areas of improvement. The third-party evaluation report action plan continues</li> </ul>	<ul style="list-style-type: none"> <li>The third-party evaluation report action plan continues to be monitored to expand and improve upon.</li> </ul>	<ul style="list-style-type: none"> <li>The third-party evaluation report action plan continues to be monitored to expand and improve upon.</li> </ul>	● ACHIEVED



Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
(min. every three years).		to be monitored to expand and improve upon.			
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.	<ul style="list-style-type: none"> <li>Developed three eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> </ul> </li> <li>Facilitated Anti-Racism &amp; Anti-Oppression training for CRTO Council, Committee and staff.</li> <li>The Chairing a Meeting module was presented at the annual Chair's Dinner</li> <li>Council Education Day (Sept. 23<sup>rd</sup>) focused on the following: <ul style="list-style-type: none"> <li>Privacy</li> <li>Cybersecurity</li> <li>Virtual meetings</li> </ul> </li> <li>Required all Council &amp; Committee members to provide evidence that they had reviewed the educational material posted in the CRTO's portal, which includes: <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> <li>Language of Finance</li> <li>Annual Financial Audit</li> <li>Monitoring Progress</li> <li>Meeting in a Virtual World.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Developed <b>new online orientation module</b> relating to the duties, obligations and expectations of Council and Committee members.</li> <li>Provided the following additional training: <ul style="list-style-type: none"> <li>Right Touch Regulation presentation (Chairs Dinner)</li> <li>Cybersecurity: Insurance Requirements and Implications</li> <li>Risk Management Workshop</li> </ul> </li> <li>Conducted new Council member orientation.</li> <li>Conducted annual training for the Registration Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Conducted the annual committee orientation sessions (ICRC, PRC, QAC and RC).</li> <li>Updated the FAC, PRC, QAC and RC terms of reference and action plans.</li> <li>Offered HPRO Governance Training to all Council members.</li> <li>Provided the following additional training to Council and Committee members and staff: <ul style="list-style-type: none"> <li>Compassionate regulation (Chair's Dinner).</li> <li>Indigenous-led blanket exercise (Education Day)</li> <li>Cybersecurity training (September Council).</li> </ul> </li> <li>Conducted new Council member orientation.</li> <li>The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> <li>Language of Finance</li> <li>Annual Financial Audit</li> <li>Monitoring Progress</li> <li>Meeting in a Virtual World.</li> </ul> </li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Updated the QAC and RC terms of reference and action plans.</li> <li>Provided additional training to Council members and staff: <ul style="list-style-type: none"> <li>Council and Committee Meeting Reminders</li> <li>Duties of Council</li> </ul> </li> <li>The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> <li>Role of the Chair</li> <li>Regulatory Framework</li> <li>Committees</li> <li>Language of Finance</li> <li>Annual Financial Audit</li> <li>Monitoring Progress</li> <li>Meeting in a Virtual World.</li> </ul> </li> <li>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.</li> <li>Developed a governance manual as an additional resource for Council and committee members.</li> <li>Training is being planned and developed by PC staff for Discipline Committee Members.</li> <li>Staff continue to refine the Registration Committee decision-making tools to enhance their effectiveness.</li> </ul>	<div>ON TRACK</div>
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"> <li>Revised <a href="#">By-laws</a> (approved at the March 4, 2022 Council meeting) include an updated <a href="#">Code of Conduct</a> and <a href="#">Rules of Order</a> that have been standardized and attached as a schedule.</li> <li>The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.</li> <li>The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.</li> <li>The new elections nomination form and the committee appointees' application form include an updated conflict of interest and record of affiliations section.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.</li> <li>Developed and implemented a new governance declaration form.</li> <li>The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.</li> <li>The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings.</li> </ul>	<div>ACHIEVED</div>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
An ongoing commitment to performance improvement.					
<b>Tracking &amp; review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.</b>	<ul style="list-style-type: none"> <li>One of the recommendations from the <b>external review of all Professional Conduct processes</b> is to enhance data collection, tracking and reporting.</li> <li>The <b>Finance &amp; Audit Committee</b> began the development of KPIs relevant to the financial management of the CRTO.</li> <li>The <b>2021 – 2025 Strategic Direction Update Report</b> was presented at the May 27<sup>th</sup> Council meeting.</li> <li>Updated <b>QAC &amp; ICRC Terms of Reference and Action Plans</b> approved at the May 27<sup>th</sup> Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a KPIs reporting template linked to the CRTO strategic objectives.</li> <li>Presented the KPIs report at the September 22, and December 1, 2023, Council meetings.</li> </ul>	<ul style="list-style-type: none"> <li>A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting.</li> </ul>	● ACHIEVED
<b>Ongoing monitoring of the KPI dashboard.</b>	<ul style="list-style-type: none"> <li>Under development.</li> </ul>	<ul style="list-style-type: none"> <li>Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>KPIs in all major program areas have been identified and are reported to Council on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>KPIs in all major program areas have been identified and are reported to Council on a regular basis.</li> </ul>	● ACHIEVED
Enhancing Professionalism					
Policies, standards of practice, & practice guidelines based on the best available evidence.					
<b>Policy framework &amp; review/revision of all policies and practice guidelines.</b>	<ul style="list-style-type: none"> <li>Continued the full-scale policy review under the <a href="#">Policy Framework</a>.               <ul style="list-style-type: none"> <li>28 policies updated/approved</li> <li>3 PPGs sent out for consultation</li> <li>4 revised PPGs approved by Council</li> </ul> </li> <li>Revised <a href="#">CRTO By-laws</a> approved at the March 2022 Council meeting.</li> <li>Draft By-Law revisions approved for consultation at the December 2023 Council meeting.</li> <li>Conducted a comprehensive review and drafted amendments to the Ontario Regulation 596/94 to address the new Emergency Class of Registration and other changes related to, for example, registration requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Continued policy review guided by the <a href="#">Policy Framework</a>.               <ul style="list-style-type: none"> <li>10 policies updated/developed</li> <li>4 PPGs sent out for consultation</li> <li>3 revised PPGs/CBPGs approved by Council</li> </ul> </li> <li>Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees.</li> <li>Drafted By-Law revisions to address the new Emergency Class of Registration. The draft revised By-law 3 approved for consultation at the December 2023 Council meeting.</li> <li>Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO continues its policy review guided by the <a href="#">Policy Framework</a>.               <ul style="list-style-type: none"> <li>16 policies updated/developed                   <ul style="list-style-type: none"> <li>2 PPGs sent out for consultation</li> <li>3 revised PPGs approved by Council</li> </ul> </li> </ul> </li> <li>Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration.</li> <li>The proposed amendments to the Registration Regulation have been posted for consultation on the government website.</li> </ul>	<p>The CRTO continues its policy review guided by the <a href="#">Policy Framework</a>.</p> <ul style="list-style-type: none"> <li>8 policies updated/developed</li> <li>5 PPGs revised and updated</li> <li>Policy documents under review/development:               <ul style="list-style-type: none"> <li>Currency Condition Policy</li> <li>VSC Policy</li> <li>PDP Policy</li> <li>Community Practice PPG</li> <li>Commitment to Ethical Practice</li> </ul> </li> <li>The PC team has begun planning a wide scale internal process review. The PC team will be reviewing existing policies and procedures aiming to enhance clarity, efficiency and effectiveness in furtherance of the aim of public protection.</li> <li>Conducted a detailed review of the Professional Misconduct Regulation and drafted amendments based on the review.</li> <li>Drafted amendments to By-law 3 Fee section.</li> </ul>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
<b>Standards of Practice &amp; Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).</b>	<ul style="list-style-type: none"> <li>Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI.</li> </ul>	<ul style="list-style-type: none"> <li>Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI.</li> </ul>	<ul style="list-style-type: none"> <li>Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI.</li> </ul>	<ul style="list-style-type: none"> <li>Continued participation in a NARTRB Standards of Practice Working Group. The group finalized the national Standards of Practice for Respiratory Therapists, which include an expanded guidance related to DEI.</li> </ul>	● ON TRACK
Supporting the application of new or amended practice standards.					
<b>Online modules to support difficult-to-understand and novel practice standards.</b>	<ul style="list-style-type: none"> <li>Drafted an outline for the Delegation &amp; Authorizing Mechanisms online modules.</li> <li>Preparing an online module for student/graduate RTs.</li> </ul>	<ul style="list-style-type: none"> <li>Finalized the Delegation e-learning module. The module is now available in PDKeeper.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a new e-learning module focused on Authorizing Mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Continued to use targeted social media strategies to present professional practice topics.</li> <li>Preparation of script for next e-module video on understanding the requirements of an RT when educating/mentoring.</li> <li>Script for "Welcome to the Profession" sent to the programmer.</li> </ul>	● ON TRACK
The application of Risk-Based regulation.					
<b>Formal risk assessments in all RC, QAC &amp; ICRC decisions.</b>	<p><b>PC</b> - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p><b>QAC</b> - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.</p> <p><b>Reg</b> - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p><b>PC</b> - ICRC orientation included an introduction to the ICRC decision risk assessment tool. ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. Staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process going forward.</p> <p><b>QA</b> - The QAC applied risk-based approach in its review of applications for deferral of the 2023/24 Portfolio. Ongoing review of Members who require coaching sessions to provide data for a risk-based approach to Professional Development.</p> <p><b>Reg</b> - All RC panels continue to utilize the risk assessment tool for making registration decisions. The annual Registration Committee orientation session included a section related to risk management.</p>	<p><b>PC</b> - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. The project to revise the risk assessment tool has been completed. The updated tool was shared with the ICRC at its annual orientation.</p> <p><b>Reg</b> - All RC panels continue to utilize the risk assessment tool for making registration decisions. The assessment tool for internationally educated healthcare professionals (IEHP) has been updated. 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><b>PC</b> - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports.</p> <p><b>Reg</b> - CRTO continues to develop and refine its risk assessment tools for evaluating internationally educated applicants and applicants with currency gaps.</p>	● ON TRACK
Healthcare Community					
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.					
<b>Creation of common standards (where possible) both</b>	Participated in the following initiatives with other regulators:	Continued engagement with other regulators: <ul style="list-style-type: none"> <li>HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,</li> </ul>	Continued engagement with other regulators:	Ongoing scope of practice review with the RTSO.	● ON TRACK



Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
provincially and nationally.	<ul style="list-style-type: none"> <li>HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> <li>Council Competencies Evaluation Framework</li> <li>Information Sharing Policy</li> <li>Anti-BIPOC Racism Working Group</li> </ul> </li> <li>NARTRB <ul style="list-style-type: none"> <li>Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists</li> <li>Review of the current NARTRB Jurisdictional Verification form.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Council Competencies Evaluation Framework <ul style="list-style-type: none"> <li>Risk management</li> </ul> </li> <li>NARTRB <ul style="list-style-type: none"> <li>Standards of Practice Working Group</li> <li>Validation survey for the revised NARTRB Entry-to-practice Competency Profile</li> <li>Updated the Language Proficiency for Respiratory Therapy document.</li> </ul> </li> <li>CNAR <ul style="list-style-type: none"> <li>Professional regulation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management.</li> <li>NARTRB <ul style="list-style-type: none"> <li>Review of Practice Standards</li> <li>2024 Entry-to-practice Competency Framework</li> <li>Updated the Language Proficiency for Respiratory Therapy document and Statement of Professional Standing Form</li> <li>Received 8 EtP assessment referrals from other regulators.</li> </ul> </li> <li>CNAR – attended several workshops and conferences, e.g., Impactful Leadership in a Dynamic Regulatory World, AI and Technology, Annual National Conference.</li> <li>CLEAR - attended several workshops and conferences, e.g., Compassion in Regulatory Complaints, Harnessing AI in Professional Regulation, Annual Educational Conference.</li> </ul>	<p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> <li>HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management.</li> <li>NARTRB <ul style="list-style-type: none"> <li>Review of Practice Standards</li> <li>Commitment to Ethical Practice Guideline</li> <li>Board Meetings</li> </ul> </li> <li>Attended several workshops and webinars offered through CNAR and Clear, topics included anti-racism, entry-to-practice registration, collecting demographic data, communication competencies, and use of AI in the regulatory landscape.</li> </ul>	
Engaging with stakeholders to enhance quality patient care.					
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	<ul style="list-style-type: none"> <li>The <a href="#">CRTO Policy Framework</a> outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.</li> <li>20 consultations conducted under the Policy Framework.</li> </ul>	<ul style="list-style-type: none"> <li>The <a href="#">CRTO Policy Framework</a> outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.</li> <li>9 consultations conducted under the Policy Framework.</li> </ul>	<ul style="list-style-type: none"> <li>The <a href="#">CRTO Policy Framework</a> continues to guide the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.</li> <li>2 consultations conducted under the Policy Framework.</li> </ul>	<ul style="list-style-type: none"> <li>The <a href="#">CRTO Policy Framework</a> continues to guide the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.</li> <li>Ongoing out-reach strategy.</li> <li>Posted the draft General Certificate of Registration - Currency Condition Policy for consultation.</li> </ul>	<div> <div></div> <div>ACHIEVED</div> </div>
Core Business Practices					
Clear financial alignment with strategic priorities.					
Revised financial statement & investment portfolio presentation	<ul style="list-style-type: none"> <li>Streamlined the financial statement reporting format to highlight how it aligns with College’s strategic direction and key priorities.</li> <li>Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting.</li> <li>Reviewed proposals &amp; presentations from several financial institutions who had</li> </ul>	<ul style="list-style-type: none"> <li>A subcommittee of the Finance &amp; Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee’s recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management.</li> </ul>	<ul style="list-style-type: none"> <li>Updated the Investment Policy based on financial advisor’s recommendations.</li> <li>Reviewed and updated the investment reporting tool.</li> <li>Retained investment bookkeeping services to ensure accuracy and streamline the audit process</li> </ul>	<ul style="list-style-type: none"> <li>Drafted revisions to the Reserves Policy approved at the June Council</li> </ul>	<div> <div></div> <div>ACHIEVED</div> </div>



Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
	expressed an interest in providing the CRTO with ongoing investment management service.				
<b>Finance &amp; Audit Committee (FAC)</b>	<ul style="list-style-type: none"> <li>Established the FAC Goals &amp; Terms of Reference</li> <li>Assisted the Executive Committee in the review of the CRTO's 2021 – 2022 Financial Audit, the 2022 – 2023 budget, &amp; evaluation of the External Auditor.</li> <li>Developed a Membership Fee Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>Implemented the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee.</li> <li>Reviewed and updated Signing Officers and Authorized Personnel-Banking &amp; Investments Policy.</li> <li>Recommended new external auditor for the CRTO.</li> <li>Reviewed the draft budget for 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>FAC met with the Financial Advisory Team.</li> <li>FAC continued to join the Executive Committee during the year to review the financial statements, investment portfolio, and audit plan.</li> </ul>	<ul style="list-style-type: none"> <li>FAC reviewed its Terms of Reference and Action Plan for 2025</li> <li>FAC the revised Reserves Policy</li> <li>FAC reviewed financial implications of CRTO entering into a defined benefit pension plan.</li> <li>FAC joined Executive Committee meeting on June 13, 2025, to review the 2024-2025 Audit Report.</li> <li>Council approved the CRTO's auditor for 2025-2026 fiscal year.</li> </ul>	● ON TRACK
<b>A policy that clearly outlines the management of financial reserves</b>	<ul style="list-style-type: none"> <li>Review and subsequent approval of the following policies:               <ul style="list-style-type: none"> <li>Revised Investments Policy</li> <li>New Reserves Policy</li> <li>Revised Honoraria &amp; Expenses Policy</li> <li>Revised Procurement of Goods &amp; Services Policy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy.</li> <li>FAC and the Executive Committee conducted the annual Auditor Evaluation.</li> <li>Used the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee.</li> </ul>	<ul style="list-style-type: none"> <li>The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy.</li> </ul>	● ACHIEVED
<b>Embedding the principles of diversity, equity, and inclusion in College processes.</b>					
<b>Diversity, Equity and Inclusion (DEI) training for Council, Committee &amp; staff members</b>	<ul style="list-style-type: none"> <li>The CRTO's DEI Plan approved at the March Council meeting.</li> <li>Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. <a href="#">DEI Summary Report</a> provided by CED.</li> <li>CEC also conducted a survey with the membership regarding the CRTO's role in promoting DEI. A summary report of these findings was provided to the CRTO in February.</li> <li>CRTO staff participated in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions.</li> <li>Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members.</li> <li>Indigenous Awareness module completed by staff for National Day for Truth &amp; Reconciliation (Sept. 30).</li> </ul>	<p>The CRTO moved into Phase 3 of its DEI Strategy:</p> <ul style="list-style-type: none"> <li>Established a DEI Steering Committee</li> <li>Identified several DEI short- and long-term key performance indicators.</li> <li>Developed new Employee Performance Review &amp; Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees.</li> </ul> <p>Staff training:</p> <ul style="list-style-type: none"> <li>CNAR UnLearn and Learn Session on Addressing Anti-Black Racism</li> <li>Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month</li> <li>CNAR Conference (DEI presentations)</li> </ul>	<ul style="list-style-type: none"> <li>Staff engaged in DEI webinars (focused on Anti-Asian Racism in Healthcare and celebrating Pride Month).</li> <li>Staff and Council took part in an Indigenous-led blanket exercise during Education Day.</li> <li>Staff attended training sessions focused on DEI offered during the CLEAR and CNAR conferences.</li> <li>Staff was provided with learning materials on various culturally significant days.</li> </ul>	<ul style="list-style-type: none"> <li>Staff continues to engage in DEI work through HPRO network monthly meetings.</li> <li>After the development of an inclusive interview question bank, questions were successfully used in the recruitment of new staff members.</li> <li>Staff participated in educational webinars and learning opportunities focused on deepening understanding of systemic inequalities, including those related to anti-Indigenous racism and anti-Black racism.</li> <li>Staff participated in a demographic data collection workshop.</li> </ul>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
	<ul style="list-style-type: none"> <li>Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022.</li> <li><i>Navigating Canada’s Complex Histories</i> e-course (in honour of National Truth &amp; Reconciliation Day) was completed &amp; discussed by all CRTO staff.</li> </ul>				
Equity Impact Assessment	<ul style="list-style-type: none"> <li>Council approved the use of the Ministry of Health’s Health Equity Impact Assessment (HEIA) tool and workbook.</li> <li>The PRC is in the process of revising HEIA to meet the CRTO’s needs.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment &amp; Implementation Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Developed inclusive question bank and interview template.</li> <li>Incorporated the principles of Equity Impact Assessment into a policy review checklist.</li> <li>Developed an internal Recruitment &amp; Selection Policy. The policy provides a transparent and consistent framework for employee recruitment and selection.</li> <li>Continued participation with the HPRO DEI working group to develop the Equity Impact Assessment further.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Staff developed CRTO Policy Document Review Checklist that embeds a DEI lens in the policy review process.</li> <li>Review of data collection consultation survey being finalized.</li> </ul>	<div>ON TRACK</div>
A comprehensive Risk Management Framework					
Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<ul style="list-style-type: none"> <li>IT Infrastructure Architecture review completed &amp; process begun to implement recommendations. <ul style="list-style-type: none"> <li>Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.</li> <li>Installed a dedicated firewall to reduce security risk and improve the organization’s security posture.</li> <li>Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera).</li> </ul> </li> <li>Cybersecurity presentation by ISA to Council and staff.</li> <li>Started the process of moving all members’ files to a digital format.</li> </ul>	<p>The <a href="#">Risk Management Framework</a> continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> <li>Risk monitoring and reporting: developed a Risk Register and a Risk Report template</li> <li>Training: <ul style="list-style-type: none"> <li>Risk management workshop attended by Council, Committee members and staff</li> <li>Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise)</li> </ul> </li> <li>Record digitalization project in progress.</li> <li>Ongoing meetings with vendor related to new database implementation.</li> <li>Adoption of the Membership Fee Assessment Tool to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest.</li> </ul>	<p>The <a href="#">Risk Management Framework</a> continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> <li>Risk monitoring and reporting: developed a Risk Register and a Risk Report template.</li> <li>Training: <ul style="list-style-type: none"> <li>Ongoing phishing campaign and cybersecurity awareness training for staff.</li> <li>Conducted a cybersecurity training session for Council and Staff at the September Council meeting</li> <li>Staff attended the AI in Licensing and Regulation conference.</li> </ul> </li> <li>Developed a comprehensive cybersecurity plan.</li> <li>Firewall is being monitored and activities. considered suspicious have been investigated /resolved.</li> <li>Patching and backups continue to be completed and managed.</li> </ul>	<p>The <a href="#">Risk Management Framework</a> continues to guide the CRTO’s risk management processes, these include:</p> <ul style="list-style-type: none"> <li>Risk monitoring and reporting: continues to use the Risk Register Report template to provide regular updates to Council.</li> <li>Training: <ul style="list-style-type: none"> <li>Ongoing phishing campaign and cybersecurity awareness training for staff.</li> <li>Staff attended the HIROC Cyber Preparedness in Healthcare presentation.</li> </ul> </li> <li>Firewall is being monitored and recently underwent a configuration review to ensure relevant controls are in place.</li> <li>Patch management and backups continue to be carried out.</li> <li>Ongoing meetings with vendor related to new database implementation. Continue testing the public register, member and</li> </ul>	<div>ACHIEVED</div>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 (Q1, Q2) Highlights	STATUS
	<ul style="list-style-type: none"> <li>The CROTO <a href="#">Risk Management Framework</a> was approved at the Council meeting (Dec. 2).</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing meetings with vendor related to new database implementation.</li> <li>Completed records digitalization project.</li> <li>Developed a comprehensive office transition plan.</li> <li>Updated the Office Security Policy.</li> <li>Conducted simulated office evacuation exercise.</li> <li>Staff conducted a network file cleanup based on the internal audit findings.</li> </ul>	<p>staff portals. Working on queries/reports, payment system and reviewed document management options.</p> <ul style="list-style-type: none"> <li>Working on data clean up, formatting for data conversion.</li> <li>Updated the Office Security Policy</li> <li>Upgraded all devices to Windows Pro and enrolled into Microsoft Intune and Defender. Continue creating policies and monitoring devices in both tools.</li> <li>Staff cybersecurity awareness training conducted in August.</li> </ul>	
Succession plan for senior leadership	<ul style="list-style-type: none"> <li>Appointment of a Deputy Registrar &amp; creation of a new Manager of Regulatory Affairs position.</li> <li>Succession Planning for Senior Leadership Policy approved by Council.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness.</li> <li>Continued review and development of standard operating procedures in core program areas.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness</li> <li>Continued review and development of standard operating procedures in core program areas.</li> <li>Developed and implemented Registrar's directives in PC and Registration.</li> </ul>	<ul style="list-style-type: none"> <li>Continued review and development of standard operating procedures in core program areas.</li> <li>Continued to develop and implemented Registrar's directives in PC and Registration.</li> </ul>	<div> <div></div> ACHIEVED </div>



College of Respiratory  
Therapists of Ontario

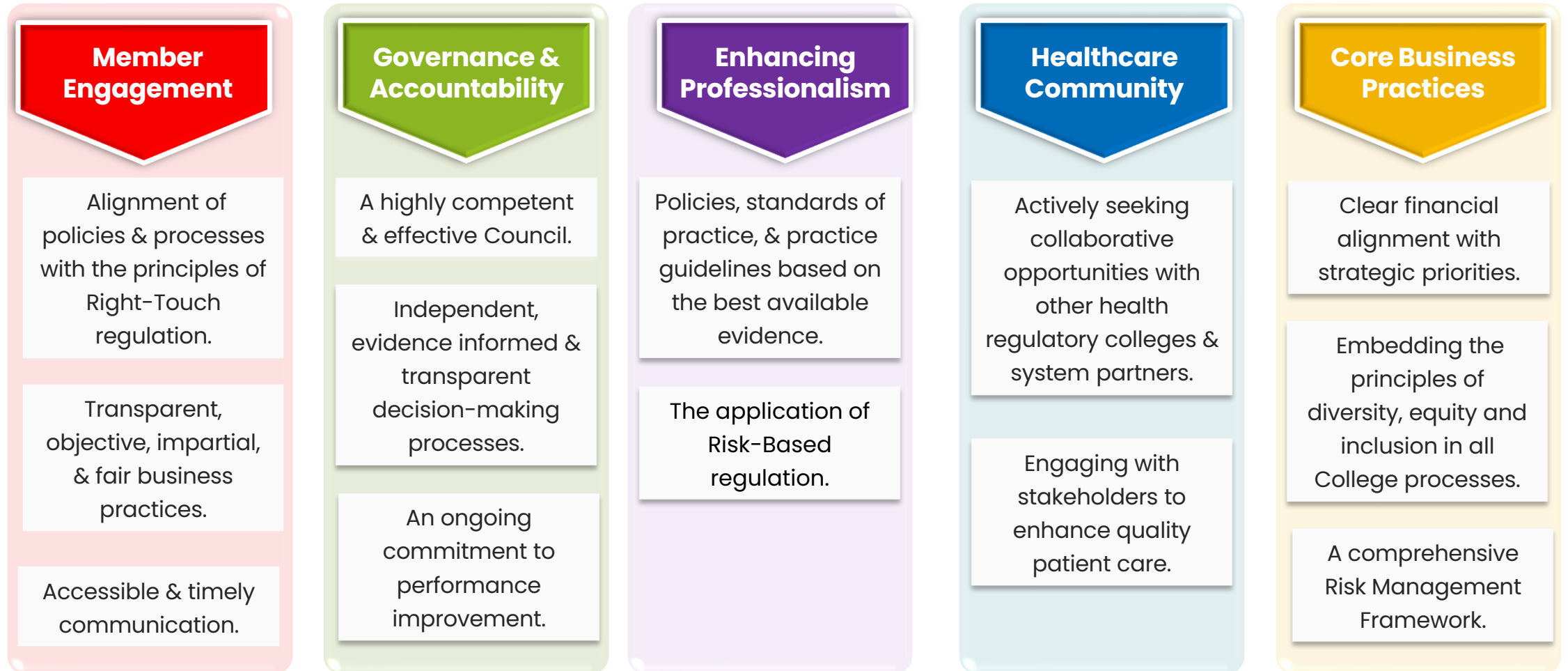
Ordre des thérapeutes  
respiratoires de l'Ontario

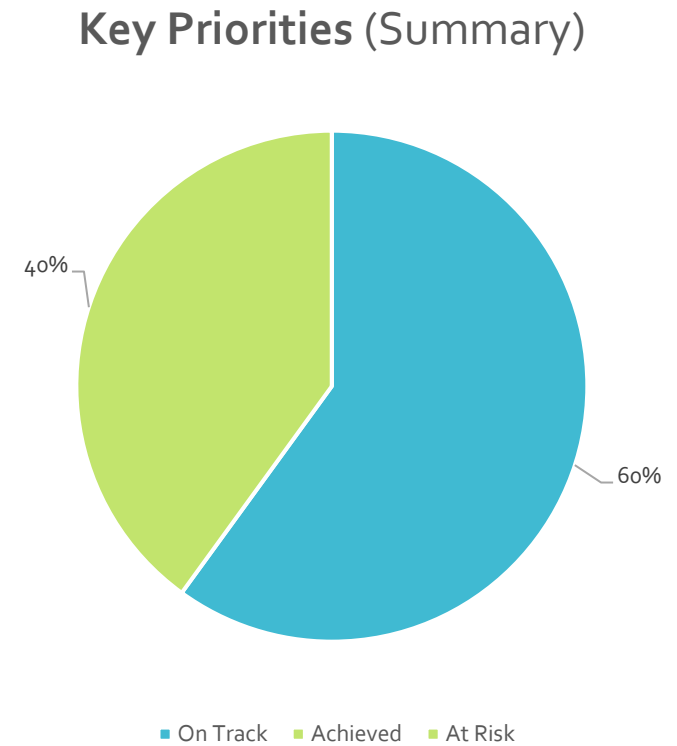
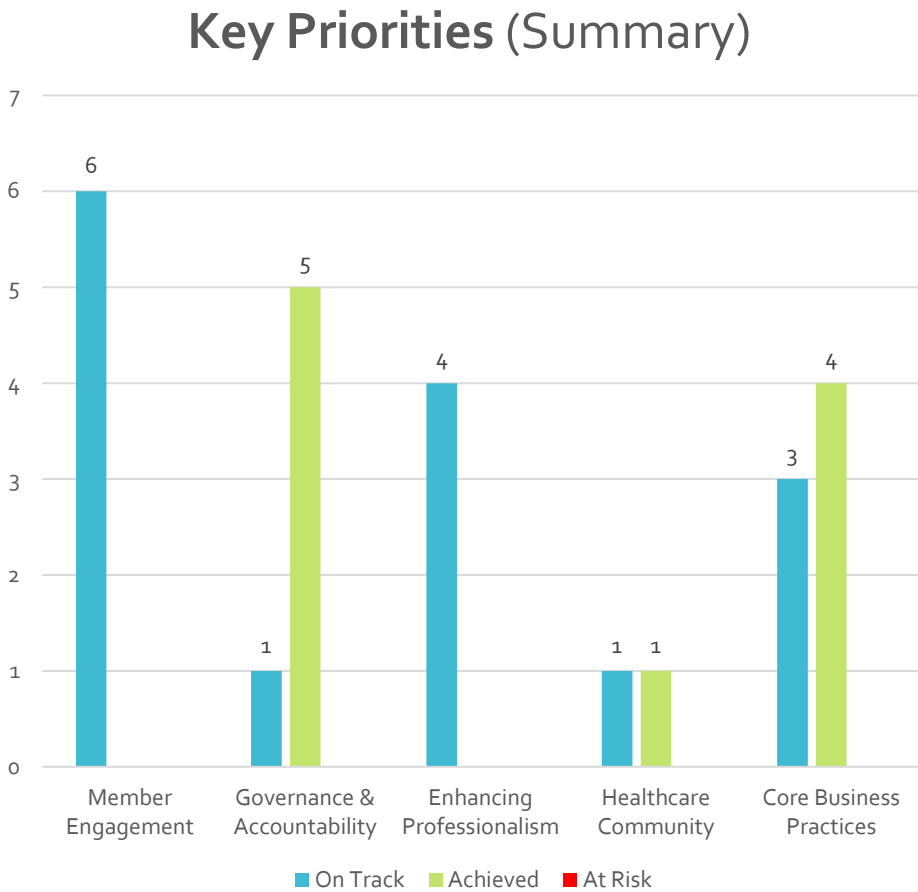
# 2021 – 2025 Strategic Direction Quarterly KPIs Report

September 25, 2025

CRTO Staff

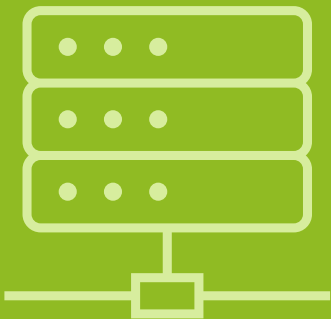
# CRTO 2021 – 2025 Strategic Direction





an ongoing  
commitment  
to  
performance  
improvement

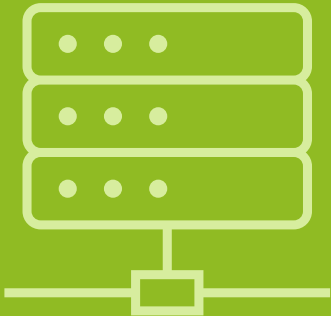
CORE  
PROGRAMS



Program	Indicator	Measure*
Registration	Number of Members / Members by Class of Registration	Monitoring Measure
	Number of status changes processed	Monitoring Measure
	Number of applications received	Monitoring Measure
	Resignations (2015-2025)	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
Professional Conduct	Snapshot: IEHP Applicants	Monitoring Measure
	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

an ongoing  
commitment  
to  
performance  
improvement

CORE  
PROGRAMS



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

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

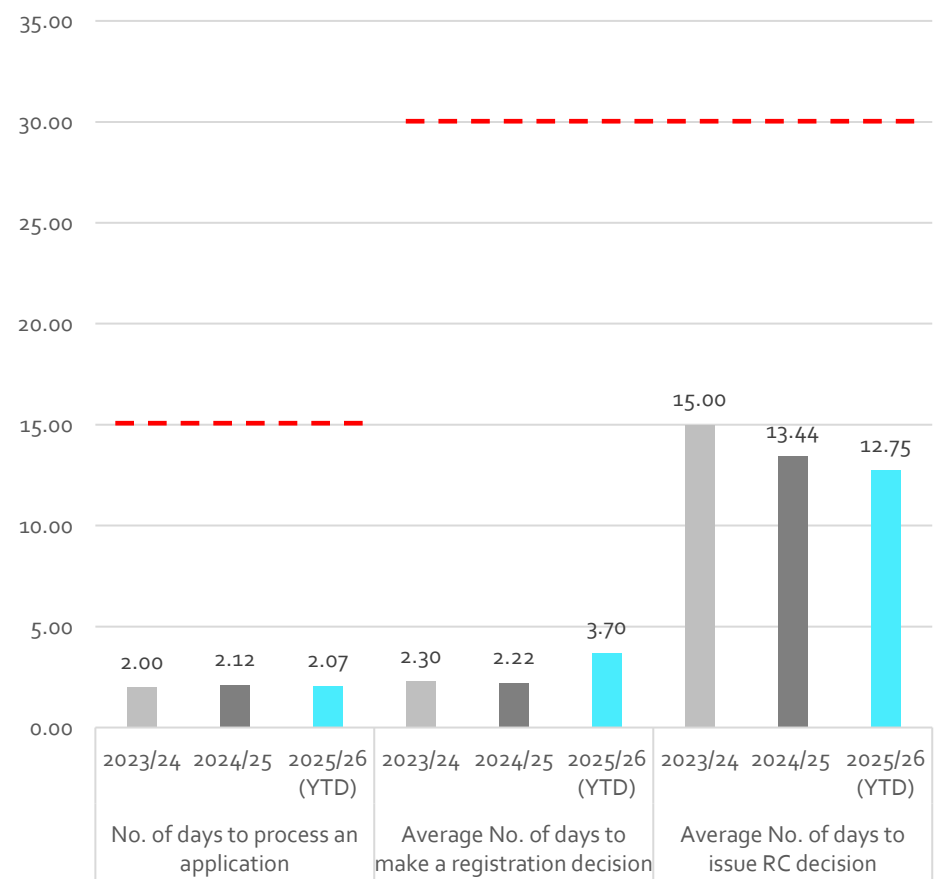
A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.



# Performance Measures – Summary

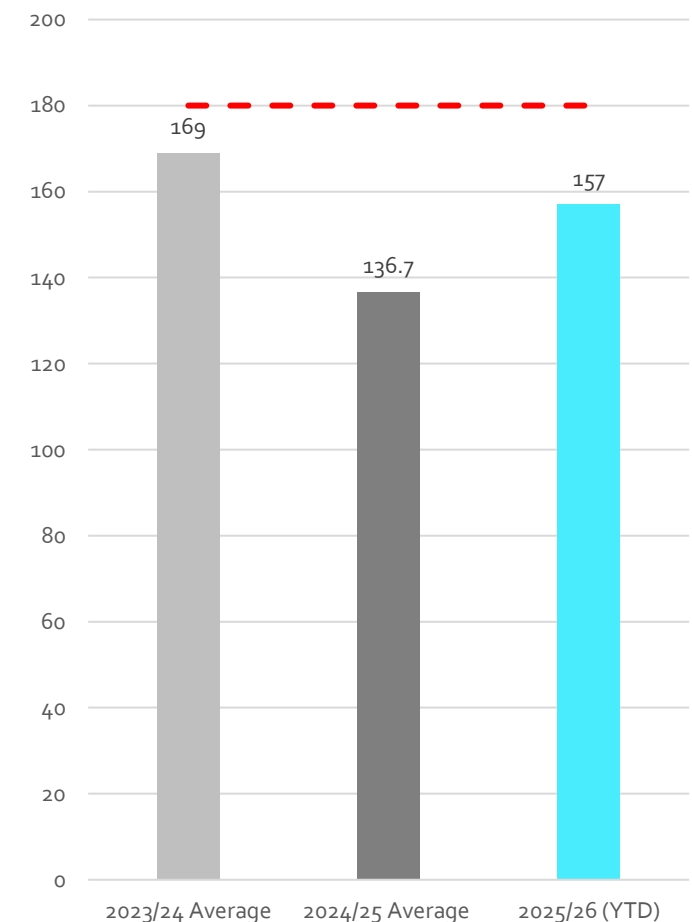
## Registration, Professional Conduct and Communications

### Registration



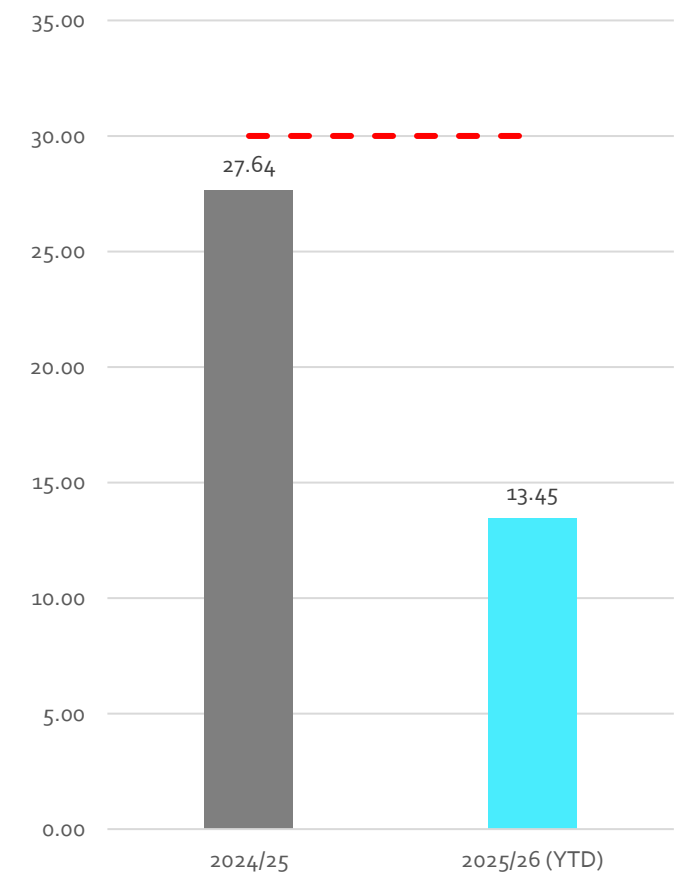
### Professional Conduct

Average Disposition Time (Days)



### Communications

Average Document Posting Time (Days)



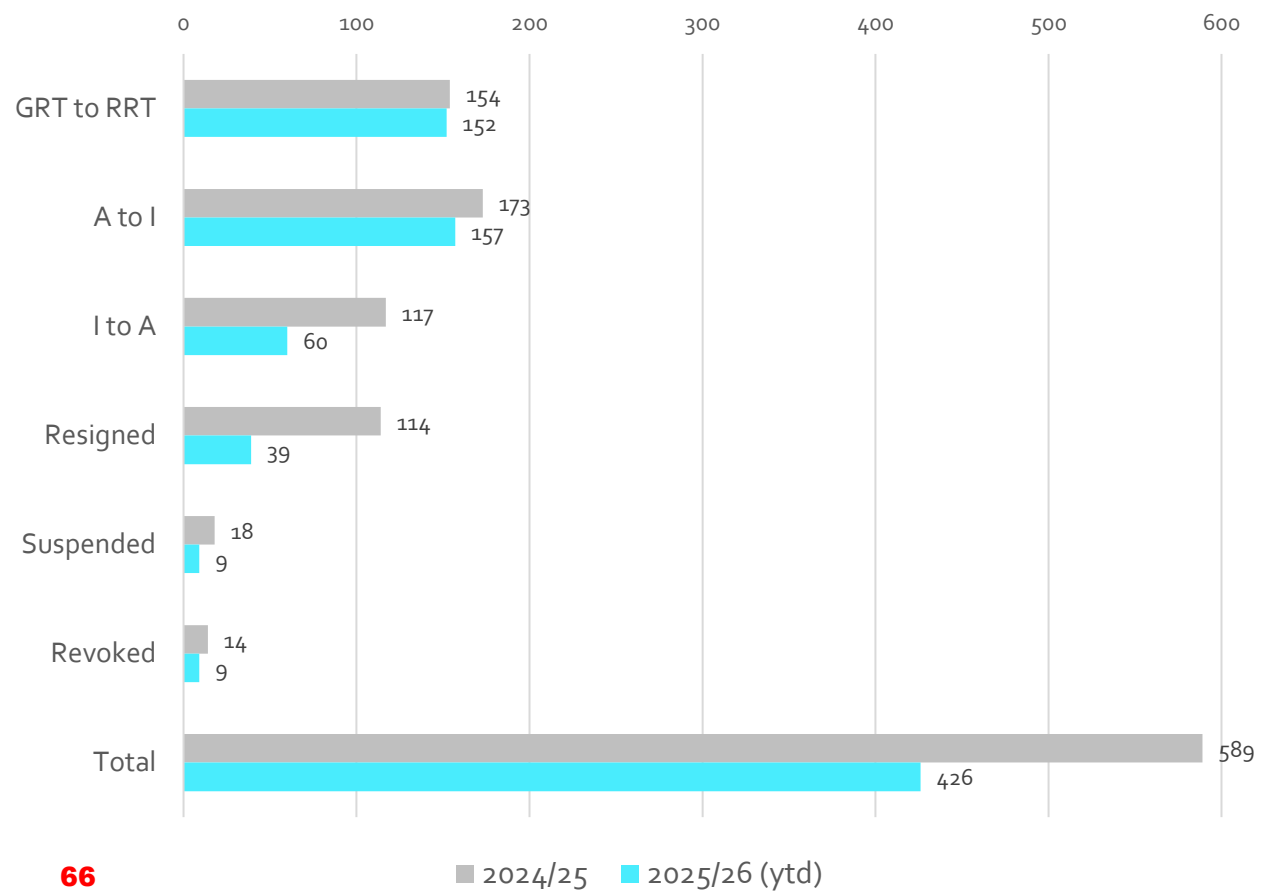
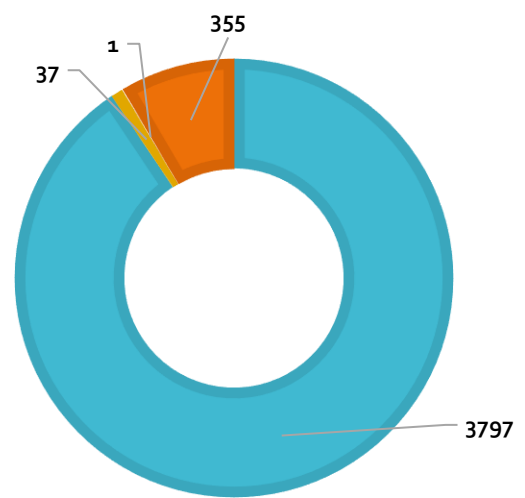
## 4190 Members



