CRTO

# Council Meeting Materials

## December 12, 2025

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

**College of Respiratory Therapists of Ontario**

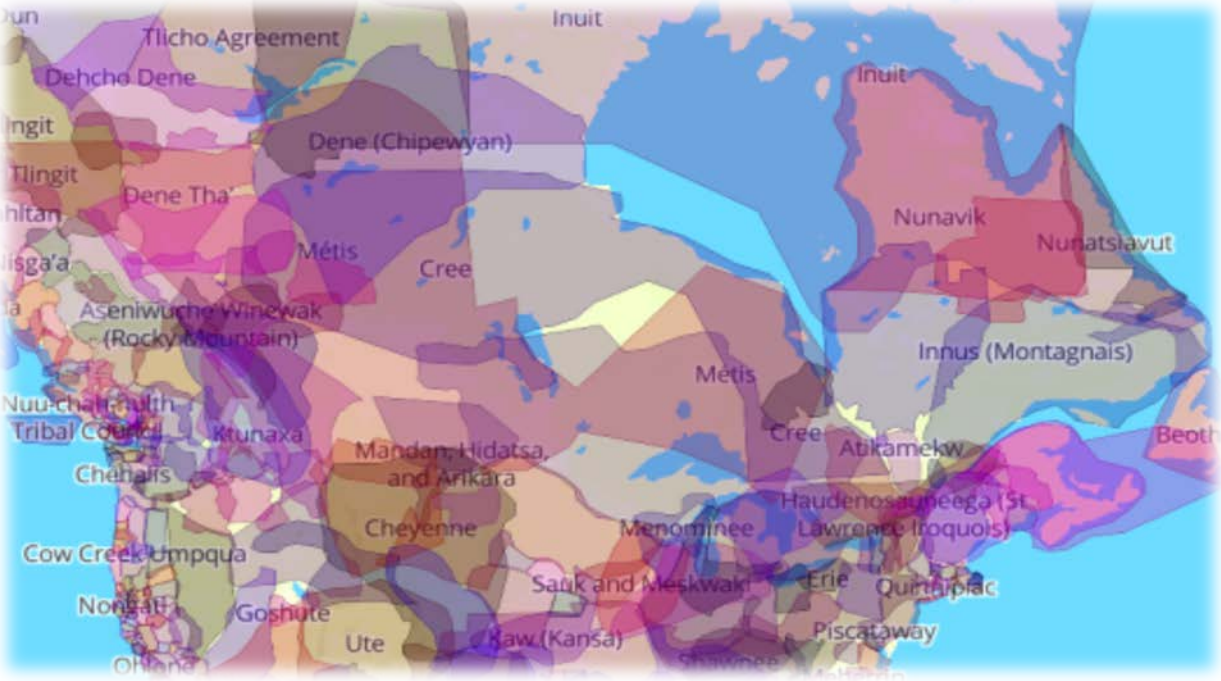
**Land Acknowledgement**

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

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

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

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




Generously shared by engineerscanada ingénieurscanada

# Council Briefing Note

**AGENDA ITEM # 3.0** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT- Registrar & CEO |
| **Topic:** | Executive Committee Elections |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Governance & Accountability |
| **Attachment(s):** | N/A |

**PUBLIC INTEREST RATIONALE:**
To ensure the CRTO can optimally meet its mandate of acting in the public interest by maintaining a properly constituted Council and Executive Committee.

**BACKGROUND:**
As is also outlined in the CRTO By-Laws (s. 5.01 - By-Law 2: Council & Committees), *the Executive Committee is elected annually from the sitting Council Members at the first Council meeting following the elections or at least annually and is composed of:*

*a) three (3) Council Members who are Members of the CRTO; and*
*b) two (2) public Council Members.*

Section 5.04 of the By-Laws outlines the nomination process for the Executive Committee, which is as follows:

a) *The Registrar shall send a notice of elections and a call for nominations for the positions of President, Vice-President, and the three (3) additional members of the Executive Committee, to all Council Members by November 1 each year*.

*b) Candidates for election to the Executive Committee must be nominated by at least two (2) members of Council and cannot nominate themselves.*

*c) Nominations may be submitted at any time prior to the election, and additional nominations will be accepted from the floor on the day of the election.*

A nomination survey was sent out to the following 15 Council members (14 completed nomination forms were received):

Lindsay Martinek – Professional Member
Kim Morris – Public Member
James Butler - Public Member
Allison Chadwick – Professional Member
Jeffrey Dionne – Professional Member
Carrie Dyson – Public Member
Sandy Fodey – Professional Member
Carmine Francella – Public Member
Jennifer Gadioma – Professional Member
Sam Gennidakis – Professional Member
Sheena Lykke – Professional Member
Kelly Munoz – Professional Member
Laure Van Bommel – Professional Member
Jeffrey Schiller – Public Member
Pappur Shankar – Public Member

The following Professional Council members received the requisite number of nominations:

Allison Chadwick
Jeffrey Dionne
Sandy Fodey
Sam Gennidakis
Lindsay Martinek
Kelly Munoz

The following Public Council members received the requisite number of nominations:

Carmine Francella
Kim Morris
Jeffrey Schiller

Section 5.05 of the By-Laws outlines the nomination process for the Executive Committee, which is as follows:

a) *The election of the President, Vice-President and Executive Committee shall be by secret ballot, in accordance with the policies and procedures approved by Council and, where more than two (2) Council Members are nominated, the nominee who receives the*

*lowest number of votes on each ballot shall be deleted from nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one (1) nominee receives a majority of the votes cast.*

b) *The election will be conducted by the Registrar and will be the first order of business at the first Council meeting following a general election, or where there is no general election of Council Members, will correspond to the date of when the election would have been held in other years.*

c) *The Registrar will make a call for nominations for the positions of President, Vice-President, and three other Executive Committee Members, proceeding in that order.*

d) *Once all elections are completed, the Registrar will ensure the ballots are destroyed.*

**ANALYSIS:**

Currently, the CRTO Executive Committee consists of the following members:

| **Name** | **Role** (prior to Dec. 1/24) | **Council Term Ends** | **Current Term** |
|---|---|---|---|
| **Lindsay Martinek** | Professional Member - Executive Chair & Council President | Dec. 2026 | 3rd |
| **Kim Morris** | Public Member - Executive Vice-Chair & Council Vice-President | Sept. 2026 | 3rd |
| **Jeff Dionne** | Professional Member | Dec. 2026 | 2nd |
| **Kelly Munoz** | Professional Member | Dec. 2026 | 3rd |
| **Jeffrey Schiller** | Public Member | Feb. 2028 | 2nd |

**Election of the Executive**

More than the five (5) required nominations have been received. Therefore, an election will be held during the Council meeting by secret ballot.

- We will first invite any additional nominations for Executive Members from the floor.
- An electronic ballot will be distributed to all members of the sitting Council (those in attendance at the meeting) to vote for the three (3) Professional Members and two (2) public Council Members necessary to comprise the Executive Committee.

**Election of the Council President and Vice-President**

Once the composition of the Executive Committee has been established, the sitting Council (those in attendance at the meeting) will elect a Council President and Vice-President from among the five (5) Executive members. The elected President of the Council will become the Chair of the Executive Committee, and the Vice-President of the Council will become the Vice-Chair of the Executive Committee.

- Of the five Council members elected to the Executive Committee, the election will now be conducted electronically by secret ballot for Council President (Chair of the Executive Committee) and Council Vice-President (Vice-Chair of the Executive Committee).

Once a President and Vice-President of the Council have been selected, the President will assume the Chair of the Council meeting in session.

**NEXT STEPS:**

Immediately after the December Council meeting, the newly formed Executive Committee is required to meet to establish the Committee compositions for the following year.

# Coouncil Meeting Motion

**AGENDA ITEM # 4.0**

| | |
|---|---|
| **Motion Title:** | Approval of Council Meeting Agenda |
| **Date of Meeting:** | December 12, 2025 |

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the December 12, 2025 meeting.

# CRTO Council Meeting Agenda
## December 12, 2025

**AGENDA ITEM # 4.0**

**9 a.m. to 1 p.m.**

**Join Zoom Meeting:** https://us02web.zoom.us/j/84121331911

**Meeting ID:** 841 2133 1911

| Time | Item | Agenda | Page No. | Speaker / Presenter | Action | Strategic Focus |
|---|---|---|---|---|---|---|
| **0900** | 1.0 | Welcome & Land Acknowledgement | **1-2** | Carole Hamp | | |
| | 2.0 | Conflict of Interest Declarations | -- | Carole Hamp | | Governance & Accountability |
| | 3.0 | **Executive Elections** | **3-6** | Carole Hamp | | |
| | 4.0 | Approval of Council Agenda | **7-9** | Chair | Decision | Governance & Accountability |
| | **5.0** | **Approval of Consent Agenda** | | | | |
| | 5.1 | Approval of Minutes from Sept. 25, 2025 | **11-16** | Chair | Decision and Information | Governance & Accountability |
| | 5.2 | Executive Committee Report | **17** | | | |
| | 5.3 | Registration Committee Report | **18-19** | | | |
| | 5.4 | Quality Assurance Committee Report | **20** | | | |
| | 5.5 | Patient Relations Committee Report | **21** | | | |
| | 5.6 | Inquiries, Complaints and Reports Committee Report | **22-23** | | | |
| | 5.7 | Discipline Committee Report | **24** | | | |
| | 5.8 | Fitness to Practise Committee Report | **25** | | | |
| | 5.9 | Finance & Audit Committee Report | **26** | | | |
| | 5.10 | CRTO Update Report | **27-30** | | | |
| | 5.11 | Investment Portfolio | **31-45** | | | |
| | 5.12 | Risk Register Update | **46-52** | | | |
| | 5.13 | Strategic Direction & Key Performance Indicators Report | **53-82** | | | |
| | 5.14 | Council Evaluation Framework Update | **83-84** | | | |
| | 5.15 | Council Meeting Action Items | **85** | | | |
| | **6.0** | **Strategic and Operational Issues** | | | | |
| | 6.1 | Q3 Financial Statements | **86-91** | Carole Hamp | Information | Core Business Practices |
| | 6.2 | Draft 2026/27 Budget | **92-96** | Carole Hamp | Discussion | Core Business Practices |

| | | | | | |
|---|---|---|---|---|---|
| 6.3 | By-Law Revisions (final approval) | **97-114** | Ania Walsh | Decision | Core Business Practices |
| 6.4 | Revised Fee Schedule | **115-118** | Ania Walsh | Decision | Core Business Practices |
| 6.5 | **2026-2030 Strategic Plan Presentation** | **119-148** | Carole Hamp & Kevin McCarthy | Decision | Governance & Accountability |
| **7.0** | **Committee Items Arising** | | | | |
| **Quality Assurance Committee** | | | | | |
| 7.1 | Revised Professional Development Policy (final approval) | **149-156** | Jeff Dionne | Decision | Enhancing Professionalism |
| **8.0** | **Legislative and General Policy Issues** | | | | |
| 8.1 | Revised CRTO Standards of Practice (final approval) | **157-262** | Carole Hamp | Decision | Enhancing Professionalism |
| 8.2 | Revised Community Respiratory Therapy Practice PPG (final approval) | **263-292** | Kelly Arndt | Decision | Enhancing Professionalism |
| 8.3 | Revised Professional Misconduct Regulation (for consultation) | **293-306** | Shaf Rahman | Decision | Enhancing Professionalism/ Public Protection |
| **9.0** | **Other Business** | | | | |
| 9.1 | 2026 Council Dates | **307-309** | Carole Hamp | Decision | Governance & Accountability |
| **10.0** | **Adjournment** | | | | |
| | **Open Forum** | | | | |

**Council Self-Evaluation Survey**

# Council Motion

**AGENDA ITEM # 5.0**

| | |
|---|---|
| **Motion Title:** | Approval of Council Consent Agenda |
| **Date of Meeting:** | December 12, 2025 |

It is moved by _____ and seconded by _____ that:

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

5.1 Approval of Minutes from September 25, 2025

5.2 Executive Committee Report

5.3 Registration Committee Report

5.4 Quality Assurance Committee Report

5.5 Patient Relations Committee Report

5.6 Inquiries, Complaints and Reports Committee Report

5.7 Discipline Committee Report

5.8 Fitness to Practise Committee Report

5.9 Finance & Audit Committee Report

5.10 CRTO Update Report

5.11 Investment Portfolio

5.12 Risk Register Update

5.13 Strategic Direction & Key Performance Indicators Report

5.14 Councill Evaluation Framework Update

5.15 Council Meeting Action Items

# Draft Minutes from September 25, 2025

| | |
|---|---|
| **Agenda Item #:** | 5.1 |
| **Item:** | Draft Minutes from September 25, 2025 |

## Meeting Minutes September 25, 2025

### CRTO Council Meeting Minutes

**Scheduled on September 25, 2025, from 1:00 pm to 4:00 pm**
**Location: CRTO Office - 90 Adelaide Street West**

**PRESENT:**
Lindsay Martinek, RRT, President
Allison Chadwick, RRT
Carrie Dyson, Public Member
Carmine Francella, Public Member
Sandy Fodey, RRT
Sheena Lykke, RRT
James Butler, Public Member
Jennifer Gadioma, RRT
Sam Gennidakis, RRT
Kelly Munoz, RRT
Jeffrey Schiller, Public Member
Jeff Dionne, RRT
Laura Van Bommel, RRT
Pappur Shankar, Public Member

**STAFF**:
Carole Hamp, RRT, Registrar & CEO
Shaf Rahman, Deputy Registrar
Ania Walsh, Director, Regulatory Affairs
Peter Laframboise, Professional Conduct Manager
Misbah Chaudhry, Professional Conduct Coordinator
Anastasia Kokolakis, Professional Conduct Officer
Lisa Ng, Registration Manager
Kelly Arndt, RRT, Quality Practice Manager
Abeeha Syed, Compliance & Operations Coordinator
Temeka Tadesse, IT Manager
Stephanie Tjandra, Finance & Office Manager
Janessa Gazmen, Communications Manager

**GUESTS:**
Non-Council Members:
Michelle Causton
Derek Clark
Aaron Giba, RRT
Ginette Greffe-Laliberté, RRT
Katherine Lalonde, RRT
Urja Pandya, Policy Analyst from MOH

Student Representatives:
Katarina Misic, Canadore
Ida Payung, Fanshawe

**REGRETS:**
Kim Morris, Vice-President

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## 1.0: WELCOME & LAND ACKNOWLEDGEMENT

The meeting was called to order at 1:03 p.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 September 25, 2025.