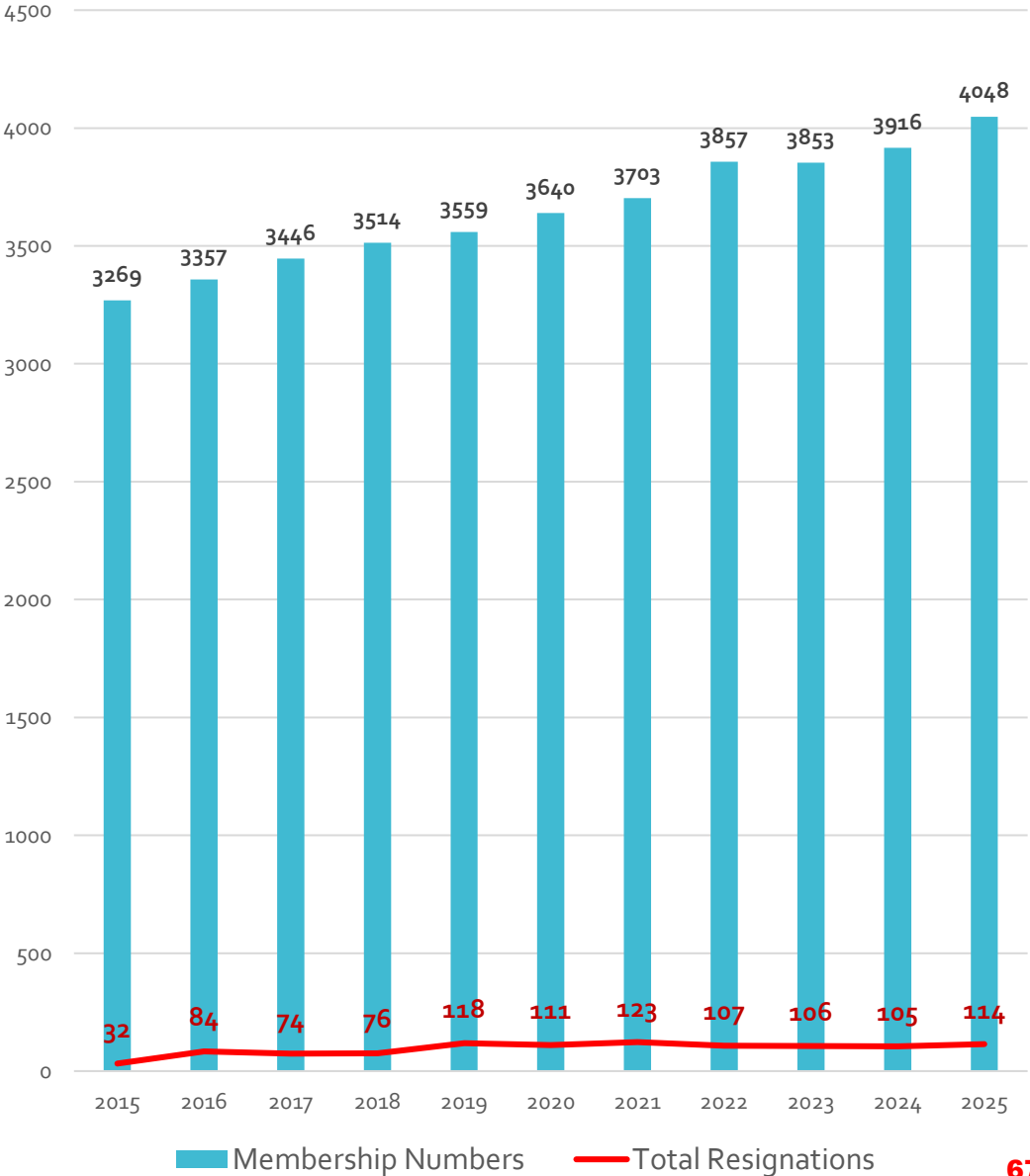
**+60** new Members from last quarter

## Members by Class of Registration

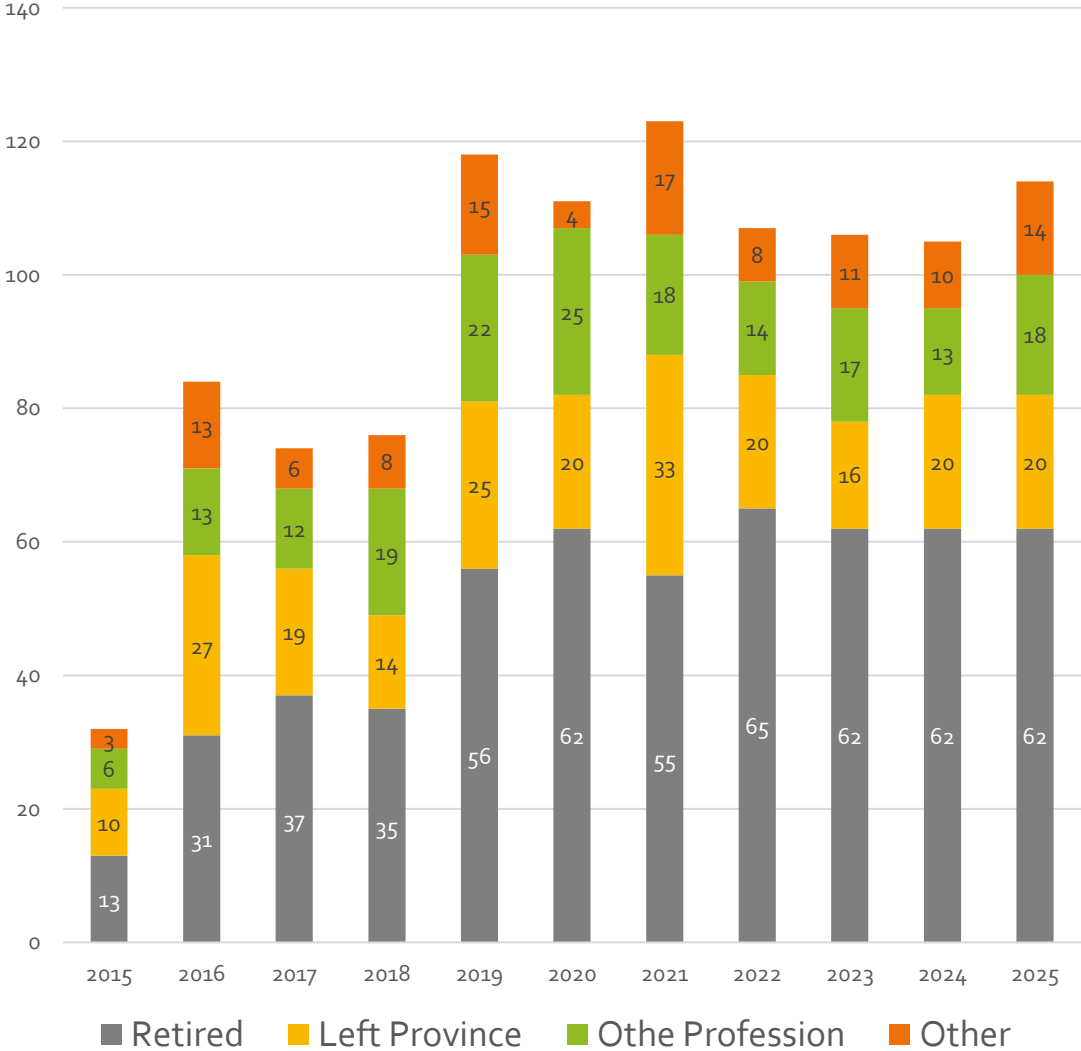
General Graduate Limited Inactive



Total no. of Members / Resignations



Resignations - Reason



an ongoing commitment to performance improvement

# REGISTRATION (March – August 2025)

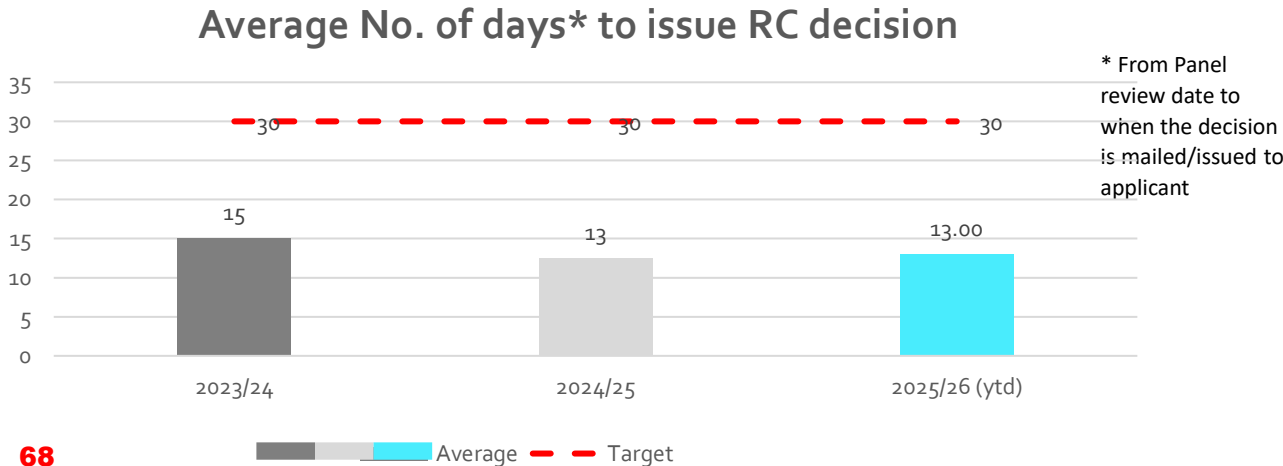
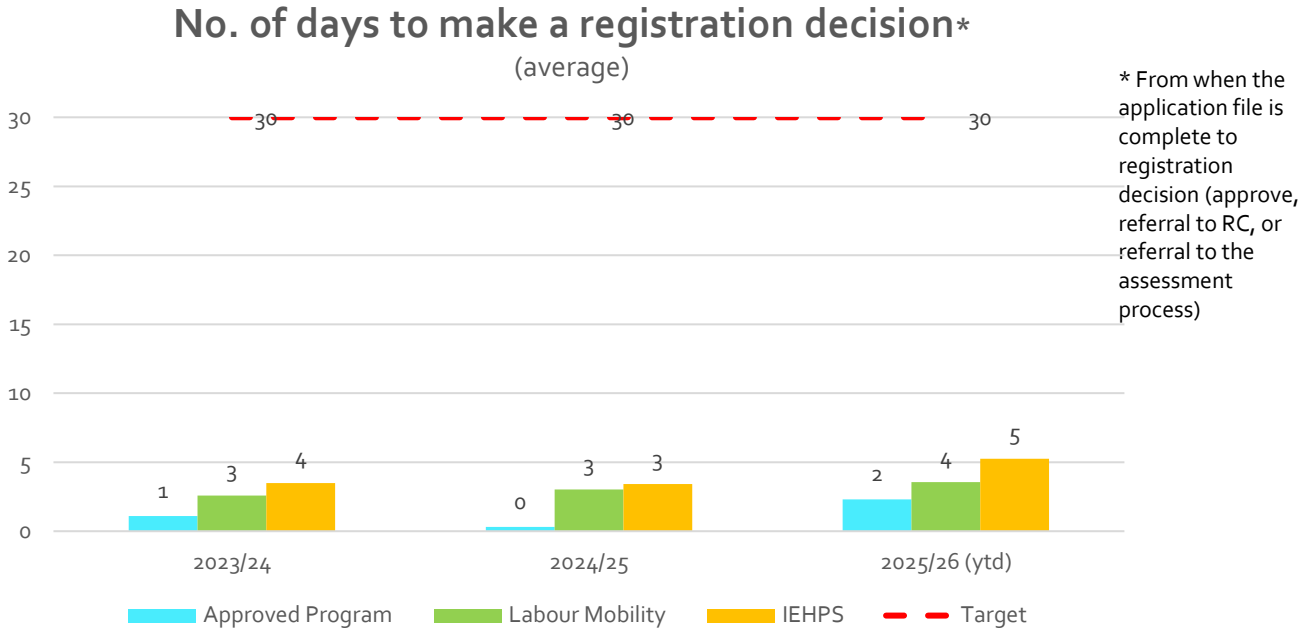
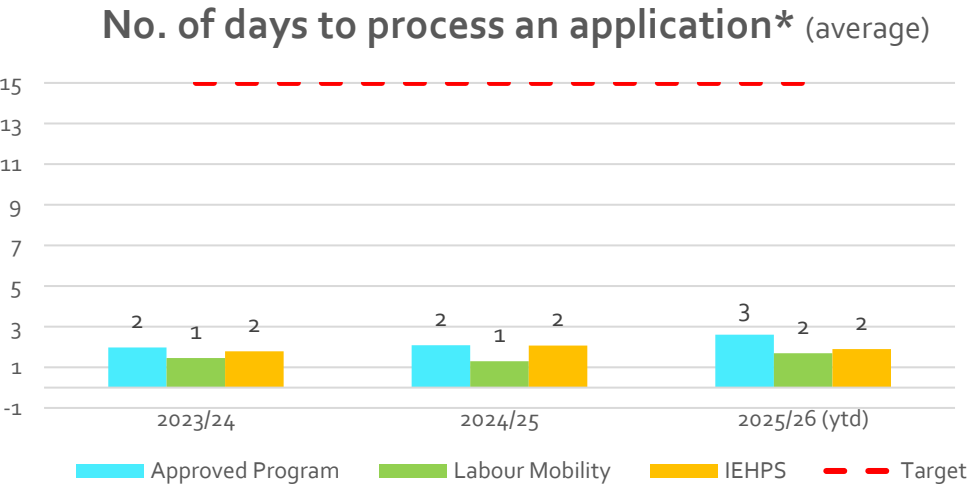
186 New applications

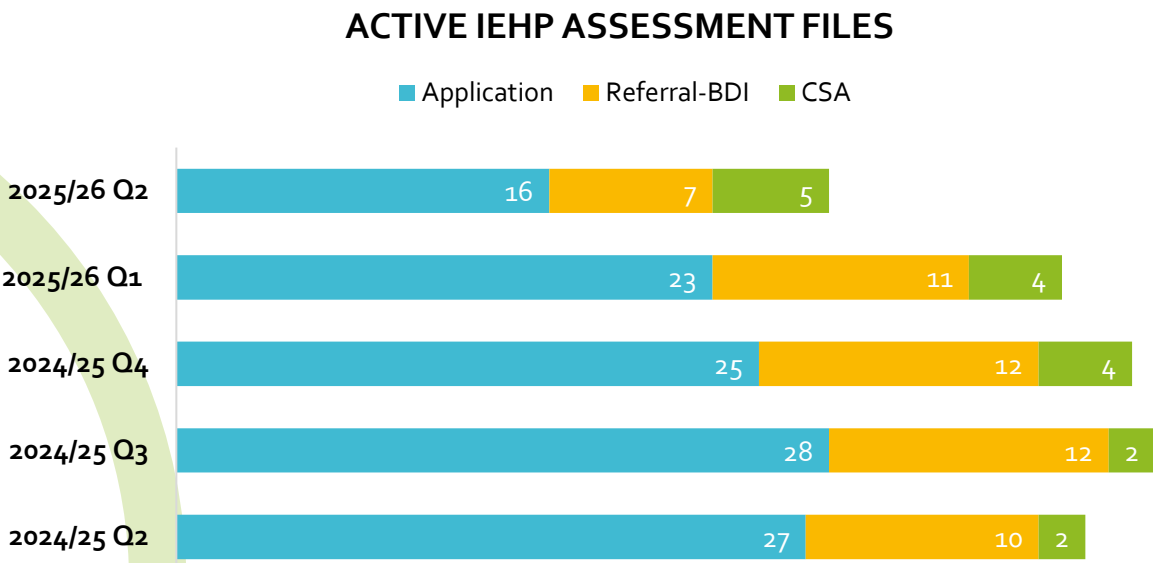
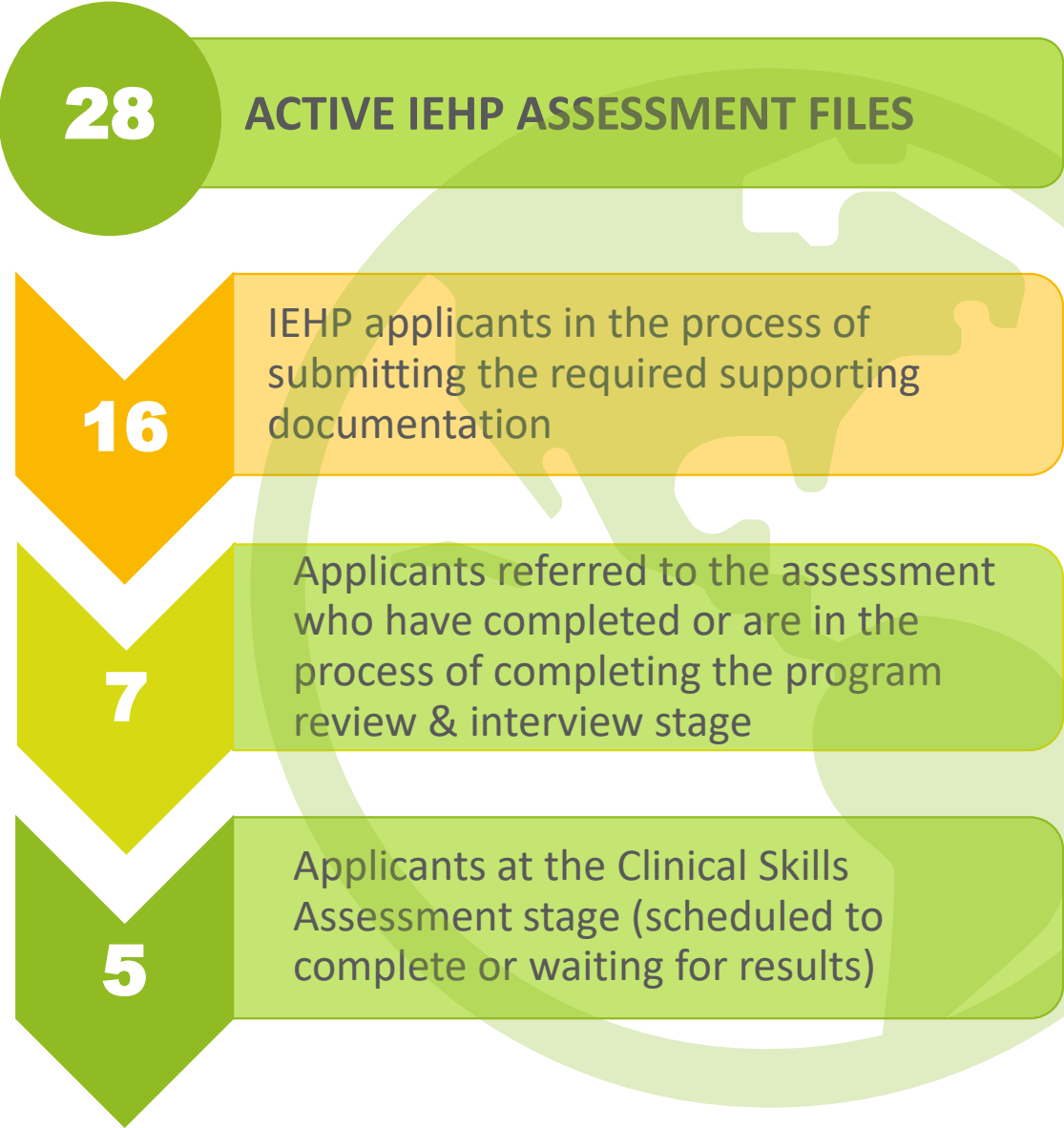
of those 9 are labour mobility applications\*



New Applications	March 1 to Aug 31, 2025
Ontario Graduates	165
Other Canadian Grad	12
USA Graduates	2
International Graduates	7

Labour Mobility Applications	March 1 to Aug 31, 2025
Alberta	3
Quebec	3
Manitoba	1
Saskatchewan	2
Newfoundland	0





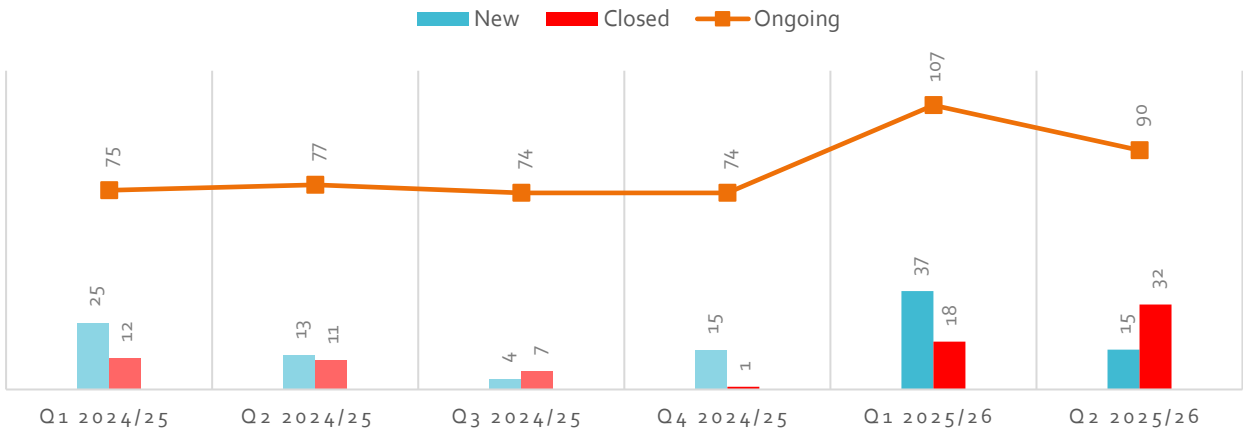
**IEHP APPLICANTS - BY COUNTRY OF EDUCATION**

Philippines	13	Colombia	1
India	6	Nigeria	1
USA	3	Saudi Arabia	1
Iran	3		

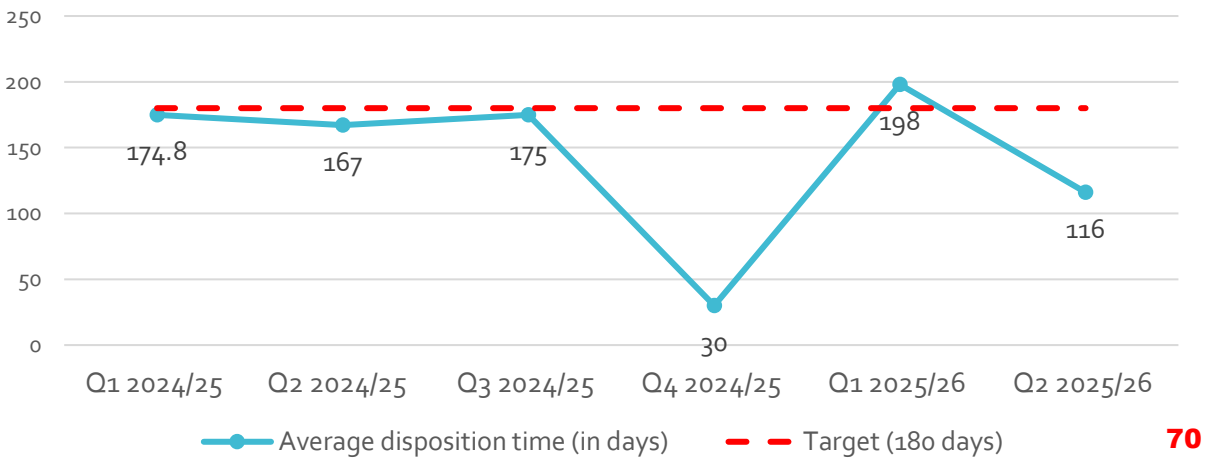
an ongoing commitment to performance improvement

# PROFESSIONAL CONDUCT (March – August 2025)

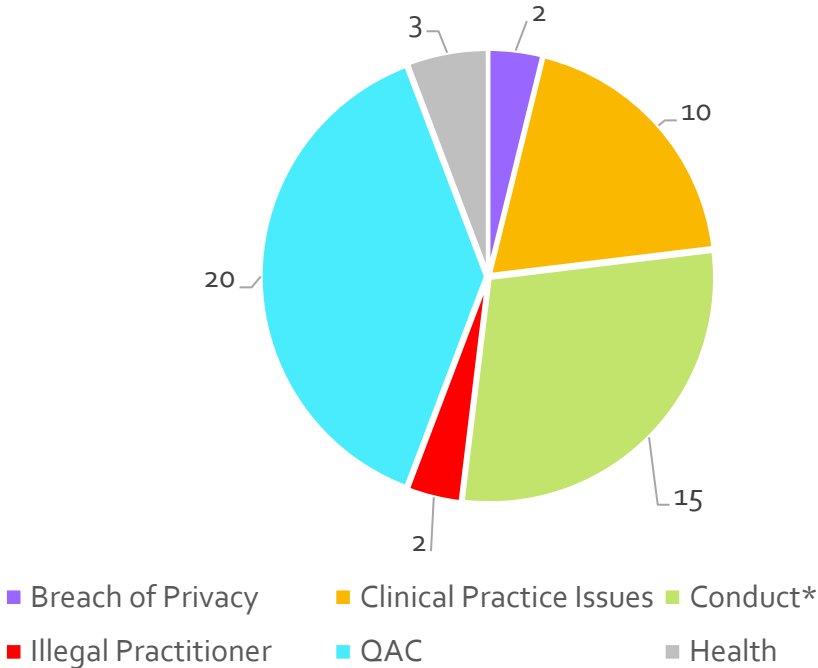
NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES



AVERAGE DISPOSITION TIME (in days)



NEW COMPLAINTS AND REPORTS BY THEME (ytd)

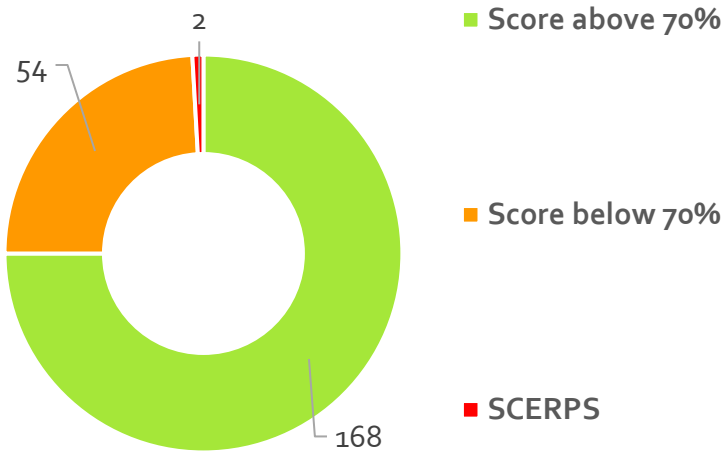


*Conduct (detail)	2025/26 Total
Professional Misconduct	10
Disruptive Conduct with Colleagues	3
Conduct of Member re Social Media	1
Unprofessional Conduct in Personal Life	1

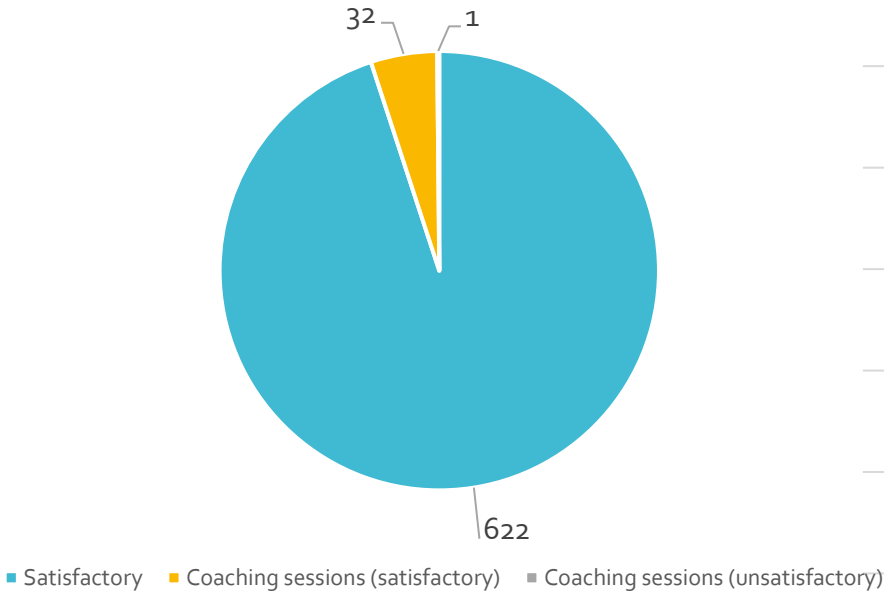
an ongoing commitment to performance improvement

# QUALITY ASSURANCE (March – August 2025)

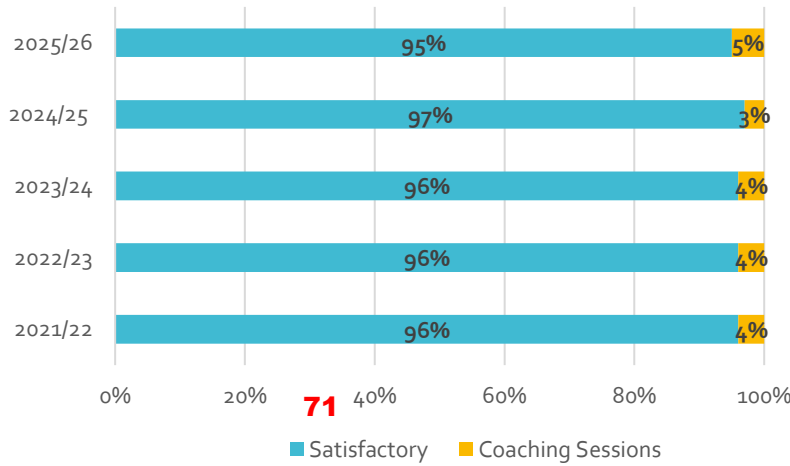
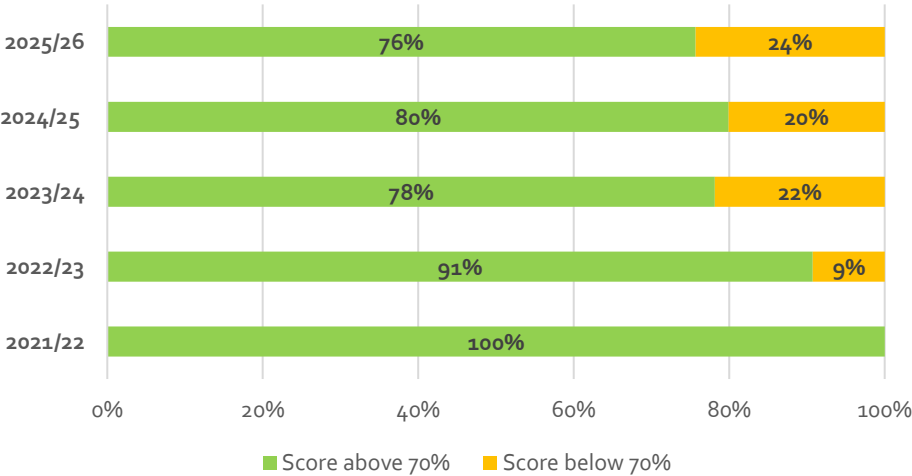
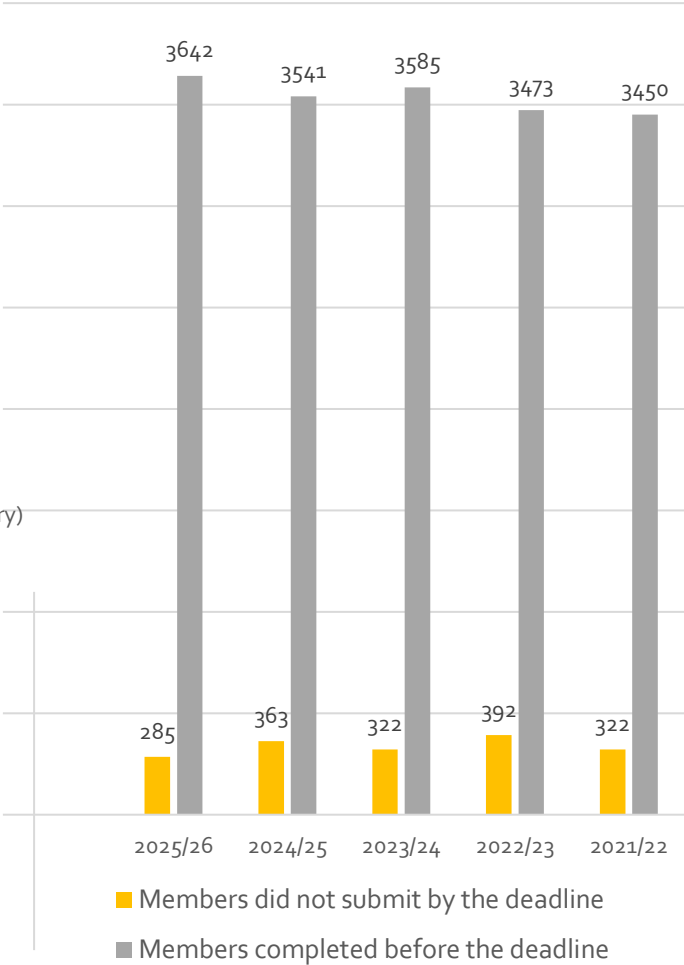
Launch RT (ytd)



PORTfolio 2025/26

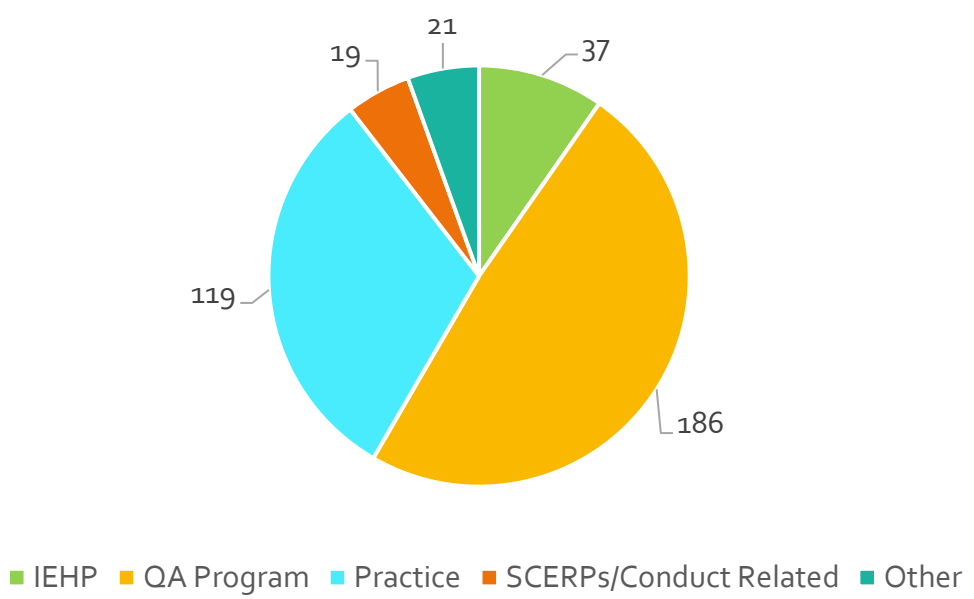


Relevant



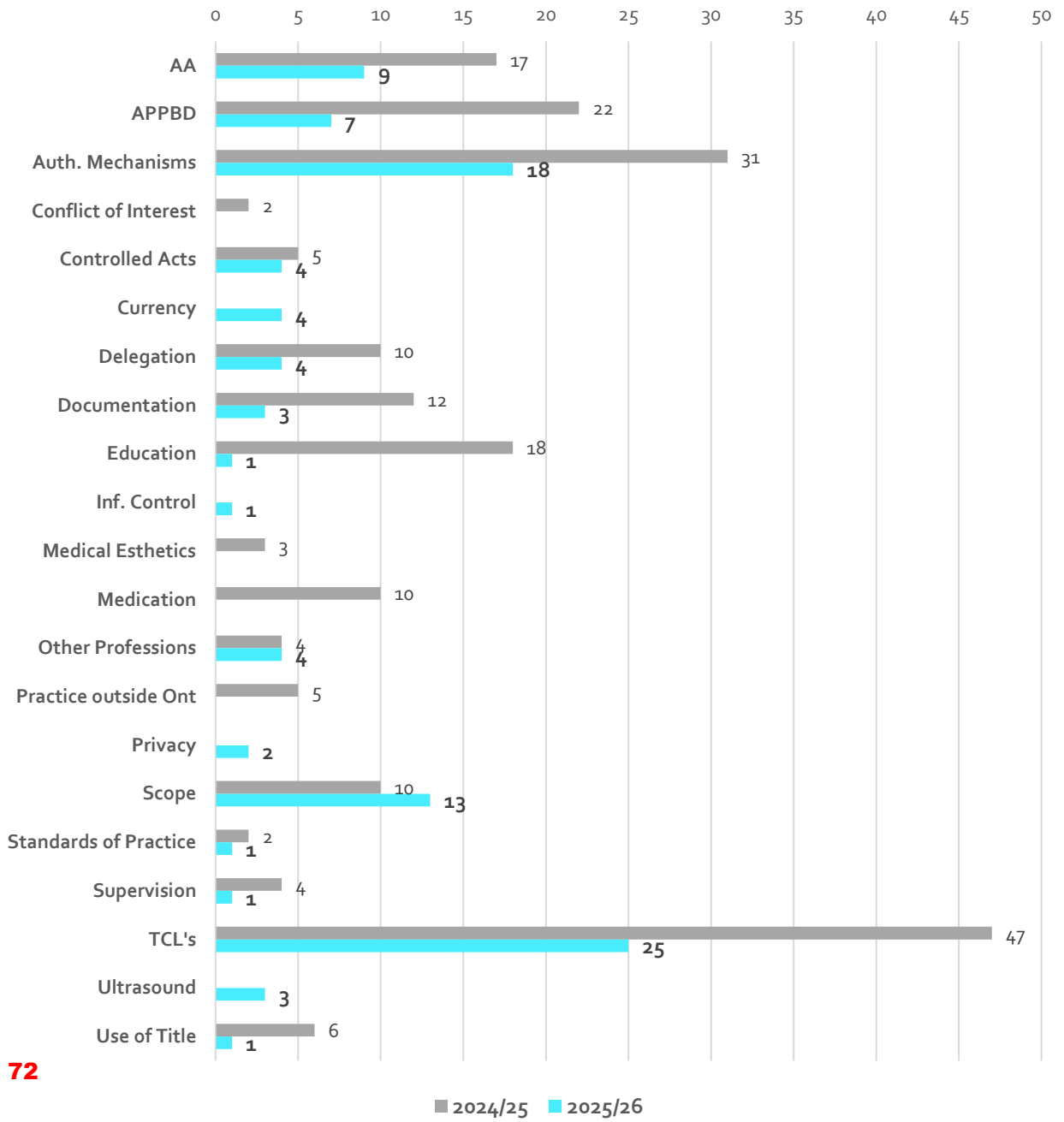
Total Number of Inquiries Received **382**

Quality Practice Inquiries by Theme (ytd)



Quality Practice Outreach – System Partner Meetings/Presentations **21**

Practice Inquiries by Theme

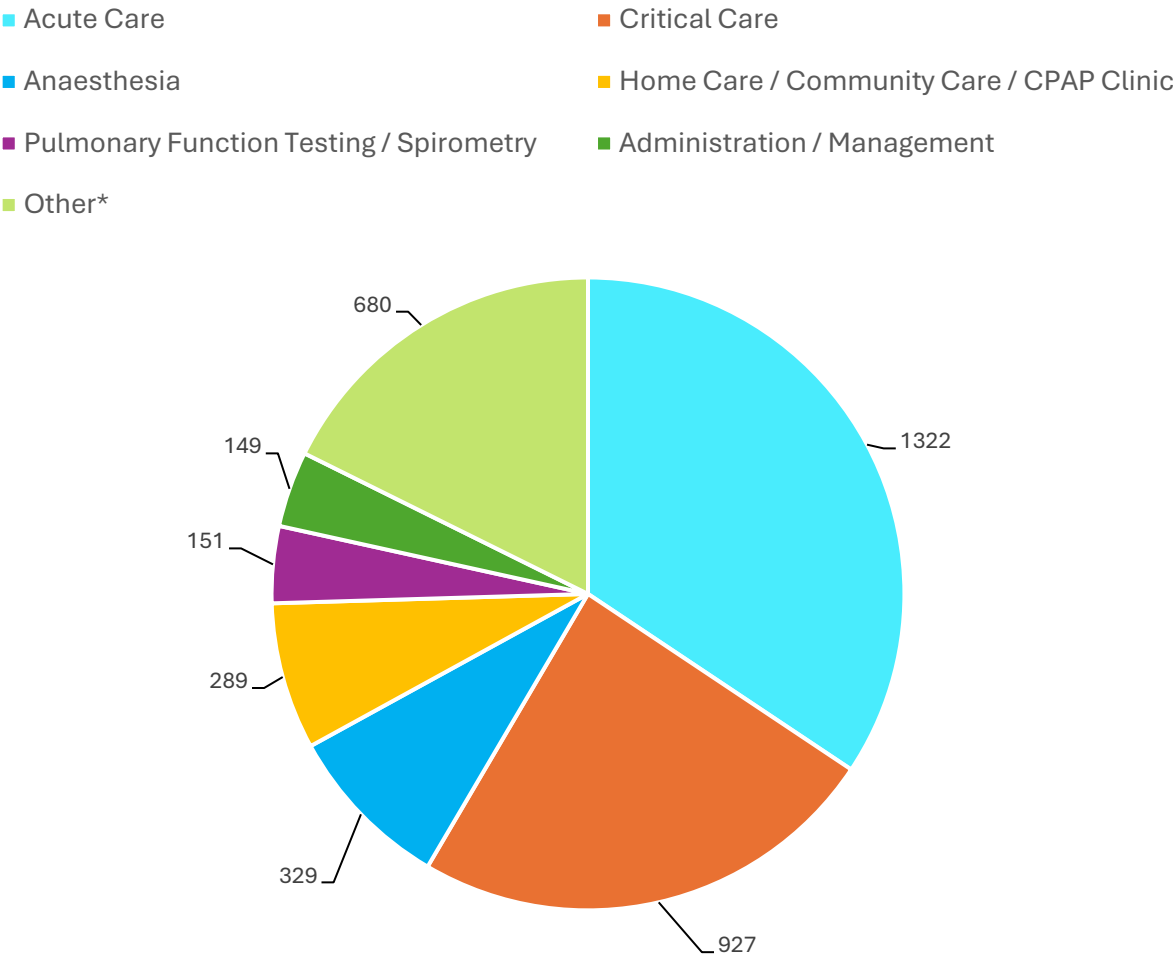




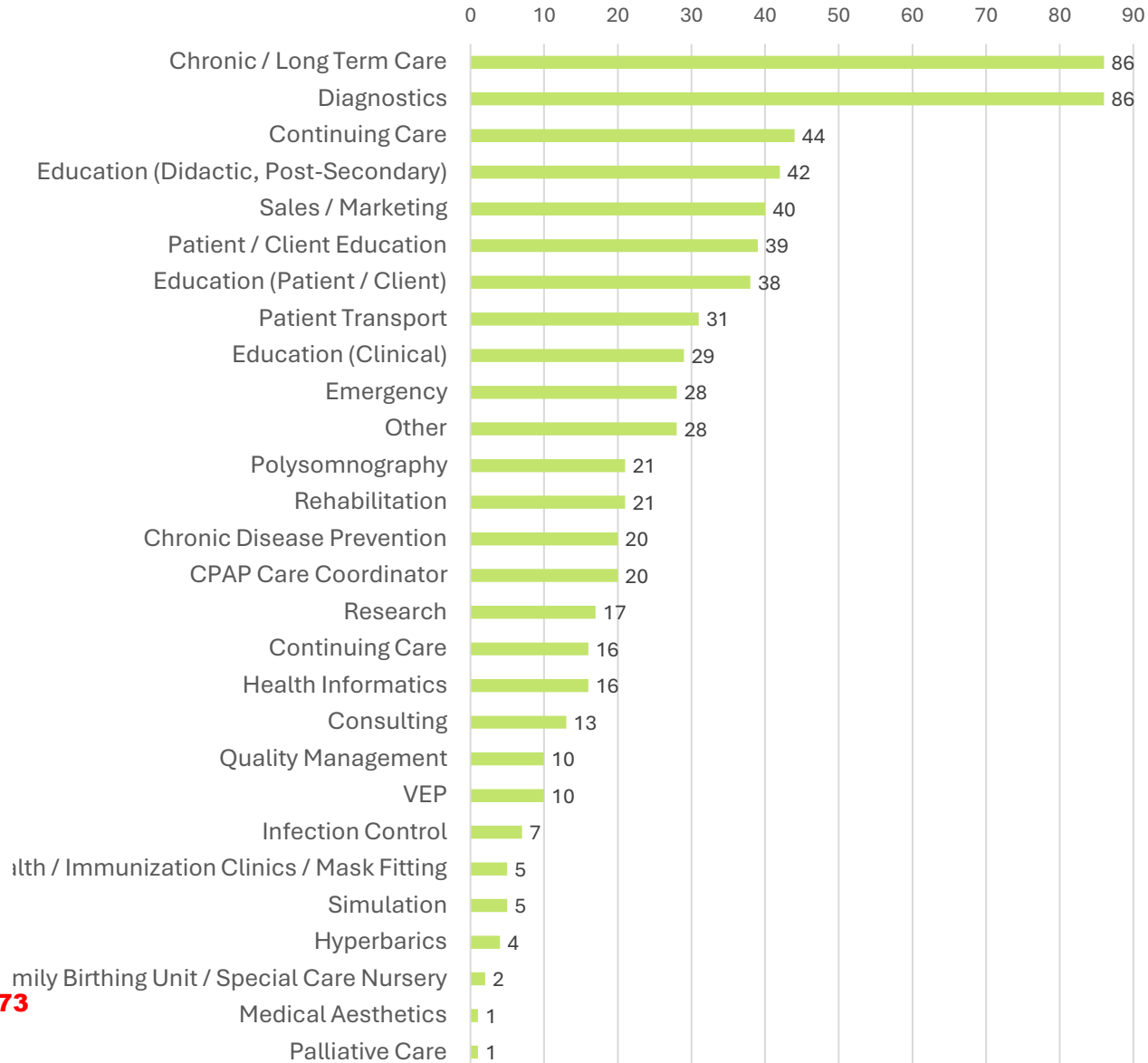
an ongoing commitment to performance improvement

# QUALITY PRACTICE – Main Areas of RT Practice (based on primary employment data)

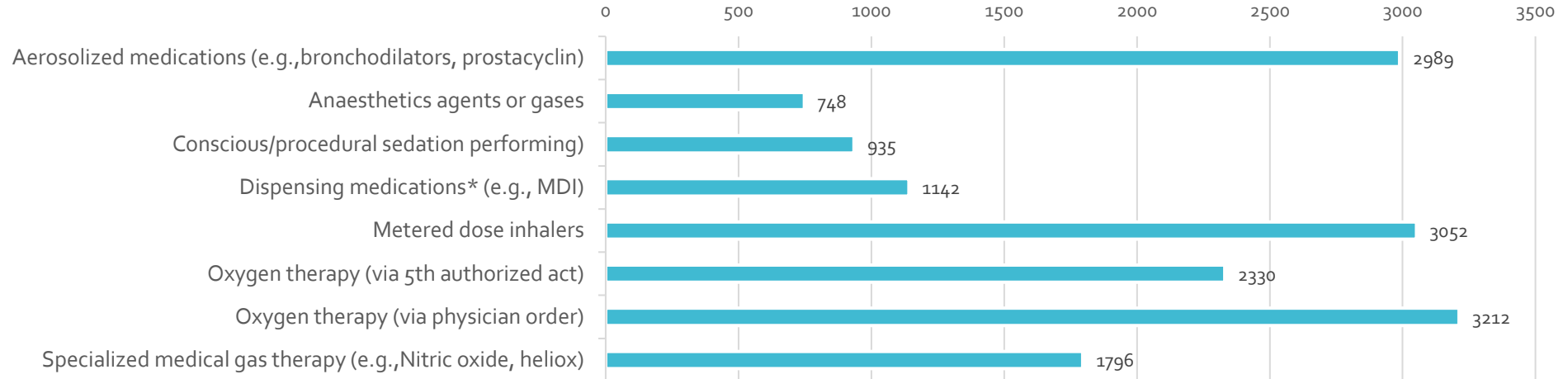
RTs - Main Area of Practice\* (snapshot Aug. 2025)



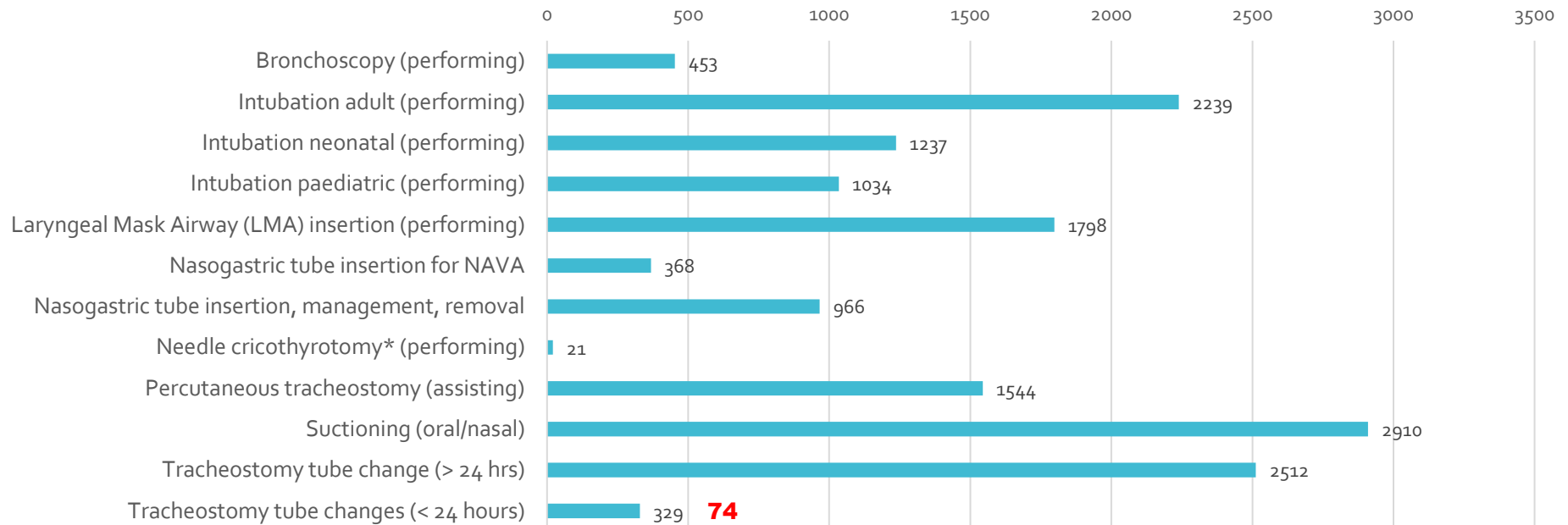
Main Area of Practice - Other\*



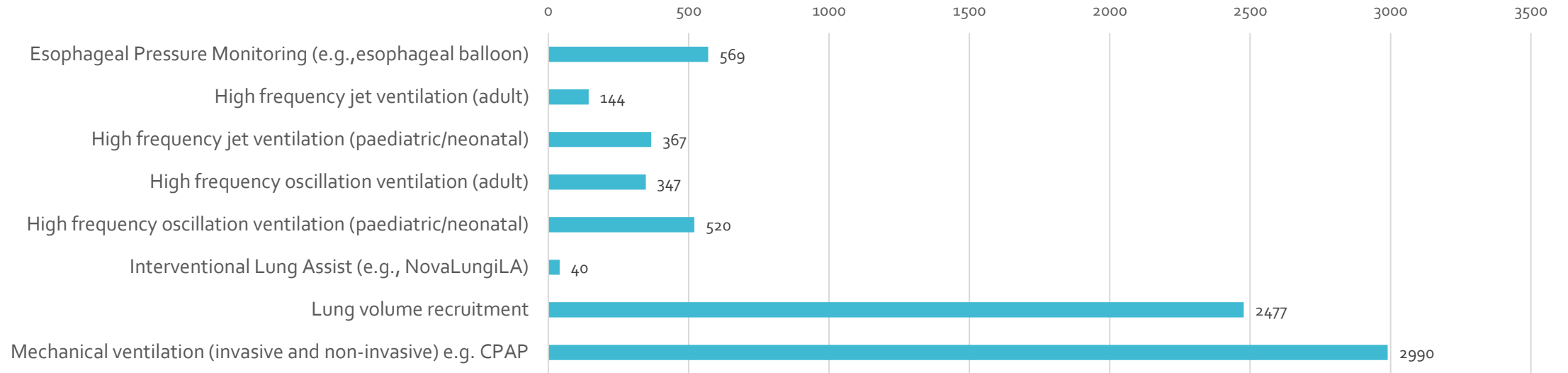
## Administrating Substances



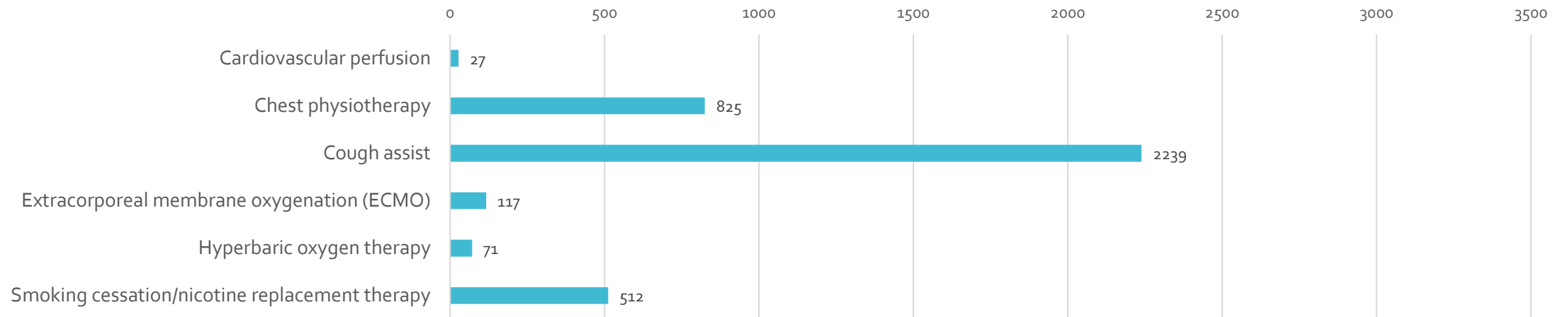
## Airway Management



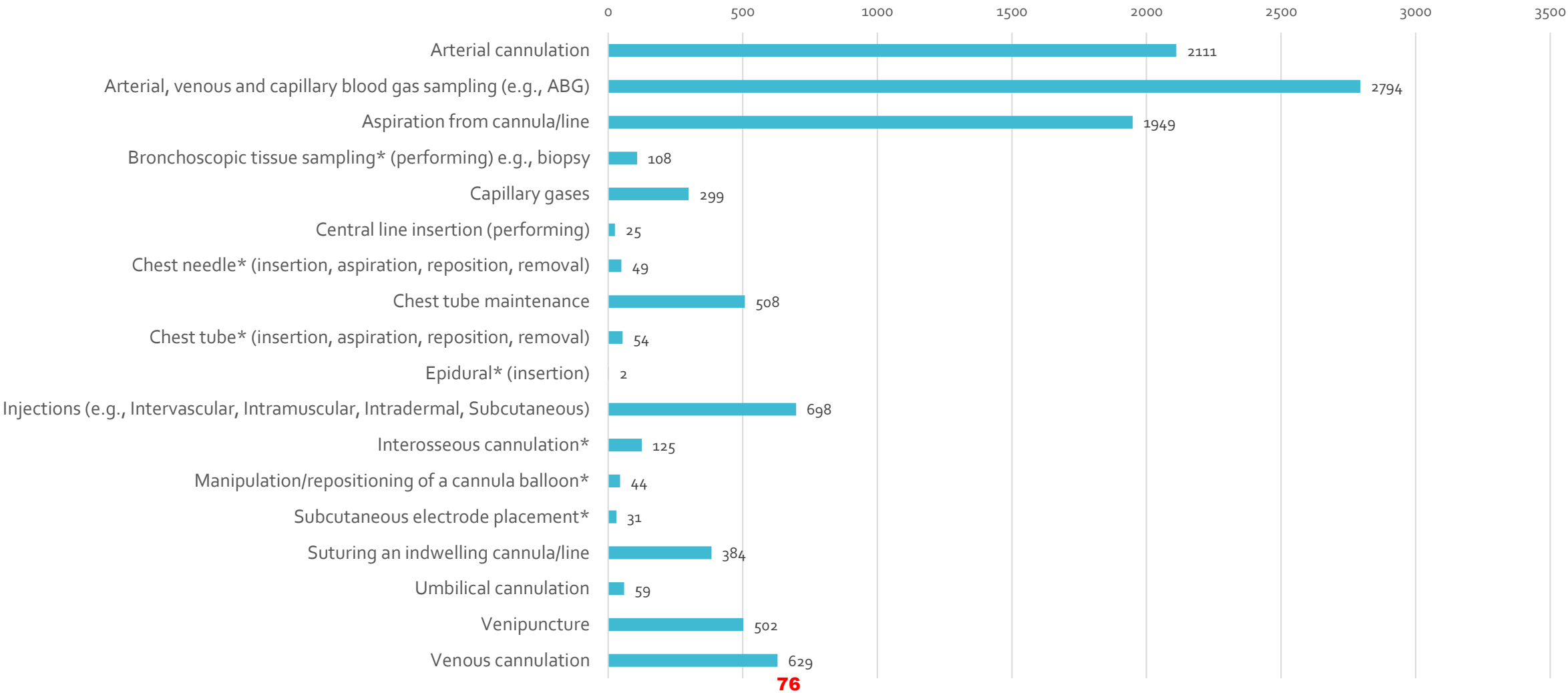
## Mechanical Ventilation



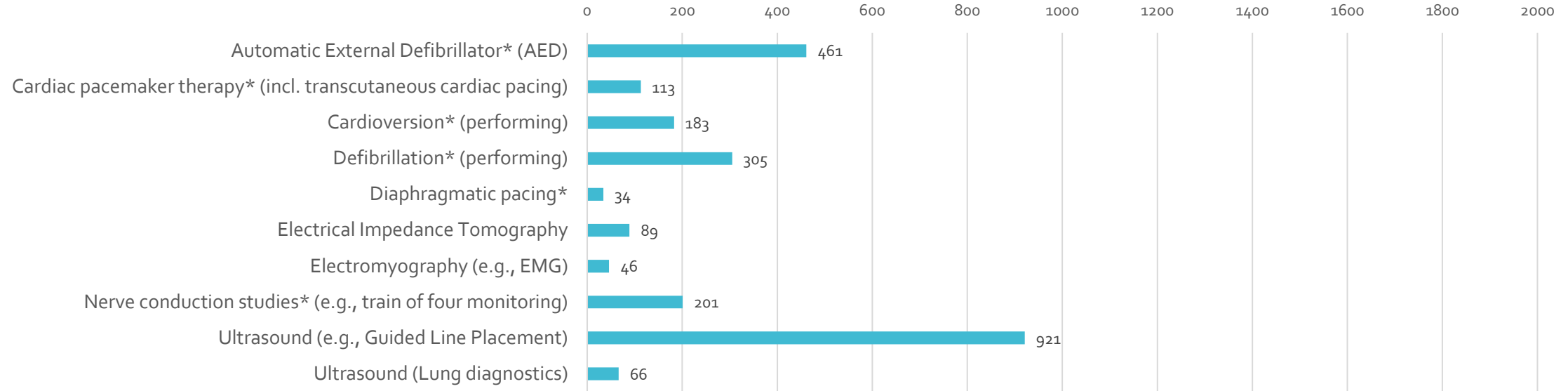
## Therapeutic Interventions



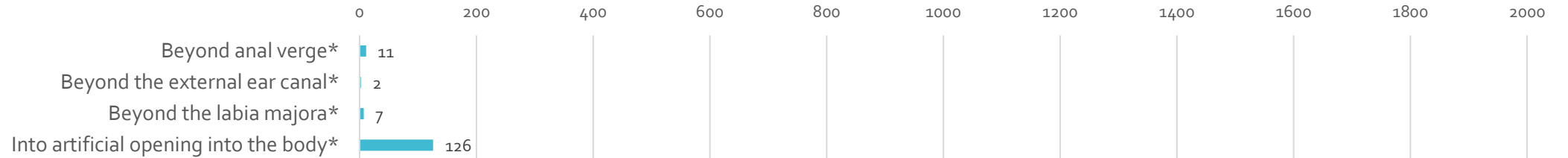
Procedures Below the Dermis



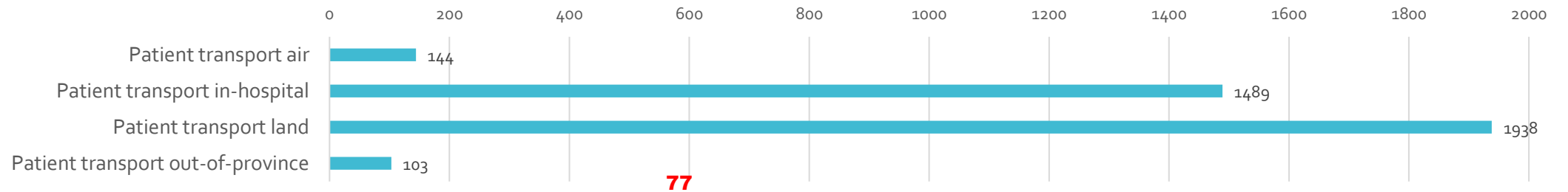
## Form of Energy



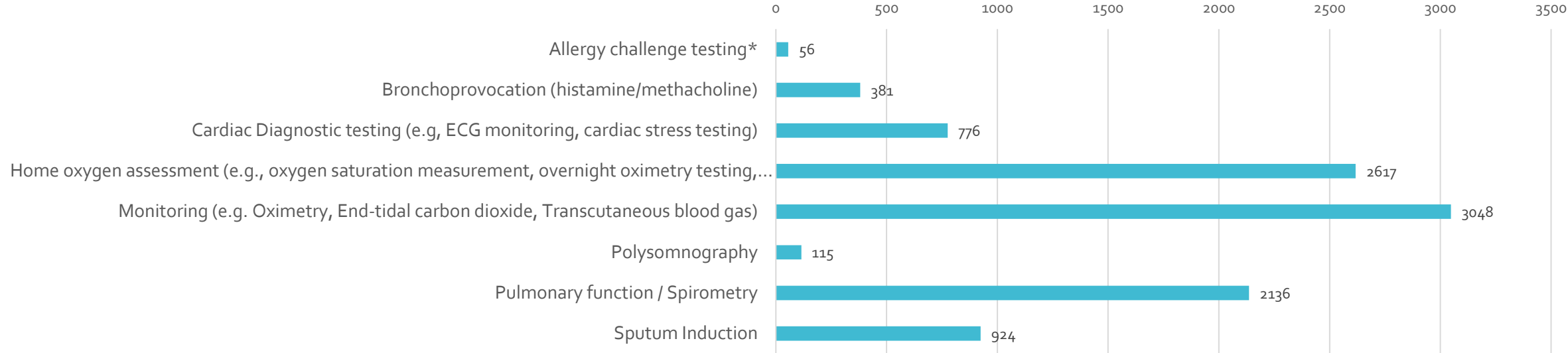
## Putting an instrument, hand or finger:



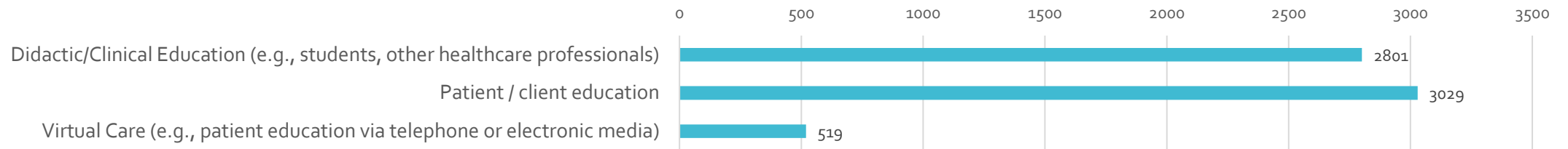
## Patient Transport



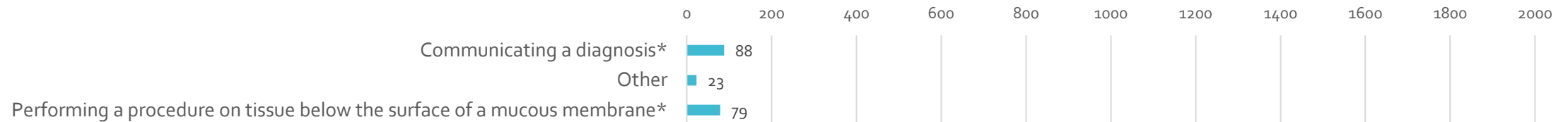
## Diagnostic Procedures



## Education



## Miscellaneous





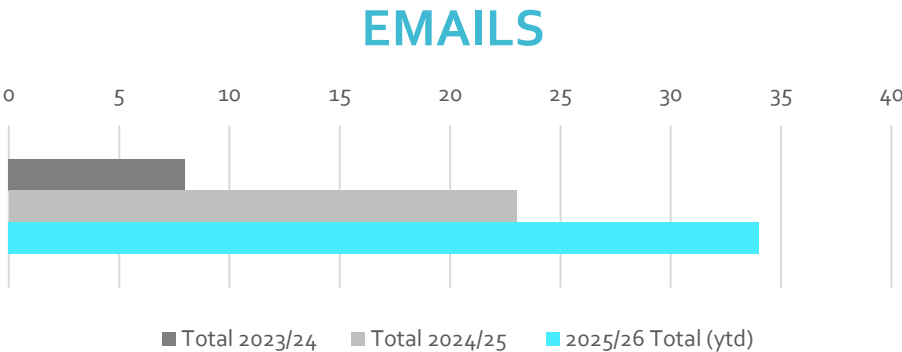
115,802 website visits

Top 3 most visited webpages:

- Home Page (21.5.K)
- Members (5.6 K)
- Public(5.3K)

Where website visitors are from:

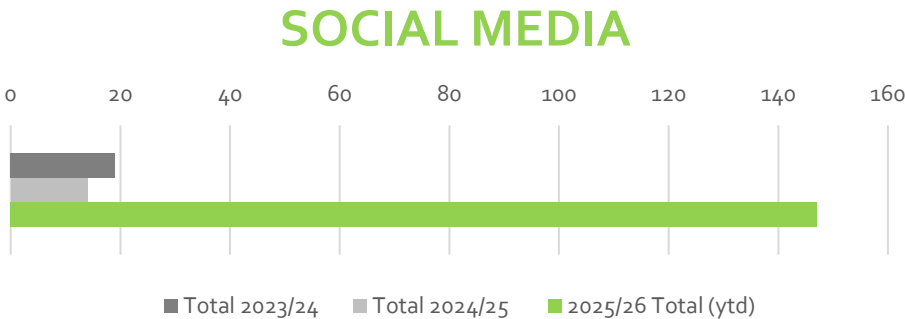
- Canada (15.4 K)
- United States (1K)
- India (479)
- Colombia (243)
- Peru (235)
- Philippines (159)



Average Open Rate

77.2%

Email Open Rate increased from 74.1% (last report) to 77.2% indicating stronger engagement



Engagement Rate

7.8%

**Follower Count:** LinkedIn - increased from 1,076 to 1,402 (+30% growth); BlueSky – increased to 31

**Total engagement rate** increased from 3.8% to 7.8%.

## Enhancing Professionalism

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

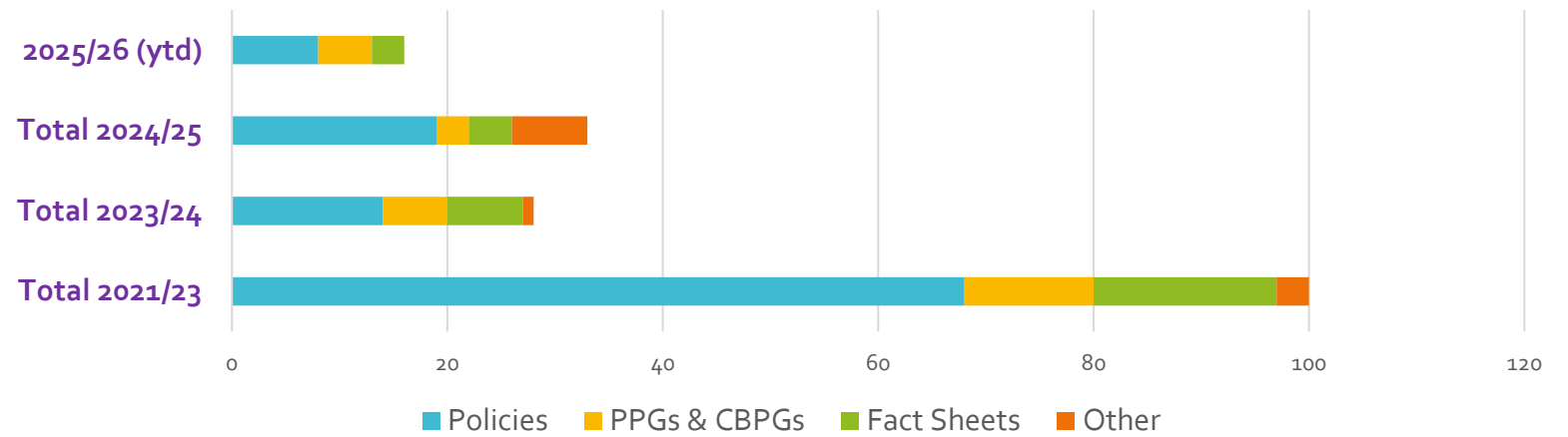
The application of Risk-Based regulation.

177\*

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

- ✓ 26 PPGs & CBPGs
- ✓ 109 Policies
- ✓ 31 Fact Sheets
- ✓ 11 Other

### POLICY DOCUMENTS REVIEWED/DEVELOPED



\* Since the implementation of the Policy Framework in 2021



CONSULTATIONS - LEVEL OF ENGAGEMENT 2023/24 - 2025/26 (ytd)



Advanced Prescribed Procedures Below the Dermis PPG

Currency Condition Policy

Orders for Medical Care

Respiratory Therapists Providing Virtual Care PPG

Abuse Awareness and Prevention PPG

Emergency Registration Policy

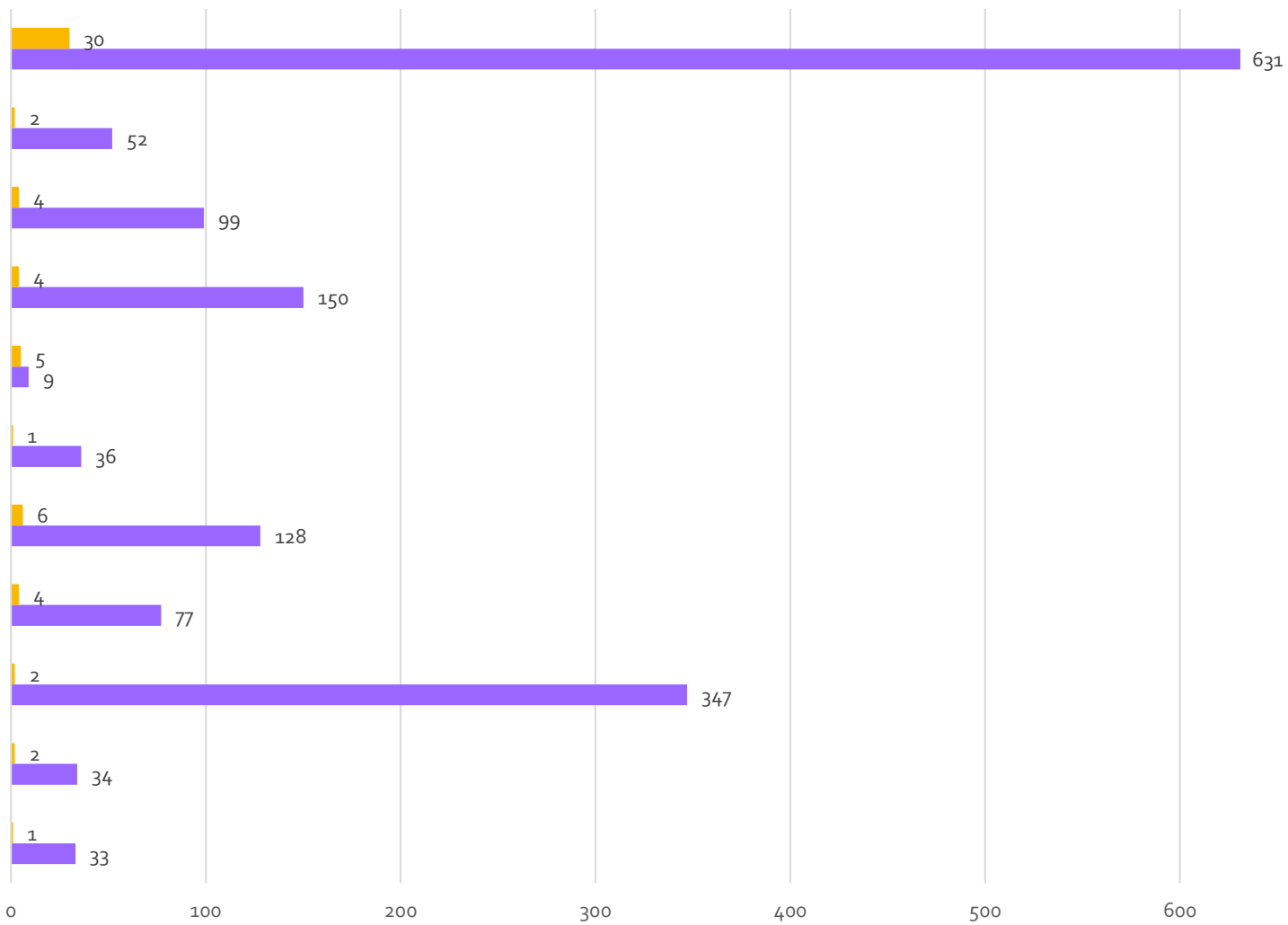
RT's as Anesthesia Assistants PPG

Handling, Administration, and Dispensing of Controlled Substances Policy

By-Law 3: Membership

Registration and Use of Title PPG

Vulnerable Sector Checks Policy



Completions Views  
81

47\* policy documents posted for consultation under the Policy Framework

\* Since the implementation of the Policy Framework in 2021

OPERATIONS – Finance

BALANCE SHEET	Aug. 31, 2024	Aug. 31, 2025
<b>Current Ratio (CR)</b> Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	3.4	3.3
<b>Debt Ratio (DR)</b> Compares total liabilities to total assets to determine the level of debt held by an organization [the lower the number (e.g., < 0.5), the greater the stability of the organization].	0.02	0.03
<b>Cash Reserve (CR)</b> Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	6 months	6.3 months

OPERATIONS – Finance

INCOME STATEMENT	May 31, 2024	May 31, 2025
<b>Bottom Line (BL)</b> Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.	\$1,379,184.57	\$1,507,919.34
<b>Revenue Growth Rate % (RGR%)</b> Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.	9.3%	2.7%
<b>Expense Growth Rate % (EGR%)</b> Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.	1.6%	-3.9%

2021 – 2025  
Strategic  
Direction

Quarterly KPIs



# Council Briefing Note

## AGENDA ITEM # 5.5

September 25, 2025

<b>From:</b>	Carole Hamp, RRT – Registrar & CEO
<b>Topic:</b>	June 2025 Council Meeting Evaluation Summary
<b>Purpose:</b>	For Discussion
<b>Strategic Focus:</b>	Governance & Accountability

### PUBLIC INTEREST RATIONALE:

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

### ANALYSIS:

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey. After the June 27<sup>th</sup> Council meeting, nine (9) Council (up from seven for the previous meeting) members completed the survey. The feedback received is as follows:

- Overall satisfaction with the consent agenda format and most felt it allowed for more meaningful discussions.
- The following are suggestion to further optimize the Council meetings:
  - Move through the KPIs reports and statistics quicker.
  - Spend less time on financial updates; assume material has been reviewed in advance.
  - Provide a quick recap of outstanding items at the start or end of the meeting to help ensure continuity and accountability.
  - Ensure the Committee discussions are adequately conveyed when a matter is brought forward from a Committee to Council.
- Possible Council training opportunities:
  - Governance versus operations

**NEXT STEPS:**

- Will continue with the expanded consent agenda format.
- Continuing to work on the development of an e-learning module on how the rules of order are best applied to organizations like ours (suggested in the March Council survey).
- Short presentation at the September Council meeting on Governance Vs. Operations in a Non-Profit Organization.
- Develop process for flagging issues raised at the Council meetings and relaying them into an update summary to be brought to the next meeting.
- Prepare a new survey for each Council meeting.
- Encourage all Council members to complete the survey.

# Council Briefing Note

## AGENDA ITEM # 5.6

September 25, 2025

<b>From:</b>	Ania Walsh, Director, Regulatory Affairs
<b>Topic:</b>	CRTO By-Law 3: Membership – Draft Amendments
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Core Business Practices
<b>Attachment(s):</b>	Appendix A: Amended By-Laws (with track changes)
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that: Council approves the revised By-law 3 for consultation.</b>

### PUBLIC INTEREST RATIONALE

The CRTO By-laws provide a mechanism to direct the administrative and internal affairs of the College and its Council, regulate the practice of the profession, and govern its members. It is in the public interest that these By-laws are informed by principles of good governance, based on best practices, and developed with the public interest in mind.

### ISSUE

The CRTO's By-laws were last reviewed in March 2024. Since then, there has been a recommendation to amend By-Law 3: Membership, section 4 Fees, so the CRTO can charge fees related to decisions or activities undertaken by its committees or programs. These types of fees are often associated with individualized assessments, evaluations, or remediation activities. To this end, a set of amendments has been drafted and reviewed by CRTO's legal counsel and the Executive Committee. It is now recommended that the draft amended By-law be posted on the CRTO website for a 60-day consultation period.

### BACKGROUND

The CRTO's current Fees By-law lists charges for registration, annual renewal, and other miscellaneous items, such as late penalties. However, it does not clearly address fees for certain committee or program activities that impact individual Members, applicants, or health profession corporations. These activities often require extra resources from the CRTO.

For example, a recent review of the CRTO's Professional Development Program (PDP) identified an increasing number of Members failing to meet the program requirements. As a result, the program has become more resource-intensive to administer. According to the Quality

Assurance Regulation, Members who do not comply may be referred to a practice assessment. The proposed By-law changes will let the CRO charge a fee to Members referred for practice assessment due to non-compliance. This will help the CRO recover costs that would otherwise have to be absorbed by all Members. This approach is consistent with practices of other regulatory organizations and supports the CRO's commitment to fiscal responsibility and transparency.

If the By-law is approved, the CRO will update its Schedule of Fees to include a practice assessments fee, which will apply to Members referred to the assessment due to non-compliance. The new provisions are flexible enough, so the CRO can add other program fees to the Schedule in the future without changing the By-law again.

## **ANALYSIS**

### **Summary of Changes**

The proposed amendments introduce the following new section to the Fees Bylaw:

#### **Committee and Program Fees**

- 4.15** The College may charge a Member, a health profession corporation or other person a fee in connection with decisions or activities that the College or a College Committee are required or authorized to make or do with respect to a Member, health profession corporation or other person. Such fees may include an administrative component relating to the decision or activity.
- 4.16** Committee or program fees include, but are not limited to the following:
- i. Where consideration of an application for a certificate of registration involves an evaluation by the CRO of the applicant's educational program, additional training, or experience **[NOTE: this provision is listed under the current By-law article 4.15 Other Fees]**.
  - ii. Where a Member is required by the College's Quality Assurance Committee to undergo a practice assessment.
  - iii. Where a Member is required by a College committee to complete an education or remediation program, the fee charged by the supervisor, monitor, preceptor, or trainer, in addition to any administrative fees charged by the College.

#### **Rationale**

The proposed amendments are intended to:

1. Clearly articulate the CRO's authority to recover costs associated with individualized assessments and regulatory interventions. In the context of the PDP, the amendments will ensure cost recovery when Members are referred to practice assessments due to non-compliance with the CRO's Quality Assurance Regulation. This includes both the



administrative components and the costs of the assessment itself, which may involve third-party assessors, time, and resources.

2. Promote compliance and accountability by establishing a clear financial implication for Members who fail to meet the QA Program requirements. The amendments will also help to ensure that Members understand the cost of non-compliance and reinforce the importance of ongoing professional development.
3. Improve transparency for Members and applicants regarding potential costs they may incur in regulatory processes, helping them make informed decisions about their professional responsibilities.
4. Support financial sustainability by allowing the CRTC to recover costs that would otherwise have to be absorbed by the whole membership. This will also help to ensure financial sustainability for CRTC's regulatory functions.
5. Ensure fairness in CRTC's processes by making those who require additional interventions be responsible for the associated costs rather than them being subsidized by general membership.
6. Align the CRTC By-law with practices seen in other health regulatory Colleges, which charge fees for additional assessments or program interventions that are required due to non-compliance.

### **Financial Implications**

The amendment supports cost recovery for specific regulatory interventions, potentially reducing the financial burden on the general membership. It also encourages compliance by making it clear that extra regulatory attention may result with added costs.

### **RECOMMENDATION**

That Council approve the revised CRTC By-Law 3: Membership for consultation.

### **NEXT STEPS**

If approved, the By-Law will be circulated for consultation for 60 days, if needed, revised based on feedback, and then presented to Council for final approval in December 2025. The Schedule of Fees will also be amended to include a specific fee for practice assessments ordered because of Members' non-compliance with the PDP program.