**MOTION 3.0** MOVED BY, Jeffrey Schiller, and SECONDED BY, Allison Chadwick, RRT, that Council approve the Council Agenda for the September 25, 2025, meeting.

**MOTION 3.0 CARRIED.**

## 4.0: APPROVAL OF CONSENT AGENDA

Council reviewed the Consent Agenda.

**MOTION 4.0** MOVED BY, Sandy Fodey, RRT, and SECONDED BY, Sheena Lykke, RRT, 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

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- 4.11 Finance & Audit Committee Report
- 4.12 CRTO Update Report

**MOTION 4.0 CARRIED.**

## 5.0: STRATEGIC AND OPERATIONAL ISSUES

### 5.1 APPROVAL OF FINANCIAL STATEMENTS

Carole Hamp presented the quarterly financial statement.

**MOTION 5.1** MOVED BY, Sam Gennidakis, RRT, and SECONDED BY, Jeff Dionne, RRT, that the Council approves the quarterly financial statements for March 1, 2025, to August 29, 2025.

**MOTION 5.1 CARRIED.**

### 5.2 MID-YEAR FINANCIAL PROJECTIONS

Carole Hamp presented the Mid-Year Financial Projections.

### 5.3 MEMBERSHIP FEES FOR 2026/27

Shaf Rahman presented the membership fee assessment for 2026-2027 fiscal year. Based on a thorough analysis of revenue and expense projections, the recommendation is for Council to waive the membership fee increase for the upcoming 2026 renewal year.

**MOTION # 5.3** MOVED BY, Pappur Shankar, and SECONDED BY, Jennifer Gadioma, RRT, that the Council waive a fee increase for the 2026/27 membership fees.

**MOTION # 5.3 CARRIED.**

### 5.4 STRATEGIC DIRECTION & KEY PERFORMANCE INDICATORS REPORT

CRTO staff presented the Strategic Directions and KPIs Report.

### 5.5 COUNCIL EVALUATION FRAMEWORK UPDATE

Carole Hamp presented the June 2025 Council Meeting Evaluation Summary. Overall feedback was positive, with the newly introduced consent agenda format being well received.

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Council suggested providing a brief recap of outstanding items from previous meetings at the start or end of each meeting to support continuity and accountability. CRTO staff will look into implementing this.

## 5.6 BY-LAW REVISIONS (APPROVAL FOR CONSULTATION)

Ania Walsh presented the draft amendments to CRTO By-Law 3. 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. Specifically, the amendment will let the CRTO charge a fee to Members referred for practice assessment due to non-compliance with the Professional Development Program (PDP) requirements.

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.

**MOTION # 5.6** MOVED BY, Allison Chadwick, RRT, and SECONDED BY, Laura Van Bommel, RRT, that Council approves the revised By-law 3 for consultation.

**MOTION # 5.6 CARRIED.**

# 6.0: COMMITTEE ITEMS ARISING

## REGISTRATION COMMITTEE

## 6.1 REVISED VULNERABLE SECTOR CHECK POLICY (FOR FINAL APPROVAL)

Kelly Munoz, RRT presented the revisions to the Vulnerable Sector Checks Policy.

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; (2) submission of copies instead of originals; (3) VSC addressed to the wrong institution; and (4) limitations on VSC availability. These challenges caused administrative delays in processing applications. In response, the CRTO amended the policy after reviewing practices of other regulators and obtaining legal advice.

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

**MOTION # 6.1** MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Sam Gennidakis, RRT, that Council approves the revisions to the Vulnerable Sector Checks Policy.

**MOTION # 6.1 CARRIED.**

Pappur Shankar abstained from the vote.

## 6.2 GENERAL CERTIFICATES OF REGISTRATION – CURRENCY CONDITION POLICY (FOR FINAL APPROVAL)

Kelly Munoz, RRT and Ania Walsh presented the General Certificate of Registration - Currency Condition Policy. This CRTO policy was drafted to address the new currency condition applicable to all General Certificates of Registration. It outlines the criteria and process used by the CRTO to determine whether Registered Respiratory Therapists meet this currency condition.

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.

**MOTION # 6.2** MOVED BY, Laura Van Bommel, RRT, and SECONDED BY, Allison Chadwick, RRT, that Council defer the approval of the General Certificate of Registration - Currency Condition Policy to an electronic vote with amendments to section 4.0 and additional supporting documents with FAQs.

**MOTION # 6.2 CARRIED**

# 7.0: LEGISLATIVE AND GENERAL POLICY ISSUES

## 7.1 REVISED CRTO STANDARDS OF PRACTICE (APPROVAL FOR CONSULTATION)

Carole Hamp presented the Revised Standards of Practice. The last update to the document was in September 2019. Since then, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) formed a working group to develop a national standard based on the CRTO's framework. This work was completed in May, and the resulting modifications were presented to Council.

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.

**MOTION 7.1** MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Sheena Lykke, RRT, that the CRTO Council approves the revised Standards of Practice document for consultation.

**MOTION 7.1 CARRIED.**

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## 7.2 REVISED COMMUNITY RESPIRATORY THERAPY PRACTICE PPG (APPROVAL FOR CONSULTATION)

Kelly Arndt, RRT presented the Draft Community Respiratory Therapy Practice PPG. Previously revised in 2018, the Community Practice PPG has been reviewed and updated.

The format and intent of the 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.

If the motion is approved, the PPG will be circulated for consultation and then presented to Council for final approval in December 2025.

**MOTION 7.2** MOVED BY, Jeff Schiller, and SECONDED BY, Laura Va Bommel, RRT, that it is recommended that Council approves the draft revised Community Respiratory Therapy Practice PPG for consultation.

**MOTION 7.2 CARRIED.**

## 8.0: OTHER BUSINESS

## 8.1 GOVERNANCE VS. OPERATIONS IN A NON-PROFIT

Section 8.1 was deferred for a future meeting.

## 9.0: ADJOURNMENT

**Adjournment**

The September 25, 2025, Council meeting adjourned at 4:10 p.m.

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**AGENDA ITEM # 5.2**

## EXECUTIVE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 25, 2025 – December 11, 2025

Since the last Council meeting, the Executive Committee has held one meeting on November 17, 2025. At that meeting, Bradley Chisholm of The Regulator's Practice presented the draft version of the CRTO's 2026–2030 Strategic Planning. The following also took place at the November 17th Executive Committee meeting:

- CRTO Update Report
- Financial Statements for March 1/25 – Oct. 31/25.
- Investment Portfolio
- Draft 2026/27 Budget
- By-Law Revisions (for final approval)
- Revised Fee Schedule (for final approval)
- DRAFT December 12, 2025 Council Agenda
- Council Dates for 2026

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

**AGENDA ITEM 5.3**

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

September 25, 2025 – December 11, 2025

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

- September 29, 2025
- November 25, 2025

**Referral Summary**

| Reasons for Referral | Outcome |
|---|---|
| Two applications were referred to the Panel of RC due to currency requirements. | In both applications, the Panel of the RC approved the applications for a General Certificate of Registration with terms, conditions and limitations. |
| Two applications were 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 these requests and directed the Registrar to modify the terms, conditions and limitations accordingly. |
| Two applications were referred to the Panel of the RC to consider whether it is in the public interest to approve these applications based on the applicants' entry-to-practice assessment results. All applicants completed the three stages of the entry-to-practice assessment. | In both applications, the Panel directed the Registrar to issue Graduate Certificates of Registration, pending completion of a remediation plan. |

**November 25, RC Meeting Report Highlights:**

- **CRTO Update Report** – Carole Hamp, Registrar & CEO, provided the Registration Committee with an update on several CRTO initiatives, including:
  - New CRTO Database and Website
  - CRTO/RTSO Joint Scope of Practice Review
  - Professional Development Program Evaluation
  - Professional Misconduct Regulation Revision
  - National Alliance of Respiratory Therapy Regulatory Bodies

- **Internationally Educated Health Professionals (IHEP)** – Staff provided an overview of the assessment process and updated the Committee on the applicants who are currently undergoing the Entry-to-Practice Assessment. There are 36 active IEHP applications in various stages of the assessment process. Additionally, there are 9 files referred from other provinces that the CRTO is conducting assessments on behalf of.

# Committee Report Items

- **Health Professions Appeal and Review Board (HPARB)** - Staff provided a brief overview of the role that the HPARB plays in the CRTO's registration process and an update regarding the outcome of a registration review. The Board upheld the Registration Committee's original decision to deny registration, and a copy of the HPARB's decision was provided to the Committee for information.

- **Canadian Respiratory Therapy Programs** – Humber College has launched a new three-year Respiratory Therapy program set to begin in September 2026, and the CRTO has engaged with the school to highlight concerns about limited clinical placements and the need for accreditation at graduation. The CRTO will continue to monitor the program and its accreditation status moving forward.

- **General Certificate of Registration – Currency Condition Policy and Supporting Materials** – Staff provided an update to the Registration Committee on how the CRTO is implementing the new currency condition requirements, which include:
  - General Certificate of Registration – Currency Condition New Policy
  - Supporting Materials
  - Communications Strategy
  - Monitoring
  - Three-year currency period (three-year cycle starting with first renewal after initial registration)

- **As of Right Update** – Staff reported that on October 20, 2025, the Ontario government introduced the Building a More Competitive Economy Act, expanding "As of Right" provisions to 16 additional professions, and streamlining registration for nurses and physicians from select jurisdictions.

- **Fleming College Graduates Terms, Conditions and Limitations (TCLs)** – On August 25, 2025, RC approved a process for staff to review and vary TCLs for the April 2025 cohort. Between September and October 2025, four applications were reviewed and approved. A list of these applications was presented to RC on November 25, 2025.

- **Revised Applications for Registration or Reinstatement** – **Currency Requirement Procedure** – RC reviewed and approved the revised procedure, which includes a mechanism allowing the Registrar to approve low-risk reinstatement applications.

Respectfully submitted,
Kelly Munoz, RRT
Registration Committee Chair

**AGENDA ITEM # 5.4**

## QUALITY ASSURANCE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 25, 2025 – December 11, 2025

Since the last Council meeting, the Quality Assurance Committee (QAC) has held one panel meeting on October 6th. The following is a summary of items addressed at that meeting and additional updates:

**Portfolio Deferral Requests**
The Committee reviewed nine deferral requests for PORTfolio 2026. Three requests were denied and six were approved based on the information provided.

**Peer Assessor Terms 2025**
The Peer Assessor reviewer terms for 2025 were reviewed. Twelve Assessors were reappointed for another three years, while two Assessors were notified that their terms have ended.

**Update to PDP Policy**
The QA Committee approved the revised PDP policy, introducing the addition of a $500 fee for QAC-mandated practice assessments.

**Launch Jurisprudence Assessment**
Two Members previously ordered to complete a SCERP and mentoring session for failing the Launch Jurisprudence Assessment have now met these requirements and passed on their third Launch attempt.

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

**AGENDA ITEM # 5.5**

## PATIENT RELATIONS COMMITTEE – CHAIR'S REPORT TO COUNCIL

September 25, 2025, to December 11, 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

**AGENDA ITEM 5.6**

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

September 25, 2025 – December 11, 2025

**ICRC Deliberations:**

Since the last Council meeting, the ICRC held four (4) meetings via Zoom. Three (3) meetings were regarding the investigation of complaints. One (1) meeting involved the review of an investigation related to an employer report.

**Public Complaints:**

1. In February of 2025, a complaint was received by the CRTO that alleged that the Member, in their medical aesthetics business, had practised outside of their scope of practice, had harmed a patient and failed to ensure adequate supervision was in place.

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

2. 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 in their personal life. The Complainant was the Member's sister.

   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.

3. In May of 2025, a complaint was received by the CRTO that alleged that two Members had failed to demonstrate appropriate inter-professional collaboration at the workplace. The Members were the Complainant's superiors in the workplace.

   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.

# Committee Report Items

**Employer Reports:**

1. In February 2024, 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 providing the Member with Advice and Recommendations would best address these concerns and protect the public interest

**New Matters:**

Since the last Council meeting, the CRTO received eight (8) new matters. The new matters are comprised of seven (7) Reports and one (1) complaint.

Six (6) of the Reports are currently under review by the Registrar. One (1) of the reports was resolved at the Registrar level. The complaint has been referred to the ICRC.

**Policy Framework:**

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

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

**AGENDA ITEM # 5.7**

## DISCIPLINE COMMITTEE – CHAIR'S REPORT TO COUNCIL

September 25, 2025 – December 11, 2025

Since the last Council meeting one (1) Discipline Hearing has taken place. The results of the Hearing from September 30, 2025 have been posted on the Public Register:

003262_Discipline_09-2025.pdf

There have been no referrals to the Discipline Committee.

Respectfully submitted,
Tracy Bradley, RRT
Discipline Committee Chair

**AGENDA ITEM # 5.8**

## FITNESS TO PRACTISE COMMITTEE – CHAIR'S REPORT TO COUNCIL

September 25, 2025 – December 11, 2025

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

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

**AGENDA ITEM 5.9**

**FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL**
September 25, 2025 – December 11, 2025

The Finance & Audit Committee (FAC) joined the Executive Committee meeting on November 17, 2025, to review and discuss the following items:

- CRTO's quarterly financial statements
- CRTO's investment portfolio summary.
- Draft 2026/27 Budget.

The following topics were also presented during the meeting:

- Draft 2026-2030 Strategic Planning Report by The Regulator's Practice
- CRTO Update Report
- CRTO By-Law Revisions
- CRTO Revised Fee Schedule
- Draft December 12, 2025, Council Agenda
- Council Meeting Dates for 2026.

Respectfully submitted,
Michelle Causton, Chair
Finance & Audit Committee

# Council Briefing Note

**AGENDA ITEM # 5.10** **December 12, 2025**

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

## ADMINISTRATIVE

**Daily Banking**

The CRTO has recently been engaged in key administrative process improvements, including migrating our daily banking operations from CIBC to RBC. This transition will help streamline payment processing and modernize our cash-management systems.

## CURRENT INITIATIVES

### Internal

**NEW CRTO Database and Website**

The new database remains a work in progress, and we are currently collaborating with OlaTech to finalize a revised contract, with the aim of launching the platform at the end of May 2026.

**CRTO/RTSO Joint 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 survey was sent to all CRTO & RTSO Members (total: 4,191) on September 19, 2025. The survey closed on October 3, 2025, with a response rate of 13%. A summary of the survey results was presented at the October RTSO Forum in Blue Mountain.

The Scope of Practice Steering Committee has retained the government relations firm on a short-term contract to assist the group with its submission. We are currently in the proposal development phase and plan to submit to the MOH early in 2026. The MOH will then review the proposal and may determine to do any of the following:

- Support the proposal & communicate next steps
- Retain the proposal for future consideration, or
- Decide not to proceed with the proposal

If we are permitted to proceed to the final phase, we will be required to make one more submission that primarily addresses any regulations that need to be developed or amended. We will also need to provide the results of any external consultations with key partners (e.g., Members, RT educational programs, employers, other health regulators, etc.).

**Professional Development Program (PDP) Evaluation**

The CRTO retained a consultant to assist with an evaluation of the PDP, and the preliminary report has been provided to CRTO staff for their review. Some of the recommendations to come out of the report are as follows:

- Expand existing KPIs (e.g., to measure the effectiveness of PORTfolio coaching sessions.) This was in place for the 2025 Portfolio cycle.
- Increase use of social media applications and tools.
- Ensure alignment of SCERP elements with the CRTO's risk framework.
- Increase resource allocation for remediation.
- Continue to develop asynchronous learning modules.
- Increased outreach with RT schools to increase understanding of regulatory and legislative requirements to improve Launch Jurisprudence scores.

**ISA Cybersecurity 2025 Security Assessment**

The CRTO engaged ISA Cybersecurity to review our key digital defences to ensure that we are as well protected as possible against current cyber threats. The resultant report focused on two main areas:

1. The security of the network systems, and
2. The protection of user accounts, emails, and devices.

Their recommendations were based on a heatmap that ranged from critical to low risk. Many of the identified top priorities can be accomplished within the first 30–60 days, and some require only a relatively small amount of human and financial resources.

**CRTO Communication Initiatives**
The CRTO is advancing several key communications initiatives to strengthen engagement and support our registrants and system partners. This includes developing a refreshed e-newsletter design to improve readability and interaction, and maintaining steady growth across our social media channels, particularly LinkedIn and BlueSky. We are also exploring expanded use of our YouTube channel and creating richer media content, such as videos to better inform and engage our audience.

Weekly media monitoring continues to keep the organization aware of relevant news and trends. We are also developing an updated Welcome Package for incoming members to ensure they feel supported from day one and have clear, accessible information about their role, obligations and available resources.

As noted earlier, the CRTO is preparing to launch a new website with clearer, more accessible language to enhance the user experience and ensure information is easy to understand.

## External

**Humber College Respiratory Therapy Program**
Humber College has introduced a new three-year Respiratory Therapy program and is currently accepting students for the September 2026 intake. The CRTO has met with the school to convey our concerns regarding the limited number of appropriate clinical placements and the need for the program to be accredited at the time of the student's graduation. Additionally, we emphasized the importance of transparency regarding the program's accreditation status.

**Health Profession Regulators of Ontario**
There are a couple of new HPRO working groups that the CRTO is participating in:

- **Domestic Violence Death Review Committee's Recommendations**. The Office of the Chief Coroner recently released a report on Intimate Partner Homicide by Firearm. In this report, there is a recommendation that certain health regulatory Colleges develop and distribute comprehensive educational materials on recognizing and responding to risks associated with intimate partner violence and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and intimate partner homicide.

- **Approaches to Managing Members' Health Issues**. This working group was created to share information and establish best practices in dealing with the increasing number of mental health issues impacting healthcare professionals (e.g., PTSD, gambling addictions, substance abuse, anxiety, etc.).

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

The CRTO hosted the NARTRB Strategic Planning session, AGM and Board Meeting in Toronto from November 12th to 14th. The new business items discussed at the Board Meeting were as follows:

- Implementation plans for the NARTRB's new Strategic Direction.
- NARTRB's new fee structure for all member organizations.
- CRTO's IEHP surcharge for the Clinical Skills Assessment.
- Plans to begin work on a national RT Code of Ethics.
- Plans for the development of a consensus statement and MOU for remote practice.
- NARTRB By-Law review.
- Election of NARTRB Executive positions (President & Secretary)

# Council Briefing Note

**AGENDA ITEM # 5.11** **December 12, 2025**

| | |
|---|---|
| **From:** | Shaf Rahman, Deputy Registrar |
| **Topic:** | Investment Portfolio Update |
| **Purpose:** | For Information |
| **Strategic Focus:** | Core Business Practices |
| **Attachment(s):** | Appendix A: Investment Portfolio Summary<br>Appendix B: Benchmark Comparison Summary<br>Appendix C: Memo to Council from RBC Investment Team |

**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.

According to Statistics Canada, as of September 2025, the Consumer Price Index was 2.6%, an increase of 0.9% since the last Council meeting.

**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.

  As compared to the investment update provided at September 2025 Council, asset allocation to fixed income and cash and cash equivalents has decreased by 1.67% and now comprises 51.12% of the portfolio, while Equity holdings comprise 48.88%.

  However, the mix within the fixed income category between fixed income and cash & cash equivalents holdings has changed, with an increase of 1.58% in cash & cash equivalents holdings, and a decrease of 3.25% in fixed income holdings. This continues to demonstrate a shift towards a more conservative portfolio.

  Here is the current breakdown of the asset allocation:

  - Fixed Income: $787,477 – 42.36% of portfolio
  - Cash and Cash Equivalents: $ 162,821 – 8.76% of portfolio
  - Equity: $908,713 – 48.88% of portfolio

- The total investment return in the CRTO investment portfolio since the beginning of 2025 is currently at 10.32%. This is an increase of 4.86% from September Council, where the year-to-date return was 5.46%. Over the last two quarterly updates to Council, the year-to-date returns have grown by amounts larger than 4%. 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 $80, 559 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 up by 1.03% as compared to September 2025.

- Benchmark Analysis:

  As outlined in the Background section of this briefing note, the CRTO's primary objective in investing with the RBC team was to ensure that its investment accounts kept pace with increases in the Canadian Consumer Price Index (CPI). According to Statistics Canada, the CPI rose from 1.6% in September 2024 to 2.6% in September 2025, an increase of 1.0% over one year. By comparison, the CRTO's current one-year portfolio

return is 13.82%. The RBC team continues to meet the investment directions set by Council.

In addition, at Council's direction, the RBC team developed and presented a customized benchmark at the March 2025 Council meeting. This benchmark provides a reference point against which Council can assess the CRTO's investment performance. It was created using weighted combinations of various market indexes that mirror the CRTO's asset mix. Appendix B provides a detailed breakdown of the benchmark components and the CRTO portfolio's performance relative to it.

- At the September 2025 Council meeting, Council requested that CRTO staff review two potential changes to the organization's approach towards our investment portfolio:

    - **Level of involvement in portfolio management:** Should the Finance and Audit Committee (FAC)/Executive Committee or CRTO staff take a more active role in managing the investment account by meeting with the RBC investment team more frequently?
    - **Asset mix direction:** Should Council consider revising the current investment portfolio allocation (50% Equity and 50% Fixed Income), given the possibility of continued market volatility?

    Following the meeting, CRTO staff discussed both considerations with the RBC team. In response, John Grant, Senior Portfolio Manager with The Harbour Group, RBC Dominion Securities Inc., prepared a memo outlining their insights on these two matters. The memo is included as **Appendix C.**

**RECOMMENDATION:**

CRTO staff will continue to provide Council with quarterly Investment Portfolio summary reports.

**APPENDIX A:**

## Overview of RBC Investments:

| Total Value | Total Book Cost | Unrealized Gain/Loss |
|---|---|---|
| +1,859,010.57 CAD | +1,457,217.74 CAD | +254,486.85 CAD |
| +1,324,039.76 USD | +1,044,296.84 USD | +17.46% |

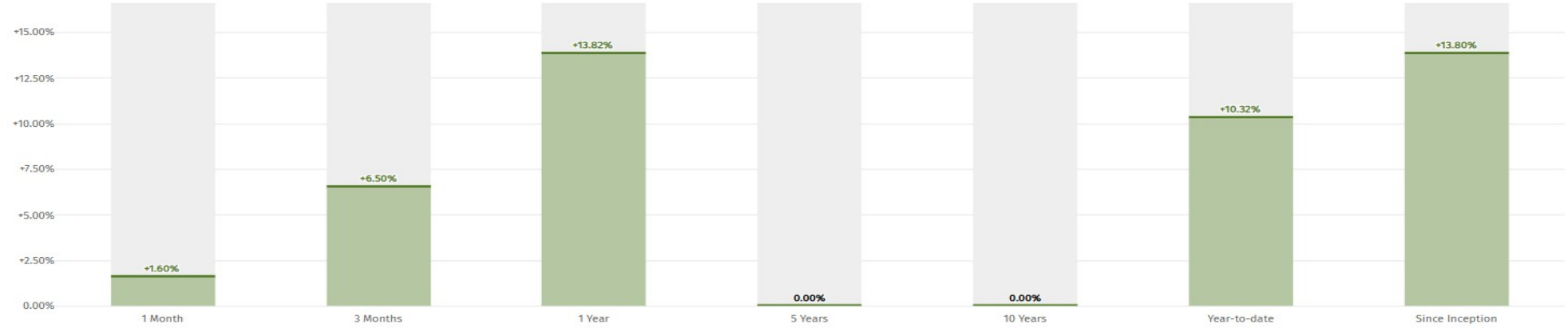
Exchange Rate : 1 USD = 1.40405 CAD

**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 | - | 34,502.41 | 1,105,891.42 | 1,140,393.83 | 1,007,578.37 | +92,002.46 | 9.13% |
| USD | - | 75,847.00 | 435,970.06 | 511,817.06 | 326,669.30 | +109,300.76 | 33.46% |

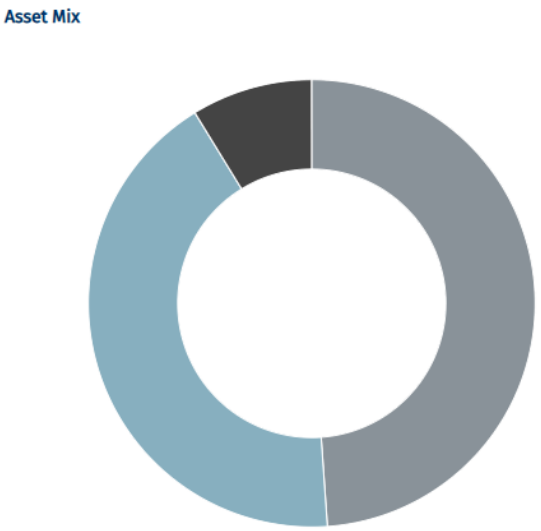
## Performance Evaluation as Compared to Mile Markers:




**Tracking Since Jun 04, 2023**

| 1 Month | 3 Month | 1 Year | 5 Year | 10 Year | Year-To-Date | Since Inception |
|---|---|---|---|---|---|---|
| +1.60% | +6.50% | +13.82% | 0.00% | 0.00% | +10.32% | +13.80% |