## Appendix A



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

# By-Law 3: Membership

Approved by Council: March 1, 2024

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

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## 1. DEFINITIONS

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

**Act**

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

**Code**

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

**CROTO**

The acronym for the College of Respiratory Therapists of Ontario

**Fees**

The fees payable to the CROTO by a member or applicant

**Member**

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

**Panel**

A sub-group of a Committee of the CROTO

**Policies and Procedures**

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

**Proceeding**

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

**Profession**

The profession of Respiratory Care or Respiratory Therapy

**Registrar**

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

### By-Law 3: Membership

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

#### **Respiratory Therapist**

A Member of the CRTO

#### **Respiratory Therapy**

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

#### **RHPA**

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

## 2. THE REGISTER

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

### **Additional Information in the Register**

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

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

### By-Law 3: Membership

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

### Considerations

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

## 3. DUTY TO PROVIDE INFORMATION

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

### By-Law 3: Membership

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

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

- a) name(s);
  - i. The Member must provide information satisfactory to the Registrar confirming that the Member has legally changed their name; and
  - ii. The Registrar must be satisfied that the name change is not for any improper purpose.

### By-Law 3: Membership

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

## 4. FEES

### Schedule of Fees

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

### Application Fees

- 4.02** There is a non-refundable application fee for a General, Graduate, Limited or Emergency certificate of registration.
- 4.03** A Member applying for a change in class of certificate of registration shall be exempt from paying the application fee.

### Annual Fees

- 4.04** In this Article, "fiscal year" means the CROTO's membership year that begins on March 1 and ends on the last day of the following February.
- 4.05** Every Member registered with a General, Graduate, Limited or Inactive certificate of registration shall pay the annual fee before March 1 of each year.
- 4.06** For applicants who have been approved for registration with the CROTO, the annual fee for a General, Graduate or Limited certificate of registration is prorated on a quarterly basis, as defined in the Schedule of Fees.
- 4.07** Where a Member holding an Inactive certificate of registration is reissued a General or Limited certificate of registration, in accordance with the Registration Regulation and the By-Laws, the annual fee for the year in which the General or Limited certificate is reissued is prorated on a quarterly basis.
- 4.08** The Registrar shall notify each Member of the amount of the annual fee and the day on which the fee is due. The Member's obligation to pay the annual fee remains even if the Member fails to receive such notice.



### Emergency Certificate Registration Fees

- 4.09** Every applicant who has been approved for registration in the Emergency Class shall pay the Emergency Certificate Initial Registration fee, as set in the Schedule of Fees, before the Emergency certificate issue date.
- 4.10** Where applicable, every Member registered with an Emergency certificate of registration shall pay the Emergency Certificate Registration Renewal fee, as set in the Schedule of Fees, on or before the certificate expiry date.

### Late Penalty Fee

- 4.11** If a Member registered with a General, Graduate, Limited or Inactive certificate of registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.
- 4.12** If a Member fails to submit the completed registration renewal by the date it is due, then the Member shall pay a penalty as if the Member had failed to pay the annual fee on time.
- 4.13** If a Member fails to complete any obligation outlined in the CRTO Professional Development Program Policy by the established deadline, one post-deadline reminder will be sent by the CRTO. If the Member does not complete the obligation within fifteen (15) days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees.

### Reinstatement Fee

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

### Committee and Program Fees

- 4.15** The College may charge a Member, a health profession corporation or other person a fee in connection with decisions or activities that the College or a College Committee are required or authorized to make or do with respect to a Member, health profession corporation or other person. Such fees may include an administrative component relating to the decision or activity.
- 4.16** Committee or program fees include, but are not limited to the following:
- i. Where consideration of an application for a certificate of registration involves an evaluation by the CRTO of the applicant's educational program, additional training, or experience.
  - ii. Where a Member is required by the College's Quality Assurance Committee to undergo a practice assessment.

### By-Law 3: Membership

- iii. Where a Member is required by a College committee to complete an education or remediation program, the fee charged by the supervisor, monitor, preceptor, or trainer, in addition to any administrative fees charged by the College.

### Other Fees

~~4.15~~ ~~Where consideration of an application for a certificate of registration involves an evaluation by the CRTO of the applicant's educational program, additional training, or experience, the applicant shall pay an evaluation fee, as set in the Schedule of Fees.~~

Commented [AW1]: Will be covered under 4.X1 above

~~4.16-17~~ A fee shall be payable by a Member where payment is made by cheque, and the cheque is returned to the CRTO due to insufficient funds.

~~4.17-18~~ At renewal time, if a payment with non-sufficient funds (NSF) is received by the CRTO on March 1, an additional late penalty fee may be charged.

### Fee Refunds

~~4.18-19~~ A fee paid under this Article is non-refundable with the following exceptions;

- ~~4.19-20~~ The Registrar shall issue a refund to a Member who has paid the annual fee and,
- who resigns their General, Graduate or Limited certificate between March 1 and November 30;
  - who changes their General or Limited certificate to Inactive between March 1 and November 30; or
  - whose Graduate certificate expires between March 1 and November 30.

~~4.20-21~~ The amount of the refund will be equal to the annual fee paid *minus* the following:

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

### Fee Increases

~~4.21-22~~ At each fiscal year, the fees set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in

Ontario as published by Statistics Canada or any successor organization, unless the Council decides to waive a fee increase for that year.

## **5. PROFESSIONAL INCORPORATIONS**

- 5.01** There is a fee for the issuance of a certificate of authorization, including for any reinstatement of a certificate of authorization, of a professional corporation.
- 5.02** There is a fee for the annual renewal of a certificate of authorization.
- 5.03** There is a fee for the issuing of a document or certificate respecting a professional corporation.
- 5.04** Every member of the CRTO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms, upon the written request of the Registrar within fifteen (15) days and upon any change in the information within fifteen (15) days of the change:
- (1) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
  - (2) any business names used by the professional corporation;
  - (3) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
  - (4) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
  - (5) the head office address, telephone number, facsimile number and email address of the professional corporation;
  - (6) the address and telephone number of the major location or locations at which the professional services offered by the professional corporation are provided; and
  - (7) a brief description of the professional activities carried out by the professional corporation.
- 5.05** The information specified in Article 5.04 of this By-Law is designated as public for the purposes of paragraph 4 of subsection 23(3) of the *Code*.
- 5.06** The Registrar may issue a revised Certificate of Authorization to the corporation if the corporation changes its name after the certificate of authorization has been issued to it and provides proof of name change to the Registrar.

## **6. PROFESSIONAL LIABILITY INSURANCE**

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

### By-Law 3: Membership

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

### Sexual Abuse Therapy and Counselling Fund Endorsement

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

# Council Briefing Note

**AGENDA ITEM # 6.1**

**September 25, 2025**

<b>From:</b>	Kelly Munoz, RRT, Chair Registration Committee and Shaf Rahman, Deputy Registrar
<b>Topic:</b>	Revisions to the Vulnerable Sector Checks Policy
<b>Purpose:</b>	Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A: Proposed Revisions to Vulnerable Section Checks Policy Appendix B: Acknowledgement and Undertaking – Level 2 Criminal Records Checks
<b>Motion:</b>	It is moved by _____ and seconded by _____ that: <b>Council approves the revisions to the Vulnerable Sector Checks Policy.</b>

## **PUBLIC INTEREST RATIONALE**

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

## **BACKGROUND**

Under section 53(1)1 of the *Registration Regulation* (O. Reg. 596/94, Part VIII), all CRTC applicants must disclose to the CRTC details of any criminal offence of which the applicant has been found guilty, including any offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada).

To ensure that the CRTC is conducting a diligent background check of their applicants for registration, the CRTC developed the Vulnerable Sector Checks Policy requiring all applicants to submit a Vulnerable Sector Check (VSC) when applying for registration with the CRTC.

At the March 2024 Council meeting, Council reviewed the draft policy and approved it. As of September 1, 2024, the policy went into effect, and all applicants were required to submit a VSC as part of their applications.

## ISSUE

Following the implementation of the VSC Policy on September 1, 2024, the CRTO began receiving requests from applicants seeking special consideration due to challenges in meeting the policy requirements. The issues identified generally fell into four categories:

### 1. **Missing or illegible seals**

Some applicants submitted VSCs that did not include the official seal of the issuing police service, or where the seal was illegible. In either case, the VSC was deemed invalid.

### 2. **Submission of copies instead of originals**

Section 3.0(d) of the current VSC Policy requires applicants to submit the original VSC obtained from their local Canadian Police Services. However, many applicants attempted to expedite the process by uploading scanned copies to the application portal. While the original was later mailed, this practice caused delays as the CRTO had to wait for the physical document to arrive.

### 3. **VSC addressed to the wrong institution**

Section 3.0(e) of the policy requires the VSC to be addressed specifically to the CRTO as the requesting institution. Shortly after the policy came into effect, applicants frequently requested to submit a VSC they had already obtained for their employer. Others explained that even if they requested a new VSC for registration purposes, their local Canada Police Service could take considerable time to issue one addressed to the CRTO, further delaying the registration process.

### 4. **Limitations on VSC availability**

Some applicants reported that their local Canadian Police Services would not issue a VSC for CRTO registration purposes and would only provide a Level 2 Criminal Records Check instead.

As is often the case with the initial implementation of a new policy, these challenges created administrative delays in processing applications. In response, the CRTO undertook research and legal analysis to identify potential solutions. This included reviewing how other regulators address VSC requirements and obtaining legal advice on possible amendments to the CRTO's policy. The Registration Committee reviewed the proposed draft revisions at its August 25, 2025, meeting. Following the review, the committee recommended that Council approve the revised policy.

## ANALYSIS/DISCUSSION

This section outlines the amendments made to the VSC Policy in response to the challenges identified by applicants.

**1. Missing or Illegible seals**

A new requirement has been added to Section 3.0(b), numbered “(iv)” (see Appendix B), specifying that the seal and/or signature on the VSC must be clearly visible. This clarification helps applicants understand the expectations and ensure that the CRTO receives VSCs that comply with policy requirements.

**2. Submission of copies instead of originals**

The previous requirement in Section 3.0(d) of the current VSC policy, which mandated submission of the original VSC obtained from an applicant’s local Canadian Police Service, has been removed. In its place, two new provisions have been introduced:

- a.) A revised Section 3.0(d), requiring that the VSC be issued by the applicant’s local Canadian Police Service.
- b.) A new Section 3.0(e), granting the Registrar discretion to reject a copy of a VSC if there is reason to believe it has been altered, is misleading, or does not meet the requirements of the VSC Policy.

**3. VSC addressed to the wrong institution**

The requirement in Section 3.0(e) of the current VSC policy, which specified that the VSC must be addressed to the CRTO as the requesting institution, has been removed. The CRTO may now accept VSCs addressed to other institutions, provided they otherwise meet policy requirements. Legal counsel confirmed that since all Canadian Police Services draw from the same databases when conducting VSCs, the institution to which the VSC is addressed does not affect its validity or compromise public safety.

**4. Limitations on VSC availability**

Section 4.0(a), which previously granted exemptions only to individuals outside Canada who could not obtain a VSC, has been revised. The requirement that the applicant must be currently living outside Canada has been removed. This amendment gives the Registrar broader discretion to accept a Level 2 Criminal Records Check in cases where a VSC cannot be obtained.

To ensure public safety remains the primary consideration, additional safeguards have been added to the procedure for accepting Level 2 Criminal Records Checks:

- a.) Applicants must provide proof that their request for a VSC was denied by their local Canadian Police Service (or equivalent authority).
- b.) Applicants must enter into an Acknowledgement and Undertaking (A&U) with the CRTO, which includes the following conditions:
  - The applicant affirms they do not have a criminal matter not captured by a Level 2 Criminal Records Check.

- If the Level 2 Check reveals a positive result, the applicant must provide additional information to the CRTO.
- If the applicant breaches the terms of the A&U, the Registrar may immediately revoke their certificate of registration.

(Please see Appendix C for copy of the Acknowledgement and Undertaking template)

### **RECOMMENDATION**

That Council approves the revisions to the Vulnerable Sector Checks Policy.

### **NEXT STEPS**

If the motion is approved, the requirements of the new VSC policy will be effective upon approval.



## Appendix A: Proposed Revisions to Vulnerable Sector Checks Policy

### COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



#### Vulnerable Sector Checks

Type: Policy

Origin Date: March 1, 2024

Section: RG

Approved By Council on: March 1, 2024

Document Number: RG-430

Next Revision Date: March 2029

#### 1.0 POLICY STATEMENT

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

#### 2.0 PURPOSE

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

#### 3.0 APPLICABILITY & SCOPE OF POLICY

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



d) ~~The CRTO will only accept the original VSC report obtained from the applicant's local Canadian police service. Applicants who receive an electronic copy of the VSC are required to submit the copy through their applicant portal. Applicants who receive a paper copy of their VSC are required to mail the original copy to the CRTO's Registration Department.~~

**Commented [SR1]:** Removed from current VSC policy to address concern #2 identified in briefing note.

d) ~~The CRTO will only accept a VSC report obtained from the applicant's local Canadian Police Service.~~

e) ~~Should the submitted VSC copy fail to comply with the requirements outlined in the CRTO's VSC policy, the CRTO, at the sole discretion of the Registrar, may require the applicant to provide a new VSC.~~

**Commented [SR2]:** Added provisions in replacement of the previous section 3.0 d). This is in response to concern # 2 identified in briefing note.

d) ~~VSCs are specific to the institution requesting the check. Accordingly, the CRTO cannot accept a VSC issued to another organization, with the exemption as outlined in Section 4.0 (b) of this policy.~~

**Commented [SR3]:** This is the current section 3.0 e), which will be removed to address concern # 3 identified in the briefing note.

#### 4.0 EXEMPTIONS

a) ~~Applicants who do not or have not lived in Canada and who are unable to obtain a VSC are required to provide a criminal records check that is acceptable to the Registrar (e.g., international police certificate/Level 2 Criminal Record Checks).~~

**Commented [SR4]:** Reworded section 4.0 a), allowing the CRTO accept level 2 criminal checks from individuals who are unable to obtain VSC for purposes of registration. This is in response to concern # 4 identified in briefing note.

b) Recent graduates of approved Ontario RT programs may be exempted from the VSC requirement if they:

1. Sign an Undertaking with the CRTO indicating that:
  - i. They have completed a VSC in the last 12 months for the purpose of their clinical placement, and the results were completely clear;
  - ii. They have never been charged with or found guilty of a criminal offence; and
  - iii. They agree to promptly obtain and provide the CRTO with a new VSC if requested by the Registrar.
2. Provide a copy of the VSC completed for the clinical placement to the CRTO with the undertaking.

#### 5.0 AUTHORITY & MONITORING

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

- An applicant for a certificate of registration of any class must fully disclose details of any criminal offence of which the applicant has been found guilty, including any offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada); and



- The applicant's past and present conduct must afford reasonable grounds for belief that the applicant,
  - i. is mentally competent to practise respiratory therapy,
  - ii. will practise respiratory therapy with decency, integrity, and honesty and in accordance with the law, and
  - iii. will display an appropriately professional attitude.

If the results of the VSC include the disclosure of a criminal record (positive record), the applicant will be required to submit additional information and/or documentation (e.g., court transcript). The Registrar will review the findings to determine whether there are concerns about the applicant's suitability to practice. If the Registrar has concerns about the applicant's suitability to practice, their application may be referred to the CRTC's Registration Committee for review and decision.

## 6.0 RELATED DOCUMENTS

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

## 7.0 CONTACT INFORMATION

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

Telephone: 416-591-7800

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

Fax: 416-591-7890

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



College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

## ACKNOWLEDGMENT AND UNDERTAKING

of

---

APPLICANT NAME

---

CRTO FILE #

to

**College of Respiratory Therapists of Ontario**

**WHEREAS** I have submitted an application for registration with the College of Respiratory Therapists of Ontario (CRTO) to become a member of the CRTO;

**AND WHEREAS** I am required to provide a Vulnerable Sector Check to the CRTO at the time of submitting my application for registration in accordance with the requirements of the CRTO's [Vulnerable Sector Check Policy](#);

**AND WHEREAS** my local Canadian police service will not provide me with a Vulnerable Sector Check for the purposes of my application for registration to become a member of the CRTO;

**AND WHEREAS** paragraph 5.0 of the CRTO's [Application of Registration Document Requirements Policy](#) permits the Registrar to accept alternative documentation from applicants for registration in support of an application for registration with the CRTO;

**NOW THEREFORE I,** \_\_\_\_\_,  
do hereby acknowledge and undertake as follows:

### Acknowledgement and Undertakings:

1. I agree to provide the CRTO with a completed Level 2: Criminal Record and Judicial Matters Check ("Level 2 Check") as part of my application to the CRTO.

2. I acknowledge that the name(s) on which the Level 2 Check referenced in paragraph one of this Acknowledgement and Undertaking was conducted are the only names I currently use or have used in the past, and that they match the name on my application for registration.
3. I acknowledge that I have never been charged with or found guilty of a criminal offence.
4. I declare that:
  - a) There is no other information about me which is not included in the Level 2 Check, including any criminal findings of guilt or convictions, warrants, charges, judicial orders, including those for which I have received a recorded suspension;
  - b) I have not been a party to any proceedings in which I received a non-conviction disposition, including but not limited to having the proceeding withdrawn or dismissed; and
  - c) I have not been deemed not criminally responsible in any matter by reason of a mental disorder.
5. I agree that should information come to the attention of the CRTC indicating that I am in breach of sections 1 to 4 of this Acknowledgement and Undertaking, the Registrar will immediately revoke my certificate of registration.
6. I agree that, should the results of the Level 2 Check referenced in paragraph one of this Acknowledgement and Undertaking reveal a positive record of a criminal record, I will be required to provide additional information and/or documentation (e.g., court transcript). I acknowledge that the Registrar will review these materials to assess any concerns regarding my suitability to practice. If the Registrar has concerns about my suitability to practice, my application may be referred to the CRTC's Registration Committee for review and decision.
7. I agree that the CRTC, in its sole discretion, will determine whether the Level 2 Check referenced in paragraph one of this Acknowledgement and Undertaking fulfils the requirements of the CRTC's [Vulnerable Sector Check Policy](#).
8. I agree to promptly obtain and provide the CRTC with a Vulnerable Sector Check from one or more Canadian police services if requested to do so at any time by the Registrar.

## Acknowledgement of Being Advised to Obtain Independent Legal Advice

9. I acknowledge that I have been advised to obtain independent legal advice prior to signing this Acknowledgement and Undertaking and that I have either done so or chosen not to. I am signing this Acknowledgement and Undertaking, having read and understood it, freely, voluntarily and without duress.

## General Terms

10. I acknowledge that a breach by me of this Acknowledgement and Undertaking may constitute an act of professional misconduct and/or incompetence, and may result in any one or more of the following: the denial of my application for registration to become a member of the CRTC; revocation of my certificate of registration in accordance with section 5 of this Acknowledgement and Undertaking; an investigation by the CRTC; and/or further action by the CRTC authorized by the Health Professions Procedural Code, including a referral of specified allegations to the Discipline Committee of the CRTC.
11. I acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., arising from the implementation of any of the provisions of this Acknowledgement and Undertaking.
12. I give my irrevocable consent to the CRTC to make appropriate enquiries of any person or institution that may have relevant information in order for the CRTC to monitor my compliance with the provisions of this Undertaking and Agreement, including with respect to whether my local Canadian police service will provide me with a Vulnerable Sector Check from for the purposes of my application for registration to become a member of the CRTC.

Dated at \_\_\_\_\_, on \_\_\_\_\_  
CITY DATE

\_\_\_\_\_  
NAME OF APPLICANT APPLICANT (SIGNATURE)

# Council Briefing Note

## AGENDA ITEM # 6.2

September 25, 2025

<b>From:</b>	Kelly Munoz, RRT, Chair Registration Committee and Ania Walsh, Director, Regulatory Affairs
<b>Topic:</b>	General Certificate of Registration - Currency Condition Policy
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism/Public Protection
<b>Attachment(s):</b>	Appendix A: Draft Policy Appendix B: Consultation Survey Results
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that:</b> <b>Council approves the General Certificate of Registration - Currency Condition Policy.</b>

### PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (Cрто) is responsible for setting registration requirements in the province of Ontario in the public interest. To ensure Members maintain the competence necessary to provide safe, effective, and ethical care, Registered Respiratory Therapists (RRTs) must comply with the (new) currency condition imposed on their certificates of registration under [section 55.1 of the Registration Regulation](#) (Ontario Regulation 596/94, Part VIII). Members who do not meet the currency condition are not permitted to provide direct patient care or supervise the practice of the profession unless authorized by the Registration Committee to practise under supervision.

### ISSUE

The Cрто drafted a policy to address the new currency condition that applies to all General Certificates of Registration. This policy outlines the criteria and processes used by the Cрто to determine whether Registered Respiratory Therapists meet the currency condition. The objective is to ensure that RRTs remain competent and able to provide safe, ethical care consistent with public expectations and professional standards. The draft has been reviewed by the Cрто's legal counsel and posted for consultation on the Cрто website. For the consultation summary, please see the **Public Consultation** section below. The Registration Committee

reviewed the draft policy and the consultation feedback at its August 25, 2025, meeting. Following the review, the committee recommended that Council approve the policy.

## BACKGROUND & ANALYSIS

The new *Registration Regulation*, which came into effect on January 1, 2025, includes a currency condition that applies to all General Certificates of Registration. That is under s. 55.1:

*(1) In addition to the conditions set out in section 54, it is a condition of a general certificate of registration that the member shall not engage in providing direct patient care or supervise the practice of the profession, unless, at the end of every three-year period following the issuance of a general certificate to the member, the member has,*

*(a) provided evidence satisfactory to the Registrar that the member has practised respiratory therapy for at least 1,125 hours during the three-year period;*

*(b) provided evidence satisfactory to the Registration Committee through some means other than the means described in clause (a) that the member could meet the current standards of practice in Ontario; or*

*(c) provided evidence of successful completion of a refresher course approved by the Registrar within the three-year period. O. Reg. 548/24, s. 3.*

*(2) If the Registration Committee is of the opinion that the member does not meet the condition in subsection (1), the Registration Committee may permit the member to continue to provide direct patient care subject to a term, condition or limitation requiring that the member be supervised, until the member is able to provide evidence of having met the condition in subsection (1).*

The draft policy is based on these new provisions and covers the following key considerations:

- **Practice Hours:** The CRTC recognizes that there is a wide range of activities that fall within the scope of practice of Respiratory Therapy. To this end, the CRTC will continue to advise Members to reference the [Am I Practicing Fact Sheet](#) to determine if they are practicing the profession and meet the minimum practice hours requirement. Members' practice hours may include:
  - clinical and non-clinical activities
  - employment and volunteer activities.
- **Alternate Means of Satisfying the Currency Condition:** The policy sets out two criteria for how Members may satisfy the currency condition through alternate means, that is:



- a. Successfully completing of a refresher course approved by the Registrar within the relevant three-year period. Note: criteria for approving refresher courses will be included in a procedure document; or
  - b. Submitting evidence satisfactory to the Registration Committee that the Member meets current standards of practice. This may include activities that demonstrate maintenance of competence and support the delivery of safe, ethical care (e.g., continuing professional development and quality improvement activities).
- **Supervised Practice:** Where a Member does not meet the currency condition, they may be permitted to provide direct patient care under supervision. Note: this supervision requirement will apply to any patient care provided by the Member (not just the controlled acts). The Registration Committee may direct that the Member practice under:
  - General supervision, where the supervisor is available within 10 minutes notice when the supervised RRT is providing direct patient care; or
  - Direct supervision, where the supervisor is expected to be always personally present when the supervised RRT is providing direct patient care.

Similar to other currency considerations (e.g., for first time applicants, or Inactive Members applying for reinstatement), when determining the appropriate level of supervision, the Registration Committee will consider:

1. Years since graduation from the Member's Respiratory Therapy program
2. Time and duration of last practice
3. Nature and intensity of last practice
4. Extent and relevance of efforts to maintain competence while not practising.

Note: under section 55.1, the Registration Committee is only authorized to impose a TCL requiring supervision. There is no general broad authority for the RC to impose any other conditions which may be permitted in other circumstances, for example, when a Member is moving from the Inactive to the General Class of Registration.

The supervision condition will remain in place until the Member is able to provide evidence satisfactory to the Registration Committee that they can meet the current standards of practice in Ontario. This would be similar to the current process for having TCLs changed or removed.

- **Monitoring:** RRTs will be asked to annually declare whether they have practised respiratory therapy for at least 1,125 hours at the end of every three-year period following the issuance of their General Certificate. The CRTC may also conduct compliance audits by asking Members to provide proof of their practice hours.

Members who declare that they do not meet the currency condition will be advised that

they may not provide direct patient care or supervise the profession unless they have:

- completed a refresher course approved by the Registrar; or
- submitted evidence satisfactory to the Registration Committee that they meet current standards of practice.

If the Registration Committee is of the opinion that the member does not meet the currency condition, the Registration Committee may permit the member to continue to provide direct patient care under supervision.

### PUBLIC CONSULTATION

The draft policy was posted on the CRTO's consultations webpage and shared via CRTO's social media. In total, 631 people viewed the consultation survey, and 30 responders completed the survey.

For full consultation results see appendix B.

**Date consultation opened:** June 4, 2025

**Date consultation closed:** July 4, 2025

**Length of time consultation was open:** 30-days

### CONSULTATION FEEDBACK

**631** Viewed

**30** Completed

**5%** Percent Completed  
(Views vs. Completions)

### RECOMMENDATION

To recommend that Council approve the General Certificate of Registration - Currency Condition Policy.

### NEXT STEPS

If approved, the policy will be posted on the CRTO website. Staff will update the Am I Practicing Fact Sheet based on the feedback received. FAQs will also be drafted to address the most common questions received during the consultation process.

### COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



#### General Certificate of Registration - Currency Condition

Type: Policy

Origin Date:

Section: RG

Approved By Council on:

Document Number: RG-411

Next Revision Date:

#### 1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTC) is responsible for setting registration requirements in the province of Ontario in the public interest.

To ensure Members maintain the competence necessary to provide safe, effective, and ethical care, Registered Respiratory Therapists (RRTs) must comply with the currency condition imposed on their certificates of registration by section 55.1 of the Registration Regulation (Ontario Regulation 596/94, Part VIII). Members who do not meet the currency condition are not permitted to provide direct patient care or supervise the practice of the profession, unless authorized by the Registration Committee to practise under supervision.

#### 2.0 PURPOSE

This policy outlines the criteria and process used by the CRTC to determine whether Registered Respiratory Therapists meet the currency condition. The objective is to ensure that RRTs remain competent and able to provide safe, ethical care consistent with public expectations and professional standards.

#### 3.0 APPLICABILITY AND SCOPE

This policy applies to Members registered in the General Class of Registration (RRTs).

#### 4.0 CONSIDERATIONS

##### Currency Condition

It is a condition of a General Certificate of Registration that in order to be permitted to engage in providing direct patient care or supervise the practice of the profession, a Member, at the end of every three-year period following the issuance of their General Certificate, has provided evidence satisfactory to the Registrar that the Member has practised respiratory therapy for **at least 1,125 hours during the three-year period**.

##### Practice Hours

As outlined in the [Am I Practicing Fact Sheet](#), practice hours may include:

- clinical and non-clinical activities
- employment and volunteer activities.



### **Alternate Means of Satisfying the Currency Condition**

A Member who does not have at least 1,125 hours during the relevant three-year period may satisfy the currency condition through one of the following alternatives:

- a. Successful completion of a refresher course approved by the Registrar within the relevant three-year period; or
- b. Submission of evidence satisfactory to the Registration Committee through some other means that the Member meets current standards of practice. This may include proof of having completed activities that demonstrate maintenance of competence and support the delivery of safe, ethical care (e.g., continuing professional development and quality improvement activities).

### **Supervised Practice**

Where the Registration Committee determines that a Member does not meet the currency condition, it may permit the Member to provide direct patient care subject to a term, condition, or limitation on their certificate of registration requiring that the Member be supervised until they are able to provide evidence of having met the currency condition. The Committee may direct that the Member practice under:

- **General supervision**, where the supervisor is available within 10 minutes notice when the supervised RRT is providing direct patient care; or
- **Direct supervision**, where the supervisor is expected to be always personally present when the supervised RRT is providing direct patient care.

In determining the appropriate level of supervision, the Registration Committee will consider:

1. Years since graduation from the Member's Respiratory Therapy program
2. Time and duration of last practice
3. Nature and intensity of last practice
4. Extent and relevance of efforts to maintain competence while not practising.

The supervision condition will remain on the Member's certificate of registration until they are able to provide evidence satisfactory to the Registration Committee that they could meet the current standards of practice in Ontario.

## **5.0 MONITORING AND COMPLIANCE**

RRTs must annually declare whether they meet the currency condition as part of the registration renewal process. The CRTO may also conduct compliance audits by asking Members to provide proof of their practice hours.

RRTs who do not meet the currency condition may only provide direct patient care if authorized to do so under supervision by the Registration Committee. RTs who do not meet the currency condition may not supervise the practice of the profession until they again meet the currency condition.

Failure to comply with a term, condition, or limitation on a certificate of registration constitutes professional misconduct and may lead to disciplinary action.



## 6.0 RELATED DOCUMENTS

- [Currency Guide](#)
- [Guide for Terms, Conditions, and Limitations imposed by the Registration Committee](#)
- [Application to Change Terms, Conditions and Limitations](#)

## 7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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

Telephone: 416-591-7800

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

Fax: 416-591-7890

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

## Appendix B

### Currency Condition Policy Consultation As of: 7/7/2025

#### Page: Consultation Overview

#### Question: Introduction/Overview

#### Page: About You

#### Question: Are you a...

Number Who Answered: 37

Respiratory Therapist (including retired)	36	97 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	3 %

#### Question: I live in...

Number Who Answered: 37

Ontario	36	97 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	1	3 %

#### Page: Questions

#### Question: 1. Is the General Certificate of Registration - Currency Condition Policy written in a way that is clear and understandable?

Number Who Answered: 31

Yes	No
26	5
84 %	16 %

#### Question: If no, please provide further details:

Number Who Answered: 4

## Appendix B

1. It needs to be further detailed. Example of acceptable professional development and where these are specifically offered.
2. so it doesn't matter if you haven't provided RRT services in several years you are still considered meeting the current requirement if at one point you provided that many hours in 3 years you are good
3. list of 'practicing' is incomplete and does not include those RRTs working in health informatics, management consulting, digital health, general healthcare consulting, executive leadership etc.
4. Written different ways hence meaning and interpretations will differ depending on the particular document which is read.

### Question: 2. Is the General Certificate of Registration - Currency Condition Policy free from omissions and/or errors?

Number Who Answered: 31

Yes	No
26	5
84 %	16 %

### Question: If no, please provide further details:

Number Who Answered: 5

1. It needs to be further developed with regards to section Alternate Means of satisfying the currency condition #b.
2. The concept/term, "refresher courses" needs to be expanded upon; i.e. what type of refresher courses, how many hours worth of refresher courses; where these "refresher courses" are offered, etc., etc.
3. not clear whether there is any retraining needed if an RRT maintains registration but does not "Practice" for several years as long as at one point they provided the specific number of hours in 3 year
4. see above, list of 'practicing' is incomplete and narrow sighted
5. See Q.1

### Question: 3. Does the Policy provide you with a sufficient understanding of the currency condition that applies to Members registered in the General Class?

Number Who Answered: 31

Yes	No
22	9
71 %	29 %

### Question: If no, please provide further details:

Number Who Answered: 7

1. I am retired and teach part time at a College. I no longer do direct patient care. I have no idea if I have to do refresher courses when I only teach neo care at the college in order to meet the hrs

## Appendix B

2. In Related documents: the competency checklist templates need to be further broken down specifically with the step by step technical procedure.
3. "continuing professional development and quality improvement activities" - are these things analogous/similar to the activities in our annual PDPs? This needs to be clarified or in more detail.
4. As a Clinical manager I am want to be sure I am meeting the current requirements and I am still unsure after reading the policy.
5. are there no additional courses, retraining needed if a person has not provided RT services for a prolonged period and then re-enters the workforce providing RRT services
6. 'practicing' needs to reflect more than hospital or community practice and does not reflect reality within the private workspace
7. Conflicting information and details. See Q1 and Q2.

### Page: Additional Comments

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

*Number Who Answered: 17*

1. 3 shifts per month is too much for an experienced RRT with 37 yrs. 1-2 is sufficient. What is ONA doing? what did you use for benchmark? If a member goes on sick leave or disability what happens????
2. I understand the need for the Currency policy, however I have conflicting opinions about the mandatory number of hours in a 3 year period. There are varying degrees of responsibility when providing direct patient care: ie ICU/Acute care setting vs out pt clinics. To maintain competency to work in an ICU setting an RT would need more hours to maintain skills, however, in an out pt setting -still providing direct pt care, an RT would need less hours to maintain competency to perform Spirometry. I'm thinking about Rts who are near the end of career, transitioning to part time or casual work in an out-pt setting; they may have difficulty meeting the target number of hours, but still have the ability to provide competent care ie: Spirometry. The target hours requirement makes sense for a new graduate in order to acquire skills especially in an acute care setting, but not for an RT who's been practicing for years transitioning to a lower risk environment and still able to provide a valuable, competent service to patients.
3. The policy may benefit from outline the process for supervised care - who is supervising, are there participating hospitals or healthcare organizations, etc.
4. As a retired part time teacher at a college with NO direct patient care I have no idea what and if I need to do refresher courses to meet the new currency.
5. Definitely needs to be further elaborated!
6. I think this currency condition as presented is a fair objective and mandate being put through the college.
7. I feel these new/upcoming "currency conditions" might be a potential hinderance for R.R.T.s who are still working on a casual basis (not full-time nor part-time), who are also collecting HOOPP Pensions, and, who are extremely competent, experienced clinicians; members in very good standing (General Class) with the C.R.T.O. - older R.R.T.s who are committed to self-improvement and continuing education as well. One cannot say enough about how extremely vital it is to have this calibre of professionals within the acute-care/hospital setting. My concern is, this may cause many of these skilled R.R.T.s to retire from the profession, outright. I see how challenging it can be on a daily basis when the skill/experience level of new graduates/new hires does not always meet the mark - the mentoring and guidance from older R.R.T.s is a



## Appendix B

valuable asset that should never be overlooked. It is unfortunate that the C.R.T.O. has not accounted for this particular niche of R.R.T.s.

8. When do the 1,125 hours over any three-year period after receiving their General Certificate of Registration begin? 2026?
9. I found the document easy to read and understand. When looking at some of the supporting documents regarding TCLs, under direct supervision, it references having someone directly observing them performing a control act example arterial line, ABG's and intubation. While those are obvious, would there be benefit to including less obvious examples, such as invasive and non-invasive ventilation as some may forget that these are also controlled acts?
10. That is a lot of hours for the currency. Hospitals only expect 1 shift every three months to maintain employment. RRT's that have been practicing for a long period of time don't need that many hours to be able to practice as an RRT. The profession will lose many good people with skills due to this. This is a time where the profession has been very short staffed and this could possibly worsen the situation. The pandemic should really highlight this.
11. What if you meet the current requirements and want to volunteer to take the refresher courses. Is that allowed? Would it be held against you?
12. individuals who are providing education to student respiratory therapist should be up to date with current clinical practices and should work in clinical situations every year.
13. There should be retraining requirements if you have been not practicing RRT for a specific time frame ? 3-5 years if you will be providing RRT services again (even if you have maintained your general registration during this time)
14. I appreciate the 'Am I practicing' flow to help members determine if their hours qualify especially if they are in a leadership role and not providing direct patient care. Wondering about an audit process or for now it will be based on member's reporting that they meet the minimum number of hours. Otherwise -well done!
15. 1000+ hours is close to full time hours but over three years is achievable
16. limiting the definition of 'practicing' is not reflective of workplace realities in the private sector particularly in healthcare/digital health/informatics consulting and thus is limiting the college and RRTs in Ontario. This is a perennial issue and it is time the College aligns to the realities of RRTs and their roles not only in the clinical setting but in digital health, consulting, executive leadership and beyond. The College continues to have a myopic view of the realities of RRTs beyond clinical walls. This is part of the reason RRTs are resigning from the College as they no longer fit the strict definitions of the college...this damages the profession.
17. I would like to express concern regarding the proposed requirement for maintaining a high number of working hours in order to retain clinical currency. This standard may inadvertently create barriers to recruiting and retaining retirees or other professionals interested in casual work, particularly in our northern and rural communities. Under the current proposal, staff would need to work approximately five shifts per month to remain compliant. However, our casual workforce—especially retirees—often works seasonally or less frequently due to personal availability or community needs. Imposing such a high minimum could dissuade skilled and experienced staff from staying connected to our workforce, which could negatively impact service delivery in areas that already face staffing challenges. I suggest we consider a more flexible approach that accounts for: The area of practice (e.g., high-acuity settings like NICU or ICU versus outpatient services or lower-acuity care), The required level of clinical competency

## Appendix B

and currency based on setting, Alternative ways to maintain currency, such as participation in continuing education, simulation labs, or policy updates. While it's crucial to ensure safe, high-quality care through maintained competencies, a one-size-fits-all requirement may not be the most effective or sustainable solution. I believe a tiered or more nuanced approach could support both patient safety and workforce sustainability, particularly in remote areas. Thank you for considering this perspective.

18. Looks clear and concise, it is important because we need to make sure all RRT are current in the guise of public safety, and if there was ever a need to increase the RRT workforce.
19. Confounding wording. at the end of every three-year period following the issuance of their General Certificate, has provided evidence satisfactory to the Registrar that the Member has practised respiratory therapy for at least 1,125 hours during the three-year period. Member has practised respiratory therapy for at least 1,125 hours during the three-year period. GUIDE for preparing a submission to the Registration Committee..is incongruent to currency requirements and applicable information. Fails to cover a majority of reasons and conditions related to the considerations and terms of the fact sheet "Am I practising?..." Revisions to this draft policy and further impactful consultations should be done. Feedback should be received from a large enough sample size to be validated.

# Council Briefing Note

## AGENDA ITEM # 7.1

September 25, 2025

<b>From:</b>	Carole Hamp, RRT – Registrar & CEO
<b>Topic:</b>	Revised Standards of Practice
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism
<b>Attachment(s):</b>	Appendix A: Revised Standards of Practice (Clean Version) Appendix B: Revised Standards of Practice (Track Changes)
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that:</b>  <b>The CRTO Council approves the revised Standards of Practice document for consultation.</b>

### PUBLIC INTEREST RATIONALE

In accordance with s.2.1 of the Health Professions Procedural Code (Schedule 2: *Regulated Health Professions Act, 1991*):

*It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.*

A Standards of Practice document for a healthcare profession sets out the minimum expectations and professional obligations that members of the profession must follow in their daily practice. Its main purposes are to protect the public, guide professional practice, promote professionalism and provide a legal and regulatory framework.

### BACKGROUND

The most recent update to our current Standards of Practice document was in September 2019. Since that time, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) created a working group with the goal of establishing a national standard of practice based on the CRTO's established framework. This work was complete in May of this year and the modification to the document are outlined in the section below.