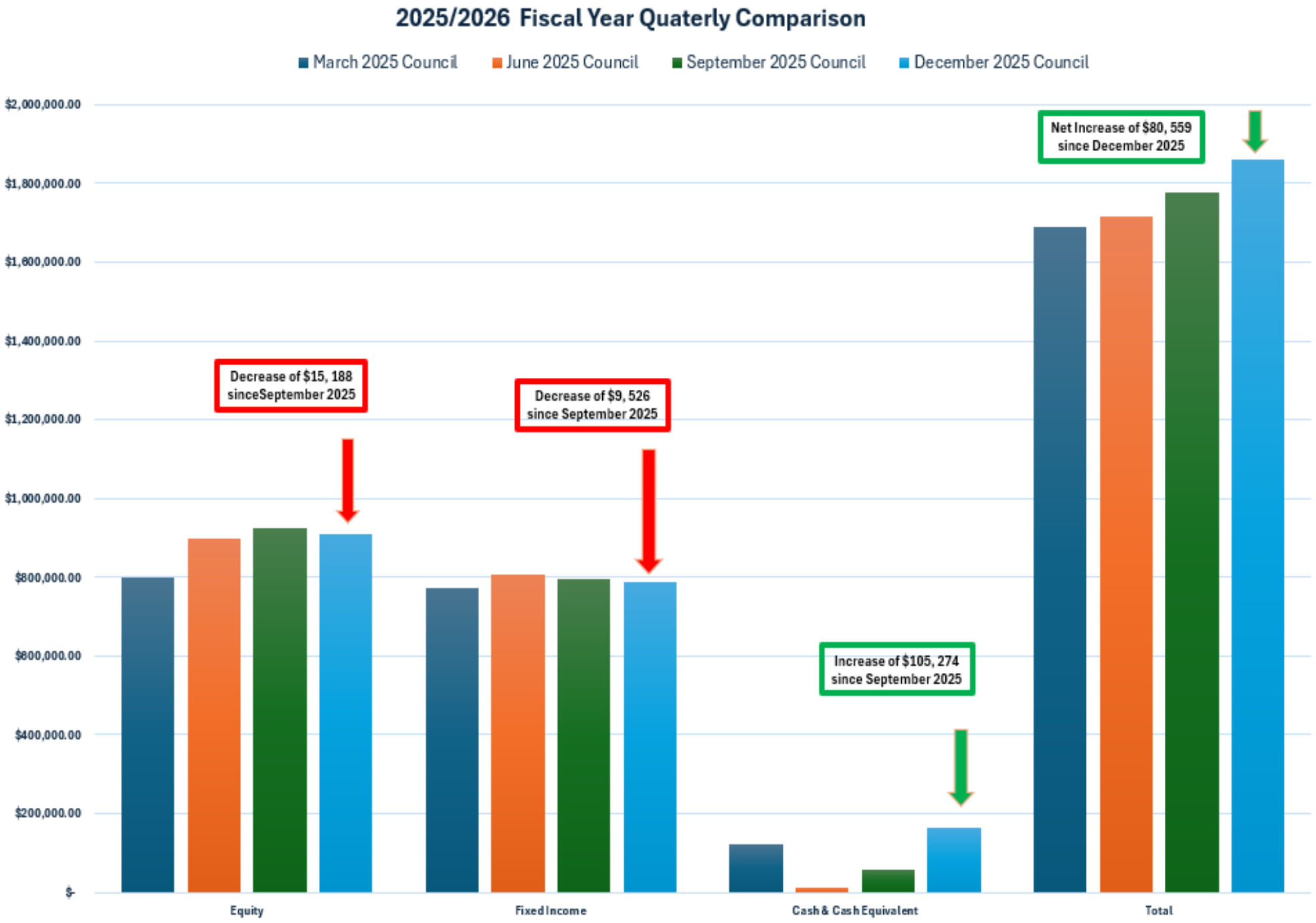
## RBC Investment Portfolio Asset Mix:




| Asset Class | Total Value | Currency | % Allocation |
|---|---|---|---|
| Cash and Cash Equivalents | 162,821.39 | CAD | 8.76% |
| Fixed Income | 787,476.59 | CAD | 42.36% |
| Equity | 908,712.59 | CAD | 48.88% |

## Summary of Types of Holdings:

| Product Type | Total Value | Book Cost | $ Unrealized Gain/Loss | % Unrealized Gain/Loss |
|---|---|---|---|---|
| Common Shares | 874,267.57 | 653,253.60 | +221,013.97 | 33.83% |
| ETFs | 16,992.82 | 10,271.81 | +6,721.01 | 65.43% |
| Fixed Income | 787,476.59 | 754,155.62 | +27,010.38 | 3.58% |
| Mutual Funds | 21,826.00 | 21,821.34 | +4.66 | 0.02% |
| Trust Units (includes REITs) | 17,452.20 | 17,715.37 | -263.17 | (1.49%) |


2025/2026 Fiscal Year Quaterly Comparison
March 2025 Council
June 2025 Council
September 2025 Council
December 2025 Council
$2,000,000.00
$1,800,000.00
$1,600,000.00
$1,400,000.00
$1,200,000.00
$1,000,000.00
$800,000.00
$600,000.00
$400,000.00
$200,000.00
$-
Decrease of $15, 188 sinceSeptember 2025
Decrease of $9, 526 since September 2025
Increase of $105, 274 since September 2025
Net Increase of $80, 559 since December 2025
Equity
Fixed Income
Cash & Cash Equivalent
Total

# Portfolio Performance



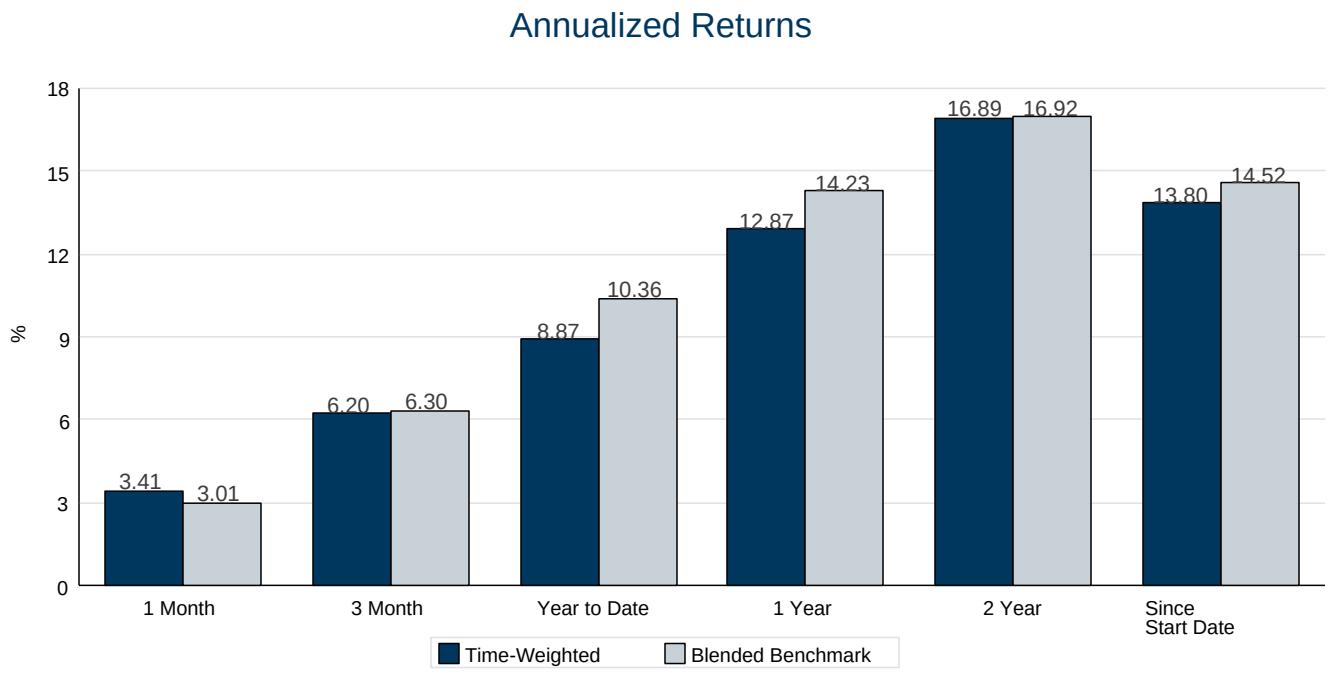
## Annualized Returns with Benchmarks

As at September 30, 2025

| % Rate of Return / Benchmark | | 1 Month | 3 Month | Year to Date | 1 Year | 2 Year | Since Start Date |
|---|---|---|---|---|---|---|---|
| Time-Weighted | Jun 04, 2023 | 3.41 | 6.20 | 8.87 | 12.87 | 16.89 | 13.80 |
| Blended Benchmark | | 3.01 | 6.30 | 10.36 | 14.23 | 16.92 | 14.52 |

### BENCHMARK COMPOSITION

| INDEX NAME | % |
|---|---|
| FTSE TMX 91 DAY TBILL TR (C$) | 5.00 |
| FTSE TMX SHORT TERM BD TR (C$) | 45.00 |
| S&P 500 TOTAL RETURN (C$) | 25.00 |
| S&P/TSX COMPOSITE IDX TR (C$) | 25.00 |
| **Total** | **100.00** |



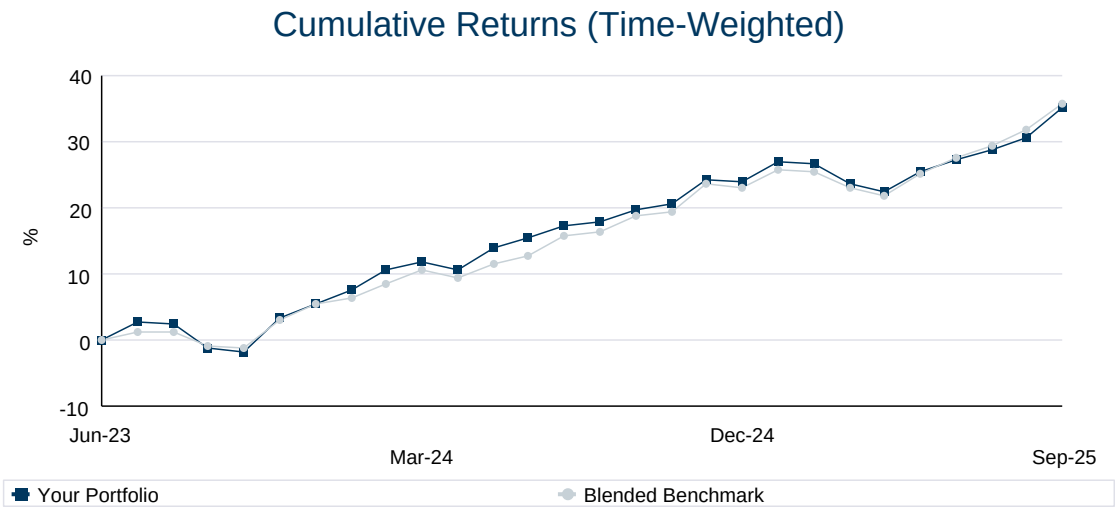

- Any returns greater than 12 months are annualized.
- Year to Date reflects Performance for the Calendar Year.
- Rate of Return is calculated net of fees.
- Information regarding Performance Methodology can be found on the Statement of Terms page.

# Portfolio Performance



## Cumulative Returns (Time-Weighted)

June 4, 2023 to September 30, 2025




- The cumulative performance graph compounds monthly performance data in a linear fashion and does not equate to annualized portfolio performance.

**% Rate of Return per Period**

| Period | | Portfolio ROR | Portfolio Cumulative | Benchmark ROR | Benchmark Cumulative |
|---|---|---|---|---|---|
| 2023 | June | 1.38 | 1.38 | | |
| | July | 1.45 | 2.85 | 1.32 | 1.32 |
| | August | (.49) | 2.35 | .05 | 1.37 |
| | September | (3.45) | (1.19) | (2.07) | (.73) |
| | October | (.59) | (1.78) | (.44) | (1.16) |
| | November | 5.32 | 3.45 | 4.39 | 3.17 |
| | December | 2.09 | 5.61 | 2.20 | 5.44 |
| 2024 | January | 1.98 | 7.70 | .86 | 6.34 |
| | February | 2.84 | 10.76 | 2.09 | 8.57 |
| | March | .95 | 11.81 | 2.03 | 10.77 |
| | April | (1.04) | 10.65 | (1.25) | 9.39 |
| | May | 2.88 | 13.84 | 2.09 | 11.67 |
| | June | 1.35 | 15.37 | 1.01 | 12.80 |
| | July | 1.73 | 17.37 | 2.70 | 15.85 |
| | August | .55 | 18.02 | .57 | 16.50 |
| | September | 1.40 | 19.67 | 2.01 | 18.85 |
| | October | .76 | 20.58 | .60 | 19.56 |
| | November | 3.03 | 24.24 | 3.46 | 23.70 |
| | December | (.14) | 24.06 | (.54) | 23.03 |
| 2025 | January | 2.38 | 27.02 | 2.19 | 25.72 |
| | February | (.21) | 26.76 | (.27) | 25.38 |
| | March | (2.36) | 23.76 | (1.75) | 23.18 |
| | April | (1.12) | 22.38 | (1.17) | 21.74 |
| | May | 2.44 | 25.36 | 2.91 | 25.29 |

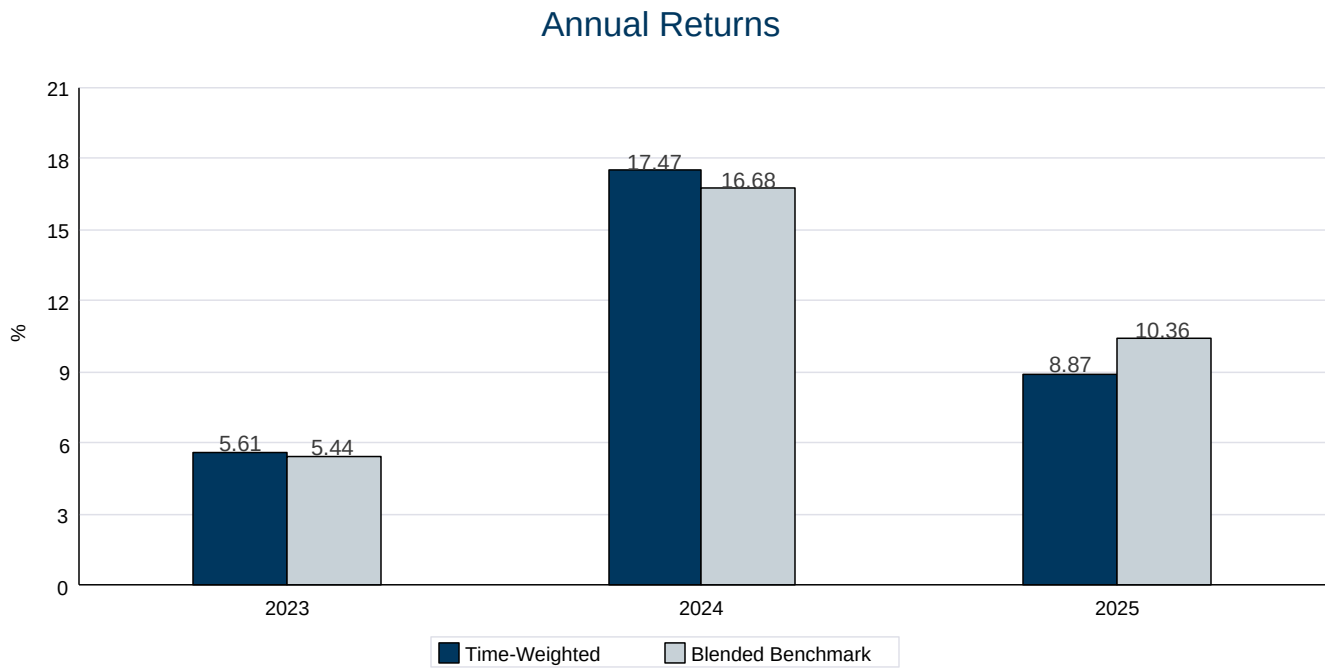
## Annual Benchmark

As at September 30, 2025

| % Rate of Return / Benchmark | ° 2023 | 2024 | ° 2025 |
|---|---|---|---|
| Time-Weighted | 5.61 | 17.47 | 8.87 |
| Blended Benchmark | 5.44 | 16.68 | 10.36 |

### BENCHMARK COMPOSITION

| INDEX NAME | % |
|---|---|
| FTSE TMX 91 DAY TBILL TR (C$) | 5.00 |
| FTSE TMX SHORT TERM BD TR (C$) | 45.00 |
| S&P 500 TOTAL RETURN (C$) | 25.00 |
| S&P/TSX COMPOSITE IDX TR (C$) | 25.00 |
| **Total** | **100.00** |




- Rate of Return is calculated net of fees.
- Information regarding Performance Methodology can be found on the Statement of Terms page.