**ANALYSIS**

- The following terms have been updated in the **Glossary**:
  - Business Practices
  - Competent
  - Communicate
  - Conflict of Interest
  - Incapable/Incapacity
  - Informed Consent
  - Patient/Client
  - Professional/Professionalism
  - Personal Scope of Practice
  - Professional Scope of Practice
  - Reasonable Person
  - Sensitive Practice
  - Timely
- **Standard 1: Business Practices**
  - Revised Patient/Client Expected Outcome Statement  
*Patients/clients can expect that business practices comply with relevant legislation and that the products, services, and care provided by RTs adhere to business practices that are ethical, accurate, truthful, and not misleading.* (p. 5 Clean Version/p. 7 Track Changed Version)
- **Standard 2: Collaboration/Interprofessional Collaboration**
  - Added the following Performance Requirement - RTs:  
*Foster inter-professional collaboration and uphold public trust by cooperating with regulatory bodies of other professions in investigative processes.* (p. 7 Clean Version/p. 9 Track Changed Version)
- **Standard 4: Competence/Ongoing Competence**
  - Added the following Performance Requirement- RTs:  
*Must refrain from practising the profession while the member's ability to do so is impaired by any substance, illness or other condition which the member knew or ought to have known would impair the member's ability to practise.* (p. 12 Clean Version/p. 15 Track Changed Version)
- **Standard 7: Documentation & Information Management**
  - Added the following Performance Requirement – RTs:  
*Must be clear in their documentation what care they provided themselves and what care was provided by others.* (p.19 Clean Version/p. 23 Track Changed Version)

- **Standard 9: Infection Prevention & Control**
  - Reworded the following Performance Requirement – RTs:  
*Adhere to established standard procedures/practices and apply additional precautions when required.* (p. 23 Clean Version/p. 27 Track Changed Version)
  - Added the following Performance Requirement – RTs:  
*Adhere to public health directives and all employer policies related to infection prevention and control.* (p. 23 Clean Version/p. 28 Track Changed Version)
- **Standard 10. Patient/Client Assessment & Therapeutic Procedures**
  - Reworded the following Performance Requirement – RTs:  
*Refuse to perform a procedure/task when it is not in the patient/client's best interest, document the refusal and propose necessary alternative actions.* (p. 26 Clean Version/p. 30 Track Changed Version)
  - Added the following Performance Requirements – RTs:  
*Use a collaborative approach to patient care and safety.* (p. 26 Clean Version/p. 30 Track Changed Version)  
  
*Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.* (p. 26 Clean Version/p. 31 Track Changed Version)  
  
*Maintain an awareness of potential biases in diagnostic tools and strive to ensure equitable and accurate assessments for all patient/client populations.* (p. 26 Clean Version/p. 31 Track Changed Version)
- **Standard 11. Privacy/Confidentiality**
  - Reworded the following Performance Requirement – RTs:  
*When using electronic communication tools (e.g., social media, audiovisual recordings), take precautions to ensure that conversations and sharing of information via other mediums regarding patients/clients' information, including names, addresses, and other identifying details, is not shared with those who are not directly involved in their care.* (p. 29 Clean Version/p. 33 Track Changed Version)
- **Standard 12. Professional Boundaries / Therapeutic & Professional Relationships**
  - Reworded the following Performance Requirement – RTs:  
*Treat all patients and clients equitably without discrimination on any basis, while recognizing their individual needs and levels of physical or cognitive ability.* (p. 31 Clean Version/p. 35 Track Changed Version)

- **Standard 13. Professional Responsibilities**

- Reworded the following Performance Requirements – RTs Responsibilities to the CRTO:

*Self-report to the CRTO any necessary information within 30 days of the effective date of the change. This includes notifying the CRTO of any updates to the information provided on their previous registration renewal form or application for registration, including changes to personal contact information, employment, and/or professional registration and conduct information.* (p. 34 Clean Version /p. 39 Track Changed Version)

*Those who function as an employer must report to the CRTO, in accordance with regulatory requirements, the following:*

- Whenever they terminate, suspend or impose restrictions on the employment of a Member for reasons of professional misconduct, incompetence or incapacity; and*
- Where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.* (p. 34 Clean Version/p. 39 Track Changed Version)

*Ensure that all documents or records used in a professional capacity (e.g., patient/client records, business cards) include, at a minimum, their name and professional designation (e.g. RRT).* (p. 35 Clean Version/p. 40 Track Changed Version)

- Added the following Performance Requirements – RTs Responsibilities to the CRTO:  
*Strictly comply with the terms and requirements of any order imposed by the CRTO or any agreement that they enter into with the CRTO.* (p. 35 Clean Version/p. 40 Track Changed Version)

*Must provide information about, or facilitate access to, the CRTO when requested.* (p. 35 Clean Version/p. 40 Track Changed Version)

- Added the following Performance Requirements – RTs Responsibilities to the Profession and the Public:  
*If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.).* (p. 36 Clean Version/p. 41 Track Changed Version)  
  
*Must adhere to the requirements of their employer (e.g., employment policies, procedures, code of conduct, etc.).* (p. 36 Clean Version/p. 41 Track Changed Version)
- **Standard 15. Supervision**
  - Reworded Standards Statement  
*Respiratory Therapists (RTs) must employ appropriate strategies and professional behaviours for working under supervision and when supervising others in order to support the delivery of safe, competent, ethical patient/client-centred care.*  
(p. 42 Clean Version/p. 48 Track Changed Version)
  - Reworded the following Performance Requirement – RTs:  
*Only provide supervision for those tasks for which the supervising individual has the competency to perform and that fall within their professional scope of practice and/or scope of employment.* (p. 42 Clean Version/p. 48 Track Changed Version)
  - Added the following Performance Requirement – RTs:  
*Must not supervise others in the performance of any intervention that is part of a controlled act not authorized to RTs.*
  - Added a New Section entitled “Respiratory Therapists Under Supervision”. RTs:  
*Only receive supervision for those tasks which the supervising individual has the competency to perform and that fall within the supervising individual’s professional scope of practice and scope of employment.*  
  
*Comply with relevant regulatory requirements related to supervision.*  
  
*Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.*  
  
*Adhere to the supervision requirements included as part of any Terms, Conditions and Limitations (TCLs) imposed on their certificate of registration.*  
(p. 42 Clean Version/p. 48 Track Changed Version)
- All related Resources and References were updated as required.

**RECOMMENDATION**

That Council approves the revised Standards of Practice document for consultation.

**NEXT STEPS**

If approved, the revised Standards of Practice document will be circulated for consultation for 30 days, if needed, revised based on feedback, and then presented to Council for final approval in December 2025.





College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

# STANDARDS OF PRACTICE

Revised - June 2025

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

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## About the Standards

The Standards of Practice (Standards) outline the framework for legal and professional practice for all Members of the College of Respiratory Therapists of Ontario (CRTO), in all classes of registration. Members are professionally accountable to practise in accordance with these Standards. The CRTO may refer to this publication to determine whether appropriate Standards of practice and professional responsibility have been met and/or maintained by its Members. These Standards are intended to inform **Respiratory Therapists (RTs)\*** of their accountabilities and to inform the public what they can expect when receiving care from an RT. These Standards apply to all RTs, regardless of their role, job description, and area of practice.

\* For the purpose of this document, all CRTO Members are Respiratory Therapists (RTs) regardless of the class of certificate of registration they hold.

**It is important to note** that s.1 (2) of the Professional Misconduct regulation (O. Reg. 753/93) states that it is an act of professional misconduct if a Respiratory Therapist is found to be: *Contravening a standard of practice of the profession or a published standard of the CRTO or failing to maintain the standard of practice of the profession.*

### Development and Revision of the Standards of Practice

These standards were originally drafted in 1996, revised in 2004, and again in 2010. In 2017, the CRTO and the Saskatchewan College of Respiratory Therapists (SCRT) collaborated on a redesigned version of the Standards, which was updated in 2019. In 2025, this document was reviewed and revised by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) with the goal of adopting these Standards of Practice across multiple Canadian jurisdictions.

### Purpose of the Standards of Practice

The 'Standards of Practice' of a profession describe the requirements for professional practice. Many standards are written down and formally approved by the CRTO. Other standards are unwritten expectations that define generally accepted practice adopted by Ontario Respiratory Therapists. **Collectively, the standards, as well as relevant legislation (including regulations and bylaws), position statements, policies, and practice guidelines, establish a framework for the practice of Respiratory Therapy in Ontario.**

Members of the CRTO are professionally accountable to practice in accordance with these Standards. Standards of Practice can be revised at any time, and it is each individual Member's responsibility to be aware of any changes relevant to their practice.

**It is important to note** that employers may have policies in place that relate to specific Standards. 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 those of the CRTO, the RT must adhere to the CRTO's requirements.

Standards of Practice serve a variety of purposes to different system partners, as outlined in Table 1.

Table 1. Purpose of Standards of Practice According to System Partner	
SYSTEM PARTNER	PURPOSE OF STANDARDS OF PRACTICE
Members	Outlines performance requirements, accountabilities, and responsibilities involved in providing safe, competent and ethical care.
Regulatory College	Provides a reference for professional practice, complaints, and discipline against which actual performance can be compared.
Public	Outlines what the public and patients/clients can expect when receiving care from, or interacting with, Members; contributes to the protection of the public.
Other Health Professionals	Provides others with a description of the profession's specific roles and RTs' responsibilities.
Employers	Provides a reference for the development of job descriptions, professional roles/ supports, and performance evaluation.

### How the Standards of Practice are Organized

The Standards are designed as a comprehensive, integrated entity. **Each Standard should be considered in conjunction with the others.** The Standards of Practice are organized alphabetically for ease of access.

Each Standard includes the following headings:

- **Standard statement:** describes the legal and professional requirements of Members.
- **Performance requirements:** outlines the actions that must be demonstrated to indicate how the standard is met. The requirements are not outlined in order of importance, nor are they a comprehensive list.
- **Patient/client expected outcome:** describes what patients/clients should expect when they receive care.

- **Related standards:** provide essential additional information related to the specific standard. **Members are strongly encouraged to read the information included in Related Standards.**
- **Resources:** includes a list of documents that provide additional information related to the standard.
- **Glossary:** includes a list of definitions of key terms used in the standards. Words are bolded the first time they appear in the Standard.

## Assumptions

The Standards are based on the following assumptions:

- Respiratory Therapists are committed to:
  - providing safe, competent, collaborative, and ethical patient/client-centred care;
  - maintaining a high standard of professional practice through self-governance;
  - lifelong learning and the development of knowledge, skills, and abilities throughout their careers;
  - ongoing professional development;
  - the principles of accountability in all aspects of their professional practice; and
  - practising in a manner consistent with legislation/regulations.
- The Standards are intended to:
  - reflect the CRTO's responsibility/commitment to the public;
  - collectively outline mandatory minimum performance requirements to which all Members are expected to meet regardless of their experience, role or area of practice; and
  - be used in conjunction with other CRTO documents (e.g., Ethical Guidelines, Position Statements, and Practice Guidelines) that together describe and guide professional practice.

## STANDARD 1. Business Practices

### Standard

Respiratory Therapists (RTs) must only engage in **business practices** that are transparent, ethical, and not misleading to the public.

### Performance Requirements

#### Advertising and Marketing

RTs:

- a. Only use marketing strategies that ensure the dignity and integrity of the profession are upheld.
- b. Advertise accurately and truthfully to provide a clear, factual, and verifiable representation of the products and services offered.
- c. Advertise only those products and services that they have the **competence** to provide.
- d. Must not include testimonials in their advertising.
- e. Use advertising that:
  - i. is not false or misleading,
  - ii. does not claim their products and services to be superior to that of others and
  - iii. is easy for the **patient/client** to understand.
- f. Refrain from either directly or indirectly soliciting patients/clients through mechanisms such as personal contact, email, or other forms of communication in an attempt to further their own business interests.
- g. Must not solicit their employers' clients and must adhere to their employment contract when leaving their place of employment.

#### Fees and Billing

RTs:

- a. Prior to the initiation of care, clearly and accurately inform patients/clients of all required fees for products and services, ensuring that there are no hidden costs.
- b. Must ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and canceled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees, and third-party fee payments.
- c. Issue patients/clients a complete billing record of the products and services purchased in a **timely** fashion.

- d. Support the establishment of processes to address fee discrepancies/errors in a timely manner.
- e. Retain accurate financial records related to sales of products and services.
- f. Must not offer discounts that may diminish the value of RT service offered by the profession
- g. Must adhere to the CRTO Advertising Regulation.
- h. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless the patient or client is unwilling or unable to pay and reasonable attempts have been made to arrange alternative services.
- i. May only charge block fees if first:
  - i. the patient/client is given the option of paying for each service as it is provided;
  - ii. a unit cost per service is specified; and
  - iii. the member agrees to refund the patient or client the unspent portion of the block fee.
- j. Must refrain from charging a fee or accepting payment from a patient/client for services which have been paid for by the Ministry of Health and/or any other agency.

### **Patient/Client Expected Outcome**

Patients/clients can expect that business practices comply with relevant legislation and that the products, services, and care provided by RTs adhere to business practices that are ethical, accurate, truthful, and not misleading.

### **Related Standards**

- Communication
- Conflict of Interest
- Documentation & Information Management
- Professional Responsibilities
- Evidence-Informed Practice

### **Related Resources**

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>
- College of Respiratory Therapists of Ontario. (2012). *Ontario Regulation 596/94 under the Respiratory Therapy Act. Advertising*. Available at: <https://www.ontario.ca/laws/regulation/940596>

- College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

## Glossary

**Business practices** refer to “the methods, procedures, processes, or rules used by a company or individual RT to conduct its business activities”. It can include, but is not limited to, activities such as advertising, fees, and billing procedures”.<sup>1</sup>

**Competent** refers to refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.<sup>2</sup>

**Patient/client** refers to an individual who requires care (and can include or their substitute decision maker or guardian).<sup>3</sup>

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome”.<sup>4</sup>

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<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>4</sup>. Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>



## Standard 2. Collaboration / Interprofessional Collaboration

### Standard

Respiratory Therapists (RTs) participate in **collaborative practice** with interprofessional **healthcare team** Member to facilitate **patient/client**-centred care.

### Performance Requirements

RTs:

- a. Work collaboratively with patients/clients, healthcare team members, and **community partners** to set goals, promote shared decision-making, and facilitate patient/client-centred care.
- b. **Communicate** and interact with patients/clients, healthcare team members, and others in a manner that demonstrates respect, dignity, and appreciation of individual differences and opinions.
- c. Refrain from maligning the reputation of any colleague.
- d. Engage with other healthcare team members to seek information, clarify roles, obtain assistance when needed, and provide assistance as required, in order to meet patient/client healthcare needs.
- e. Educate patients/clients, healthcare team members, Members, and others regarding the role of RTs.
- f. Foster inter-professional collaboration and uphold public trust by cooperating with regulatory bodies of other professions in investigative processes.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs collaborate with other healthcare team members to promote safe, **competent**, ethical, and coordinated patient/client-centred care.

### Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

## Related Resources

- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>
- Canadian Society of Respiratory Therapists. (2015/2016 ) *Standards of Practice*. Available at <https://www.csrt.com/wp-content/uploads/Standards-of-Practice-for-RTs.pdf>.
- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <https://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework/>.

## Glossary

**Collaborative practice** refers to “the process of developing and maintaining effective interprofessional working relationships with learners, Members, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.”<sup>1</sup>

**Communicate** refers to the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.<sup>2</sup>

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<sup>1</sup> Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb2010.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb2010.pdf)

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

**Community partners** includes, but are not limited to, regional, local, and community health, academic, and social organizations, which may directly or indirectly support patient/client care.

**Competent** refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.<sup>1</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>3</sup>

## Standard 3. Communication

### Standard

Respiratory Therapists (RTs) must use clear and effective communication techniques to provide information to support safe, **competent**, ethical **patient/client** care.

### Performance Requirements

RTs:

- a. **Communicate** pertinent information clearly and accurately to patients/clients, **healthcare team** members, and others through verbal, non-verbal, and/or written means.
- b. Deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients’/clients’ understanding of pertinent information.
- c. Demonstrate **professionalism** and respect in all forms of communication (e.g., verbal, non-verbal, written, social media).
- d. Use information communication technologies **appropriately** to provide safe care to patients/clients.
- e. Use appropriate techniques for the accurate, secure, and **timely** transfer of information to other healthcare team members.

<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

- f. Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing.
- g. Abide by privacy legislation and understand when it is appropriate to share, what information may be shared, and with whom it must be shared.
- h. Document every patient/client interaction in a timely manner, using the most suitable format.

### **Patient/Client Expected Outcome**

Patients/clients can expect that RTs communicate clearly and professionally when providing care.

### **Related Standards**

- Collaboration/Interprofessional Collaboration
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

### **Related Resources**

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Use of Social Media by Respiratory Therapists Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- *Personal Health Information Protection Act*, S.O. 2004, c. 3, Sched. A (Can.). Available at: <https://www.ontario.ca/laws/statute/04p03>.

### **Glossary**

**Appropriately** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Communicate** refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.<sup>1</sup>

**Competent** refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.<sup>2</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.<sup>3</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>4</sup>

**Professional/Professionalism** refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field. It is essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.<sup>5</sup>

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome”.<sup>6</sup>

## Standard 4. Competence/Ongoing Competence

### Standard

Respiratory Therapists (RTs) must provide **competent patient/client** care and ensure their knowledge, skills, and judgment/abilities remain current on an ongoing basis.

### Performance Requirements

RTs:

- a. Possess the competence pertinent to the role and responsibilities of their areas of practice.
- b. Must refrain from performing activities/procedures for which they are not

<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>3</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>4</sup> College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>5</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>6</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

competent and that are beyond their knowledge, skill, and judgment/abilities.

- c. Keep their knowledge and skills current and upgrade competence in response to the development of new technologies and methods of delivering care.
- d. Practice within the **professional scope of practice, personal scope of practice** and scope of employment.
- e. Recognize and acknowledge limitations in their competence and seek additional knowledge, guidance, or assistance from others as **appropriate**.
- f. Assume responsibility for their personal and professional development.
- g. Assess their level of competence based on **evidence-informed** practices, identifying learning needs, and developing strategies to address the learning requirements.
- h. Comply with applicable regulatory requirements for professional development/continuing education (e.g., CRTO Professional Development Program Policy).
- i. Recognize when professional or personal difficulties are affecting their ability to provide safe and competent care and seek appropriate assistance.
- j. Must refrain from practising the profession while the member's ability to do so is impaired by any substance, illness or other condition which the member knew or ought to have known would impair the member's ability to practise.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs provide competent care at all times.

### Related Standards

- Evidence-Informed Practice
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities
- Safety & Risk Management

### Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2019). CRTO Professional Development Program (PDP) Member's Guide. Available at: [https://www.crto.on.ca/pdf/QA/PDP\\_Members\\_Guide.pdf](https://www.crto.on.ca/pdf/QA/PDP_Members_Guide.pdf).

- College of Respiratory Therapists of Ontario (2023). *Professional Development Program Policy*. Available at <https://www.cрто.on.ca/pdf/Policies/Policy.QA-101.pdf>
- Ontario Government. (1991). *Regulated Health Professions Act*. Available at <https://www.ontario.ca/laws/statute/91r18>
- Ontario Government. (1991). *Respiratory Therapy Act*. Available at <https://www.ontario.ca/laws/statute/91r39>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.<sup>1</sup>

**Evidence-informed** refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.”<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>3</sup>

**Personal scope of practice** refers to what is often a subset of the overall scope of practice of a profession (professional scope) and “is influenced by factors such as their role within their specific practice setting”.<sup>4</sup>

**Professional scope of practice** is outlined in the *Respiratory Therapy Act* (RTA) and states: *The practice of respiratory therapy is the providing of oxygen therapy,*

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<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.cрто.on.ca>.

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.cрто.on.ca>.

<sup>4</sup> College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.cрто.on.ca>.

*cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation."*<sup>1</sup>

## Standard 5. Conflict of Interest

### Standard

Respiratory Therapists (RTs) must prevent, avoid, and where it is impossible to prevent or avoid, manage any actual, potential, or perceived **conflicts of interest**.

### Performance Requirements

RTs:

- a. Identify and avoid participating in what a **reasonable person** would conclude involves an actual, potential, or perceived conflict of interest. Conflict of interest situations can include, but are not limited to:
  - i. providing benefits to another person or receiving benefits for the purpose of inducing a **patient/client** referral; referrals must be based on patient/client needs,
  - ii. influencing patients'/clients' choice of service options and/or providers for personal gain, and
  - iii. providing care to individuals with whom they have a personal relationship (e.g., family members).
- b. In circumstances where the conflict of interest cannot be avoided (e.g., rural communities, specialized practice), manage the conflict by full disclosure to patients/clients and others, and ensure discussion and management strategies are documented.
- c. Inform patients/clients of the option of selecting an alternate service provider or product (and, where one exists, provide the name of at least one comparable service provider or product) and assure patients/clients that the service, products or health care provided will not be adversely affected by their selection of an alternate supplier or product.
- d. Adhere to the CRTO Conflict of Interest Regulation

### Patient/Client Expected Outcome

Patients/clients can expect that RTs put the patient/client interest first and any actual, potential, or perceived conflicts of interest are avoided, and if they cannot be avoided, are disclosed and addressed.

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<sup>1</sup> Ontario Government. (1991). *Respiratory Therapy Act*. s. 3. Available at: <https://www.ontario.ca/laws/statute/91r39>



## Related Standards

- Business Practices
- Consent
- Documentation & Information Management
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca>.
- College of Respiratory Therapists. (2013). *Ontario Regulation 250/13 made under the Respiratory Therapy Act. Conflict of Interest*. Available at: <https://www.ontario.ca/laws/regulation/940596#BK0>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Conflicts of interest** “exists when an RT is in a position where their professional judgement, or duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship, commercial interest or financial benefit. A conflict of interest may be actual, potential, or perceived”.<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

**Reasonable person** refers to “an individual who is neutral and informed.”<sup>3</sup>

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<sup>1</sup>College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Professional Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

## Standard 6. Consent

### Standard

Respiratory Therapists (RTs) must, prior to initiation and throughout the provision of **patient/client care**, confirm that voluntary **informed consent** has been obtained from **patients/clients** in accordance with all relevant legislative and regulatory requirements relating to consent, capacity, and **substitute decision-makers**.

### Performance Requirements

RTs:

- a. Must ensure there is a mechanism for obtaining voluntary informed consent for care, treatment, and participation in research.
- b. If necessary, determine if patients/clients are **capable** of providing informed consent; and if deemed to be **incapable**, obtain consent from a designated substitute decision-maker.
- c. **Communicate** with patients/clients to explain the proposed treatment(s) and facilitate their understanding of the benefits, risks, possible treatment alternatives, and consequences of not participating in the proposed care.
- d. Respect the patients'/clients' autonomy to question, refuse treatment, or withdraw from care at any time.
- e. Obtain patients'/clients' consent to proposed and ongoing care or withdrawal of care, and as required, document accordingly.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs confirm that informed consent has been obtained to the proposed care and that patients/clients have the right to question, refuse, or withdraw from care at any time.

### Related Standards

- Communication
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

### Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.cрто.on.ca>.

- College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca>.
- Ontario Government. (1992). *Substitute Decisions Act*. Available at: <https://www.ontario.ca/laws/statute/92s30>.
- Ontario Government. (1996). *Health Care Consent Act*. Available at: <https://www.ontario.ca/laws/statute/96h02>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Capable** refers to “mentally capable; a person is capable if they are able to understand the information that is relevant to making a decision about the treatment and are able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.”<sup>1</sup>

**Communicate** refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.<sup>2</sup>

**Incapable/incapacity** “A person is incapable with respect to a treatment if the person is not able to understand the information that is relevant to making a decision about the treatment or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision”.<sup>3</sup>

**Informed consent** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>3</sup> Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A, s. 4. Available at: <https://www.ontario.ca/laws/statute/96h02>

implies their consent. Expressed consent is more official and may be written or oral.<sup>1</sup>

**Patient/client care** refers to all the services provided by Respiratory Therapists, including, but not limited to, assessment, treatment, and education interventions.

**Patients/clients** refer to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

**Substitute decision-makers** refer to “individuals who may give or withhold consent on behalf of an incapacitated patient/client (e.g., guardian, attorney for personal care, spouse, partner).”<sup>3</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

## Standard 7. Documentation & Information Management

### Standard

Respiratory Therapists (RTs) must maintain complete, clear, **timely**, objective, and accurate documentation to support the continuity, quality, and safety of **patient/client** care.

### Performance Requirements

RTs:

- a. Document all patient/client contacts in a timely manner in the patient/client health record in the form and manner required by both the regulatory body and the employer.
- b. **Must be clear in their documentation what care they provided themselves and what care was provided by others.**
- c. Make **appropriately** detailed, accurate, legible, and clear entries in the patient/client health record (e.g., initial assessments, **informed consent**, status, interventions and responses, and follow-up/discharge plans).
- d. Include the date, time, and their identifiable signature (e.g., hand-written, electronic) with protected professional title/professional designation on all documentation in the patient/client health record.
- e. Protect the confidentiality and privacy of all forms of patient/client documentation in compliance with legislative, regulatory, and employer requirements.
- f. Access patient/client personal information only as required for the provision of care.
- g. Transport and store patient/client information in a safe and secure manner.
- h. Comply with legislative, regulatory, and employer requirements related to record retention and disposal.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs keep complete, clear, timely, objective, and accurate records of the care provided and that privacy/confidentiality is protected.

### Related Standards

- Communication
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality

- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (2024). *Orders for Medical Care Professional Practice Guideline*. Available at <https://orders.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2023). *Delegation of Controlled Acts Professional Practice Guideline*. Available at <https://delegation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at <https://interpretation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Documentation Professional Practice Guideline*. Available at: <https://documentation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Use of Social Media by Respiratory Therapists Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriately** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Informed consent** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that

implies their consent. Expressed consent is more official and may be written or oral.<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible outcome."<sup>3</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

## Standard 8. Evidence Informed Practice

### Standard

Respiratory Therapists (RTs) integrate an **evidence-informed** approach into all aspects of **patient/client** care.

### Performance Requirements

RTs:

- a. Utilize current evidence related to patient/client care.
- b. Evaluate current evidence using critical thinking and professional judgment to determine the relevance to patient/client care.
- c. Incorporate relevant evidence into decision-making related to patient/client care.
- d. Advocate for the integration of current evidence, knowledge, best practices, and clinical guidelines into their clinical practice.
- e. Assess the impact of their clinical interventions on patient/client care and make adjustments accordingly.
- f. Must refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis.

### Patient/Client Expected Outcome

Patients/clients can expect that their care from RTs is informed by decision-making based on current information and research.

### Related Standards

- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

### Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.



- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework/>

## Glossary

**Evidence-informed** refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.”<sup>1</sup>

**Patient/client** refers to individuals who require care (and this can include their substitute decision maker).<sup>2</sup>

## Standard 9. Infection Prevention & Control

### Standard

Respiratory Therapists (RTs) must apply **appropriate** infection prevention and control measures to protect **patients/clients, healthcare team** Members, and themselves according to provincial guidelines, regulatory requirements, and employer policies.

### Performance Requirements

RTs:

- a. Adhere to established standard procedures/practices and apply additional precautions when required.
- b. Adhere to all current, applicable practice guidelines and policies for infection prevention and control.
- c. To the best of their knowledge, use equipment that has been appropriately cleaned, disinfected, and/or sterilized.
- d. Transport and dispose of supplies and equipment as per current infection prevention and control standards.
- e. Adhere to public health directives and all employer policies related to infection prevention and control.

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<sup>1</sup> [College](https://ethics.crto.on.ca/) of Respiratory Therapists of Ontario (2021). A Commitment to Ethical Practice. Available at <https://ethics.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

## Patient/Client Expected Outcome

Patients/clients can expect that appropriate infection prevention and control measures are taken by RTs in the delivery of their care.

## Related Standards

- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Safety & Risk Management

## Related Resources

- Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf).
- College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.crto.on.ca>.
- Health Canada. (2025). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Ontario Government. (1990). *Occupational Health and Safety Act*. Available at <https://www.ontario.ca/laws/statute/90o01>.
- Public Health Ontario. (2024). *Best Practices in IPAC*. Available at: <https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Best-Practices-IPAC>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

## Standard 10. Patient/Client Assessment & Therapeutic Procedures

### Standard

Respiratory Therapists (RTs) must assess **patients/clients** to analyze the findings, establish priorities and goals, and implement and monitor responses to therapeutic procedures to deliver safe, **competent**, ethical patient/client-centred care.

### Performance Requirements

RTs:

- a. Treat all patients/clients with sensitivity and compassion, considering their unique needs and goals when providing care.
- b. Respect the autonomy of clients to make decisions regarding their own care, including their right to refuse or withdraw from treatment at any time.
- c. Use knowledge, skill, critical thinking, and **professional** judgment to:
  - i. apply assessment procedures to evaluate patients'/clients' status;
  - ii. identify patient/client priorities, establish goals, develop, and implement a care plan of **appropriate** therapeutic procedures;
  - iii. safely implement therapeutic procedures; and
  - iv. monitor patients'/clients' outcomes to evaluate the effectiveness of therapeutic procedures and adjust interventions accordingly.
- d. Implement discharge plans to coordinate required care and promote patient/client safety.
- e. Notify, discuss, and document discussions with the appropriate **healthcare team** member if the RT feels the ordered assessment or therapeutic procedure is inappropriate for that patient/client.
- f. Refuse to perform a procedure/task when it is not in the patient/client's best interest, document the refusal and propose necessary alternative actions.
- g. Use a collaborative approach to patient care and safety.
- h. Institute immediate supportive measures and notify relevant healthcare team members in the event of deterioration of the patient's/client's condition.
- i. Provide care, including products and services, to patients/clients without discrimination on any basis, and respect the rights and dignity of all individuals.
- j. Must refrain from recommending, dispensing, or selling medical gases or equipment for an improper purpose.
- k. Must refrain from administering medication for an improper purpose.
- l. Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.
- m. Maintain an awareness of potential biases in diagnostic tools and strive to

ensure equitable and accurate assessments for all patient/client populations.

### Patient/Client Expected Outcome

Patients/clients can expect that they will be treated with sensitivity and respect, and RTs competently apply assessment and therapeutic procedures to deliver safe, ethical patient/client-centred care.

### Related Standards

- Communication
- Competence/Ongoing Competence
- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

### Related Resources

- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

### Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care.”<sup>1</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

**Professional/Professionalism** refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field that are essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.<sup>3</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

<sup>2</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

<sup>3</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

## Standard 11. Privacy/Confidentiality

### Standard

Respiratory Therapists (RTs) must protect **patient/client** privacy and confidentiality, in accordance with all applicable legislative, regulatory, and employer requirements.

### Performance Requirements

RTs:

- a. Access patient/client personal information only as required for the provision of care.
- b. Share patient/client information with other **healthcare team** members only when necessary for the provision of care and quality improvement activities, seeking patient/client consent when required.
- c. When using electronic communication tools (e.g., social media, audiovisual recordings), take precautions to ensure that conversations and sharing of information via other mediums regarding patients/clients' information, including names, addresses, and other identifying details, is not shared with those who are not directly involved in their care.
- d. Protect against theft, loss or unauthorized use or disclosure of confidential patient/client personal information (e.g., passwords, encryption, systems for backup and storage, and processes for sharing/transferring information).
- e. Maintain privacy and ensure confidentiality relating to patient/client personal health information except where sharing of information is done pursuant to the following:
  - i. with the informed consent of the patient/client,
  - ii. if required by law (e.g., as part of an investigation or reporting of suspected child abuse), and
  - iii. to disclose a risk of harm as authorized under applicable legislation related to personal health information protection.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs protect their right to privacy and confidentiality.

### Related Standards

- Collaboration/Interprofessional Collaboration
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Documentation Professional Practice Guideline*. Available at: <https://documentation.crto.on.ca>.
- Government of Ontario. (2004). *Personal Health Information Protection Act*. Available at: <https://www.ontario.ca/laws/statute/04p03>.
- Government of Canada. (2000). *The Personal Information Protection and Electronic Documents Act*. Available at: <https://laws-lois.justice.gc.ca/eng/acts/p-8.6>.

## Glossary

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>



## Standard 12. Professional Boundaries / Therapeutic & Professional Relationships

### Standard

Respiratory Therapists (RTs) must act with honesty, integrity, and respect appropriate **professional boundaries** with **patients/clients, healthcare team member, students, and others.**

### Performance Requirements

RTs:

- a. Must refrain from abusing a patient/client verbally, emotionally, psychologically, electronically, physically, or sexually, or taking advantage of a patient/ client as a result of the member's position.
- b. Must refrain from abusing or taking advantage of a person with whom the member has a professional relationship or, in relation to whom the member is in a position of authority or trust.
- c. Recognize how a power imbalance can impact **therapeutic and professional relationships**, and demonstrate integrity in all interactions, including abstaining from entering into personal relationships where professional boundaries could be compromised.
- d. Must not make comments, enter into situations, and/or demonstrate behaviour that could be interpreted as abusive, harassing, discriminatory, disrespectful or of a sexual nature (e.g., suggestive/provocative gestures) and must take action to prevent similar behaviour in others by reporting to the appropriate authority.
- e. Refrain from maligning the reputation of any colleague.
- f. **Communicate** clearly with patients/clients to explain assessment and therapeutic procedures that could be interpreted as compromising professional boundaries (e.g., touching, positioning) and obtain ongoing voluntary **informed consent**.
- g. Communicate electronically and through social media in a manner that respects therapeutic and professional relationships.
- h. Understand the effect and impact of **abuse** on patients/clients and integrate principles of **sensitive practice** into care.
- i. Treat all patients and clients equitably without discrimination on any basis, while recognizing their individual needs and levels of physical or cognitive ability.

## Patient/Client Expected Outcome

Patients/clients can expect that RTs treat them with integrity while maintaining professional boundaries.

## Related Standards

- Communication
- Consent
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *CRTO Use of Social Media by Respiratory Therapists Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf>.
- College of Respiratory Therapists of Ontario. (2024). *Zero Tolerance of Sexual and Other Forms of Abuse. Position Statement*. Available at: <http://www.crto.on.ca/pdf/Positions/sexual-abuse.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Abuse** refers to “treating others in a harmful, injurious, or offensive way.”<sup>1</sup>

**Communicate** refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.<sup>2</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice* <https://abuse.crto.on.ca/definitions/#abuse>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Informed consent** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.<sup>2</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>3</sup>

**Professional boundaries** set the limitations around relationships between patients/clients, health care providers, students, and others to ensure the delivery of safe, ethical, patient/client-centred care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients/clients that are free of abuse, sexual abuse, sexual assault, and sexual harassment.<sup>4</sup>

**Professional relationships** refer to “the connections/interactions of RTs with service providers, students, and others.”<sup>5</sup>

**Sensitive practice** refers to “delivering healthcare that respects the diverse backgrounds, beliefs and values of patients, and providing care with an understanding of how trauma affects health and behaviour”.<sup>6</sup>

**Therapeutic relationships** refer to “the connections/interactions of RTs with their patients/clients.”<sup>7</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

<sup>3</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>4</sup> Adapted from College of Physical Therapists of Alberta. (2024). *Therapeutic Relationships Guide for Alberta Physiotherapists*. Available at: [https://www.cpta.ab.ca/docs/87/Therapeutic\\_Relationships\\_Guide\\_2024.pdf](https://www.cpta.ab.ca/docs/87/Therapeutic_Relationships_Guide_2024.pdf)

<sup>5</sup> College of Respiratory Therapists of Ontario. (2023) *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca/>

<sup>6</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>7</sup> College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>

## Standard 13. Professional Responsibilities

### Standard

Respiratory Therapists (RTs) must ensure their **professional** practice complies with all applicable regulatory requirements.

### Performance Requirements

#### *Responsibilities to the CRTO*

RTs:

- a. Maintain current registration status with the CRTO.
- b. Assume responsibility and accountability for their own actions and decisions.
- c. Self-report to the CRTO any necessary information within 30 days of the effective date of the change. This includes notifying the CRTO of any updates to the information provided on their previous registration renewal form or application for registration, including changes to personal contact information, employment, and/or professional registration and conduct information.
- d. Self-report to the CRTO, in accordance with regulatory requirements, the following:
  - i. If charged with or found guilty of an offence.
  - ii. Findings/proceedings of professional negligence or malpractice and information regarding professional registration and conduct.
  - iii. Any event, circumstance, condition or matter not disclosed by the above criteria that is relevant to the Member's competence, conduct or physical or mental capacity that may affect the Member's ability or suitability to practice as a Respiratory Therapist.
- e. Those who function as an employer must report to the CRTO, in accordance with regulatory requirements, the following:
  - i. Whenever they terminate, suspend or impose restrictions on the employment of a Member for reasons of professional misconduct, incompetence or incapacity; and
  - ii. where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.
- f. Ensure that they have adequate personal and professional liability insurance coverage in accordance with CRTO by-laws.

- g. Must not contravene, or fail to maintain, a standard of practice of the profession or a published standard of the CRTO.
- h. Must not contravene, by act or omission, a term, condition or limitation imposed on the Member/Registrant's certificate of registration.
- i. Assume responsibility for their own individual ongoing competence and participate in the CRTO's professional development/continuing education program.
- j. Are required to pay all costs as set out by the CRTO for remediation courses/programs, etc.
- k. Ensure that all documents or records used in a professional capacity (e.g., **patient/client** records, business cards) include, at a minimum, their name and professional designation (e.g. RRT).
- l. Cooperate with CRTO investigations or inquiries into the professional conduct, competence or capacity of any Member of a regulated health profession.
- m. Strictly comply with the terms and requirements of any order imposed by the CRTO or any agreement that they enter into with the CRTO.
- n. Must provide information about, or facilitate access to, the CRTO when requested.

### ***Responsibilities to the Profession and the Public***

#### RTs:

- a. Comply with all current provincial and federal legislation for the protection of patients/clients, **healthcare team** members, the general public, and the environment.
- b. Report to the appropriate authority the following:
  - i. sexual abuse of a patient/client, student, other healthcare team member and/or
  - ii. verbal, emotional, psychological, or physical abuse of a patient/client, student, other members of the healthcare team, or:
  - iii. taking advantage of a patient/client or student as a result of the Member's position in the relationship.
- c. Are responsible and accountable for meeting all legal and ethical requirements of the profession (e.g., obtaining valid orders).
- d. Demonstrate integrity, objectivity, and compassion in their relationships with patients/clients, healthcare team members, students, and others.
- e. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- f. Introduce themselves to patients/clients and other members of the healthcare team using their name and professional title.

- g. Must provide their CRTO certificate of registration number, upon request in the course of practising the profession.
- h. Are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs.
- i. Report to relevant authorities any unsafe practice, unprofessional conduct, or unethical conduct, or incapacity by other healthcare team members.
- j. Advocate for improvements that will enhance patient/client care, including participating in **quality improvement** programs.
- k. Participate in research activities as **appropriate**.
- l. Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.
- m. Render assistance to any person where an urgent need for healthcare exists.
- n. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless,
  - the patient/client requests the discontinuation,
  - alternative services are arranged,
  - the patient/client is given a reasonable opportunity to arrange alternative services.
  - there are restrictions in the length of the type of service imposed by an agency,
  - there are discharge criteria imposed by an agency, or the Member reasonably believes that they may be verbally, emotionally, psychologically, electronically, physically, or sexually abused by the patient/client, and reasonable attempts have been made to arrange alternative services.
- o. If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.)
- p. Must adhere to the requirements of their employer (e.g., employment policies, procedures, code of conduct, etc.).

### Patient/Client Expected Outcome

Patients/clients can expect that their care is delivered by registered RTs who are in compliance with all applicable legislative, regulatory, and employer requirements and that RTs engage in activities to improve the quality of care delivered.

### Related Standards

- Competence/Ongoing Competence
- Conflict of Interest
- Consent
- Evidence-Informed Practice

- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

## Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2024). Bylaw 3: Membership – Professional [Liability](#) Insurance. Available at: <https://bylaws.crto.on.ca/membership/#ProfessionalLiabilityInsurance>.
- College of Respiratory Therapists of Ontario. (2022). *Professional Liability Insurance Fact Sheet*. Available at <https://www.crto.on.ca/pdf/FactSheets/PLI.FS-340.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Terms, Conditions, and Limitations Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/TCL.FS-315.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Mandatory Reporting by Employers/Facilities Fact Sheet*. Available at: [https://www.crto.on.ca/pdf/FactSheets/Mandatory\\_Employer\\_Reports\\_fs.pdf](https://www.crto.on.ca/pdf/FactSheets/Mandatory_Employer_Reports_fs.pdf)
- College of Respiratory Therapists of Ontario. (2024). *Mandatory Reporting Obligations by Member Fact Sheets*. Available at: <https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

**Offence(s)** refers to a violation of statute or law (e.g., Criminal Code of Canada) as determined by a court. Members are required to report any charges or findings of guilt for offences that are relevant to their suitability to practice.<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>2</sup>

**Professional/Professionalism** refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field. It is essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.<sup>3</sup>

**Quality improvement** refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners, and educators — to make better and sustained improvements.”<sup>4</sup>

## Standard 14. Safety & Risk Management

### Standard

Respiratory Therapists (RTs) contribute to a culture of safety for **patients/clients**, **healthcare team** members, and others, and adhere to risk management processes.

### Performance Requirements

RTs:

- a. Recognize situations or environments involving risks to the safety of patients/clients, healthcare team members, and others.
- b. Plan, implement and evaluate preventive measures whenever possible.
- c. Manage immediate risks to the safety of patients/clients, healthcare team members, and others and respond effectively to eliminate or mitigate harm.
- d. Provide full and frank disclosure of all **patient safety incidents** in keeping with relevant legislation and employer policies.

<sup>1</sup> College of Respiratory Therapists of Ontario (2024). Mandatory Reporting by Members Fact Sheet. Available at: <https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>4</sup> Health Quality Ontario. (2012). Quality Improvement Guide. Available at: <https://www.hqontario.ca/portals/0/documents/qi/qi-quality-improve-guide-2012-en.pdf>



- e. Report incidents using established/appropriate processes.
- f. Take part in **timely** risk event analysis and reflective practice to prevent a recurrence.
- g. Ensure appropriate processes are in place for the proper maintenance and cleaning/disinfection/sterilization of equipment.
- h. Monitor equipment for and during use, including but not limited to:
  - i. activation of appropriate alarms,
  - ii. proper functioning and application, and
  - iii. patient's/client's response to the applied technology.
- i. Perform procedures in accordance with applicable legislative, regulatory, employer, and manufacturers' requirements.
- j. Handle and dispose of dangerous substances and materials (e.g., biohazardous materials, medical gases, and liquids) in a safe manner according to best practices and established protocols (e.g., WHMIS).
- k. Use preventative measures to reduce/eliminate hazards and maximize the health and safety of themselves, patients/clients, healthcare team members and others (e.g., protocols and policies related to occupational health and safety and wellness).
- l. Participate in safety training programs (e.g., emergency preparedness), safety audits, and risk management activities as per legislative, regulatory, and employer requirements.
- m. Collaborate and **communicate** effectively with other healthcare team members to maximize patient/client safety and the quality of care.

### Patient/Client Expected Outcome

Patients/clients can expect the delivery of safe care by RTs.

### Related Standards

- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

### Related Resources

- Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf)
- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

- College of Respiratory Therapists of Ontario. (2023). Infection Prevention and Control. Available Clinical Best Practice Guideline at: <https://infection.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (2022). *Administering and Dispensing Medications Professional Practice Guidelines*. Available at <https://dispensing.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.crto.on.ca>
- Health Canada. (2025). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Ontario Government. (1990). *Occupational Health and Safety Act*. Available at: <https://www.ontario.ca/laws/statute/90o01>
- Transport Canada. (2025). *Transportation of Dangerous Goods*. Available at: <https://tc.canada.ca/en/dangerous-goods/transportation-dangerous-goods-canada>.

## Glossary

**Communicate** refers to the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.<sup>1</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>2</sup>

**Patient Safety Incidents** refer to an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.<sup>3</sup>

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<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at: [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf)

**Patients/clients** refer to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>1</sup>

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome.<sup>2</sup>

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<sup>1</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

## Standard 15. Supervision

### Standard

Respiratory Therapists (RTs) must employ **appropriate** strategies and professional behaviours for working under supervision and when supervising others in order to support the delivery of safe, **competent**, ethical **patient/client**-centred care.