° Actual return over partial year.

**APPENDIX C:**

Wealth Management
Dominion Securities

The Harbour Group
of RBC Dominion Securities

To: College of Respiratory Therapist of Ontario Council

From: John Grant, CFA, The Harbour Group

Date: November 4, 2025

**Re: Investment Strategy and Asset Allocation**

**Background**

The portfolio management team from The Harbour Group at RBC Dominion Securities ("RBC") has had the privilege of working with the College of Respiratory Therapist of Ontario ("CRTO") since June 2023. Prior to engaging RBC, the CRTO primarily relied on GICs to manage its investments. With the rising cost of inflation, both staff and Council agreed that it would be beneficial to retain the RBC team to manage your portfolio.

At the time, Council provided the following high-level directions for RBC's management of our investments:

1. A portfolio mix of 50% equity and 50% fixed income
2. An expected return of approximately 6%
3. Investments in equities aligned with CRTO values
4. Monitoring of market volatility by RBC, with the understanding that any sudden or significant volatility would prompt communication with the Registrar, Deputy Registrar, and potentially the FAC/Executive Committee

**Results**

The quarterly portfolio review, for the period ended October 31, 2025, shows that returns have been approximately 14% per annum on average.

Separately, we calculate the average gross returns for equity at approximately 24%. This is significantly higher than the expected return of 8% to 10%.

The average return for fixed income was approximately 5.6%. The returns on GIC's during that period would have been considerably lower.

**Investment Manager Responsibilities**

In all of our work for boards and non-profit organizations, we are hired as an independent investment manager. We seek to understand the objectives and the risk tolerances of our committees and then exercise our fiduciary duty to meet the desired risk-adjusted returns.

In your specific case, we are cognizant that these are above average returns and that markets do revert to the mean. Our responsibility is to manage the portfolio so that we capture the upside when it is being made available and to mitigate against the downside when markets inevitably do correct.

For example, earlier this year before and after “Liberation Day” in the US, we reduced the equity allocation to 45% on order to manage the risk in the portfolio.

Today, on November 4, 2025, we are taking profits on several of the companies that have had outsized gains with the run up of prices in the wake of interest in artificial intelligence technologies. Understanding that there is more to run and balancing that with the responsibility to manage risk on the downside, we are raising approximately 5% cash to put into the money market. This would reduce our equity allocation by approximately 5%. We will watch closely to see if the day’s sell-off materializes into a correction in the short term. In the past (2020, 2022 and earlier this year), we have moved up to 15% of equity proceeds into the money market and invested more of the equity allocation into value companies as the markets have come under stress. We plan to do more if required as markets settle.

**Specific Questions**

You asked whether our investor committees and boards are more involved. The answer is that they hire us and rely on our expertise to steer through the ups and downs of the market. This is the case with my personal experience as a member of the Investment Committee at Victoria University in the University of Toronto over the last 16 years. We do not have the time or the resources to make tactical decisions at the committee level.

You asked whether we should have any more conservative approach and reconsider the 50/50 allocation between fixed income and equities. We would not change the equity allocation knowing that a market downturn is imminent. Rather, we are very comfortable steering around the changing market conditions. We believe that the current mix is optimal in managing between the upside and downside. Please keep in mind that we have the latitude to vary the amount of equities to as low as 30%.

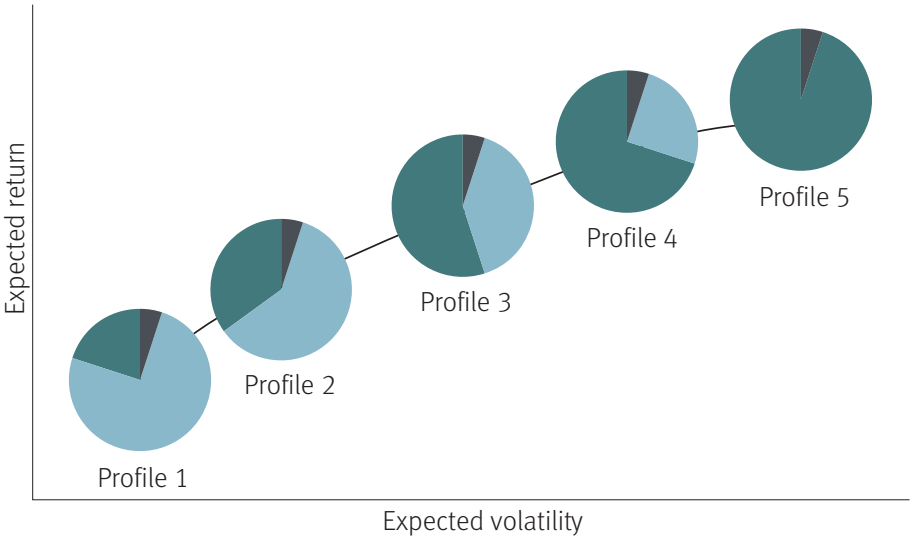
Please refer to the attached report, “RBC Strategic Asset Allocation - Canada Domestic Models - Dec 2024” shows the range of returns for different asset mixes and the historical volatility.

We are glad to discuss these topics in more detail at your convenience.

# RBC Strategic Asset Allocation Models

Wealth Management
Dominion Securities

## Canada Domestic Models




Asset Allocation Models are based on RBC's Strategic Asset Allocation Framework and traditional asset classes.

Forecast Risk & Return and the Efficient Frontier are illustrative based on long-term (5-10 Year) time horizon.

| Asset class | Very conservative (Profile 1) | Conservative (Profile 2) | Balanced (Profile 3) | Growth (Profile 4) | Aggressive growth (Profile 5) |
|---|---|---|---|---|---|
| Cash | 2 | 2 | 2 | 2 | 2 |
| Fixed Income | 78 | 63 | 43 | 28 | - |
| Core | 78 | 52 | 32 | 17 | - |
| Government | 32 | 21 | 11 | 5 | - |
| Corporate - investment grade | 40 | 26 | 16 | 9 | - |
| Global (CAD Hedged) | 6 | 5 | 5 | 3 | - |
| Non-Core | - | 11 | 11 | 11 | - |
| Preferred Shares | - | 3 | 3 | 3 | - |
| US High Yield | - | 4 | 4 | 4 | - |
| Emerging Markets | - | 4 | 4 | 4 | - |
| Equities | 20 | 35 | 55 | 70 | 98 |
| Canadian Equities | 12 | 21 | 33 | 41 | 58 |
| US Equities | 5 | 9 | 12 | 15 | 22 |
| International Equities | 3 | 5 | 6 | 8 | 11 |
| Emerging Markets Equities | - | - | 4 | 6 | 7 |
| **Total** | **100** | **100** | **100** | **100** | **100** |

Please see the disclosures section for important information regarding the data presented here.

| | Very conservative (Profile 1) | Conservative (Profile 2) | Balanced (Profile 3) | Growth (Profile 4) | Aggressive growth (Profile 5) |
|---|---|---|---|---|---|
| Long-term returns forecast (5 to 10 year horizon, before fees): | | | | | |
| Return (annualized) | 4.8% | 5.3% | 5.9% | 6.3% | 6.8% |
| Risk (standard deviation) | 6.0% | 7.8% | 9.9% | 11.5% | 14.2% |
| Annualized return: Ending December 2024 | | | | | |
| 1 Year | 9.4% | 12.6% | 15.9% | 18.6% | 23.3% |
| 3 Year | 3.1% | 4.3% | 5.6% | 6.7% | 9.1% |
| 5 Year | 4.1% | 5.7% | 7.4% | 8.7% | 11.4% |
| 10 Year | 4.0% | 5.4% | 6.7% | 7.8% | 9.9% |
| 20 Year | 4.8% | 5.7% | 6.7% | 7.4% | 8.6% |
| Since January 1990 | 6.7% | 7.3% | 7.8% | 8.2% | 8.6% |
| Distribution of returns: January 1990 to December 2024 | | | | | |
| Best 12 month return | 21.3% | 24.0% | 30.1% | 35.2% | 41.1% |
| Median 12 month return | 6.3% | 8.1% | 9.3% | 10.0% | 11.6% |
| Worst 12 month return | -8.0% | -13.4% | -21.8% | -27.4% | -34.9% |
| Best 60 month cumulative return | 82.9% | 92.0% | 107.2% | 120.5% | 152.8% |
| Median 60 month cumulative return | 32.1% | 34.2% | 41.5% | 46.1% | 55.7% |
| Worst 60 month cumulative return | 11.6% | 9.1% | 4.3% | -0.2% | -12.1% |
| % Positive calendar years | 91.4% | 88.6% | 80.0% | 80.0% | 77.1% |
| % Negative calendar years | 8.6% | 11.4% | 20.0% | 20.0% | 22.9% |
| Max consecutive calendar yrs (+) | 13 | 12 | 10 | 10 | 9 |
| Max consecutive calendar yrs (-) | 1 | 1 | 2 | 2 | 3 |
| Risk measures: January 1990 to December 2024 | | | | | |
| Volatility of returns (std. dev.) | 4.3% | 5.8% | 7.9% | 9.5% | 12.2% |
| Average drawdown | - 1.8% | - 2.9% | - 4.9% | - 6.6% | - 9.9% |
| Average drawdown length (# months) | 5.3 | 6.1 | 6.9 | 7.2 | 6.6 |
| Maximum drawdown | - 9.2% | - 16.1% | - 25.3% | - 31.5% | - 40.2% |
| Maximum drawdown period* | Mar '22 to Sep '22 | Jun '08 to Feb 09 | Jun '08 to Feb '09 | Jun '08 to Feb '09 | Sep '00 to Sep '02 |
| Longest drawdown length (# months) | 23 Months | 33 Months | 40 Months | 51 Months | 63 Months |
| Longest drawdown period** | Jan '22 to Nov '23 | Sep '00 to May '03 | Sep '00 to Dec '03 | Sep '00 to Nov '04 | Sep '00 to Nov '05 |

* Maximum Drawdown Period represents the time period exhibiting the severest peak-to-trough loss (maximum drawdown).

** Longest Drawdown Period represents the time period exhibiting the longest peak-to-trough-to-recovery duration (longest drawdown length).

Please see the disclosures section for important information regarding the data presented here.

**Profile 1:** The focus is capital preservation. The portfolio will typically be invested mainly in fixed income and other low volatility instruments with a small allocation to equities to provide some protection against inflation. The investor in this category has a low tolerance for loss over their investment horizon.

**Profile 2:** The focus is wealth preservation which includes an element of growth to retain the real (inflation-adjusted) value of the portfolio. The portfolio will typically include fixed income instruments as well as some exposure to growth assets. The investor in this category has some tolerance for loss over their investment horizon.

**Profile 3:** The focus is capital appreciation with a secondary focus on wealth preservation. The portfolio may include exposure to all asset classes and carries moderate risk of loss over the investment horizon.

**Profile 4:** The focus is long term capital appreciation with moderate wealth preservation. The majority of the portfolio will typically be invested in a blend of growth assets. The investor in this category has a higher tolerance for risk over their investment horizon.

**Profile 5:** The focus is the maximization of long term capital appreciation. The portfolio will be invested mainly in growth assets and may have a higher proportion of higher risk investments and possible concentrations. The investor in this category has a high tolerance for risk over their investment horizon.

The following indices have been used for each asset class: CAD Cash - FTSE TMX Canada 30 Day TBill Index; Government Fixed Income - 50% FTSE TMX Canada Mid Term Government Bond Index and 50% FTSE TMX Canada Short Term Government Bond Index; Corporate Fixed Income - 50% FTSE TMX Canada Mid Term Corporate Bond Index and 50% FTSE TMX Canada Short Term Corporate Bond Index; Global (CAD Hedged) - Bloomberg Barclays Global-Aggregate Total Return Index Value (CAD Hedged); US Corporate High Yield Fixed Income - Bloomberg Barclays US Aggregate Credit High Yield (CAD Hedged); Emerging Markets Fixed Income - JPM EMBI Global Diversified (CAD Hedged); Canadian Equities - S&P/TSX Composite Total Return Gross Return; US Large Cap Equities - S&P 500 Total Return; International Equities - MSCI EAFE (Net); Emerging Markets Equities - MSCI Emerging Markets (Net);

Prior to August 2007, which is the first month when all indices became available, the following re-weighting methodology is used: Prior to Feb 2007: US Corporate High Yield Fixed income is reallocated to Bloomberg Barclays US Aggregate Credit (1983) - High Yield. Prior to Aug 2002: Canadian Preferred is reallocated to FTSE TMX Corporates blend (50% Short and 50% Mid). Prior to Jan 2001: Emerging Markets Equities Net are reassigned to MSCI Emerging Markets Gross Return. Prior to Mar 1999: Global Fixed are reassigned to Bloomberg Barclays Global Aggregate (Unhedged USD). Prior to Jan 1998: Emerging Markets Fixed Income is reallocated to JPM EMBI Global Diversified. Prior to February 1994 the Emerging Markets Fixed Incomes reassigned to Bloomberg Barclays Global Aggregate (Unhedged USD).

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# Council Briefing Note

**AGENDA ITEM #5.12** **December 12, 2025**

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

## PUBLIC INTEREST RATIONALE

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

## ISSUE

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

The attached Risk Register Summary Report 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[1] are monitored by staff but are not included in the summary report.

Since the September 2025 Council meeting, there have been no changes in the reported risk ratings. Any updates to the risk descriptions, controls and treatment plans are marked in blue

[1] Risks rated as low during this reporting period: 01. Significant staff turnover &/or loss of key leadership, Loss of critical organization knowledge, 05. Ineffective communications, 09. Inconsistent Processes/Records Management

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.

## Appendix A

## CRTO Risk Register (Summary)

## December 12, 2025

| Id | Risk Category | Risk Description/Sources of Risk | Potential Impact on CRTO Objectives | Controls/Risk Mitigation | Risk Rating | Treatment/Action |
|---|---|---|---|---|---|---|
| 02 | **Organizational Operations** | **Sudden/unexpected substantial increase in expenses and/or decrease in revenue**<br>• Cost/expense escalations (e.g., significant increase in investigation expenses)<br>• Increase in resignations, suspensions, etc., decrease in new registrations<br>• Sudden loss of investment funds due to market volatility (e.g., due to geopolitical tensions)<br>• Potential additional costs due to delays in new database development | Budget Adherence<br>Member Relationships<br>• Deviation from budget; depletion of reserves<br>• Disruptions in the daily functioning of the College<br>• Insufficient resources to maintain essential College functions | Reserve Funds and Investments Policies<br>Finance and Audit Committee oversight<br>External audit<br>Fees Assessment Tool used annually to consider the adequacy and appropriateness of the CRTO's membership fee structure<br>Investment advisor monitoring all CRTO investments, including quarterly written updates and annual presentation updates regarding the status of investments and economic outlook<br>Comprehensive finance/admin operating procedures developed and updated on ongoing basis<br>Mid-Year financial projections presented at Sept. 2025 Council | **Medium** | Ongoing monitoring<br>~~Mid-Year financial projections to be presented at Sept. Council~~<br>Draft 2026/27 Budget to be presented at the December Council |
| 03 | **Organizational Governance** | **Disruption in the effectiveness of Council**<br>• Loss of a public member on Council; delays in government public members' appointments | Member Relationships<br>Compliance<br>Reputation<br>Public Protection<br>• Delays in Council decision-making | Proactive approach with government to ensure we have sufficient public members<br>Relationship building through collaboration between staff and Council | **Medium** | Increased utilization of HPRO as a government relations advocate<br>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 |
|---|---|---|---|---|---|---|
| | | • Potential deterioration or dysfunctionality of the relationship between staff and Council<br>• Gap in compensation between public and professional Council members | • CRTO non-compliant with statutory requirements<br>• Decrease in member engagement | Competency-based committee appointments<br>Governance e-learning modules<br>Onboarding process & ongoing training for Council and Committee members<br>Code of Conduct & Conflict of Interest provisions in the By-laws<br>Council evaluation framework<br>Recent new public member appointments<br>New Governance Manual<br>Support for Council Members' attendance at annual HPRO Governance Workshops | | ~~New Governance Manual to be presented to Council in June 2025~~<br>Begun planning annual committee orientation sessions<br>Review and update election communication materials |
| 04 | **Organizational Operations** | **IT infrastructure disruption and/or compromise of data integrity**<br>• Phishing<br>• Ransomware attacks<br>• Denial-of-service attacks<br>• Unauthorized disclosure of personal/confidential information<br>• Implementation of new database and website | Member Relationships<br>Compliance<br>Reputation<br>• Potential service disruption<br>• CRTO non-compliant with statutory requirements<br>• Negative media attention<br>• Concerns/complaints from interested parties | 3rd party systems monitoring<br>Cyber-audits and white-hat simulation of attacks<br>Staff training<br>Built-in scanning on USBs for all computers<br>Cyber insurance<br>Multi-Factor Authentication for access to systems is in place<br>Regular patch compliance<br>Increased email security/protection<br>Internal IT communication template(s) for use in the event of cyber attack<br>Comprehensive IT operating procedures developed and updated on ongoing basis | **High** | Verification of cybersecurity of key 3rd party vendors<br>Developing a detailed cybersecurity plan, map out steps/procedures for suspected cyber security incidents<br>Staff training on the use of the new database before deployment<br>~~Working towards implementing an endpoint management solution for endpoint security and compliance enforcement~~ |

| Id | Risk Category | Risk Description/Sources of Risk | Potential Impact on CRTO Objectives | Controls/Risk Mitigation | Risk Rating | Treatment/Action |
|---|---|---|---|---|---|---|
| | | | | Implemented an endpoint management solution for endpoint security and compliance enforcement | | |
| 06 | **Organizational Compliance** | **Misalignment with regulatory requirements**<br>• Changes in technology (e.g., new database, new online application system)<br>• Legislative changes<br>• Increase in reporting requirements<br>• Potential increase in applications from graduates of unapproved programs<br>• Staffing changes | Compliance<br>Public Protection<br>• Potential delays in application processing and/or complaints and reports processing | Ongoing monitoring and regular reporting of registration and professional conduct processing timelines<br>Comprehensive policies and procedures in place<br>Staff cross training<br>Ongoing communications with developers regarding system needs, continued use of iMIS as a contingency plan<br>Collaboration with third-party organizations | **Medium** | Finalize the review and update policies in response to the new Registration Regulation, including ~~developing guidance documents to support implementation of the new provisions~~ implementation of the new currency condition for the 2026/27 renewal<br>Continued review and development of internal standard operating procedures<br>Implementation of Registrar's Directives to speed up the internal processes<br>Staff training on the use of the new database before deployment |
| 07 | **Regulatory Professional Practice** | **Insufficient/out-of-date practice information**<br>• Changes in practice expectations/scope<br>• Changes in regulatory requirements (e.g., reporting, infection control, etc.)<br>• New currency condition | Public Protection<br>Member Relations<br>• Members' non-compliance with statutory requirements<br>• Concerns/complaints from interested parties | Regular checks on the quality of practice guidelines<br>Policy Framework – review cycle<br>Staff positioned well to respond quickly to changing practice expectations/scope<br>Ongoing monitoring and regular reporting on practice-related inquiries<br>Developed a new currency condition webpage | **Medium** | Regular legislative and regulatory scans (HPRO working group)<br>Closely monitoring all inquiries related to the new currency condition<br>Pending comprehensive PDP review |

| Id | Risk Category | Risk Description/Sources of Risk | Potential Impact on CRTO Objectives | Controls/Risk Mitigation | Risk Rating | Treatment/Action |
|---|---|---|---|---|---|---|
| | | • Increasing failure rates in the Launch Jurisprudence exam | | Increased presentations with RT schools now beginning in the second year<br>New Welcome video to support new GRTs entering practice | | |
| 08 | **Regulatory** | **Unauthorized Practice**<br>• Impact of the "As of Right" initiative<br>• New unaccredited RT programs in Ontario | Public Protection<br>• Increase in unauthorized practice concerns/reports received | Ongoing monitoring of unauthorized practice complaints/reports<br>Process in place to respond to unauthorized practice complaints/reports<br>New webpage for Employers to address "As of Right"<br>Developed a new communication strategy 'Check Before You Hire,' focused on protecting the public through registration verification. | **Medium** | Continue to monitor unauthorized practice complaints/reports |
| 10 | **Regulatory** | **Health Human Resources**<br>• Insufficient number of RTs to meet the demands of the healthcare system<br>• New unaccredited RT programs in Ontario | Public Protection | Emergency Class of Registration<br>Emergency Registration Policy<br>Streamlined registration processes and efficient processing timelines<br>Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process<br>Scope of Practice Review | **Medium** | Continue to monitor Member demographic data<br>Ongoing engagement with other regulators and system partners (e.g., through HPRO)<br>Continued monitoring of government initiatives related to health human resources |

## Risk Register/Outlook

| Risks | | Risk Assessment | | Risk Outlook | Notes |
|---|---|---|---|---|---|
| Category | Risk Description | Prior Quarter | Current Quarter | | |
| Organizational Operations | 01. 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 | 02. Sudden/unexpected substantial increase in expenses and/or decrease in revenue | | | ⇔ | |
| Organizational Governance | 03. Disruption in the effectiveness of Council | | | ⇔ | |
| Organizational Operations | 04. IT infrastructure disruption and/or compromise of data integrity. | | | ⇔ | |
| Organizational Operations | 05. Ineffective communications | | | ⇔ | 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 Compliance | 06. Misalignment with regulatory requirements (Registration) | | | ⇔ | |
| Regulatory Professional Practice | 07. Insufficient/out-of-date practice information | | | ⇔ | |
| Regulatory | 08. Unauthorized Practice | | | ⇔ | |
| Organizational Operational | 09. 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 | 10. Health Human Resources | | | ⇔ | |