### Performance Requirements

#### Respiratory Therapists Providing Supervision

RTs:

- a. Provide an environment that is conducive to learning and provide support and appropriate feedback as required.
- b. Only provide supervision for those tasks for which the supervising individual has the competency to perform and that fall within their professional scope of practice and/or scope of employment.
- c. Assess and monitor the skills of those working under their supervision (including, but not limited to, RT students, Graduate Respiratory Therapists (GRTs), and other healthcare team members requiring supervision) in accordance with legislative, regulatory, and employer requirements to ensure safe patient/client care.
- d. Ensure that the level of supervision provided is appropriate for those working under their supervision.
- e. Comply with relevant regulatory requirements related to supervision.
- f. Intervene as required to support safe, competent, ethical patient/client care.
- g. Educate and supervise students and non-regulated healthcare professionals where necessary; delegate appropriately, recognizing shared responsibility.
- h. Must not supervise others in the performance of any intervention that is part of a controlled act not authorized to RTs.

#### Respiratory Therapists Under Supervision

RTs:

- Only receive supervision for those tasks which the supervising individual has the competency to perform and that fall within the supervising individual's professional scope of practice and scope of employment.
- Comply with relevant regulatory requirements related to supervision.
- Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.

- Adhere to the supervision requirements included as part of any Terms, Conditions and Limitations (TCLs) imposed on their certificate of registration.

### Patient/Client Expected Outcome

Patients/clients can expect that those working under the supervision of RTs are appropriately supervised to support the delivery of safe, competent, ethical patient/client-centred care.

### Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Boundaries/Therapeutic & Professional Relationships

### Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2022). *Supervision Policy*. Available at: <https://www.crto.on.ca/pdf/Policies/Policy.PP-110.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2022). *Graduate Certificate of Registration Policy*. Available at: <https://www.crto.on.ca/pdf/Policies/Policy.RG-403.pdf>.
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <http://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.<sup>1</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include their substitute decision-maker or guardian.<sup>3</sup>

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<sup>1</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>2</sup> College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>



College of Respiratory  
Therapists of Ontario

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Ordre des thérapeutes  
respiratoires de l'Ontario

# STANDARDS OF PRACTICE

Revised ~~September 2019~~ June 2025

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

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## About the Standards

The Standards of Practice (Standards) outline the framework for legal and professional practice for all College of Respiratory Therapists of Ontario (CRTO) Members, in all categories of registration. Members are professionally accountable to practise in accordance with these Standards. The CRTO may refer to this publication to determine whether appropriate Standards of practice and professional responsibility have been met and/or maintained by its Members. These Standards are intended to inform **Respiratory Therapists (RTs)**\* of their accountabilities and to inform the public what they can expect when receiving care from an RT. These Standards apply to all RTs, regardless of their role, job description, and area of practice.

Members of the CRTO are professionally accountable to practice in accordance with these Standards. Standards of Practice can be revised at any time, and it is individual Members' responsibility to be aware of any changes relevant to their practice.

\* For the purpose of this document, Respiratory Therapists (RTs)\* refers to Registered Respiratory Therapists (RRTs), Graduate Respiratory Therapists (GRTs) & Practical Respiratory Therapists (PRTs) all CRTO Members are Respiratory Therapists (RTs), regardless of the class of certificate of registration they hold.

**It is important to note** that s.1 (2) of the Professional Misconduct regulation (O. Reg. 753/93) states that it is an act of professional misconduct if a Respiratory Therapist is found to be: *Contravening a standard of practice of the profession or a published standard of the CRTO or failing to maintain the standard of practice of the profession.*

### Development and Revision of the Standards of Practice ~~in 2017~~

~~The CRTO and the Saskatchewan College of Respiratory Therapists (SCRT) collaborated on the development of these Standards of Practice. Both the CRTO and SCRT wish to acknowledge the Standards of Practice Advisory Group members who assisted in the development of these Standards.~~

These standards were originally drafted in 1996, revised in 2004, and again in 2010. In 2017, the CRTO and the Saskatchewan College of Respiratory Therapists (SCRT) collaborated on a redesigned version of the Standards, which was updated in 2019. In 2025, this document was reviewed and revised by the National Alliance

of Respiratory Therapy Regulatory Bodies (NARTRB) with the goal of adopting these Standards of Practice across multiple Canadian jurisdictions.

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~~Chelsea Wilker ————— SCRT~~

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~~The Standards of Practice Advisory Group would like to extend a special thank you to Dianne Parker-Taillon & Dawn Burnett of **Parker-Taillon Consulting Inc.** for their expert guidance in the development of this Standards of Practice document.~~

### ~~2019 Revisions to the Standards of Practice~~

~~The CERTO Standards of Practice were updated in September 2019 to ensure alignment to the CERTO Professional Misconduct regulation.~~

### **Purpose of the Standards of Practice**

The 'Standards of Practice' of a profession describe the requirements for professional practice. Many standards are written down and formally approved by the CERTO. Other standards are unwritten expectations that define generally accepted practice adopted by Ontario respiratory therapists. **Collectively, the standards, as well as relevant legislation (including regulations and bylaws), position statements, policies, and practice guidelines, establish a framework for the practice of Respiratory Therapy in Ontario.**

~~Health regulatory bodies like the CRTO are required to develop and maintain standards of practice that establish the following:~~

- ~~• The level of quality and safety required of professional services provided to the public by its Members.~~
- ~~• A legal framework for the professional practice for all Members, in all classes of registration regardless of their roles, job descriptions, and areas of practice.~~
- ~~• A means to determine whether appropriate standards of practice and professional responsibilities have been met or are being maintained by Members.~~
- ~~• A reference against which to consider any complaints about the practice of CRTO Members.~~
- ~~• A mechanism to promote the continuing competence of self-regulated health care professionals by helping Members to identify continuing quality improvement opportunities.~~

Members of the CRTO are professionally accountable to practice in accordance with these Standards. Standards of Practice can be revised at any time, and it is each individual ~~practitioners'~~ Member's responsibility to be aware of any changes relevant to their practice.

**It is important to note** that employers may have policies in place that relate to specific Standards. 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 those of the CRTO, the RT must adhere to the CRTO's requirements.

Standards of Practice serve a variety of purposes to different ~~stakeholder~~ system partner groups, as outlined in Table 1.

Table 1. Purpose of Standards of Practice According to <del>Stakeholder</del> <u>System Partner</u> Group	
<del>STAKEHOLDERS</del> <u>SYSTEM PARTNERS</u>	PURPOSE OF STANDARDS OF PRACTICE
Members	Outlines performance requirements, accountabilities, and responsibilities involved in providing safe, competent and ethical care.
Regulatory College	Provides a reference for professional practice, complaints, and discipline against which actual performance can be compared.
Public	Outlines what the public and patients/clients can expect when receiving care from, or interacting with, Members; contributes to the protection of the public.
Other Health Professionals	Provides others with a description of the profession's specific roles and RTs' responsibilities.

Table 1. Purpose of Standards of Practice According to <del>Stakeholder</del> <u>System Partner</u> Group	
<del>STAKEHOLDERS</del> <u>SYSTEM PARTNERS</u>	PURPOSE OF STANDARDS OF PRACTICE
Employers	Provides a reference for the development of job descriptions, professional roles/ supports, and performance evaluation.

## How the Standards of Practice are Organized

The Standards are designed as a comprehensive, integrated entity. **Each Standard should be considered in conjunction with the others.** The Standards of Practice are organized alphabetically for ease of access.

Each Standard includes the following headings:

- *Standard statement*: describes the legal and professional requirements of Members.
- *Performance requirements*: outlines the actions that must be demonstrated to indicate how the standard is met. The requirements are not outlined in order of importance, nor are they a comprehensive list.
- *Patient/client expected outcome*: describes what patients/clients should expect when they receive care.
- *Related standards*: provide essential additional information related to the specific standard. **Members are strongly encouraged to read the information included in Related Standards.**
- *Resources*: includes a list of documents that provide additional information related to the standard.
- *Glossary*: includes a list of definitions of key terms used in the standards. Words are bolded the first time they appear in the Standard.

## Assumptions

The Standards are based on the following:

- Respiratory Therapists are committed to:
  - providing safe, competent, collaborative, and ethical patient/client-centred care;
  - maintaining a high standard of professional practice through self-governance;
  - lifelong learning and the development of knowledge, skills, and abilities throughout their careers;
  - ongoing professional development;
  - the principles of accountability in all aspects of their professional practice; and
  - practising in a manner consistent with legislation/regulations.

- The Standards are intended to:
  - reflect the CRTO's public responsibility/commitment to the public;
  - collectively outline mandatory minimum performance requirements to which all Members are expected to ~~adhere~~ meet regardless of their experience, role or area of practice; and
  - be used in conjunction with other CRTO documents (e.g., Ethical Guidelines, Position Statements, and Practice Guidelines) that together describe and guide professional practice.

## STANDARD 1. Business Practices

### Standard

Respiratory Therapists (RTs) must only engage in **business practices** that are transparent, ethical, and not misleading to the public.

### Performance Requirements

#### Advertising and Marketing

RTs:

- a. Only use marketing strategies that ensure the dignity and integrity of the profession are upheld.
- b. Advertise accurately and truthfully to provide a clear, factual, and verifiable representation of the products and services offered.
- c. Advertise only those products and services that they have the **competence** to provide.
- d. Must not include testimonials in their advertising.
- e. Use advertising that:
  - i. is not false or misleading,
  - ii. does not claim their products and services to be superior to that of others and
  - iii. is easy for the **patient/client** to understand.
- f. Refrain from either directly or indirectly soliciting patients/clients through mechanisms such as personal contact, email, or other forms of communication in an attempt to further their own business interests.
- g. Must not solicit their employers' clients ~~for private practice~~ and must adhere to their employment contract when leaving their place of employment.

#### Fees and Billing

RTs:

- a. Prior to the initiation of care, clearly and accurately inform patients/clients of all required fees for products and services, ensuring that there are no hidden costs.
- b. Must ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and canceled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees, and third-party fee payments.

- c. Issue patients/clients a complete billing record of the products and services purchased in a **timely** fashion.
- d. Support the establishment of processes to address fee discrepancies/errors in a timely manner.
- e. Retain accurate financial records related to sales of products and services.
- f. Must not offer discounts that may diminish the value of RT service offered by the profession (e.g., Groupon).
- g. Must adhere to the CRTO Advertising Regulation.
- h. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless the patient or client is unwilling or unable to pay and reasonable attempts have been made to arrange alternative services.
- i. May only charge block fees if first:
  - i. the patient/client is given the option of paying for each service as it is provided;
  - ii. a unit cost per service is specified; and
  - iii. the member agrees to refund the patient or client the unspent portion of the block fee.
- j. Must refrain from charging a fee or accepting payment from a patient/client respecting for services which have been paid for by the Ministry of Health and Long-Term Care and/or any other agency.

### Patient/Client Expected Outcome

Patients/clients can expect that business practices comply with relevant legislation and that the products, services, and care provided by RTs adhere to business practices that are ethical, accurate, truthful, and not misleading.

### Related Standards

- Communication
- Conflict of Interest
- Documentation & Information Management
- Professional Responsibilities

### Related Resources

- College of Respiratory Therapists of Ontario. (201~~20~~). *A Commitment to Ethical Practice*. Available at: <http://www.cрто-on.ca/pdf/Ethics.pdf> <https://ethics.cрто-on.ca>.
- College of Respiratory Therapists of Ontario. (2012). *Ontario Regulation 596/94 under the Respiratory Therapy Act. Advertising*. Available at:

<https://www.ontario.ca/laws/regulation/940596/v5>

<https://www.ontario.ca/laws/regulation/940596>.

- College of Respiratory Therapists of Ontario. (20~~22~~14). *Conflict of Interest. Clinical Practice Guideline*. Available at:  
<http://www.crto.on.ca/pdf/PPG/conflict-of-interest.pdf> <https://conflict.crto.on.ca>.

## Glossary

**Business practices** refer to ~~procedures, processes, or rules employed or followed by a company in the pursuit of its objectives. It can include but is not limited to activities such as advertising, fees, and billing procedures~~ “the methods, procedures, processes, or rules used by a company or individual RT to conduct its business activities”. It can include, but is not limited to, activities such as advertising, fees, and billing procedures”.<sup>1</sup>

**Competence** refers to ~~“having the requisite knowledge, skills and judgment/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client.”~~ “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care.”<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include his/her substitute decision-maker or guardian.<sup>3</sup>

**Timely** refers to ~~“happening at the correct or most useful time: not happening too late.”~~ “actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome”<sup>4</sup>

<sup>1</sup> Adapted from Business Dictionary. (2017). *Online Dictionary*. Available at: <http://www.businessdictionary.com/definition/business-practice.html> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com/>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com/>.

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca/>

<sup>4</sup> Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com/>



## Standard 2. Collaboration / Interprofessional Collaboration

### Standard

Respiratory Therapists (RTs) participate in **collaborative practice** with interprofessional **healthcare team** members to facilitate **patient/client**-centred care.

### Performance Requirements

RTs:

- a. Work collaboratively with patients/clients, healthcare team members, and **community partners** to set goals, promote shared decision-making, and facilitate patient/client-centred care.
- b. **Communicate** and interact with patients/clients, healthcare team members, and others in a manner that demonstrates respect, dignity, and appreciation of individual differences and opinions.
- c. Refrain from maligning the reputation of any colleague.
- d. Engage with other healthcare team members to seek information, clarify roles, obtain assistance when needed, and provide assistance as required, in order to meet patient/client healthcare needs.
- e. Educate patients/clients, healthcare team members, and others regarding the role of RTs.
- f. Foster inter-professional collaboration and uphold public trust by cooperating with regulatory bodies of other professions in investigative processes.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs collaborate with other healthcare team members to promote safe, **competent**, ethical, and coordinated patient/client-centred care.

### Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

## Related Resources

- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf) <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>
- Canadian Society of Respiratory Therapists. (200~~15/16~~<sup>8</sup>) *Standards of Practice*. Available at <http://www.csrt.com/standards-of-practice/> <https://www.csrt.com/wp-content/uploads/Standards-of-Practice-for-RTs.pdf>
- College of Respiratory Therapists of Ontario. (20~~11~~<sup>10</sup>). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (20~~11~~<sup>15</sup>). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf> <https://education.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <http://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>
- ~~Federation of Health Regulatory Colleges of Ontario. (2014). *Interprofessional Collaboration (IPC) eTool*. Available at <http://ipc.fhrco.org/>~~
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Collaborative practice** refers to “the process of developing and maintaining effective interprofessional working relationships with learners, ~~practitioner~~ **Members**, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.”<sup>1</sup>

<sup>1</sup> Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: [http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf) <https://www.cihi.ca/en>.

**Communicate** refers to ~~“give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings, or information easily or effectively the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.”~~<sup>1</sup> ~~Implies two-way communication between the speaker and recipient involving active listening and reception.~~

**Community partners** includes~~s~~, but is not limited to~~l~~ regional, local, and community health, academic, and social organizations which may directly or indirectly support patient/client care.

**Competent** refers to ~~“having the requisite knowledge, skills and judgment/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care.”~~<sup>2</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.<sup>3</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>4</sup>

## Standard 3. Communication

### Standard

Respiratory Therapists (RTs) must use clear and effective communication techniques to provide information to support safe, **competent**, ethical **patient/client** care.

<sup>1</sup> Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.cрто-on.ca/pdf/Ethics.pdf> <https://ethics.cрто-on.ca>.

<sup>3</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.cрто-on.ca/pdf/Ethics.pdf> <https://ethics.cрто-on.ca>.

<sup>4</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.cрто-on.ca/pdf/Ethics.pdf> <https://ethics.cрто-on.ca>.

## Performance Requirements

RTs:

- a. **Communicate** pertinent information clearly and accurately to patients/clients, **healthcare team** members, and others through verbal, non-verbal, and/or written means.
- b. Deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients'/clients' understanding of pertinent information.
- c. Demonstrate **professionalism** and respect in all forms of communication (e.g., verbal, non-verbal, written, social media).
- d. Use information communication technologies **appropriately** to provide safe care to patients/clients.
- e. Use appropriate techniques for the accurate, secure, and **timely** transfer of information to other healthcare team members.
- f. Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing.
- g. Abide by privacy legislation and understand when it is appropriate to share, what information may be shared, and to whom it must be shared.
- h. Document every patient/client interaction in a timely manner, using the most suitable format.

## Patient/Client Expected Outcome

Patients/clients can expect that RTs communicate clearly and professionally when providing care.

## Related Standards

- Collaboration/Interprofessional Collaboration
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf>  
<https://ethics.cрто.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~21~~13). *Use of Social Media by Respiratory Therapists Fact Sheet*. ~~CRTO Social Media Policy~~. Available at:

~~[http://www.cрто.on.ca/pdf/Policies/PR\\_Social\\_Media\\_103.pdf](http://www.cрто.on.ca/pdf/Policies/PR_Social_Media_103.pdf)~~

~~<https://www.cрто.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf>~~.

- ~~• College of Respiratory Therapists of Ontario et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at <http://www.cрто.on.ca/members/professional-development/e-learning/>~~
- ~~• National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>~~
- ~~• National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>~~
- *Personal Health Information Protection Act*, S.O. 2004, c. 3, Sched. A (Can.). Available at: <https://www.ontario.ca/laws/statute/04p03>.

## Glossary

**Appropriately** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Communicate** refers to ~~"give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings, or information easily or effectively."~~<sup>1</sup> ~~"the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods"~~<sup>1</sup>. ~~It implies a two-way communication process between the speaker and recipient involving active listening and reception.~~

**Competent** refers to ~~"having the requisite knowledge, skills and judgment/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client."~~ ~~"the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care"~~.<sup>2</sup>

<sup>1</sup> Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>2</sup> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>2</sup>

**Professional/Professionalism** ~~or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential~~ impact refers to the “conduct, behaviours, and attitudes expected of individuals in the healthcare field that are essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession”.<sup>3</sup>

**Timely** refers to ~~“happening at the correct or most useful time: not happening too late.”~~ actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome<sup>4</sup>

## Standard 4. Competence/Ongoing Competence

### Standard

Respiratory Therapists (RTs) must provide **competent patient/client** care and ensure their knowledge, skills, and judgment/abilities remain current on an ongoing basis.

### Performance Requirements

RTs:

- a. Possess the competence pertinent to the role and responsibilities of their areas of practice.
- b. Must refrain from performing activities/procedures for which they are not

<sup>1</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>2</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://chatgpt.com>.

<sup>3</sup> ~~Adapted from College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: [http://www.crto.on.ca/pdf/Conduct/Conduct\\_Counts\\_02-2017.pdf](http://www.crto.on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf)~~ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>4</sup> Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

competent and that are beyond their knowledge, skill, and judgment/abilities.

- c. Keep their knowledge and skills current and upgrade competence in response to the development of new technologies and methods of delivering care.
- d. Practice within the **professional scope of practice, personal scope of practice** and scope of employment.
- e. Recognize and acknowledge limitations in their competence and seek additional knowledge, guidance, or assistance from others as **appropriate**.
- f. Assume responsibility for their personal and professional development.
- g. Assess their level of competence based on **evidence-informed** practices, identifying learning needs, and developing strategies to address the learning requirements.
- h. Comply with applicable regulatory requirements for professional development/continuing education (e.g., CRTO Professional Development Program Policy).
- i. Recognize when professional or personal difficulties are affecting their ability to provide safe and competent care and seek appropriate assistance.
- j. Must refrain from practising the profession while the member's ability to do so is impaired by any substance, illness or other condition which the member knew or ought to have known would impair the member's ability to practise.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs provide competent care at all times.

### Related Standards

- Evidence-Informed Practice
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities
- Safety & Risk Management

### Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~10). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.
- ~~• College of Respiratory Therapists of Ontario. (2010). *Scope of Practice and Maintenance of Competency*. Available at:~~  
~~[http://www.crto.on.ca/pdf/Communiques/Scope\\_of\\_Practice.pdf](http://www.crto.on.ca/pdf/Communiques/Scope_of_Practice.pdf)~~
- ~~• College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.crto.on.ca>.~~



- ~~College of Respiratory Therapists of Ontario. (201916). Professional Development Program (PDP) Member's Guide. Available at <http://www.certo.on.ca/members/professional-development/quality-assurance/> [https://www.certo.on.ca/pdf/QA/PDP\\_Members\\_Guide.pdf](https://www.certo.on.ca/pdf/QA/PDP_Members_Guide.pdf).~~
- ~~College of Respiratory Therapists of Ontario (2023). Professional Development Program Policy. Available at <https://www.certo.on.ca/pdf/Policies/Policy.QA-101.pdf>.~~
- ~~Ontario Government. (1991). Regulated Health Professions Act. Available at <https://www.ontario.ca/laws/statute/91r18>.~~
- ~~Ontario Government. (1991). Respiratory Therapy Act. Available at <https://www.ontario.ca/laws/statute/91r39>.~~
- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2016). National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.~~
- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2024). National Competency Framework. Available at: <https://nartrb.ca/national-competency-profileframework>.~~

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to ~~"having the requisite knowledge, skills and judgment/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care."~~<sup>1</sup>

**Evidence-informed** refers to "practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data."<sup>2</sup>

<sup>1</sup> ~~College of Respiratory Therapists of Ontario. (2010). A Commitment to Ethical Practice. Available at: <http://www.certo.on.ca/pdf/Ethics.pdf> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>~~

<sup>2</sup> ~~College of Nurses of Ontario. (2014). Entry to Practice Competencies. Available at: [http://www.cno.org/globalassets/docs/reg/44042\\_entrypracrp.pdf](http://www.cno.org/globalassets/docs/reg/44042_entrypracrp.pdf) College of Respiratory Therapists of Ontario. (2021). A Commitment to Ethical Practice. Available at: <https://ethics.certo.on.ca>.~~



**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>1</sup>

**Personal scope of practice** refers to what is often “a subset of the overall scope of practice of a profession (professional scope) ~~... A Member’s personal scope of practice begins with their education, but usually evolves over time as a result of their practice setting, clinical experience, and demonstrated competencies, and is influenced by factors such as their role within their specific practice setting~~”<sup>2</sup>

**Professional scope of practice** ~~refers to all the competencies that an RT is expected to have obtained at entry to practice, and is outlined in the National Competency Framework is outlined in the Respiratory Therapy Act (RTA) and states: The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.~~<sup>3</sup>

## Standard 5. Conflict of Interest

### Standard

Respiratory Therapists (RTs) must prevent, avoid, and where it is impossible to prevent or avoid, manage any actual, potential, or perceived **conflicts of interest**.

### Performance Requirements

RTs:

- a. Identify and avoid participating in what a **reasonable person** would conclude involves an actual, potential, or perceived conflict of interest. Conflict of interest situations can include but are not limited to:
  - i. providing benefits to another person or receiving benefits for the purpose of inducing a **patient/client** referral; referrals must be based on patient/client need~~s~~,
  - ii. influencing patients’/clients’ choice of service options and/or providers for personal gain, and

<sup>1</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~21~~14). A Commitment to Ethical Practice. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (2016). *Scope of Practice and Maintenance of Competency Communique*. Available at: [http://www.crto.on.ca/pdf/Communiques/Scope\\_of\\_Practice.pdf](http://www.crto.on.ca/pdf/Communiques/Scope_of_Practice.pdf) College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.crto.on.ca>.

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (2016). *Scope of Practice and Maintenance of Competency Communique*. Available at: [http://www.crto.on.ca/pdf/Communiques/Scope\\_of\\_Practice.pdf](http://www.crto.on.ca/pdf/Communiques/Scope_of_Practice.pdf) Ontario Government. (1991). *Respiratory Therapy Act*. s. 3. Available at: <https://www.ontario.ca/laws/statute/91r39>

- iii. providing care to individuals with whom they have a personal relationship (e.g., family members).
- b. In circumstances where the conflict of interest cannot be avoided, (e.g., rural communities, specialized practice), manage the conflict by full disclosure to patients/clients and others, and ensure discussion and management strategies are documented.
- c. Inform patients/clients of the option of selecting an alternate service provider or product (and, where one exists, provide the name of at least one comparable service provider or product) and assure patients/clients that the service, products or health care provided will not be adversely affected by their selection of an alternate supplier or product.
- d. Adhere to the CRTO Conflict of Interest regulation

### Patient/Client Expected Outcome

Patients/clients can expect that RTs put the patient/client interest first and any actual, potential, or perceived conflicts of interest are avoided, and if ~~required they cannot be avoided, and disclosed~~ are addressed.

### Related Standards

- Business Practices
- Consent
- Documentation & Information Management
- Professional Responsibilities

### Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~10). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf>  
<https://ethics.cрто.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~22~~14). *Conflict of Interest. Clinical-Professional Practice Guideline*. Available at:  
[http://www.cрто.on.ca/pdf/PPG/conflict\\_of\\_interest.pdf](http://www.cрто.on.ca/pdf/PPG/conflict_of_interest.pdf)  
<https://conflict.cрто.on.ca>.
- ~~Council of the College of Respiratory Therapists Ontario Government~~. (2013). *O~~ntario~~ Regulation 250/13, made under the Respiratory Therapy Act. Conflict of Interest Professional Practice Guideline*. Available at:  
<https://www.ontario.ca/laws/regulation/r13250>  
<https://www.ontario.ca/laws/regulation/940596#BK0>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1*.

National Standards for Entry-to-Practice. Available at:

<http://www.csrt.com/2016-national-competency-framework/>  
<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.

## Glossary

**Conflicts of interest** ~~refer to “when an RT is in a position where his/her duty to their patient/client could be compromised or could be perceived to be compromised, by a personal relationship of benefit. A conflict of interest may be actual, potential, or perceived~~ “exists when an RT is in a position where their professional judgement, or duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship, commercial interest or financial benefit. A conflict of interest may be actual, potential, or perceived.”<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>2</sup>

**Reasonable person** refers to ~~“a hypothetical person in society who exercises average care, skill, and judgment in conduct and who serves as a comparative standard for determining liability,”<sup>3</sup> or “an individual who is neutral and informed~~ an individual who is neutral and informed.”<sup>3</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (20~~22~~44). *Conflict of Interest. Clinical Practice Guideline*. Available at: [http://www.cрто.on.ca/pdf/PPG/conflict\\_of\\_interest.pdf](http://www.cрто.on.ca/pdf/PPG/conflict_of_interest.pdf) <https://conflict.cрто.on.ca>.

<sup>2</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~21~~40). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf> <https://conflict.cрто.on.ca>.

<sup>3</sup> The Free Dictionary. (2017). *Online Dictionary*. Available at: <http://legal-dictionary.thefreedictionary.com/Reasonable+Person> College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Professional Practice Guideline*. Available at: <https://conflict.cрто.on.ca>.

## Standard 6. Consent

### Standard

Respiratory Therapists (RTs) must, prior to initiation and throughout the provision of **patient/client care**, confirm that voluntary **informed consent** has been obtained from **patients/clients** in accordance with all relevant legislative and regulatory requirements relating to consent, capacity, and **substitute decision-makers**.

### Performance Requirements

RTs:

- a. Must ensure there is a mechanism for obtaining voluntary informed consent for care, treatment, and participation in research.
- b. If necessary, determine if patients/clients are **capable** of providing informed consent; and if deemed to be **incapable**, obtain consent from a designated substitute decision-maker.
- c. **Communicate** with patients/clients to explain the proposed treatment(s) and facilitate their understanding of the benefits, risks, possible treatment alternatives, and consequences of not participating in the proposed care.
- d. Respect the patients'/clients' autonomy to question, refuse treatment, or withdraw from care at any time.
- e. Obtain patients'/clients' consent to proposed and ongoing care or withdrawal of care, and as required, document accordingly.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs confirm that informed consent has been obtained to the proposed care and that patients/clients have the right to question, refuse, or withdraw from care at any time.

### Related Standards

- Communication
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~<sup>19</sup>). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf>  
<https://ethics.cрто.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~22~~<sup>14</sup>). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.cрто.on.ca/pdf/PPG/UnderConsent.pdf>  
<https://responsibilities.cрто.on.ca>.
- Ontario Government. (1992). *Substitute Decisions Act*. Available at: <https://www.ontario.ca/laws/statute/92s30>.
- Ontario Government. (1996). *Health Care Consent Act*. Available at: <https://www.ontario.ca/laws/statute/96h02>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>  
<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.

## Glossary

**Capable** refers to “mentally capable; a person is capable if they are able to understand the information that is relevant to making a decision about the treatment and are able to appreciate the ~~reasonable~~reasonably foreseeable consequences of a decision or lack of decision.”<sup>1</sup>

**Communicate** refers to “~~give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings, or information easily or effectively~~“the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.”<sup>2</sup> ~~It implies a two-way communication process between the speaker and recipient involving active listening and reception.~~

**Incapable/incapacity** refers to “~~a person who is diagnosed as being mentally ill, senile, or suffering from some other disability that prevents them from managing his own affairs...a guardian is appointed to handle the person’s property and personal affairs~~“A person is incapable with respect to a treatment if the person is not able to understand the information that is relevant to making a decision about the

<sup>1</sup> College of Respiratory Therapists of Ontario. (20~~22~~<sup>14</sup>). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.cрто.on.ca/pdf/PPG/UnderConsent.pdf> <https://responsibilities.cрто.on.ca>.

<sup>2</sup> Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

treatment or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision."<sup>1</sup>

**Informed consent** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.<sup>2</sup>

**Patient/client care** refers to all the services provided by Respiratory Therapists, including, but not limited to assessment, treatment, and education interventions.

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>3</sup>

**Substitute decision-makers** refer to "individuals who may give or withhold consent on behalf of an incapacitated patient/client (e.g., guardian, attorney for personal care, spouse, partner)."<sup>4</sup>

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<sup>1</sup> ~~The Free Dictionary. (2017). Online Dictionary. Available at: <http://legal-dictionary.thefreedictionary.com/Mental+Incompetency>~~ Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A, s. 4. Available at: <https://www.ontario.ca/laws/statute/96h02>.

<sup>2</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~22~~44). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: ~~<http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf>~~ <https://responsibilities.crto.on.ca>

<sup>3</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~21~~40). *A Commitment to Ethical Practice.* Available at: ~~<http://www.crto.on.ca/pdf/Ethics.pdf>~~ <https://ethics.crto.on.ca>

<sup>4</sup> College of Respiratory Therapists of Ontario. (20~~22~~44). *Conflict of Interest. Clinical Practice Guideline.* Available at: ~~[http://www.crto.on.ca/pdf/PPG/conflict\\_of\\_interest.pdf](http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf)~~ <https://conflict.crto.on.ca>

## Standard 7. Documentation & Information Management

### Standard

Respiratory Therapists (RTs) must maintain complete, clear, **timely**, objective, and accurate documentation to support the continuity, quality, and safety of **patient/client** care.

### Performance Requirements

RTs:

- a. Document all patient/client contacts in a timely manner in the patient/client health record in the form and manner required by both the regulatory body and the employer.
- a.b. Must be clear in their documentation what care they provided themselves and what care was provided by others.
- b.c. Make **appropriately** detailed, accurate, legible, and clear entries in the patient/client health record (e.g., initial assessments, **informed consent**, status, interventions and responses, and follow-up/discharge plans).
- c.d. Include the date, time, and their identifiable signature (e.g., hand-written, electronic) with protected professional title/professional designation on all documentation in the patient/client health record.
- d.e. Protect the confidentiality and privacy of all forms of patient/client documentation in compliance with legislative, regulatory, and employer requirements.
- e.f. Access patient/client personal information only as required for the provision of care.
- f.g. Transport and store patient/client information in a safe and secure manner.
- g.h. Comply with legislative, regulatory, and employer requirements related to record retention and disposal.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs keep complete, clear, timely, objective, and accurate records of the care provided and that privacy/confidentiality is protected.

### Related Standards

- Communication

- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~24~~13). *Orders for Medical Care Professional Practice Guideline*. Available at <http://www.crto.on.ca/pdf/ppg/ordersmc.pdf> <https://orders.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~23~~14). *Delegation of Controlled Acts Professional Practice Guideline*. Available at <http://www.crto.on.ca/pdf/ppg/delegation.pdf> <https://delegation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~23~~14). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at <http://www.crto.on.ca/pdf/ppg/interpretation.pdf> <https://interpretation.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~22~~14). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf> <https://responsibilities.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~21~~15). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf> <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~21~~15). *Documentation Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/ppg/documentation.pdf> <https://documentation.crto.on.ca>.
- ~~College of Respiratory Therapists of Ontario et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at [http://www.crto.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf](http://www.crto.on.ca/members/professional-development/e-learning/College of Respiratory Therapists of Ontario. (2021). <i>Use of Social Media by Respiratory Therapists Fact Sheet</i>. Available at: <a href=).~~
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.



## Glossary

**Appropriately** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Informed consent** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include his/her-their substitute decision-maker or guardian.<sup>2</sup>

**Timely** refers to ~~“happening at the correct or most useful time; not happening too late~~ actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible outcome.”<sup>3</sup>

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<sup>1</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~22~~14). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.cрто.on.ca/pdf/PPG/UnderConsent.pdf>  
<https://responsibilities.cрто.on.ca>.

<sup>2</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf> <https://ethics.cрто.on.ca>.

<sup>3</sup> ~~Merriam-Webster. (2016). Online Dictionary. Available at: http://www.merriam-webster.com/dictionary/timely~~ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com.

## Standard 8. Evidence Informed Practice

### Standard

Respiratory Therapists (RTs) integrate an **evidence-informed** approach into all aspects of **patient/client** care.

### Performance Requirements

RTs:

- a. Utilize current evidence related to patient/client care.
- b. Evaluate current evidence using critical thinking and professional judgment to determine the relevance to patient/client care.
- c. Incorporate relevant evidence into decision-making related to patient/client care.
- d. Advocate for the integration of current evidence, knowledge, best practices, and clinical guidelines into their clinical practice.
- e. Assess the impact of their clinical interventions on patient/client care and make adjustments accordingly.
- f. Must refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis.

### Patient/Client Expected Outcome

Patients/clients can expect that their care from RTs is informed by decision-making based on current information and research.

### Related Standards

- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

### Related Resources

- College of Respiratory Therapists of Ontario. (2021~~10~~). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf>  
<https://ethics.cрто.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at:

~~<http://www.csrt.com/2016-national-competency-framework/>~~

~~<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016.>~~

- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.~~

## Glossary

**Evidence-informed** refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.”<sup>1</sup>

**Patient/client** refers to individuals ~~and their families requiring care or services. This may also include his/her substitute decision maker or guardian who require care (and this can include their substitute decision maker).~~<sup>2</sup>

## Standard 9. Infection Prevention & Control

### Standard

Respiratory Therapists (RTs) must apply **appropriate** infection prevention and control measures to protect **patients/clients, healthcare team** members, and themselves according to provincial guidelines, regulatory requirements, and employer policies.

### Performance Requirements

RTs:

- ~~Adhere to Routine Practices in all settings and apply Additional Precautions when required~~ Adhere to established standard procedures/practices and apply additional precautions when required.
- Adhere to all current, applicable practice guidelines and policies for infection prevention and control.

<sup>1</sup> ~~College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: [http://www.cno.org/globalassets/docs/reg/41042\\_entrypracrp.pdf](http://www.cno.org/globalassets/docs/reg/41042_entrypracrp.pdf)~~ College of Respiratory Therapists of Ontario (2021). *A Commitment to Ethical Practice*. Available at <https://ethics.crto.on.ca>.

<sup>2</sup> ~~Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>~~ <https://ethics.crto.on.ca>.

- c. To the best of their knowledge, use equipment that has been appropriately cleaned, disinfected, and/or sterilized.
- d. Transport and dispose of supplies and equipment as per current infection prevention and control standards.
- ~~d-e.~~ Adhere to public health directives and all employer policies related to infection prevention and control.

### Patient/Client Expected Outcome

Patients/clients can expect that appropriate infection prevention and control measures are taken by RTs in the delivery of their care.

### Related Standards

- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Safety & Risk Management

### Related Resources

- Canadian Patient Safety Institute. (20~~2009~~). *The Safety Competencies*. Available at <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf> [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf).
- ~~• College of Respiratory Therapists of Ontario. (2013). *Bloodborne and Other Infectious Pathogens Position Statement*. Available at [http://www.crto.on.ca/pdf/Positions/bloodborne\\_pathogen.pdf](http://www.crto.on.ca/pdf/Positions/bloodborne_pathogen.pdf)~~ College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.crto.on.ca>.
- ~~• College of Respiratory Therapists of Ontario. (2016). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: [http://www.crto.on.ca/pdf/PPG/Infection\\_Control\\_CBPG.pdf](http://www.crto.on.ca/pdf/PPG/Infection_Control_CBPG.pdf)~~
- Health Canada. (20~~12~~5). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.

- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Ontario Government. (1990). *Occupational Health and Safety Act*. Available at <https://www.ontario.ca/laws/statute/90o01>
- Public Health Ontario. (2024~~12~~). *Best Practices for Infection Prevention and Control ~~Practices~~ in Ontario*. Available at:  
[https://www.publichealthontario.ca/en/eRepository/BP\\_IPAC\\_Ontario\\_HCSettings\\_2012.pdf](https://www.publichealthontario.ca/en/eRepository/BP_IPAC_Ontario_HCSettings_2012.pdf)  
<https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Best-Practices-IPAC>.
- ~~Public Health Ontario. (2017). *PIDAC Documents. Best Practice Documents*. Available at:  
<https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC-Documents.aspx>~~

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include his/her ~~their~~ substitute decision-maker or guardian.<sup>2</sup>

<sup>1</sup> College of Respiratory Therapists of Ontario. (2021~~10~~). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf> <https://ethics.cрто.on.ca>.

<sup>2</sup> Adapted from College of Respiratory Therapists of Ontario. (2021~~10~~). *A Commitment to Ethical Practice*. Available at: <http://www.cрто.on.ca/pdf/Ethics.pdf> <https://ethics.cрто.on.ca>.

## Standard 10. Patient/Client Assessment & Therapeutic Procedures

### Standard

Respiratory Therapists (RTs) must assess **patients/clients** to analyze the findings, establish priorities and goals, and implement and monitor responses to therapeutic procedures to deliver safe, **competent**, ethical patient/client-centred care.

### Performance Requirements

RTs:

- a. Treat all patients/clients with sensitivity and compassion, considering their unique needs and goals when providing care.
- b. Respect the autonomy of clients to make decisions regarding their own care, including their right to refuse or withdraw from treatment at any time.
- c. Use knowledge, skill, critical thinking, and **professional** judgment to:
  - i. apply assessment procedures to evaluate patients'/clients' status;
  - ii. identify patient/client priorities, establish goals, develop, and implement a care plan of **appropriate** therapeutic procedures;
  - iii. safely implement therapeutic procedures; and
  - iv. monitor patients'/clients' outcomes to evaluate the effectiveness of therapeutic procedures and adjust interventions accordingly.
- d. Implement discharge plans to coordinate required care and promote patient/client safety.
- e. Notify, discuss, and document discussions with the appropriate **healthcare team** member if the RT feels the ordered assessment or therapeutic procedure is inappropriate for that patient/client.
- ~~f. Refuse and take the necessary actions if they determine a procedure is not in the patient's/client's best interest. Refuse to perform a procedure/task when it is not in the patient/client's best interest, document the refusal and propose necessary alternative actions.~~
- ~~f.g. Use a collaborative approach to patient care and safety.~~
- ~~g.h. Institute immediate supportive measures and notify relevant healthcare team members in the event of deterioration of the patient's/client's condition.~~
- ~~h.i. Provide care, including products and services, to patients/clients without discrimination on any basis, and respect the rights and dignity of all individuals.~~
- ~~h.j. Must refrain from recommending, dispensing, or selling medical gases or~~

equipment for an improper purpose.

j-k. Must refrain from administering medication for an improper purpose.

l. Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.

k-m. Maintain an awareness of potential biases in diagnostic tools and strive to ensure equitable and accurate assessments for all patient/client populations.

## Patient/Client Expected Outcome

Patients/clients can expect that they will be treated with sensitivity and respect, and RTs competently apply assessment and therapeutic procedures to deliver safe, ethical patient/client-centred care.

## Related Standards

- Communication
- Competence/Ongoing Competence
- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~15~~). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf>  
<https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>  
<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to ~~“having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care.”~~<sup>1</sup>

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>2</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>3</sup>

**Professional/Professionalism** ~~or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society.~~

~~A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential impact refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field that are essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.~~<sup>4</sup>

<sup>1</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>3</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>4</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: [http://www.crto.on.ca/pdf/Conduct/Conduct\\_Counts\\_02-2017.pdf](http://www.crto.on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf) Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.



## Standard 11. Privacy/Confidentiality

### Standard

Respiratory Therapists (RTs) must protect **patient/client** privacy and confidentiality, in accordance with all applicable legislative, regulatory, and employer requirements.

### Performance Requirements

RTs:

- a. Access patient/client personal information only as required for the provision of care.
- b. Share patient/client information with other **healthcare team** members only when necessary for the provision of care and quality improvement activities, seeking patient/client consent when required.
- c. ~~Take precautions to ensure that conversations and sharing of information via other mediums (e.g., social media, audiovisual recordings) regarding patients/clients are not accessible to others and that patient/client information is not shared with those who are not directly involved in their care~~ When using electronic communication tools (e.g., social media, audiovisual recordings), take precautions to ensure that conversations and sharing of information via other mediums regarding patients/clients' information, including names, addresses, and other identifying details, is not shared with those who are not directly involved in their care.
- d. Protect against theft, loss or unauthorized use or disclosure of confidential patient/client personal information (e.g., passwords, encryption, systems for backup and storage, and processes for sharing/transferring information).
- e. Maintain privacy and ensure confidentiality relating to patient/client personal health information except where sharing of information is done pursuant to the following:
  - i. with the informed consent of the patient/client,
  - ii. if required by law (e.g., as part of an investigation or reporting of suspected child abuse), and
  - iii. to disclose a risk of harm as authorized under applicable legislation related to personal health information protection.

### Patient/Client Expected Outcome

Patients/clients can expect that RTs protect their right to privacy and confidentiality.

### Related Standards

- Collaboration/Interprofessional Collaboration

- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~22~~14). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf> <https://responsibilities.crto.on.ca>
- College of Respiratory Therapists of Ontario. (20~~21~~15). *Documentation Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/ppg/documentation.pdf> <https://documentation.crto.on.ca>
- Government of Ontario. (2004). *Personal Health Information Protection Act*. Available at: <https://www.ontario.ca/laws/statute/04p03>
- ~~Officer of the Privacy Commissioner of Canada. (2015). *The Personal Information Protection and Electronic Documents Act*. Available at: [https://www.priv.gc.ca/leg\\_c/leg\\_c\\_p\\_e.asp](https://www.priv.gc.ca/leg_c/leg_c_p_e.asp)~~
- Government of Canada. (2000). *The Personal Information Protection and Electronic Documents Act*. Available at: <https://laws-lois.justice.gc.ca/eng/acts/p-8.6>

## Glossary

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>2</sup>

<sup>1</sup> College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>

<sup>2</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>

## Standard 12. Professional Boundaries / Therapeutic & Professional Relationships

### Standard

Respiratory Therapists (RTs) must act with honesty, integrity, and respect appropriate **professional boundaries** with **patients/clients, healthcare team members, students, and others.**

### Performance Requirements

RTs:

- a. Must refrain from abusing a patient/client verbally, emotionally, psychologically, electronically, physically, or sexually, or taking advantage of a patient/ client as a result of the member's position.
- b. Must refrain from abusing a person, ~~other than a patient/client,~~ with whom the member has a professional relationship or, in relation to whom, the member is in a position of authority or trust.
- c. Recognize how a power imbalance can impact **therapeutic** and **professional relationships**, and demonstrate integrity in all interactions, including abstaining from entering into personal relationships where professional boundaries could be compromised.
- d. Must not make comments, enter into situations, and/or demonstrate behaviour that could be interpreted as abusive, harassing, discriminatory, disrespectful or of a sexual nature (e.g., suggestive/provocative gestures) and must take action to prevent similar behaviour in others by reporting to the appropriate authority.
- e. Refrain from maligning the reputation of any colleague.
- f. **Communicate** clearly with patients/clients to explain assessment and therapeutic procedures that could be interpreted as compromising professional boundaries (e.g., touching, positioning) and obtain ongoing voluntary **informed consent**.
- g. Communicate electronically and through social media in a manner that respects therapeutic and professional relationships.
- h. Understand the effect and impact of **abuse** on patients/clients and integrate principles of **sensitive practice** into care.
- i. ~~Treat all patients/clients equitably without regard for age, race, religion, gender, body type, sexual orientation, gender identity, marital status, type of illness or level of physical or cognitive ability~~ Treat all patients and clients equitably without discrimination on any basis, while recognizing their individual needs and levels of physical or cognitive ability.

## Patient/Client Expected Outcome

Patients/clients can expect that RTs treat them with integrity while maintaining professional boundaries.

## Related Standards

- Communication
- Consent
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Responsibilities

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>  
<https://ethics.crto.on.ca>.
- ~~College of Respiratory Therapists of Ontario. (2013). *CRTO Social Media Policy*. Available at:~~  
~~<http://www.crto.on.ca/pdf/Policies/PR-Social-Media-103.pdf>~~ College of Respiratory Therapists of Ontario. (2021). *CRTO Use of Social Media by Respiratory Therapists Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/SocialMedia.FS-105.pdf>.
- College of Respiratory Therapists of Ontario. (20~~1~~24). *Zero Tolerance of Sexual and Other Forms of Abuse. Position Statement*. Available at: <http://www.crto.on.ca/pdf/Positions/sexual-abuse.pdf>
- College of Respiratory Therapists of Ontario. (20~~23~~14). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf> <https://abuse.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~21~~15). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf>  
<https://education.crto.on.ca>.
- ~~College of Respiratory Therapists et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at <http://www.crto.on.ca/members/professional-development/e-learning/>~~
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>  
<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

- ~~Public Health Agency of Canada. (2009). Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse. Available at: <http://www.integration.samhsa.gov/clinical-practice/handbook-sensitive-practices4healthcare.pdf>~~

## Glossary

**Abuse** refers to “treating others in a harmful, injurious, or offensive way.”<sup>1</sup>

**Communicate** refers to ~~“give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings, or information easily or effectively”~~the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.”<sup>2</sup> ~~It implies a two-way communication process between the speaker and recipient involving active listening and reception.~~

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>3</sup>

**Informed consent** means that the information ~~relating to the treatment must be received and understood by the patient/client~~ relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.<sup>4</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>5</sup>

**Professional boundaries** set the limitations around relationships between patients/clients, health care providers, students, and others to ensure the delivery of safe, ethical, patient/client-centred care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients/clients that are free of abuse, sexual abuse, sexual assault, and sexual harassment.<sup>6</sup>

<sup>1</sup> College of Respiratory Therapists of Ontario. (2023~~14~~). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf> <https://abuse.crto.on.ca/definitions/#abuse>.

<sup>2</sup> Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>3</sup> College of Respiratory Therapists of Ontario. (2021~~10~~). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>4</sup> College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca>.

<sup>5</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2021~~10~~). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>6</sup> Adapted from College of Physical Therapists of Alberta. (2024~~07~~). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at:

**Professional relationships** refer to “the connections/interactions of RTs with service providers, students, and others.”<sup>1</sup>

**Sensitive practice** refers ~~to the application of the principles of respect, taking time, rapport, sharing information, sharing control, respecting boundaries, fostering mutual learning, understanding nonlinear healing and demonstrating awareness and knowledge of interpersonal violence~~ “delivering healthcare that respects the diverse backgrounds, beliefs and values of patients, and providing care with an understanding of how trauma affects health and behaviour”.<sup>2</sup>

**Therapeutic relationships** refer to “the connections/interactions of RTs with their patients/clients.”<sup>3</sup>

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[http://www.physiotherapyalberta.ca/physiotherapists/resources\\_to\\_help\\_you\\_meet\\_practice\\_standards/therapeutic\\_relationships](http://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships) [https://www.cpta.ab.ca/docs/87/Therapeutic\\_Relationships\\_Guide\\_2024.pdf](https://www.cpta.ab.ca/docs/87/Therapeutic_Relationships_Guide_2024.pdf).

<sup>1</sup> College of Respiratory Therapists of Ontario. (2014) *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf>

<sup>2</sup> ~~Adapted from Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Available at:~~ <http://www.integration.samhsa.gov/clinical-practice/handbook-sensitive-practices4healthcare.pdf> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

<sup>3</sup> College of Respiratory Therapists of Ontario. (202344). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf> <https://abuse.crto.on.ca>.

## Standard 13. Professional Responsibilities

### Standard

Respiratory Therapists (RTs) must ensure their **professional** practice complies with all applicable regulatory requirements.

### Performance Requirements

#### *Responsibilities to the CRTO*

RTs:

- a. Maintain current ~~regulatory CRTO registration/licensure~~ registration status with the CRTO.
- b. Assume responsibility and accountability for their own actions and decisions.
- c. Self-report to the CRTO any ~~necessary~~ required information within 30 days of the effective date of the change. ~~to maintain professional registration/licensure which This~~ includes ~~(but is not limited to)~~ notifying the CRTO of any ~~change(s) to their personal, employment, and/or professional registration and conduct information~~ updates to the information provided on their previous registration renewal form or application for registration, including changes to personal contact information, employment, and/or professional registration and conduct information.
- d. Self-report to the CRTO, in accordance with regulatory requirements, the following:
  - ~~i. — Offences, If charged with or found guilty of an offence.~~
  - ~~ii. Findings/proceedings of professional negligence or malpractice and information regarding professional registration and conduct.~~
  - ~~iii. Any event, circumstance, condition or matter not disclosed by the above criteria that are relevant to the Member's competence, conduct or physical or mental capacity that may affect the Member's ability or suitability to practice as a Respiratory Therapist.~~
- ~~e. — Whomever function as employers must report to the CRTO, in accordance with regulatory requirements, the following:~~
- e. whenever, for whatever reason of professional misconduct, incompetence or incapacity, they terminate, suspend or impose restrictions on the employment of a Member  
Those who function as an employer must report to the CRTO, in accordance with regulatory requirements, the following:
  - i. Whenever they terminate, suspend or impose restrictions on the



- employment of a Member for reasons of professional misconduct, incompetence or incapacity; and
- ii. ~~w~~Where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.
  - f. Ensure that they have adequate personal and professional liability insurance coverage in accordance with CRTO ~~policy~~ by-laws.
  - g. Must not contravene, or fail to maintain, a standard of practice of the profession or a published standard of the CRTO.
  - h. Must not contravene, by act or omission, a term, condition or limitation imposed on the member's certificate of registration.
  - i. Assume responsibility for their own individual ongoing competence and participate in the CRTO's professional development/continuing education program.
  - j. Are required to pay all costs as set out by the CRTO for remediation courses/programs, etc.
  - k. Ensure that all documents or records used in a professional capacity (e.g., **patient/client** records, business cards) include ~~their name and full professional title (e.g., Registered Respiratory Therapist), or professional designation (e.g. RRT)~~ at a minimum, their name and professional designation (e.g. RRT).
  - l. Cooperate with CRTO investigations or inquiries into the professional conduct, competence or capacity of any Member of a regulated health profession.
  - m. Strictly comply with the terms and requirements of any order imposed by the CRTO or any agreement that they enter into with the CRTO.
  - ~~l.n.~~ Must provide information about, or facilitate access to, the CRTO when requested.

### ***Responsibilities to the Profession and the Public***

RTs:

- a. Comply with all current provincial and federal legislation for the protection of patients/clients, **healthcare team** members, the general public, and the environment.
- b. Report to the appropriate authority the following:
  - i. sexual abuse of a patient/client, student, other healthcare team member and/or
  - ii. verbal, emotional, psychological, or physical abuse of a patient/client, student, other members of the healthcare team, or:
  - iii. taking advantage of a patient/client or student as a result of the Member's position in the relationship.



- c. Are responsible and accountable for meeting all legal and ethical requirements of the profession (e.g., obtaining valid orders).
- d. Demonstrate integrity, objectivity, and compassion in their relationships with patients/clients, healthcare team members, students, and others.
- e. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- f. Introduce themselves to patients/clients and other members of the healthcare team using their name and professional title.
- g. Must provide their CRTO certificate of registration number, upon request in the course of practising the profession.
- h. Are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs.
- i. Report to relevant authorities any unsafe practice, unprofessional conduct, or unethical conduct, or incapacity by other healthcare team members.
- j. Advocate for improvements that will enhance patient/client care, including participating in **quality improvement** programs.
- ~~k. Must provide information about, or facilitate access to, the CRTO when requested.~~
- ~~k.~~ l. Participate in research activities as **appropriate**.
- ~~m.~~ l. Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.
- ~~n.~~ m. Render assistance to any person where an urgent need for healthcare exists.
- ~~o.~~ n. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless,
  - the patient/client requests the discontinuation,
  - alternative services are arranged, or
  - the patient/client is given a reasonable opportunity to arrange alternative services.
- ~~p. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless,~~
  - there are restrictions in the length of the type of service imposed by an agency, there are discharge criteria imposed by an agency, or
  - the Member reasonably believes that ~~he/she~~ they may be verbally, emotionally, psychologically, electronically, physically, or sexually abused by the patient/client and reasonable attempts have been made to arrange alternative services.
- ~~o.~~ o. If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.)
- ~~p.~~ p. Must adhere to the requirements of their employer (e.g., employment

policies, procedures, code of conduct, etc.).

## Patient/Client Expected Outcome

Patients/clients can expect that their care is delivered by registered RTs who are in compliance with all applicable legislative, regulatory, and employer requirements and that RTs engage in activities to improve the quality of care delivered.

## Related Standards

- Competence/Ongoing Competence
- Conflict of Interest
- Consent
- Evidence-Informed Practice
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

## Related Resources

- College of Respiratory Therapists of Ontario. (20~~21~~14). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>  
<https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20~~24~~16). Bylaw ~~24-2016~~  
~~35-01.m.3: Membership – Professional Liability Insurance~~. Available at:  
<http://www.crto.on.ca/pdf/Bylaws/bylaws.pdf>  
<https://bylaws.crto.on.ca/membership/#ProfessionalLiabilityInsurance>.
- College of Respiratory Therapists of Ontario. (20~~21~~22). *Professional Liability Insurance Policy Fact Sheet*. Available at  
<http://www.crto.on.ca/pdf/Policies/Insurance-eng.pdf>  
<https://www.crto.on.ca/pdf/FactSheets/PLI.FS-340.pdf>.
- College of Respiratory Therapists of Ontario. (20~~23~~14). *Terms Conditions and Limitations Policy Fact Sheet*. Available at:  
<http://www.crto.on.ca/pdf/Policies/TCL.pdf>  
<https://www.crto.on.ca/pdf/FactSheets/TCL.FS-315.pdf>.
- ~~College of Respiratory Therapists of Ontario. (2016). *Employer Reporting Obligations*. Available at: <http://www.crto.on.ca/employers/employer-responsibilities/reporting-obligations/>~~
- College of Respiratory Therapists of Ontario. (2024). *Mandatory Reporting Obligations by Member Fact Sheets*. Available at:  
<https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>

- ~~• College of Respiratory Therapists of Ontario. (2016). *Member Reporting Obligations*. Available at: <http://www.crto.on.ca/members/being-a-professional/reporting/>~~
- ~~• National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/> <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.~~
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Healthcare team** refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”<sup>1</sup>

**Offence(s)** refers to a violation of statute or law (e.g., Criminal Code of Canada) as determined by a court. Members are required to report any charges or findings of guilt for offences that are relevant to their suitability to practice.<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include his/her/their substitute decision-maker or guardian.<sup>3</sup>

**Professional** ~~or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential impact.~~ **Professionalism** to refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field that are essential for maintaining

<sup>1</sup> College of Respiratory Therapists of Ontario. (2021~~40~~). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>2</sup> ~~Adapted from College of Respiratory Therapists of Ontario. (2016). *Bylaw 24-2016 35.01.m*. Available at: <http://www.crto.on.ca/pdf/Bylaws/bylaws.pdf>~~ College of Respiratory Therapists of Ontario (2024). *Mandatory Reporting by Members Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>.

<sup>3</sup> ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2021~~40~~). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.<sup>1</sup>

**Quality improvement** refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners, and educators — to make better and sustained improvements.”<sup>2</sup>

## Standard 14. Safety & Risk Management

### Standard

Respiratory Therapists (RTs) contribute to a culture of safety for **patients/clients**, **healthcare team** members, and others, and adhere to risk management processes.

### Performance Requirements

RTs:

- a. Recognize situations or environments involving risks to the safety of patients/clients, healthcare team members, and others.
- b. Plan, implement and evaluate preventive measures whenever possible.
- c. Manage immediate risks to the safety of patients/clients, healthcare team members, and others and respond effectively to eliminate or mitigate harm.
- d. Provide full and frank disclosure of all **patient safety incidents** in keeping with relevant legislation and employer policies.
- e. Report incidents using established/appropriate processes.
- f. Take part in **timely** risk event analysis and reflective practice to prevent a recurrence.
- g. Ensure appropriate processes are in place for the proper maintenance and cleaning/disinfection/sterilization of equipment.
- h. Monitor equipment for and during use, including but not limited to:
  - i. activation of appropriate alarms,

<sup>1</sup> Adapted from College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: [http://www.cрто-on.ca/pdf/Conduct/Conduct\\_Counts\\_02-2017.pdf](http://www.cрто-on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf) Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>2</sup> Health Quality Ontario. (2022). *What is Quality Improvement?* Available at: <http://www.hqontario.ca/Quality-Improvement> Quality Improvement Guide. Available at: <https://www.hqontario.ca/portals/0/documents/qi/qi-quality-improve-guide-2012-en.pdf>.

- ii. proper functioning and application, and
- iii. patient's/client's response to the applied technology.
- i. Perform procedures in accordance with applicable legislative, regulatory, employer, and manufacturers' requirements.
- j. Handle and dispose of dangerous substances and materials (e.g., biohazardous materials, medical gases, and liquids) in a safe manner according to best practices and established protocols (e.g., WHMIS).
- k. Use preventative measures to reduce/eliminate hazards and maximize the health and safety of themselves, patients/clients, healthcare team members and others (e.g., protocols and policies related to occupational health and safety and wellness).
- l. Participate in safety training programs (e.g., emergency preparedness), safety audits, and risk management activities as per legislative, regulatory, and employer requirements.
- m. Collaborate and **communicate** effectively with other healthcare team members to maximize patient/client safety and the quality of care.

### Patient/Client Expected Outcome

Patients/clients can expect the delivery of safe care by RTs.

### Related Standards

- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

### Related Resources

- Canadian Patient Safety Institute. (20~~20~~09). *The Safety Competencies*. Available at <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf> [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf)
- College of Respiratory Therapists of Ontario. (20~~21~~10). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

- ~~College of Respiratory Therapists of Ontario. (2013). *Bloodborne and Other Infectious Pathogens Position Statement*. Available at [http://www.cрто.on.ca/pdf/Positions/bloodborne\\_pathogen.pdf](http://www.cрто.on.ca/pdf/Positions/bloodborne_pathogen.pdf)~~
- ~~College of Respiratory Therapists of Ontario. (2014). *Handling, Administration, and Dispensing of Controlled Substances Position Statement*. Available at [http://www.cрто.on.ca/pdf/positions/Controlled\\_Substances\\_PS.pdf](http://www.cрто.on.ca/pdf/positions/Controlled_Substances_PS.pdf)~~
- ~~College of Respiratory Therapists of Ontario. (202316). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: [http://www.cрто.on.ca/pdf/PPG/Infection\\_Control\\_CBPG.pdf](http://www.cрто.on.ca/pdf/PPG/Infection_Control_CBPG.pdf)~~  
<https://infection.cрто.on.ca>.
- ~~College of Respiratory Therapists of Ontario. (2022). *Administering and Dispensing Medications. Professional Practice Guidelines*. Available at <https://dispensing.cрто.on.ca>~~
- ~~College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.cрто.on.ca>~~
- ~~Health Canada. (20245). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simduit/index-eng.php>~~ <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>.
- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>~~  
<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>~~
- ~~Ontario Government. (1990). *Occupational Health and Safety Act*. Available at: <https://www.ontario.ca/laws/statute/90o01>~~
- ~~Transport Canada. (202516). *Transportation of Dangerous Goods*. Available at: <http://www.tc.gc.ca/eng/tdg/safety-menu.htm>~~  
<https://tc.canada.ca/en/dangerous-goods/transportation-dangerous-goods-canada>.

## Glossary

**Communicate** refers to ~~"give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings, or information easily or effectively the process of exchanging information, ideas, thoughts, feelings, or~~

messages between individuals or groups using verbal, non-verbal, written, or visual methods."<sup>1</sup> ~~It implies a two-way communication process between the speaker and recipient involving active listening and reception.~~

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)."<sup>2</sup>

~~p~~**Patient s**~~S~~**safety i**~~I~~**ncidents** refer to an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.<sup>3</sup>

**Patients/clients** refer to individuals and their families requiring care or services. This may also include his/her substitute decision-maker or guardian.<sup>4</sup>

**Timely** refers to "~~happening at the correct or most useful time; not happening too late~~ "actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome."<sup>5</sup>

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<sup>1</sup> Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at:

<http://www.dictionary.com/browse/communicate> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

<sup>2</sup> College of Respiratory Therapists of Ontario. (202140). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>3</sup> Canadian Patient Safety Institute. (2020nd). *CPSI Website The Safety Competencies*. Available at: <http://www.patientsafetyinstitute.ca/en/Topic/Pages/Patient-Safety-Incident.aspx> [https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies\\_en\\_digital-final-ua.pdf](https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf).

<sup>4</sup> Adapted from College of Respiratory Therapists of Ontario. (202140). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf> <https://ethics.crto.on.ca>.

<sup>5</sup> Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely> Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>



## Standard 15. Supervision

### Standard

Respiratory Therapists (RTs) must employ use **appropriate** strategies and professional behaviours for when working under supervision and when ~~providing supervision to supervising~~ others in order to support the delivery of safe, **competent**, ethical **patient/client**-centred care.

### Performance Requirements

#### Respiratory Therapists Providing Supervision

RTs:

- a) Provide an environment that is conducive to learning and provide support and appropriate feedback as required.
- b) Only provide~~/receive~~ supervision for which the supervising individual has those tasks they have the competency to perform and that fall within their professional scope of practice and/or scope of employment. .
- c) Assess and monitor the skills of those working under their supervision (including but not limited to RT students, Graduate Respiratory Therapists (GRTs) and other **healthcare team** members requiring supervision) ~~according to~~ in accordance with legislative, regulatory, and employer requirements to ensure safe patient/client care.
- d) Ensure that the level of supervision provided is appropriate for those working under their supervision.
- e) Comply with relevant regulatory requirements related to supervision.
- f) Intervene as required to support safe, competent, ethical patient/client care.
- g) Educate and supervise students and non-regulated healthcare professionals where necessary; delegate appropriately recognizing shared responsibility.
- h) Must not supervise others in the performance of any intervention that is part of a controlled act not authorized to RTs.

#### Respiratory Therapists Under Supervision

- Only receive supervision for those tasks which the supervising individual has the competency to perform and that fall within the supervising individual's professional scope of practice and scope of employment.
- Comply with relevant regulatory requirements related to supervision.
- Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.



- Adhere to the supervision requirements included as part of any Terms, Conditions and Limitations (TCLs) imposed on their certificate of registration.

## Patient/Client Expected Outcome

Patients/clients can expect that those working under the supervision of RTs are appropriately supervised to support the delivery of safe, competent, ethical patient/client-centred care.

## Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Boundaries/Therapeutic & Professional Relationships

## Related Resources

- ~~College of Respiratory Therapists of Ontario. (202110). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>~~  
<https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (20212). *Supervision Policy*. Available at: <http://www.crto.on.ca/pdf/Policies/Supervision-pol.pdf>  
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<https://www.crto.on.ca/pdf/Policies/Policy.RG-403.pdf>.
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<http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf>  
<https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at:  
<http://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at:

~~<http://www.csrt.com/2016-national-competency-framework/>~~  
~~<https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>~~.

- ~~National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.~~

## Glossary

**Appropriate** refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

**Competent** refers to ~~"having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgment/abilities to ensure safe, effective and ethical outcomes for the patient/client the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care."~~<sup>1</sup>

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)."<sup>2</sup>

**Patient/client** refers to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.<sup>3</sup>

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<sup>1</sup> College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: ~~<http://www.crto.on.ca/pdf/Ethics.pdf>~~ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. ~~<https://chatgpt.com>~~.

<sup>2</sup> College of Respiratory Therapists of Ontario. (20~~14~~9). *A Commitment to Ethical Practice*. Available at: ~~<http://www.crto.on.ca/pdf/Ethics.pdf>~~ ~~<https://ethics.crto.on.ca>~~.

<sup>3</sup> Adapted from College of Respiratory Therapists of Ontario. (20~~14~~9). *A Commitment to Ethical Practice*. Available at: ~~<http://www.crto.on.ca/pdf/Ethics.pdf>~~~~<https://ethics.crto.on.ca>~~.

# Council Briefing Note

## AGENDA ITEM # 7.2

September 25, 2025

<b>From:</b>	Kelly Arndt, RRT, Manager, Quality Practice
<b>Topic:</b>	Draft Revised RTs in Community Practice PPG
<b>Purpose:</b>	For Decision
<b>Strategic Focus:</b>	Enhancing Professionalism
<b>Attachment(s):</b>	Appendix A – <a href="#">Current Community Respiratory Therapy Practice Professional Practice Guideline (PPG)</a> Appendix B – Draft Community Respiratory Therapy Practice Guideline (PPG)
<b>Motion:</b>	<b>It is moved by _____ and seconded by _____ that:</b> <b>It is recommended that Council approves the draft revised Community Respiratory Therapy Practice PPG for consultation.</b>

### PUBLIC INTEREST RATIONALE

The Community Practice PPG provides guidance with respect to the responsibilities and expectations of Respiratory Therapists that practice within the community setting. This PPG provides current legislation requirements and professional standards to ensure that RTs are providing safe, competent and ethical care.

### ISSUE

Previously revised in 2018, the Community Practice PPG has been reviewed and updated. The document has gone through a rigorous review process, including external subject matter expert consultation, to ensure that all legislative and regulatory requirements have been addressed.

### BACKGROUND

Members who practice within the community setting have additional legislative requirements, and unique patient experiences that differ from the acute care setting. RTs must understand their responsibilities for ethical business practices, privacy laws, and record keeping. The CRTO developed the Community Practice PPG to clarify Members' obligations with respect to these differences.

**ANALYSIS:**

**Summary of Changes**

The format and intent of this document is unchanged. All information available in other PPG's was removed and referenced rather than repeated to ensure concise and easily accessible information. Links were updated and pronouns made gender neutral.

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

**RECOMMENDATION:**

It is recommended that Council approve the revised Community Practice PPG for circulation for feedback.

**NEXT STEPS:**

If the motion is approved, the PPG will be sent out circulated for consultation and then presented to Council for final approval in December 2025.

Appendix B – Draft Community Respiratory Therapy Practice Guideline (PPG)

Community Respiratory Therapy Practice  
Professional Practice Guideline

DRAFT 2025 revisions Sept. 2018

College of Respiratory Therapists of Ontario (Certo) publications contain practice parameters and standards which 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. It is important to note that these Certo publications may be used by the Certo or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to an RT’s authority to perform certain procedures; including controlled acts, authorized acts and acts that fall within the public domain. 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.

The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

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## Introduction

As our population ages and people desire to age in place at home, community respiratory therapy care becomes increasingly important. The purpose of this Professional Practice Guideline (PPG) is to support **Registered Respiratory Therapists (RRTs)** who work in a community setting, which may include traditional locations such as patients' homes, and physicians' offices, as well as non-traditional sites, such as long-term care and congregate living, schools and assisted living facilities, primary care, and specialist physician practices. Community practice enables RRTs to apply their specialized body of Respiratory Therapy knowledge and skills to the treatment and management of a diverse patient population in a range of unique settings. Community practice encompasses the provision of RT services outside of a hospital setting, including, but not limited to:

- outpatient education, chronic disease prevention, rehabilitation and management, chronic disease management, and rehabilitation;
- palliative and end-of-life care;
- complex airway care and ventilation;
- patient education;
- clinic-based diagnostic testing, and
- direct patient care in a home or primary care setting (e.g., Family Health Teams or FHTs), or
- pharmaceutical and/or medical equipment education and sales.

RRTs who practice in the community often face different opportunities and challenges than their colleagues working in hospitals. A key distinction is the uniquely autonomous nature of community practice, which requires RRTs working in that setting to be self-directed and possess a high degree of professional competency. This is because RRTs in the community are regularly required to independently make important care decisions and act in accordance with organizational policies and their own personal knowledge and judgement. RRTs working in the community are also often responsible for the safe keeping of patients' personal health information and setting their own daily schedules and therefore, must be disciplined and have well established organizational skills.

The fact that community care is often provided in the patient's place of residence and/or over a prolonged period of time alters the nature of the professional relationship. Patients and their families may play a more integral role in directing care in the community, which requires the RRT to employ a person-centred care/holistic approach that allows for the tailoring of services to meet the patients' and their families' unique personal situations, needs and goals. Lengthy interactions between the RRT and the patient/family member can also make it more challenging to maintain appropriate professional boundaries and avoid such things as interpersonal issues and conflicts of interest.

The information contained in this PPG Professional Practice Guideline (PPG) covers a wide range of topics that relate specifically, although not exclusively, to community RT practice. It is important to note that all RRTs, regardless of practice location where they work, are required to maintain and uphold the **Standards of Practice** of the profession established by the CROTO, as well as all relevant legislation and

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regulations.

## Business Practices

Providing care in the community, as opposed to a hospital, brings the business side of healthcare much closer to RRT practice. The [CRTO Standards of Practice](#) states that “RRTs must only engage in business practices that are transparent, ethical, and not misleading to the public.” Privacy and confidentiality, security of **Personal Health Information (PHI)** and ethical, evidenced-informed care are essential in all healthcare settings. However, providing RT services in the community may necessitate that other concerns such things as billing, ~~sales taxes~~ and advertising also be taken into consideration. This section on business practices ~~endeavours~~ endeavors to clarify how these and other aspects need to be managed in community RT practice.

## Privacy and Confidentiality

Federal and provincial legislation ~~protect~~ protects patients’ rights to privacy and confidentiality of their PHI. Therefore, RRTs have a legal obligation, as well as a professional and ethical obligation, to ensure that their patients’ PHI remains secure and confidential. The following two agencies ~~listed below~~ have been tasked with enforcing this legislation:

### 1. Office of the Privacy Commissioner of Canada

The mission of the Office of the Privacy Commissioner of Canada (OPC) is to protect and promote privacy rights of individuals by enforcing compliance with ~~the~~ The Personal Information Protection and Electronic Documents Act (PIPEDA). ~~Personal Information Protection and Electronic Documents Act (PIPEDA)~~. This legislation aims to protect the private sector data of Canadians and gives an individual the right to lodge a complaint with the Privacy Commissioner of Canada about any alleged mishandling of their personal information. ~~More information on how this piece of legislation applies to RT practice in the community can be found in the section~~ Personal Information Protection and Electronic Documents Act (PIPEDA) of this document.

### 2. Information and Privacy Commissioner of Ontario

The Information and Privacy Commissioner of Ontario provides oversight of Ontario’s access and privacy laws, which establish the rules for how Ontario’s public institutions and health care

providers may collect, use, and disclose personal information. The [Personal Health Information Protection Act](#) (PHIPA) is enforced by the Information and Privacy Commissioner of Ontario and applies to almost all ~~RTs~~, regardless of where they practice.

## Personal Health Information (PHI)

Subject to certain exceptions set out in *PHIPA*, PHI refers to information about an individual in oral or recorded form that relates to the:

- physical or mental health of an individual;
- provision of healthcare to the individual;
- individual's health card number; or
- identification of the individual's substitute ~~decision-maker~~ decision-maker (if applicable)

## Circle of Care

The term "circle of care" is not ~~a defined term~~ defined in *PHIPA*. However, the Information and Privacy Commissioner of Ontario states that it is "a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in *PHIPA*"<sup>1</sup>. The circle of care includes the healthcare providers who require specific medical information in order to provide care to a particular patient. In most situations, these healthcare providers may rely on the **implied consent** of a patient to share medical information within the circle of care.

Consent by a patient to share information with providers in the circle of care is generally implied. Therefore, a patient who accepts a referral to another healthcare provider implies consent for sharing relevant information.

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<sup>1</sup> Information and Privacy Commissioner of Ontario. (August 2015). Circle of Care Sharing Personal Health Information for Health-Care Purposes. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/Resources/circle-of-care.pdf>

**For example...**

A physician orders home oxygen for a patient and the patient agrees with the physician's plan of care. This means that the patient has given implied consent for the ~~R~~RT(s) who will be providing their oxygen to be part of the circle of care. The ~~R~~RT(s) is, therefore, permitted to access the patient's PHI and share that information within the circle of care.

If a patient cannot provide consent, then a **Substitute Decision-Maker** (SDM) becomes part of the circle of care, and can provide consent on the patient's behalf to allow PHI to be shared within the circle of care.

**Expressed consent** is required to share information with non-custodians outside the circle of care (e.g., family members who are not a guardian or SDM, police, insurance ~~company, etc.~~)

~~More information on the Circle of Care can be obtained from the document published by the Information and Privacy Commissioner of Ontario entitled [Circle of Care: Sharing Personal Health Information for Health Care Purposes](#).~~

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## Sharing PHI Outside the Circle of Care

As outlined previously, ~~R~~RTs have a legal and professional obligation to maintain the confidentiality of a patient's PHI. There are circumstances, however, where healthcare professionals are either required or permitted to report particular events or clinical conditions to the appropriate government or regulatory agency. In Canada, provincial, territorial and federal statutory requirements mandate that healthcare providers report to the appropriate agencies when certain conditions apply. ~~R~~RTs who work in the community, particularly those who have established an independent practice, need to be aware of the relevant mandatory reporting requirements. Some examples of ~~circumstance~~ ~~circumstances~~ where information either must or can be shared outside the circle of care include:

### *A Child in Need of Protection*

The Ontario ~~Child, Youth and Family Services Act~~ ~~Child and Family Services Act~~ stipulates that it is the law to report suspected child abuse or neglect. Therefore, if an ~~R~~RT has **reasonable grounds** to suspect that a child is or may be in need of protection, they must report it to their local Children's Aid Society (CAS). It is not necessary to be certain a child is or may be in need of protection to make a report to a CAS, and an ~~R~~RT must not rely on anyone else to report on their behalf. Any healthcare professional who fails to report a suspicion is liable on conviction to a fine of up to \$5,000, if they obtained the information in the course of their professional duties.

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### **Concerns about a Patient's Fitness to Operate a Motor Vehicle**

In Ontario, certain healthcare practitioners are required by law to report patients who may be medically unfit to drive. Under the Ontario ~~Highway Traffic Act~~ [Highway Traffic Act](#) (s. 203 ~~302~~), mandatory reporting requirements for high risk medical conditions, vision conditions and functional impairments that make it dangerous for a person to drive apply only to physicians, optometrists and nurse practitioners (NP). If, as part of their professional interactions, an RT becomes concerned about a patient's fitness to operate a motor vehicle they are encouraged to share their suspicions with the patient's primary care physician/nurse practitioner.

### **Patients with Certain Communicable Diseases**

Under the authority of the [Health Protection and Promotion Act](#) (HPPA), ([O.Reg 135/18, s.25](#)), a specified list of diseases must be reported to the local Public Health Unit by certain healthcare professionals. The following are examples of communicable diseases that must be reported to the local Medical Officer of Health:

- Chickenpox (Varicella)
- Measles
- Meningitis
- ~~Novel Influenza Viruses~~ [Severe Acute Respiratory Syndrome \(SARS\)](#)

~~RTs~~ are not one of the practitioners listed in HPPA who have a legal duty to report disease. However, because such reports are in the public interest, RTs are encouraged to communicate any concerns of a communicable disease to the patient's primary care physician/nurse practitioner. The complete list of reportable communicable diseases is available from each local Public Health Unit.

In addition, HPPA (s.38) now requires all healthcare professionals (including ~~RTs~~) who provide immunizations to report [Adverse Event Following Immunization Report \(AEFIs\)](#) ~~Adverse Event Following Immunization Report (AEFIs)~~ to the medical officer of health of the health unit where the immunization took place.

### **Disclosures Related to Risks**

PHIPA permits **Health Information Custodians** (HICs) to disclose confidential personal health information to relevant authorities "if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons"<sup>2</sup>.

<sup>2</sup> PHIPA [s. 40(1)].

## Security of Personal Health Information

Unique challenges to the privacy and confidentiality of PHI can arise in a community care setting, particularly when PHI is being transported to and communicated in an unsecure location. The risk of information being lost or stolen is greater when it is being taken out of a more secure location (e.g., a home care company office) to an outpatient clinic or patient's home. In addition, sharing PHI in a less secure location runs a greater risk of disclosing sensitive information to individuals who are outside the circle of care (e.g., relatives, neighbours).

## Information Privacy and Access Legislation

The specific legislation that applies to ~~RTs~~ depends, to some degree, on the practice setting and the nature of the RT services being provided. Relevant legislation to community RT practice may include the:

- [Freedom of Information and Protection of Privacy Act](#)
- [Personal Information Protection Act](#)
- [Personal Information Protection and Electronic Documents Act](#)

### *Freedom of Information and Protection of Privacy Act (FIPPA)*

FIPPA applies to most provincial agencies, [Home and Community Care Support Services \(HCCSS\)](#) ~~Local Health Integration Networks (LHIN)~~ and public hospitals. It gives individuals in Ontario access to ~~government health~~[government health](#) information, including general records and records containing their own personal information. If an individual feels their privacy has been compromised by a public institution governed by the Act, they may lodge a complaint to the Information and Privacy Commissioner of Ontario (IPC) who may investigate the complaint.

### *Personal Health Information Protection Act (PHIPA)*

PHIPA establishes the rules in relation to the collection, use and disclosure of PHI. These rules apply to all HICs and to individuals and organizations that receive PHI on behalf of the HIC (Agents of HICs)<sup>3</sup>. The Act defines HIC and Agents of HICs as follows:

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<sup>3</sup>Information and Privacy Commissioner of Ontario. (December 2004). A Guide to the Personal Health Information Protection Act. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/Resources/hguide-e.pdf>

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### Health Information Custodian

A HIC is the person or organization who has custody of PHI on behalf of patients, such as:

- Health Care Practitioners who operate a healthcare practice
  - Includes anyone who provides healthcare services for payment, regardless of whether or not the services are publicly funded. *PHIPA* defines “healthcare” as any assessment, care, service or procedure that is done for a health-related purpose<sup>4</sup>.
- Community Health Facility ~~(as defined by the *Oversight of Health Facilities and Devices Act*)<sup>5</sup>~~
  - Includes diagnostic facilities (e.g., sleep studies, pulmonary function testing) and surgical/therapeutic facilities (e.g., anaesthetic services for out-of-hospital surgical procedures).
- Service Providers who provide a community service (as defined by the *Home Care and Community Services Act*)
  - ~~Includes long term care homes, retirement homes or home for special care~~  
~~“Respiratory Therapy Services” is listed as a professional service in the *Provision of Community Services Regulation* (s. 3.1(4) — O. Reg. 386/99) which was created under the *Home Care and Community Services Act*.~~

HICs are responsible for implementing and following information practices that comply with *PHIPA*.

#### For example...

If an ~~R~~RT is working independently (e.g., is a sole practitioner; has established their own company), they are considered to be the HIC. This means that the ~~R~~RT is responsible for setting the privacy standards for handling and securing PHI in their organization and for making sure that any agents of the HIC working for them understand what is expected of them.

#### Please note:

~~As of March 1, 2019, RRTs and all other regulated health professionals who are Health Information Custodians (HICs) will be required to provide an annual report to the Information and Privacy Commissioner (IPC). The annual report must identify the number of times, in the preceding calendar year, personal health information in the HIC's custody or control was stolen, lost, used without authority, and/or disclosed without authority (examples include: loss of paper patient records, misdirected fax or emails, a health professional who does not provide care to a patient reading the patient's record).~~

<sup>4</sup> *Personal Information Protection Act*. (2004).

<sup>5</sup> ~~*Oversight of Health Facilities and Devices Act* has not been proclaimed, however is intended to replace the *Independent Health Facilities Act*.~~

### ***Agents of Health Information Custodians (HIC)***

An agent of a HIC includes anyone who is authorized by the HIC to provide services on behalf of the custodian with respect to PHI. Examples include:

- Employees of the health information custodian; [and](#)
- Volunteers or students who have any access to personal health information.

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

If an **RRT** is working as an employee for an organization (e.g., home care company, FHT), they are considered to be an “agent of the HIC”. This means that the **RRT** must comply with the *PHIPA* policies put in place by the HIC (their employer).

All patient medical records must be stored securely to ensure the integrity and confidentiality of their PHI. Paper records must be stored in:

- Restricted access areas; and/or
- Locked filing cabinets.

#### **Retention of Electronic Medical Records**

**Electronic Medical Records (EMR)** must be backed-up on a routine basis and back-up copies stored in a physically secure environment separate from where the original data is normally stored. All PHI contained on an EMR, external storage media, or a mobile device must be strongly encrypted. [Various enterprise solutions \(e.g., patient portals\) can provide encryption, and an increasing number of encryption applications are available for use on personal devices such as smartphones. RTs considering using unsecured or unencrypted email or text messaging should do so only for information that does not include identifiable personal health information \(e.g., scheduling, reminders\).](#)

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#### Transporting Personal Health Information (PHI)

~~When PHI is being moved from one location to another (e.g., from an office to a patient's home), all reasonable steps must be taken to ensure they are protected from theft, loss and unauthorized access~~

Under *PHIPA*, if a HIC is in the custody of a patient's PHI that is lost, stolen or used or disclosed without proper authority, the HIC must notify the individual at the first reasonable opportunity.<sup>6</sup>

#### Transfer of PHI

A HIC may transfer a patient's PHI records to the custodian's successor, provided the HIC makes reasonable efforts to give notice to the patient(s) before transferring the records or, if that is not reasonably possible, as soon as possible after transferring the records.

#### Disposal of PHI

~~R~~RTs who are a HIC have a legal requirement to retain patient's PHI for the following time periods:

- Adult patients: records must be kept for 10 years from the date of the last entry in the record~~;~~
- Patients who are children: records must be kept until 10 years after the day on which the patient reached or would have reached the age of 18 years.

If an ~~R~~RT ceases to practise or act in the capacity of a HIC, the PHI must be retained for the periods outlined above unless complete custody and control of the records are transferred to the custodian's successor.

When the obligation to retain medical records outlined above comes to an end, the PHI may be destroyed, provided that this occurs in a manner that is in keeping with the obligation of maintaining confidentiality and requirements of *PHIPA*.

#### Disposal of Electronic Medical Records (EMRs)

There are basically two ways to securely destroy digital information:

1. physically destroy the storage media; and
2. overwrite the information stored on the media

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<sup>6</sup> *PHIPA* [s.12(2)]

The best method to securely destroy personal information will vary depending on the type of media (e.g., hard drives, USB flash drives). Note that some devices, such as printers, fax machines, and smart phones, may contain multiple types of storage media, with each type requiring a different information destruction method<sup>7</sup>.