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

**ITEM 5.13**

## STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated November 2025

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
|---|---|---|---|---|---|
| **Member Engagement** | | | | | |
| **Alignment of policies & processes with the principles of Right-Touch regulation.** | | | | | |
| **Evidence-informed approach to QA selection, assessments & remediation.** | • Professional Development Program Policy – reviewed and updated.<br>• Began the planning phase of a full **Professional Development Program Review**.<br>o Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review. | • **Professional Development Program Review** – in progress.<br>• **Professional Development Program** Policy – updated with references to the new Emergency Class of Registration.<br>• **Professional Development Program Deferral Policy** – revised to reflect the timelines for submitting a deferral request. | • Data collection regarding Launch failures has been reviewed for 2024 to investigate trends, potential causes/solutions. Schools that ranked higher in failures will be notified and opportunities to present to their students will be offered. | • Strategic and directed approach to education of commonly misunderstood topics using social media.<br>• Completed full PDP review using an external consultant, focus groups and data collection. Drafting of the final report is in progress.<br>• Connected with all RT schools in Ontario to begin a 2nd yr RT student presentation series, addressing the Launch Jurisprudence exam.<br>• Survey to all RT's who were required to participate in a coaching session following their Portfolio submission to assess that remediation effectiveness.<br>• Addition of a new remediation strategy for poor performance in Portfolio submissions (practice assessment).<br>• Continue to support PC/RC with the creation of tailored e-learning modules for remediation (currently 19 in 2025)<br>• SCERPs ongoing. | ● ON TRACK |
| **Framework for the prioritization of investigations, complaints, & reports.** | • Completed an **external review of all Professional Conduct (PC) processes** and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.<br>• Ongoing refinement of PC processes to prioritize investigations, complaints, and reports.<br>• Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process. | • Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including:<br>o Assessing options for investigations, ICRC decision reviews and accessible correspondence<br>o Developing new complaints and reports process intake documents and updating current templates<br>o Introducing changes to the ICRC decision writing process to expedite the disposition timelines. | • Ongoing development of a new case management database.<br>• PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes.<br>• New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines. | • PC staff participated in the ongoing development of a new case management database.<br>• PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes.<br>• 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.<br>• PC Staff completed the drafting of some ICRC decisions internally to allow for more timely and efficient investigation outcomes. | ● ON TRACK |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
|---|---|---|---|---|---|
| | | o Assessing the CRTO's redaction procedures with the aim to reduce timeliness. | | | |
| **Transparent, objective, impartial, & fair practices.** | | | | | |
| **Clear direction regarding the registration requirements for all applicants.** | • **9 Registration Policies** reviewed and updated.<br>• **3 Registration Fact Sheets** reviewed and updated and/or developed.<br>• Updated and reviewed the **Guide to TCLs Imposed by the Registration Committee**.<br>• Retained a consulting agency to align the CRTO's approved **language proficiency** standards to the federally approved language proficiency tests for Canadian Immigration.<br>• Updated the **Applicants' web pages** with relevant links.<br>• Conducted a detailed review of the **Registration Verification Form** with members of the National Alliance.<br>• Conducted a comprehensive review of the **Registration Regulation** (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders. | • **Registration Regulation** (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval.<br>• Conducted a detailed review of several policy documents related to the **Emergency Class** and **"As of Right" provisions**.<br>• Updated the **CRTO website, registration guidelines and Fact Sheets** with references to the Emergency Class, "As of Right" provisions and the new Clinical Skills Assessment fee.<br>• New **Clinical Skills Assessment** scenario was developed by the Internationally Educated Health Professionals (IEHP) working group.<br>• Drafted a new **Vulnerable Sector Checks Policy**, the draft policy was sent out for consultation. | • 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.<br>• 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.<br>• Developed a new Statement of Professional Standing webpage and form.<br>• Updated the approved RT Programs webpage in response to changes in education programs accreditation status.<br>• Reviewed and updated several registration policies, guides and webpages to ensure that they are consistent with the new Registration Regulation. | • Developed a new Labour Mobility Fact Sheet to replace the rescinded Labour Mobility Policy.<br>• CRTO staff continue to review and develop registration-related policies and documents to ensure they provide clear guidance on registration requirements for all applicants (e.g., revised Vulnerable Sector Checks Policy and new General Certificate of Registration – Currency Policy).<br>• Developed targeted communications to support the implementation of the new currency condition including a dedicated webpage and FAQs.<br>• The Registration Committee approved 3 Canadian RT programs based on their accreditation status with Accreditation Canada. The CRTO's Approved RT Programs webpage has been updated accordingly. | ON TRACK |
| **A complaints process supported by publicly accessible policies & procedures.** | • **4 Professional Conduct** (PC) policies reviewed and updated.<br>• Developed the **Funding for Therapy and Counselling Program Fact Sheet**.<br>• Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified. | • Ongoing analysis for identifying a need for additional Professional Conduct policies.<br>• The **Complaints Process Guide** was revised to reflect our current process.<br>• Reviewed and updated three **Fact Sheets**, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program. | • 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.<br>• Updated the Alternative Dispute Resolution Fact Sheet. | • PC staff have utilized a feedback form for system partners to inform our process going forward.<br>• PC staff revised templates and correspondence with a view to enhancing transparency and clarity in communication with system partners. | ON TRACK |
| **Accessible & timely communication.** | | | | | |
| **Increase the information available on our website in written and online module format.** | • Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders.<br>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:<br>o The March 04, 2022, CRTO By-laws<br>o 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of | • **Regulatory changes** – implemented several communication strategies, including social media posts, e-blasts, website updates) to address the regulatory changes introduced during the year, including the use of ultrasound in RT practice, the new Emergency Class, and "As of Right" provisions.<br>• **Elections and Council and Committees webpages** – updated information regarding the Council elections process, committee | • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:<br>o The March 1, 2024, CRTO By-laws<br>o 3 Professional Practice Guidelines<br>o 12 Policies<br>o 1 Position Statement<br>o 2024 National Competency Framework<br>o 4 Fact Sheets<br>o 3 reports and submissions<br>o 4 Registration and Application Guides. | **New and Updated Policies, Guidelines and By-laws posted on the CRTO website:**<br>• Entry-to Practice Exam Policy<br>• Approval of Canadian Education Programs Policy<br>• Emergency Registration Policy<br>• Language Proficiency Requirements Policy<br>• Vulnerable Sector Checks Policy | ON TRACK |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
|---|---|---|---|---|---|
| | Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG & Oxygen Therapy)<br>o 17 Policies<br>o 2 Fact Sheets<br>o Guide to TCLs Imposed by the Registration Committee.<br>• Added the following documents to the CRTO website:<br>o Strategic Plan Progress Report<br>o Succession Plan for Senior Leadership Policy<br>o Open Forum Policy<br>o Terms of Use – Website and Social Media<br>o CRTO Risk Management Framework.<br>• The **2021 CPMF Full & Summary Reports** were posted on the CRTO website.<br>• Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents). | appointments, Council and Committee Competency Profile and Council Evaluation Framework.<br>• **Policy Consultation – 9 policy documents** were posted on the CRTO website for consultation. Links to the consultation surveys were also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts.<br>• **e-learning modules –**two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members' Professional Development Program platform.<br>• Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes:<br>o The March 3, 2023, CRTO By-laws.<br>o 5 Professional Practice/Clinical Best Practice Guidelines<br>o 7 Policies<br>o 3 reports and submissions<br>o 7 Fact Sheets. | • Policy Consultations: posted 2 PPGs for consultation. Posted a link to the government consultation on the proposed amendments to the Registration Regulation.<br>• Several webpage updates, including:<br>o 2024 Council elections<br>o Vulnerable Sector Checks<br>o Certificate of Professional Standing<br>o Schedule of Fees<br>o New Registration Regulation – Summary of Changes.<br>• Updated several policy documents and webpages to reflect CRTO's new address.<br>• Posted a list of Approved Certification Programs for Advanced Prescribed Procedures Below the Dermis. | • General Certificate of Registration – Currency Policy<br>• By-Laws: Updated version published alongside a dedicated microsite for easier navigation and accessibility.<br>• Certification Programs for Advanced Prescribed Procedures Below the Dermis PPGs<br>• Registration and Use of Title PPG<br>• Delegation of Controlled Acts PPG<br>• Administering and Dispensing Medications PPG<br>• Infection Prevention & Control CBPG<br>**New and Updated Fact Sheets & Educational Resources posted on the CRTO website**<br>• New Labour Mobility Fact Sheet<br>• Updated Study Plan Guide<br>• Updated Conditions on a Graduate Certificate of Registration Fact Sheet<br>• Updated Determining Applicants' Suitability to Practice Fact Sheet<br>• Updated the Upcoming Professional Events webpage<br>**Public Documents & Transparency**<br>• Notices of Discipline Hearings (2): Published in accordance with public transparency requirements.<br>• Discipline Rules of Procedure: Updated and made available to the public.<br>• Posted the approved Executive Minutes, Council Minutes and Council meeting highlights.<br>• Code of Conduct for Public Observers Policy: posted on the Discipline Hearings webpage.<br>• Updated the As of Right webpage to reflect recent regulation changes.<br>**Strategic & Regulatory Reporting**<br>• College Performance Measurement Framework (CPMF) Report: Full report posted in alignment with regulatory reporting obligations. | |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
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| | | | | • 2024 Fair Registration Practices Report posted in alignment with regulatory reporting obligations.<br>• Posted the 2024-2025 CRTO Annual Report and detailed financial statements.<br>• Posted the updated Strategic Plan Progress Report to provide an overview of CRTO's ongoing progress toward strategic priorities.<br>• Scope of Practice Working Group: Collaborative initiative with the RTSO; call for interest posted.<br>**Registration Resources updated and published**<br>• Approved Certification Packages by Hospitals<br>• Approved RT Programs webpage<br>• Vulnerable Sector Checks webpage<br>• Developed a new communication strategy 'Check Before You Hire', focused on protecting the public through registration verification.<br>**Website Updates**<br>• Developed a new Currency Condition webpage.<br>• Current website continues to be updated in advance of new website launch.<br>• Microsites for PPGs and CBPGs are currently being evaluated to increase operational and cost efficiencies. | |
| **Optimize the use of various communication platforms.** | • Utilized several communication strategies to ensure timely and accessible information sharing, this includes:<br>o Monthly Practice Blogs<br>o Twitter (22 tweets over this period)<br>o Monthly ebulletin<br>o Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates).<br>o Stakeholder meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conf, | • Utilized several communication strategies to ensure timely and accessible information sharing, this includes:<br>o Social Media Posts (19)<br>o e-blasts (8)<br>o 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. | • Continued to utilize several communication strategies to ensure timely and accessible information sharing, this includes:<br>o Social Media Posts (14)<br>o e-blasts (23)<br>o Updated Fact Sheets (4)<br>o 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. | **Social Media**<br>• Strategic Channel Realignment<br>• Retired X (formerly Twitter) to refocus efforts on platforms better aligned with CRTO's engagement goals.<br>• Launched an official CRTO account on Bluesky, expanding our presence in emerging professional networks.<br>• Continued to increase content & engagement growth on LinkedIn and BlueSky.<br>• YouTube performance remains stable, with a slight increase in impressions. Looking ahead, plan to develop original | ON TRACK |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
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| | graduating students, and attending RT Program Advisory Committee (PAC) meetings. | | | video content to enhance visibility and engagement.<br>**E-blasts**<br>• Continued to use email as a key communications channel to engage with Members and system partners.<br>• Email volume continued to increase.<br>• Improved Open Rate and Click-through Rate indicating stronger engagement and higher relevance and value of email content.<br>**Media Monitoring**<br>• Introduced weekly media monitoring to proactively track and assess coverage related to respiratory therapy, healthcare trends, and regulatory developments across Ontario and Canada.<br>**Website Rebuild**<br>• Made steady progress on the website redevelopment project, with initial planning, content mapping, and system partner-input well underway.<br>**Email strategy and welcome journey**<br>• Undertaking a strategic redesign of email templates to enhance engagement, strengthen messaging impact and drive more meaningful interactions with Members, to be launched in the new year. | |
| **Governance & Accountability** | | | | | |
| **A highly competent & effective Council.** | | | | | |
| **Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.** | • ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.<br>• Draft developed for enhanced competency self-evaluation for prospective Council & Committee members. | • Revised the CRTO By-laws to include a **new elections eligibility requirement** (i.e., election candidates must complete the CRTO's orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination).<br>• Implemented the following governance initiatives:<br>o Council & Committee Competency Profile | • The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website.<br>• Post-Council self-evaluation implemented and monitored to expand and improve upon.<br>• 2024 Council election candidates and committee appointees required to complete the online, pre-application learning module. | • The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website.<br>• Post-Council self-evaluation implemented and monitored to expand and improve upon.<br>• The online orientation module relating to the duties, obligations and expectations of Council and Committees | ● ACHIEVED |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
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| | | o Council Evaluation Framework<br>o New elections nomination form<br>o New Committee Member Appointments webpage and application forms<br>o Online orientation module relating to the duties, obligations and expectations of Council and Committee members<br>o Post-Council self-evaluation implemented and monitored to expand and improve upon. | | is available to all election candidates and applicants to CRTO committees. | |
| **Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).** | • Conducted a **Council Effectiveness survey** (BoardSource) and reported results at the May Council meeting.<br>• Consultant was retained to conduct a third-party assessment of the CRTO's March 2023 Council meeting. | • Retained a consultant to conduct a **third-party assessment** of the CRTO's March 2023 Council meeting. Summary of the third-party evaluation was presented at the May Council meeting along with an action plan to address proposed areas of improvement. The third-party evaluation report action plan continues to be monitored to expand and improve upon. | • The third-party evaluation report action plan continues to be monitored to expand and improve upon. | • The third-party evaluation report action plan continues to be monitored to expand and improve upon. | ACHIEVED |
| **Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.** | • Developed three eLearning modules for prospective and current Council and Committee members:<br>o Role of the Chair<br>o Regulatory Framework<br>o Committees<br>• Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff.<br>• The Chairing a Meeting module was presented at the annual Chair's Dinner<br>• Council Education Day (Sept. 23rd) focused on the following:<br>o Privacy<br>o Cybersecurity<br>o Virtual meetings<br>• Required all Council & Committee members to provide evidence that they had reviewed the educational material posted in the CRTO's portal, which includes:<br>o Role of the Chair<br>o Regulatory Framework<br>o Committees<br>o Language of Finance<br>o Annual Financial Audit<br>o Monitoring Progress<br>o Meeting in a Virtual World. | • Developed **new online orientation module** relating to the duties, obligations and expectations of Council and Committee members.<br>• Provided the following additional training:<br>o Right Touch Regulation presentation (Chairs Dinner)<br>o Cybersecurity: Insurance Requirements and Implications<br>o Risk Management Workshop<br>• Conducted new Council member orientation.<br>• Conducted annual training for the Registration Committee. | • Conducted the annual committee orientation sessions (ICRC, PRC, QAC and RC).<br>• Updated the FAC, PRC, QAC and RC terms of reference and action plans.<br>• Offered HPRO Governance Training to all Council members.<br>• Provided the following additional training to Council and Committee members and staff:<br>o Compassionate regulation (Chair's Dinner).<br>o Indigenous-led blanket exercise (Education Day)<br>o Cybersecurity training (September Council).<br>• Conducted new Council member orientation.<br>• The following educational materials continue to be available throughout the year to all current Council and committee members:<br>o Role of the Chair<br>o Regulatory Framework<br>o Committees<br>o Language of Finance<br>o Annual Financial Audit<br>o Monitoring Progress<br>o Meeting in a Virtual World. | • Updated the QAC and RC terms of reference and action plans.<br>• Provided additional training to Council members and staff:<br>o Council and Committee Meeting Reminders<br>o Duties of Council<br>• The following educational materials continue to be available throughout the year to all current Council and committee members:<br>o Role of the Chair<br>o Regulatory Framework<br>o Committees<br>o Language of Finance<br>o Annual Financial Audit<br>o Monitoring Progress<br>o Meeting in a Virtual World.<br>• 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.<br>• Developed a governance manual as an additional resource for Council and committee members.<br>• Training is being planned and developed by PC staff for Discipline Committee Members. | ON TRACK |

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| | | | • 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. | • Staff continue to refine the Registration Committee processes and decision-making tools to enhance their effectiveness.<br>• In September Council and Staff participated in a strategy session focused on developing a new Strategic Plan. | |
| **Independent, evidence-informed & transparent decision-making processes.** | | | | | |
| **Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.** | • Revised By-laws (approved at the March 4, 2022 Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule.<br>• The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings. | • The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.<br>• The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.<br>• The new elections nomination form and the committee appointees' application from include an updated conflict of interest and record of affiliations section. | • The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.<br>• Developed and implemented a new governance declaration form.<br>• The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. | • The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections.<br>• The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. | ACHIEVED |
| **An ongoing commitment to performance improvement.** | | | | | |
| **Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.** | • One of the recommendations from the **external review of all Professional Conduct processes** is to enhance data collection, tracking and reporting.<br>• The **Finance & Audit Committee** began the development of KPIs relevant to the financial management of the CRTO.<br>• The **2021 – 2025 Strategic Direction Update Report** was presented at the May 27th Council meeting.<br>• Updated **QAC & ICRC Terms of Reference and Action Plans** approved at the May 27th Council meeting. | • Developed a KPIs reporting template linked to the CRTO strategic objectives.<br>• Presented the KPIs report at the September 22, and December 1, 2023, Council meetings. | • A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting. | • A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting.<br>• Draft 2026-2030 Strategic Plan reviewed by the Executive Committee and the senior leadership team includes a list of strategic imperatives (enablers for success). | ACHIEVED |
| **Ongoing monitoring of the KPI dashboard.** | • Under development. | • Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis. | • KPIs in all major program areas have been identified and are reported to Council on a regular basis. | • KPIs in all major program areas have been identified and are reported to Council on a regular basis. | ACHIEVED |
| **Enhancing Professionalism** | | | | | |