### ***Personal Information Protection and Electronic Documents Act (PIPEDA)***

The Office of the Privacy Commissioner of Canada oversees compliance with the *Personal Information Protection and Electronic Documents Act* (PIPEDA), which is federal legislation relating to data privacy in the private sector. Therefore, PIPEDA generally only applies to RRTs working in private practice.

### **Privacy Breaches**

A privacy breach involves the improper or unauthorized collection, use, disclosure, retention or disposal of personal information. A privacy breach may occur within an institution or off-site and may be the result of inadvertent errors or malicious actions by employees, third parties, partners in information-sharing agreements or intruders.

Regardless of the nature of the breach, they must be reported by the HICs to the Information and Privacy Commissioner of Ontario. No actual harm has to have happened to the patient as a result of the breach for reporting to be required. ~~More information of reporting privacy breaches can be found in the~~ [Reporting a Privacy Breach to the Commissioner Fact Sheet](#).

RRTs are subject to ~~persecution~~ [prosecution](#) for breaches of *PHIPA*. An RRT found guilty of committing an offence under *PHIPA* can be liable for a fine of up to ~~\$50400~~ \$500,000, while an organization/institution can be liable for a fine of up to \$500,000<sup>8</sup>.

Privacy breaches can occur in a number of different ways.

- unguarded conversations ;

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<sup>7</sup> Information and Privacy Commissioner of Ontario. [Disposing of Your Electronic Media](#)

<sup>8</sup> Information and Privacy Commissioner of Ontario. ~~<https://www.ipc.on.ca/health/breach-reporting-2/potential-consequences-of-a-breach-under-hipa/>~~ [Potential consequences of a breach under PHIPA | Information and Privacy Commissioner of Ontario](#)

- lost/misdirected documents (e.g., a patient's file being left on public transit, PHI being sent to the wrong patient);<sup>1</sup>
- use or disclosure without authority (i.e., accessed by someone who is outside of the circle of care); or
- stolen information (e.g., paper records or laptop, being taken from the RTs car; ransomware or other malware attack on a FHT's computer system)\*<sup>2</sup>.

\* Note that the HIC does not need to notify the Commissioner if the stolen information was de-

**Please Note...**

~~As of November 1, 2018, organizations subject to PIPEDA will be required to:~~

~~(a) — report privacy breaches to the Office of the Privacy Commissioner of Canada and others in certain circumstances;~~

~~(b) — notify affected individuals about those breaches;~~

~~(c) — keep records of all privacy breaches.~~

~~Generally, this requirement only applies to RRTs working in private practice who are Health Information Custodians.~~

## Professional Incorporation

The CRTO has processes in place to issue Certificates of Authorization for health profession corporations. ~~R~~RTs who independently practice Respiratory Therapy are not currently required by the CRTO to do so through a health profession corporation.

More information on Professional Incorporation can be found on the CRTO website in the section entitled Guide to an [Application for a Certificate of Authorization for Health Professional Corporations](#).

## Fees and Billing

Not all services or equipment that a patient/client in the community requires may be covered by OHIP. As a result ~~R~~RTs, or their employers, may have to deal with fees, billing and payment for care that is covered by the patient/client directly, or a **third party payer** such as the Assistive Devices Program (ADP) or private insurer. RTs should understand that money often changes individuals' expectations regarding services being provided as they perceive themselves to be consumers<sup>ii</sup>. This shift alone can alter the power imbalance between healthcare provider and patient/client, at least at the time money is changing hands. ~~R~~RTs have a professional obligation to ensure that their business practices are transparent, ethical and not misleading to the public<sup>iii</sup>.

### Communicating Fees and Billing to Patients

~~R~~RTs are expected to clearly and accurately inform patients of all required fees for products and services, ensuring that there are no hidden costs, prior to the initiation of care<sup>iv</sup>. ~~Doing so will~~

~~help avoid conflicts with patients/clients as long as the information is communicated in a thoughtful manner, taking into consideration the broad spectrum of financial circumstances that patients/clients bring. RRTs should be sensitive to the personal situations and ensure they convey that the patient/client's care and well being are paramount.~~

#### **Avoiding fee conflicts...**

The CRTO recommends that RRTs consider implementing a checklist or consent form that patients/clients would sign, outlining fee schedules and clearly describing billing procedures including:

- any penalties for missed or cancelled appointments;<sup>9</sup>
- late payment of fees;<sup>9</sup>
- the facility's policy regarding the use of collection agencies to collect unpaid fees;<sup>9</sup> and
- third party fee payments (e.g., private insurers).

In addition to helping to guide you, or your employees' discussions with patients/clients, if there is a dispute later you will both have a record of the information communicated. RRTs are also expected to establish processes for detailing fee or billing discrepancies and errors in a timely manner. Making these processes transparent will further reduce conflicts.

#### **Overcharging or Excessive Fees**

Charging a fee that is excessive for the services or equipment provided is a form of dishonesty.

~~While there may not always be a fixed amount that an RRT must charge, or a maximum fee that can be charged, at some point a high fee becomes excessive.~~ Similarly, requiring a patient/client to purchase upgraded equipment or additional services without their prior knowledge or ability to opt out is unethical and unprofessional.

#### **Offering Discounts**

Actions that may be perceived to lessen the value of the professional, the profession or health care as a whole is not allowed. ~~For example, the use of Groupon™ or other bulk purchase websites is strictly prohibited<sup>9</sup>.~~ It is permissible for an RRT to offer discounts for their services as long as certain provisions are in place; discount advertisements must not state anything false or misleading, and the RRT must not try to recoup the discounted fee by raising fees for other services.

Offering a reduction in cost for prompt payment is not allowed as it gives preferential treatment to those who have the financial resources to take advantage of this discount, while essentially penalizing those who don't have the means to. This does not prevent RRTs from being able to

<sup>9</sup>~~CRTO Standards of Practice—Standard 1—Business Practices.~~

implement additional charges for late payments; the terms of late payment charges should be clearly outlined for patients/clients in advance.

### *Payment Options*

Respiratory Therapists should explain all payment options available to their patients/clients. This includes explaining coverage through ADP and inquiring as to whether the patient/client has private insurance coverage, and the limitations of that, if known. RRTs should be cognisant of patients/clients who are financially vulnerable and communicate sensitively regarding billing.

### *Dealing with Third Party Payers*

Many services and equipment required by patients/clients of RTs will be covered by OHIP or, at least in part, by the ADP under the Ministry of Health ~~and Long Term Care~~. The balance of fees not paid directly by one of these two entities may be covered by private health insurance or may require payment directly from the patient/client. Respiratory Therapists may not charge a higher fee for insured patients/clients than those who pay directly. ~~To do so would be considered dishonest, inappropriate and unprofessional.~~

~~R~~RRTs should become familiar with the insurance requirements of their patients/clients in order to ensure their billing or invoicing practices will result in the claim being processed. Billing to third-party payers must reflect a true account of services/equipment provided and collected by your practice.

## **Professional Advertising**

Professional advertising relates to any material that is used to promote an ~~R~~RRT's professional practice.

~~RRTs can use various mediums for advertising their services such as:~~

- ~~• business cards;~~
- ~~• websites; and~~
- ~~• newsletters (electronic or paper-based).~~

Regardless of the advertising method, there are some common considerations when advertising RT services.

An ~~R~~RRTs professional advertising must not:

- contain false or misleading statements (e.g., stating that your services are "CRO endorsed");
- It must not contain statements that cannot be verified (e.g., stating that your services are "the best in the region");

- demean another member of your own profession or another profession (e.g., stating that they “...provide superior home care services when compared to all other healthcare providers”);
- advertise products and services that the RT does not have the competence to provide; [and](#)
- contain a name different than the name that the RT has registered with the CRO (i.e., the public ~~has to~~[must](#) be able to find the RT on the public Register of Members on the CRO website).

The *RHPA* grants regulatory Colleges the authority to develop a regulation governing advertising. RTs in Ontario must adhere to all the advertising parameters set out in the [CRO Advertising Regulation](#). In addition, the performance requirements for RTs regarding advertising and marketing are articulated in the [CRO Standards of Practice](#) (Standard 1 – Business Practices).

## Business Ethics

### Solicitation of Patients

Solicitation involves contacting individuals directly ~~, either face-to-face, over the telephone or other direct means of communication,~~ to encourage them to use an RRT’s services [and is not permitted](#). ~~Directly soliciting an individual to become a patient is not permitted because it places the RRT’s personal interest above the interest of the patient.~~

The [CRO Advertising Regulation](#) (s. 5) states that an RRT must not initiate contact with any persons for the purpose of soliciting business.

### Testimonials

It is a conflict of interest to contact a patient/client for personal testimonials. The [CRO Advertising Regulation](#) [s.23(2)(e)] and the [CRO Standards of Practice](#) states that RRTs must not include ~~patient/client or patient/client family/friends~~ testimonials in their advertising. ~~Therefore, RRTs are not allowed to use a testimonial by a patient, former patient/client or by a~~

~~friend/relative of a patient/client or former patient/client in any promotional material, regardless of the medium.~~

**For example...**

If a patient/client is asked for a testimonial, they may be concerned that refusing could negatively affect their relationship with the RT. This can also be true for former patients, who may feel uncomfortable in returning for treatment in the future.

## Professional Practice

### *Regulated Health Professional Act*

The [Regulated Health Professions Act](#) identifies a number of specific activities as controlled acts; designated as such because they carry a higher degree of risk of harm associated with their performance. These controlled acts are subsequently authorized through profession specific legislation, such as the [Respiratory Therapy Act](#).

### Exception in the RHPA

There are a number of exceptions in the *RHPA* [s.29 (1)] that enable individuals to perform controlled acts that they do not have the legislative authority to perform. The two exceptions that are most relevant to community practice are as follows:

- treating a member of the person's household (e.g., a patient's family member administering invasive mechanical ventilation to the patient/client in their home); [and](#)
- assisting a person with their routine activities of living (e.g., a Personal Support Worker (PSW) suctioning a patient in an outpatient tracheostomy clinic).

More information on [the controlled acts authorized to RT's and these exceptions to these](#) can be found in the [CRO's Interpretation of Authorized Acts Professional Practice Guideline](#).

### ~~Controlled Acts Authorized to Respiratory Therapists~~

~~Subject to any Terms, Conditions and Limitations on an RRT's certificate of registration, the controlled acts authorized to Respiratory Therapists are:~~

- ~~• Performing a prescribed procedure below the dermis;~~
- ~~• Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx;~~
- ~~• Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and~~
- ~~• Administering a substance by injection or inhalation;~~
- ~~• Administering a prescribed substance by inhalation\*.~~

~~Other healthcare professionals are also permitted to perform these controlled acts; either because they are also legislatively authorized or they have had the acts delegated to them. In addition, other tasks performed by RTs are part of the public domain, and can be performed by anyone who is competent to do so. When performing a procedure, it is important to determine whether the task is a controlled act or not.~~



**For example...**

The “administering a substance” portion of the 4<sup>th</sup> authorized act (*Administering a substance by injection or inhalation*) enables RRTs to apply non-invasive ventilation (i.e., CPAP, BiPAP). Simply placing a CPAP mask or other interface on a patient does not fall under this controlled act

\*With the exception of the 5<sup>th</sup> authorized act (*Administering a prescribed substance by inhalation*), an RRT’s ability to perform an authorized act is not restricted to a particular practice setting.

**For example...**

RRTs are authorized by the Prescribed Procedures regulation to perform an arterial puncture. This procedure can be performed by an RT in any employment setting (e.g., hospital, an outpatient clinic, a patient’s home) provided it is permitted by their employer.

### Administering a Prescribed Substance (5<sup>th</sup> Authorized Act)

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The 5<sup>th</sup> authorized act (“*administering a prescribed substance*”) enables RRTs to independently administer oxygen. “Prescribed” in this context means prescribed in regulation<sup>10</sup> and “independently” means the oxygen therapy can be provided without the requirement of an order.

This means that, in certain practice settings, RRTs can administer initiate, titrate or discontinue oxygen based solely on their own professional judgement. However, it is important to understand that there are other pieces of legislation and policies limiting where RTs can independently administer.

The [Public Hospitals Act](#)<sup>11</sup> requires an order for every treatment or diagnostic procedure ~~and the Independent Health Facilities Act~~<sup>12</sup> ~~requires an order for all examinations, tests, consultations, and treatments~~. Therefore, RRTs are only permitted to independently administer oxygen in

<sup>10</sup> General Regulation (O. Reg. 596/94 – PaRT VII) - Prescribed Procedures

<sup>11</sup> Public Hospital Act, O. Reg. 965 s. 24 [Public Hospitals Act, R.S.O. 1990, c. P.40 | ontario.ca](#)

<sup>12</sup> ~~Independent Health Facilities Act, O. reg 57/92 s. 10~~

practice setting where ~~these two pieces~~this of legislation does not apply (e.g., in a patient's home).

### **Assistive Devices Program (ADP)**

The Assistive Devices Program (ADP) authorizes RRTs who meet specific criteria to complete the Application for Funding Home Oxygen in place of the prescriber. Therefore, when a physician or a nurse practitioner prescribes home oxygen therapy, an eligible RRT may complete the application – provided they are not employed (full-time, part-time or casual) ~~for~~by a home care company. Note: GRT's are not permitted to sign ADP forms.

More information can be found on the CRTO website in the section entitled ADP Home Oxygen Application - CRTO ~~-ADP Home Oxygen Application.~~

### **Local Health Integration Network (LHIN) Home and Community Care Services**

14 ~~Local Health Integration Networks~~ Home and Community Care Support Service agencies across the province provide access to home and community care services for Ontario residents and co-ordinate admission to long-term care facilities. These ~~HCCS~~LHINs coordinate access to a wide range of contracted services in the community, including Respiratory Therapy in some regions.

~~The Provision of Community Services Regulation (s.3.1(4) – O. Reg. 386/99), which was created under the Home Care and Community Services Act lists Respiratory Therapists as a service provider. The Respiratory Therapy Services Schedule is utilized by the LHINs to determine the range of funded services that an RT can provide in the community.~~

### **Terms, Conditions and Limitations on an RTs Certificate of Registration**

Terms, conditions and limitations (TCLs) are restrictions placed on the certificate of registration of certain classes of registration and on certain Members for specific reasons. ~~All Graduate Respiratory Therapists (GRTs), Practical (Limited) Respiratory Therapists (PRTs), as well as some RRTs have TCLs. RTs who have TCLs on their certificate of registration are permitted to practice, provided their workplace is able to accommodate their practice restrictions.~~

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

GRTs are only permitted to perform a controlled act that is authorized to the profession if it is performed under general supervision. This supervision can be provided by any regulated healthcare professional (e.g., ~~R~~RT, RN, MD) who is authorized to perform the controlled act and is competent to do so. General supervision requires that the supervising healthcare professional be available to be ~~"personally present"~~ by the RTs side within ten minutes, if necessary.

### **How TCLs are lifted**

TCLs may be removed from an RT's certificate of registration in a variety of ways. GRTs generally have their TCLs lifted after they successfully complete the Canadian Board of Respiratory Care (CBRC). Other PRTs or RRTs who have TCLs must first submit a request to, and receiving approval from, the CRTC Registration Committee.

More information can be found on the CRTC website in the section entitled [Terms, Conditions and Limitations](#).

### **Professional Relationships**

In accordance with the Standards of Practice, RTs must act with honesty, integrity, and respect appropriate professional boundaries with patients/clients, healthcare team members, students, and others. An important part of being a regulated healthcare professional is recognizing how a power imbalance can impact both therapeutic and professional relationships, and taking steps to ensure that you are acting with integrity in all interactions, including abstaining from entering into personal relationships where professional boundaries could be compromised.

### **Providing Care in a Community Setting**

Care in the community, particularly home-based care, is fundamentally different than the episodic, targeted interventions of the acute care system. Service provided near or in a patient's home requires a uniquely holistic, self-directed and [patient/person](#)-centered approach to care delivery. Home-based care presents opportunities to better integrate the plan of care into the patient's day-to-day environment, but also present some challenges as well, such as:

- Lack of control over elements of the home environment (e.g., location, cleanliness, available of amenities);
- Interactions with other household members (e.g., dysfunctional interpersonal relationships within families);
- Threat to the RTs safety (e.g., patients/family member engaging in illegal activities, [aggressive pets](#)); and
- Maintaining professional boundaries (e.g., avoiding conflicts of interest).

## Conflict of Interest

The primary goal of healthcare is to optimize the health of patients/clients. This means that the interest of the patient/client must always come first and not a financial interest. A conflict of interest arises when a secondary goal (e.g., personal gain for the healthcare provider) interferes or is perceived to interfere with the primary goal. The CRO's [Conflict of Interest Professional Practice Guideline](#) states that "a conflict of interest exists when an RRT is in a position where his/her duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship or benefit". The nature of community practice (i.e., long standing RT and patient/family interactions; financial compensation for services provided) has the potential to increase the risk of a conflict of interest situation developing. Any actual, potential or perceived conflict of interest must be properly identified, avoided and managed so as not to compromise the patient's/client's best interests.

### *Identifying a Conflict of Interest*

The first step is to recognize that a conflict of interest situation may exist. The [Conflict of Interest Regulation](#) (O. Reg. 596/94) outlines the situations in which an RRT might find themselves in an actual, potential or perceived conflict of interest [s. 3 (1)]. The likelihood of a conflict of interest increases when:

- The magnitude of the benefit is substantial;
- The benefit is personal;
- It involves a patient/client (or their family) where there is an ongoing professional relationship (e.g., a current home care patient/client offers their RT a piece of antique china).

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

An RRT working for a home care company has been providing care for a patient in their home for a number of years. In gratitude for the services the RRT has provided, the patient's family offers the RT a gift card.

Even if the RRT believes that the gift will not impact on the care they will continue to provide to the patient – the RT must still politely decline the offer. This is because accepting the gift could potentially be perceived by the patient's family or others as altering the RRT to patient relationship.

### ***Strategies to Avoid/Manage a Conflict of Interest***

#### **Disclosure and Patient Choice**

In situations where a conflict of interest situation exists, the RRT must declare the nature of the relationship/benefit to the patient/client in advance of services being provided. This should occur regardless of whether the conflict of interest is actual, potential or perceived.

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

An RRT who works for a hospital that is part of a hospital-home care company business relationship is making arrangements for an inpatient to be discharged with home oxygen. In addition to the home care company that is associated with the hospital, the RRT should – if possible - provide the patient with other appropriate service providers. Where applicable, the RRT should advise the patient/client that their selection of a supplier or a product or service will not adversely affect the assessment, care or treatment that they receive. This enables the patient to exercise informed choice over the services provided to them. This includes allowing them to select a service provider, as well as the type of equipment/treatment received.

### **Working with Other Members of the Healthcare Team**

RRTs practicing in the community typically work with a diverse group of healthcare providers; some of whom are Regulated Health Care Professionals (RHCPs) (e.g., RNs, MDs, RSLPs), as well as some who are Non-Regulated Health Care Providers (NRHCPs) (e.g., PSWs, Customer Service Technicians).

NRHCPs can include an array of paid care providers and unpaid family members. One of the key considerations for RTs when working with NRHCPs in the community is to determine which services the NRHCP can provide to the patient/client and which services are best provided by the RRT. ~~As outlined in an earlier portion of this document entitled Exceptions in the RHPA, there is a legislative framework that enables care to be provided by NRHCP in the community under certain circumstances. As a regulated healthcare professional, the RT member of the healthcare team is expected to ensure that their patients/clients receive optimal Respiratory Therapy services. Communication and collaboration with all members of the healthcare team and the patient/clients family is key to ensure that their needs are met.~~ If the RRT has any concerns regarding the care their patient/client is receiving from any member of the healthcare team, the RT is expected to raise those concerns with the patient's/client's primary care physician/nurse practitioner.

In addition to assisting other members of the healthcare, the RT practicing in the community is expected to know when it is appropriate to seek assistance from others.

More information on NRHCPs can be found on the CRYPTO website in the section entitled [Working With Non-Regulated Health Care Providers](#).

Education and Delegation

Due to the fact that community-based ~~RTs~~ interact with such a wide variety of care providers, it is essential to understand the difference between delegation and education, as well as which is required in certain circumstances. The ~~CRYPTO Delegation of Controlled Acts PPG~~ [Delegation of Controlled Acts](#) and the ~~CRYPTO Respiratory Therapists Providing Education PPG~~ [Respiratory Therapists Providing Education](#) provides detailed information on these two processes, ~~which is briefly summarized in the table below:~~

	Education	Delegation
<del>What is it:</del>	Providing instruction. May involve determining competence to perform a procedure	<del>Providing instruction, plus the transfer of legal authority to perform a controlled act and a process to ensure initial and ongoing competence.</del>
<del>What it applies to:</del>	Applicable to any procedure/activity (may or may not be a controlled act).	<del>Controlled act procedures only.</del>
<del>Who may do it:</del>	RTs who meet the conditions as described under the section on "General expectations of Respiratory Therapists when providing education".	<del>RTs that have the authority, competence and meet the conditions required to teach.</del>

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### ~~When Delegation is Required~~

~~When it is necessary for the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act (e.g., an RRT transferring the authority to administer oxygen to a PSW in a Long-Term-Care facility).~~

### ~~When Delegation is Not Required~~

- ~~• When a RHCP already has the legislative authority to perform the controlled act;~~
- ~~• When the procedure is not a controlled act (i.e., part of the public domain);~~
- ~~• When the procedure and situation meets the criteria of one of the exception in the RHPA<sup>13</sup>;~~

### ~~Communication and Collaboration~~

~~Despite the fact they frequently work alone, highly developed communication and interpersonal skills are also essential for an RRT in a community practice setting. Community RRT's are required to explain diagnosis/treatment plans and obtain informed consent from patient/client, as well as give instructions to anxious patients/clients and/or their family members. In addition, community-based RTs need to maintain an open line of communication with other healthcare professionals, many of whom are not located at the site where care is being delivered.~~

### ~~Communication and Collaboration with Patients and their Families~~

~~Patients and their family members come in with their a vast range of different personalities, cultural backgrounds, and current emotional states (e.g., stress, fear of loss of control). Research evidence indicates that there are strong positive relationships between a healthcare professional's communication skills and a patient's capacity to follow through with recommendations, self-manage a chronic medical condition, and adopt preventive health behaviors<sup>14</sup>. Therefore, an RRT's ability to explain, listen and empathize can have a profound effect on health outcomes as well as patient satisfaction and experience of care.~~

<sup>13</sup> RHPA, [s.29(3)]

<sup>14</sup> <https://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>

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### ***Communication and Collaboration with Other Members of the Healthcare Team***

Team communication and collaboration is essential in all healthcare settings, and can be particularly challenging in community practice where the team members have few opportunities to interact. Often a multidisciplinary approach takes over, in which each team member only feels responsible for the activities related to their own discipline and formulates separate goals for the patient. However, what is needed is an interdisciplinary approach where there is a collaborative effort towards a common goal from all disciplines involved in the care plan. Effective communication among staff encourages effective teamwork and promotes continuity and clarity within the patient care team. At its best, good communication encourages collaboration, fosters teamwork, and helps prevent errors.

When healthcare professionals are not communicating effectively, patient safety is at risk for several reasons:

- lack of critical information;
- misinterpretation of information;
- unclear orders/plans of care; or
- overlooked changes in status.

### ***Electronic Communication***

Communication accomplished with electronic devices such as computers, tablets and cell phones includes:

- direct verbal communication by phone;
- text messages or texting;
- email;
- videoconferencing;
- telemedicine;
- online forums;
- patient portals; or
- social media platforms (e.g., Facebook™, WhatsApp™).

Despite the convenience of such many communication mediums, the use of electronic communications to transmit sensitive information can increase the risk of such information being disclosed to third parties. The [eCommunication Checklist](#) produced by the Canadian Medical Protective Association provides some essential elements to be considered when using electronic communication to convey sensitive PHI.



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eCommunication checklist<sup>15</sup>

- Is the communication within the circle of care?
- Is explicit (written) consent of the patient required?
- Is the information secure (encrypted)?
- Is your device password-protected?
- What are the relevant regulatory standards?
- Is only essential information being shared?
- Is person-to-person communication more appropriate?

Obtaining Patient Consent to Communicate Electronically

Prior to engaging electronic communication mediums patients should agree to:

- The method of communication;
- The type of information that will be sent;
- How the information contained in the communication will be retained/deleted; and
- The risks of using electronic methods of communication.

The discussion and patient's agreement should be documented in the medical record. ~~Canadian Medical Protective Association (CMPA) has produced a consent template that could be modified and adapted to RT practice. To view the CMPA's template [Consent to use electronic communications \(PDF\)](#).~~ In addition, the Information and Privacy Commissioner of Ontario has published a [Fact Sheet on Communicating Personal Health Information by Email](#) that addresses the risk of email communication and how those risks might be mitigated.

~~Encryption~~

~~The use of appropriate encryption software to protect electronic messages is a reasonable safeguard under the circumstances. Various enterprise solutions (e.g., patient portals) can provide encryption, and an increasing number of encryption applications are available for use on personal devices such as smartphones. RRTs considering using unsecured or unencrypted email or text messaging should do so only for information that does not include identifiable personal health information (e.g., scheduling reminders).~~

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<sup>15</sup> Canadian Medical Protective Association. Retrieved from [https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy\\_and\\_Confidentiality/ecomunication-e.html](https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy_and_Confidentiality/ecomunication-e.html)

## Professional Boundaries

In keeping with the Standards of Practice, “Respiratory Therapists must act with honesty, integrity, and respect appropriate **professional boundaries** with **patients/clients, healthcare team** members, students, and others.” While most RTs will reflect on “professional boundaries” in relatively limited terms, such as romantic or financial relationships, professional boundaries covers every aspect of communication and interaction between **RRTs** and everyone with whom they come into contact in their roles. ~~Perhaps it is because RTs don’t consider professional boundaries broadly enough that this issue results in the vast majority of investigations conducted by the CRTO; indeed, over 80% of concerns reported to the CRTO are related to professionalism.~~

~~“Professionalism” or professional conduct is a term that is often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position that impacts others (e.g., engineer, lawyer, RRT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of that potential impact.~~

~~In some circumstances, there is an inherent power imbalance between the Respiratory Therapist and the person with whom they are interacting. For example, treating a patient/client, speaking with the SDM or family member of the patient/client, or dealing with a non-regulated healthcare professional or a Student Respiratory Therapist. In all of these cases, the Respiratory Therapist has status and influence that makes overstepping their professional boundaries especially problematic.~~

More information can be found regarding Professional Boundaries in the [CRTO Respiratory Therapists Providing Education PPG](#) and the [Abuse Awareness and Prevention PPG](#).

## Medical Assistance in Dying (MAID)

In 2016, the federal government passed legislation to amend Canada’s Criminal Code and established a framework for Medical Assistance in Dying (MAID) for individuals who meet pre-defined eligibility criteria. RTs in community practice may be required to provide information to patients seeking information about MAID or to assist a physician or NP in carrying out a request for a medically assisted death. Therefore, it is important that a community-based RT be knowledgeable about the following:

- How to handle inquiries about MAID (i.e., criteria for MAID, who the **RRT** can discuss MAID with);<sup>2</sup> and
- The **RRT’s** role in MAID (i.e., ~~parameters, parameters~~ around assisting MAID, acting as an independent witness, conscientious objection).

The above information, as well as additional resources can be found on the CRTO website in the section on the [Medical Assistance in Dying](#).

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## Ending Professional Relationships

In most circumstances, RRTs in community practice are obligated to maintain a professional relationship with a patient as long as the patient requires services from the RT. However, situations may arise that require the RT to end the professional relationship prior to reaching the normal or expected conclusion of the patient's treatment. These situations generally fall into one of two categories where the RRT will no longer be able to provide the services:

1. Logistical Reasons (e.g., the RRT is retiring or leaving to work for another organization); and/or
2. Safety and/or Interpersonal Concerns (e.g., RRTs feel the patient's home environment poses a threat to the safety of the RT or others; there exists a significant conflict with the patient and/or their family members).

### Ending Professional Relationships due to Logistical Reasons

In this situation, care must be transferred to the most appropriate service provider prior to the RT ending the professional relationship. Most organizations have policies in place to deal with the transfer of care process. The section entitled "Transfer of Care" below deals with some recommendations from the CRTO.

### Ending Professional Relationships due to Safety and/or Interpersonal Concerns

Except where there is a genuine risk of harm, RTs should only end the professional relationship after reasonable efforts have been made to resolve the situation in the best interest of the patient. These efforts must include:

- Proactively communicating expectations for patient conduct to all patients; [and](#)
- Having a discussion with the patient regarding the reasons affecting the RT's ability to continue providing care.

All reasonable efforts must be made to resolve the situation in the best interest of the patient, and only consider ending the professional relationship where those efforts have been unsuccessful.

For example...

Most home care companies have a policy in place to deal with situations where there is unsafe use of oxygen in the home (e.g., oxygen in use while patient/family member is smoking). These processes generally include all of the following steps:

1. Inform the patient (preferably in writing) of what will happen if they use oxygen in an unsafe manner (i.e., how many warning they will receive and how those warning will be documented);[and](#)
2. Notify the patient (preferably in writing) of the decision to discontinue their treatment;[and](#)
3. Document in the patient's medical record the reasons for the discontinuation of services, as well as all steps undertaken to resolve the issues prior to discontinuation;[and](#)
4. Clearly convey to the patient that they should seek ongoing care (e.g., speak to their primary care physician; go to their local emergency department); [and](#)
5. Notify the healthcare provider(s) who ordered the oxygen that the therapy is no longer being provided to the patient. Also consider informing [the funder of oxygen services \(i.e. MOH Home Oxygen Program\)](#) [and](#) other members of the patient's healthcare team, as appropriate.

### Transfer of Care

When transferring full or partial responsibility for a patient's care to another healthcare provider, an **RRT** is expected to communicate with the:

- patient to identify the roles and responsibilities of the regulated member and other healthcare providers involved in the patient's ongoing care;[and](#)
- accepting healthcare provider(s) to provide any pertinent clinical information, including treatment plans and recommendations for follow-up care.

### Transfer of Patient Files

It is important to obtain appropriate authorization (i.e., consent) from the patient before transferring any copies of medical records. The **RRT** should ensure the original records are retained in the event there is some question at a later time about the care you provided to the patient, or in the event of a complaint to the CRO or legal action surrounding the care or the termination. In addition, the RT should advise the patient of the need to transfer copies of medical records to the

new physician. You should also request the necessary consent to make the transfer. Consider any Privacy Commission or CRYPTO guidelines that might apply to the transfer of patient records.

## Professional Responsibilities

~~Respiratory Therapists must ensure their professional practice complies with all applicable regulatory requirements. In addition to maintaining registration with the CRYPTO, RTs must take accountability for their professional practice and abide by both their employer and CRYPTO obligations. As responsible practitioners RTs place patients' needs above their own, act as advocates where appropriate and report information that is relevant to their abilities to provide safe, ethical and competent care.~~

## Documentation

The [CRYPTO Documentation PPG](#) and the [CRYPTO Standards of Practice](#) (Standard 7) outlines the principles and standards of documentation that must be maintained by all RRTs in every practice setting. Documentation styles (~~e.g., narrative charting, charting by exception~~) and documentation mediums (~~i.e., paper-based or computer-based~~) vary from one organization to the next. RTs may utilize any documentation format that meets both the CRYPTO's expectation regarding documentation and their employer's requirements.

An essential foundational principle for all RT documentation is that every patient contact must be documented. "Patient contact" includes (but is not limited to):

- performing an examination, diagnostic procedure, therapeutic intervention;
- providing education to a patient and/or their family, caregiver or advocate; ~~and,~~
- conferring with other members of the healthcare team (including the patient's family members) regarding the patient's plan of care (note that this includes even when the patient is not present during the conversation).

## Professional Liability Insurance (PLI)

The *Regulated Health Professions Act*<sup>16</sup> requires all ~~practising~~ practicing regulated health professionals to carry PLI that meets specific criteria. The [CRYPTO Professional Liability Insurance Policy](#) ~~CRYPTO Professional Liability Insurance Policy~~ outlines those requirements, as well as the consequences of an RT not being covered by the requisite amount of PLI.

RTs who are "personally insured" by their employer's PLI plan in the required amounts and coverage are not obliged to obtain additional liability insurance coverage. "Personally insured" means the employer's insurance policy covers not just the organization, but the RRT as an individual. The policy does not have

<sup>16</sup> RHPA. Health Professions Procedural Code. S. 13(1).

to list the ~~RRT~~ by name but must specify that it covers the “employees” of the organization as “added insureds”.

Additional PLI is available for members of the provincial or national professional associations (i.e., the RTSO, CSRT).

~~More information can be found on the CRTC website regarding the CRTC Professional Liability Insurance Policy.~~

## Reporting Requirements

There are a number of instances where an ~~RRT~~ is required to report specific information to certain organizations/agencies. Some of these reporting requirements were covered in the section in this document entitled Sharing PHI Outside of the Circle of Care. ~~Some additional agencies that community RTs are required to report to are as follows: More information on other reporting requirements can be found in the CRTC’s Reporting Obligations webpage.~~

### Reporting to the CRTC

~~There are several instances in which CRTC Members are required to contact the CRTC, such as reporting offences, professional negligence or malpractice, or information regarding registration and conduct.~~

~~More about what information must be reported to the CRTC by a Member can be found in the Mandatory Reporting by Members Fact Sheet.~~

~~An RT who operates their own business and employs other RRTs has specific reporting requirements to the CRTC. Home care companies and other employers of RRTs are obligated to submit a report to the CRTC if they have reason to believe that an RRT:~~

- ~~• has sexually abused a patient/client,~~
- ~~• is incompetent or incapacitated, or~~
- ~~• has committed an act of professional misconduct.~~

~~Employers of RTs are also required to report if they terminate or suspend the employment of an RT or take any other form of disciplinary actions against the RRT.~~

~~More information on what must be reported to the CRTC by an employer of RRTs can be found in the Mandatory Facility/Employer Reports Fact Sheet.~~

### ~~Reporting Sexual Abuse of Patients~~

When an RT has reasonable grounds, obtained in the course of ~~practising~~ practicing the profession, to believe that another RT or regulated health professional has sexually abused a

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patient, the RRT must file a report in writing with the Registrar of the College to which the alleged abuser belongs.

More information on the reporting of sexual abuse of patients can be found in the [CRTC Abuse Awareness and Prevention PPG](#).

### Reporting to Other Agencies

Depending upon the community practice setting, there may be other mandatory reporting requirement to agencies outside of the CRTC that are governed by different legislation (e.g., *Long-Term Care Homes Act*). Listed below are just a few additional reporting obligations.

## Considerations When Establishing an Independent RT Community Practice

Although the majority of RTs who work in the community are employed by home care companies or community care clinics, RTs are able to set up their own independent practice. This requires the RT to establish processes for securing patient's health records, set fees for their services, ensure they have the required level of professional liability insurance and that they attain optimal business ethics.

1. ~~Professional Incorporation~~
2. ~~Professional Liability Insurance (PLI)~~
3. ~~Mandatory Facility/Employer Reports~~
4. ~~PHIPA and PIPEDA~~
5. ~~Requirements under Other Relevant Legislation~~

The CRTC recommends any RT who is establishing an independent community practice to consult their own legal advisor.

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## Glossary

**Assistive Devices Program (ADP)**—provides consumer centered support and funding to Ontario residents who have long term physical disabilities and to provide access to personalized assistive devices appropriate for the individual's basic needs<sup>17</sup>.

**Electronic Medical Records (EMR)**—is a computer based patient record specific to a single clinical practice, such as a family health team or group practice<sup>18</sup>. EMRs include devices that contain Personal Health Information, such as:

- magnetic media (such as hard drives, magnetic tapes);<sub>1</sub>
- electronic drives (such as solid state drives, USB flash drives, memory cards);<sub>1</sub>
- mobile devices (such as smartphones, tablets);<sub>1</sub>

**Express Consent**—may be in oral or written form. Examples of express consent are having a patient complete a signed consent form or having a patient verbally consent in the presence of another healthcare professional.

**Health Information Custodian**—responsible for collecting, using and disclosing personal health information on behalf of clients. A HIC is generally the institution, facility or private practice health practitioner that provides health care to an individual.<sup>19</sup>

**Home Care Company**—is a catch-all term used to describe businesses that provide a variety of services and equipment to patients/clients in the community setting. RTs who work for home care companies may provide trach care, home oxygen, Non-Invasive Positive Pressure Ventilation (NIPPV), etc.

**Implied Consent**—is determined by the action of the patient. Implied consent may be inferred when performing a procedure with minimal risk that the patient has previously consented to and acts in a manner that implies their consent.

**Independent Practice**—Respiratory Therapists may be self-employed. The CRTO recommends that RTs consult with a lawyer and/or an accountant before deciding to start their own businesses as there are many legal and practical considerations, in addition to their professional obligations to patients/clients and the CRTO.

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<sup>17</sup> MOHLTC. Retrieved from <http://www.health.gov.on.ca/en/pro/programs/adp/>

<sup>18</sup> Canada Health Infoway. Retrieved from <https://www.infoway-inforoute.ca/en/solutions/digital-health-foundation/electronic-medical-records/>

<sup>19</sup> Personal Health Information Protection Act. (2004). Available from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws-statutes-04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws-statutes-04p03_e.htm)



**Identifying Information**—information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

**Personal Health Information (PHI)**—subject to certain exceptions set out in *PHIPA*, PHI refers to information about an individual in oral or recorded form that relates to:

- The physical or mental health of an individual;
- The provision of healthcare to the individual;
- The individual's health card number;
- The identification of the individual's substitute decision maker (if applicable);

**Reasonable Grounds**—refers to the information that an average person, using normal and honest judgment, would need in order to decide to report.

**Registered Respiratory Therapists (RRTs)**—has been issued a General Certificate of Registration because they have met all academic requirements and has successfully completed the registration examination or evaluation approved by the CRTC, or met the registration requirements under the Ontario Labour Mobility Act, 2009. If a Member holds a General Certificate of Registration, they must use the designation RRT and may use "Registered Respiratory Therapist" or "Respiratory Therapist" as their professional title.

**Standards of Practice**—described the requirements that all RRTs must meet for professional practice. The Standards contain practice parameters which should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession.

**Substitute Decision Maker (SDM)**—means a person who is authorized under s.20 of the *Health Care Consent Act* to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.

**Terms, Conditions and Limitations**—Members of the CRTC may have terms, conditions, and/or limitations imposed on their certificates of registration. These may be imposed by regulation or by one of the CRTC's statutory committees.

**Third Party Payer**—any organization/agency (other than the Ontario Health Insurance Plan (OHIP), or self-payment by the patient) that fully or partial funds the healthcare services that a patient receives (e.g., the MOHLTC's Assistive Devices Program; private insurance companies).

## How this Guide Links to the Professional Misconduct Regulation

### ~~1. BUSINESS PRACTICES~~

- ~~19. Submitting an account or charge for services that a member knows is false or misleading.~~
- ~~20. Charging a fee that is excessive in relation to the service rendered.~~
- ~~21. Failing to disclose the fee schedule or payment structure prior to delivery of services or failing to provide the patient or patient with sufficient time to refuse the treatment and arrange for alternative services.~~
- ~~22. Failing to itemize an account for fees charged by the member for professional services rendered;~~
  - ~~i. if requested to do so by the patient or patient or the person or agency who is to pay, in whole or in part, for the services; or~~
  - ~~ii. if the account includes a commercial laboratory fee.~~
- ~~23. Selling any debt owed to the member for professional services; this does not include the use of credit cards to pay for professional services.~~

## How this Guide Links to the Advertising Regulation

- ~~(1) In this Part, an advertisement with respect to a member's practice includes an advertisement for gases used for medical purposes, equipment, supplies or services that includes a reference to the member's name.~~
- ~~(2) An advertisement with respect to a member's practice must not contain;~~
  - ~~(a) anything that is false or misleading;~~
  - ~~(b) anything that, because of its nature, cannot be verified;~~
  - ~~(c) a claim of expertise in any area of practice, or with respect to any procedure or treatment, unless the advertisement discloses the basis of the expertise;~~
  - ~~(d) an endorsement other than an endorsement by an organization that is known to have expertise relevant to the subject matter of the endorsement;~~
  - ~~(e) a testimonial by a patient or patient or former patient or patient or by a friend or relative of a patient or patient or former patient or patient; or~~
  - ~~(f) anything that promotes or is likely to promote excessive or unnecessary use of services.~~
- ~~(3) An advertisement must be readily comprehensible to the persons to whom it is directed.~~
- ~~(4) A member must not permit his or her name to be used in an advertisement that contravenes subsection (2) or (3).~~
- ~~(5) A member must not advertise by initiating contact, or causing or allowing any person to initiate contact, with potential patients or patients or their personal representatives either in person or by telephone, in an attempt to solicit business.~~
- ~~(6) Despite subsection (5), a member may advertise by initiating contact with a potential patient or a personal representative of a potential patient if the potential patient does not personally use or consume the gases, equipment, supplies or services that are the subject of the advertisement.~~
- ~~(7) A member must not appear in, or permit the use of his or her name in, an advertisement that implies, or could reasonably be interpreted to imply, that the professional expertise of the member is relevant to the subject matter of the advertisement if it is not relevant. O. Reg. 596/94, s. 23.~~

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<sup>ii</sup> ~~How changing patient expectations will impact your practice.~~  
<http://practicemanagement.dentalproductsrepoRT.com/aRTicle/how-changing-patient-expectations-will-impact-your-practice?page=0,1> (July, 2018)

<sup>iii</sup> CRRT0 Standards of Practice, Standard 1 – Business Practices

<sup>iv</sup> Ibid.