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| **Policies, standards of practice, & practice guidelines based on the best available evidence.** | | | | | |
| **Policy framework & review/revision of all policies and practice guidelines.** | • Continued the full-scale policy review under the **Policy Framework**.<br>o 28 **policies updated/approved**<br>o **3 PPGs sent out for consultation**<br>o **4 revised PPGs approved by Council**<br>• Revised CRTO By-laws approved at the March 2022 Council meeting.<br>• Draft By-Law revisions approved for consultation at the December 2023 Council meeting.<br>• 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. | • Continued policy review guided by the **Policy Framework**.<br>o 10 policies updated/developed<br>o 4 PPGs sent out for consultation<br>o 3 revised PPGs/CBPGs approved by Council<br>• Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees.<br>• 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.<br>• Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH. | • The CRTO continues its policy review guided by the **Policy Framework**.<br>o 16 policies updated/developed<br>o 2 PPGs sent out for consultation<br>o 3 revised PPGs approved by Council<br>• Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration.<br>• The proposed amendments to the Registration Regulation have been posted for consultation on the government website. | The CRTO continues its policy review guided by the **Policy Framework**.<br>• 9 policies updated/developed<br>• 5 PPGs revised and updated<br>• Policy documents under review/development:<br>o PDP Policy<br>o Community Practice PPG<br>o Commitment to Ethical Practice<br>• 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.<br>• Conducted a detailed review of the Professional Misconduct Regulation and drafted amendments based on the review.<br>• Drafted amendments to By-law 3 Fee section. | ● ON TRACK |
| **Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).** | • Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI. | • Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI. | • Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI. | • 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.<br>• The draft revised Standards of Practice have been posted for consultation on the CRTO website. | ● ON TRACK |
| **Supporting the application of new or amended practice standards.** | | | | | |
| **Online modules to support difficult-to-understand and novel practice standards.** | • Drafted an outline for the Delegation & Authorizing Mechanisms online modules.<br>• Preparing an online module for student/graduate RTs. | • Finalized the Delegation e-learning module. The module is now available in PDKeeper. | • Developed a new e-learning module focused on Authorizing Mechanisms. | • Continued to use targeted social media strategies to present professional practice topics.<br>• Preparation of script for next e-module video on understanding the requirements of an RT when educating/mentoring.<br>• Developed a new "Welcome to the Profession" video focused on key professional accountabilities that apply to GRT Members. | ● ON TRACK |

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| **The application of Risk-Based regulation.** | | | | | |
| **Formal risk assessments in all RC, QAC & ICRC decisions.** | **PC** - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.<br><br>**QAC** - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.<br><br>**Reg** - all RC panels utilize an updated risk assessment tool for making registration decisions. | **PC** - ICRC orientation included an introduction to the ICRC decision risk assessment tool. ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. Staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process going forward.<br><br>**QA** - The QAC applied risk-based approach in its review of applications for deferral of the 2023/24 Portfolio. Ongoing review of Members who require coaching sessions to provide data for a risk-based approach to Professional Development.<br><br>**Reg** - All RC panels continue to utilize the risk assessment tool for making registration decisions. The annual Registration Committee orientation session included a section related to risk management. | **PC** - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. The project to revise the risk assessment tool has been completed. The updated tool was shared with the ICRC at its annual orientation.<br><br>**Reg** - All RC panels continue to utilize the risk assessment tool for making registration decisions. The assessment tool for internationally educated healthcare professionals (IEHP) has been updated. Additionally, a new risk assessment tool has been developed to assist with the review of applications that do not meet the new currency requirements. | **PC** - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports.<br><br>**Reg** - RC continues to develop and refine its risk assessment tools for evaluating internationally educated applicants and applicants with currency gaps. | ● ON TRACK |
| **Healthcare Community** | | | | | |
| **Actively seeking collaborative opportunities with other health regulatory colleges & system partners.** | | | | | |
| **Creation of common standards (where possible) both provincially and nationally.** | Participated in the following initiatives with other regulators:<br>• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,<br>o Council Competencies Evaluation Framework<br>o Information Sharing Policy<br>o Anti-BIPOC Racism Working Group<br>• NARTRB<br>o Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists<br>o Review of the current NARTRB Jurisdictional Verification form. | Continued engagement with other regulators:<br>• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g.,<br>o Council Competencies Evaluation Framework<br>o Risk management<br>• NARTRB<br>o Standards of Practice Working Group<br>o Validation survey for the revised NARTRB Entry-to-practice Competency Profile<br>o Updated the Language Proficiency for Respiratory Therapy document.<br>• CNAR<br>o Professional regulation. | Continued engagement with other regulators:<br>• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management.<br>• NARTRB<br>o Review of Practice Standards<br>o 2024 Entry-to-practice Competency Framework<br>o Updated the Language Proficiency for Respiratory Therapy document and Statement of Professional Standing Form<br>o Received 8 EtP assessment referrals from other regulators.<br>• CNAR – attended several workshops and conferences, e.g., Impactful Leadership in a Dynamic Regulatory World, AI and Technology, Annual National Conference.<br>• CLEAR - attended several workshops and conferences, e.g., Compassion in Regulatory Complaints, Harnessing AI in Professional Regulation, Annual Educational Conference. | Ongoing scope of practice review with the RTSO.<br>Continued engagement with other regulators:<br>• HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management, communications.<br>• NARTRB<br>o Review of Practice Standards<br>o Commitment to Ethical Practice Guideline<br>o Board Meetings and governance initiatives.<br>• 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. | ● ON TRACK |

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| **Engaging with stakeholders to enhance quality patient care.** | | | | | |
| **Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.** | • The CRTO Policy Framework outlines the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.<br>• **20 consultations conducted under the Policy Framework.** | • The CRTO Policy Framework outlines the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.<br>• **9 consultations conducted under the Policy Framework.** | • The CRTO Policy Framework continues to guide the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.<br>• **2 consultations conducted under the Policy Framework.** | • The CRTO Policy Framework continues to guide the CRTO's consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval.<br>• Ongoing outreach strategy.<br>• Posted the following draft documents for consultation:<br>o General Certificate of Registration - Currency Condition Policy<br>o By-law 3: Membership<br>o Standards of Practice<br>o Community Respiratory Therapy Practice Professional Practice Guideline (PPG).<br>• Scope of Practice Review – partnered with the RTSO on a comprehensive review and consultation process to assess and clarify the scope of practice for RTs. | ● ACHIEVED |
| **Core Business Practices** | | | | | |
| **Clear financial alignment with strategic priorities.** | | | | | |
| **Revised financial statement & investment portfolio presentation** | • Streamlined the financial statement reporting format to highlight how it aligns with College's strategic direction and key priorities.<br>• Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting.<br>• Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service. | • A subcommittee of the Finance & Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee's recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management. | • Updated the Investment Policy based on financial advisor's recommendations.<br>• Reviewed and updated the investment reporting tool.<br>• Retained investment bookkeeping services to ensure accuracy and streamline the audit process | • Draft revisions to the Reserves Policy approved at the June Council.<br>• Mid-Year Financial Report presented at the September Council meeting. | ● ACHIEVED |
| **Finance & Audit Committee (FAC)** | • Established the FAC Goals & Terms of Reference<br>• Assisted the Executive Committee in the review of the CRTO's 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. | • Implemented the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee.<br>• Reviewed and updated Signing Officers and Authorized Personnel-Banking & Investments Policy. | • FAC met with the Financial Advisory Team.<br>• FAC continued to join the Executive Committee during the year to review the financial statements, investment portfolio, and audit plan. | • FAC reviewed its Terms of Reference and Action Plan for 2025.<br>• FAC the revised Reserves Policy.<br>• FAC reviewed financial implications of CRTO entering into a defined benefit pension plan. | ● ON TRACK |

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| | • Developed a Membership Fee Assessment Tool | • Recommended new external auditor for the CRTO.<br>• Reviewed the draft budget for 2024/25. | | • Council approved the CRTO's auditor for 2025-2026 fiscal year.<br>• FAC joined Executive Committee meeting on June 13, 2025, to review the 2024-2025 Audit Report.<br>• FAC joined Executive Committee meeting on November 17, 2025, to review the quarterly Finance Statements, Investment Portfolio update. The Draft 2026/27 Budget was presented with updated formatting for clarity. | |
| **A policy that clearly outlines the management of financial reserves** | • Review and subsequent approval of the following policies:<br>o Revised Investments Policy<br>o New Reserves Policy<br>o Revised Honoraria & Expenses Policy<br>o Revised Procurement of Goodes & Services Policy | • Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors. | • The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy.<br>• FAC and the Executive Committee conducted the annual Auditor Evaluation.<br>• Used the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee. | • The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy.<br>• FAC members checked with the RBC Investment Team regarding the CRTO's investment strategy. The RBC team advised that no change is necessary at this time, as they already have sufficient oversight and flexibility to adjust the portfolio mix in response to market fluctuations. | ● ACHIEVED |
| **Embedding the principles of diversity, equity, and inclusion in College processes.** | | | | | |
| **Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members** | • The CRTO's DEI Plan approved at the March Council meeting.<br>• Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. DEI Summary Report provided by CED.<br>• 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.<br>• CRTO staff participated in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions.<br>• Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members.<br>• Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30).<br>• Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022. | The CRTO moved into Phase 3 of its DEI Strategy:<br>• Established a DEI Steering Committee<br>• Identified several DEI short- and long-term key performance indicators.<br>• Developed new Employee Performance Review & Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees.<br>Staff training:<br>• CNAR UnLearn and Learn Session on Addressing Anti-Black Racism<br>• Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month<br>• CNAR Conference (DEI presentations) | • Staff engaged in DEI webinars (focused on Anti-Asian Racism in Healthcare and celebrating Pride Month).<br>• Staff and Council took part in an Indigenous-led blanket exercise during Education Day.<br>• Staff attended training sessions focused on DEI offered during the CLEAR and CNAR conferences.<br>• Staff was provided with learning materials on various culturally significant days. | • Staff continues to engage in DEI work through HPRO network monthly meetings.<br>• After the development of an inclusive interview question bank, questions were successfully used in the recruitment of new staff members.<br>• 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.<br>• Staff participated in a demographic data collection workshop.<br>• To introduce new perspectives, the CRTO DEI team has been reorganized and two members from Communications and Registration departments have joined.<br>• HPRO DEI Network has established a working group aimed at demographic data collection. CRTO DEI Team will await working group information regarding | ● ON TRACK |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
|---|---|---|---|---|---|
| | • *Navigating Canada's Complex Histories* e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff. | | | public consultation survey before the release. | |
| **Equity Impact Assessment** | • Council approved the use of the Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook.<br>• The PRC is in the process of revising HEIA to meet the CRTO's needs. | • The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment & Implementation Strategy. | • Developed inclusive question bank and interview template.<br>• Incorporated the principles of Equity Impact Assessment into a policy review checklist.<br>• Developed an internal Recruitment & Selection Policy. The policy provides a transparent and consistent framework for employee recruitment and selection.<br>• Continued participation with the HPRO DEI working group to develop the Equity Impact Assessment further.<br>• 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. | • Staff developed CRTO Policy Document Review Checklist that embeds a DEI lens in the policy review process.<br>• Review of data collection consultation survey being finalized.<br>• Potential refresh of the Equity Impact Assessment tool through HPRO DEI Network, which has established a working group on this topic. | ON TRACK |
| **A comprehensive Risk Management Framework** | | | | | |
| **Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)** | • IT Infrastructure Architecture review completed & process begun to implement recommendations.<br>o Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.<br>o Installed a dedicated firewall to reduce security risk and improve the organization's security posture.<br>o 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).<br>• Cybersecurity presentation by ISA to Council and staff.<br>• Started the process of moving all members' files to a digital format.<br>• The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2). | The Risk Management Framework continues to guide the CRTO's risk management processes, these include:<br>• Risk monitoring and reporting: developed a Risk Register and a Risk Report template<br>• Training:<br>o Risk management workshop attended by Council, Committee members and staff<br>o Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise)<br>• Record digitalization project in progress.<br>• Ongoing meetings with vendor related to new database implementation.<br>• 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. | The Risk Management Framework continues to guide the CRTO's risk management processes, these include:<br>• Risk monitoring and reporting: developed a Risk Register and a Risk Report template.<br>• Training:<br>o Ongoing phishing campaign and cybersecurity awareness training for staff.<br>o Conducted a cybersecurity training session for Council and Staff at the September Council meeting<br>o Staff attended the AI in Licensing and Regulation conference.<br>• Developed a comprehensive cybersecurity plan.<br>• Firewall is being monitored and activities. considered suspicious have been investigated /resolved.<br>• Patching and backups continue to be completed and managed.<br>• Ongoing meetings with vendor related to new database implementation.<br>• Completed records digitalization project. | The Risk Management Framework continues to guide the CRTO's risk management processes, these include:<br>• Risk monitoring and reporting: continues to use the Risk Register Report template to provide regular updates to Council.<br>• Training:<br>o Ongoing phishing campaign and cybersecurity awareness training for staff. E.g., August cybersecurity awareness training, November phishing simulation.<br>o Staff attended the HIROC Cyber Preparedness in Healthcare presentation.<br>• Firewall is being monitored and recently underwent a configuration review to ensure relevant controls are in place.<br>• Patch management and backups continue to be carried out.<br>• Ongoing meetings with vendor related to new database implementation. Continue testing the public register, member and staff portals. Working on | ACHIEVED |

| Key Priorities | 2022-23 Highlights | 2023-24 Highlights | 2024-25 Highlights | 2025-26 (Q1, Q2, Q3) Highlights | STATUS |
|---|---|---|---|---|---|
| | | | • Developed a comprehensive office transition plan.<br>• Updated the Office Security Policy.<br>• Conducted simulated office evacuation exercise.<br>• Staff conducted a network file cleanup based on the internal audit findings. | queries/reports, payment system and reviewed document management options.<br>• Working on data clean up, formatting for data conversion.<br>• Updated the Office Security Policy<br>• Upgraded all devices to Windows Pro and enrolled into Microsoft Intune and Defender. Continue creating policies and monitoring devices in both tools.<br>• Underwent a cloud security assessment. The assessment report is currently under review. Recommendations will be prioritized and applied based on risk severity.<br>• Continue reviewing security policies and monitoring on end points.<br>• Continued work on the new database, including testing the public register, portals and queries/reports. | |
| **Succession plan for senior leadership** | • Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position.<br>• Succession Planning for Senior Leadership Policy approved by Council. | • Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness.<br>• Continued review and development of standard operating procedures in core program areas. | • Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness<br>• Continued review and development of standard operating procedures in core program areas.<br>• Developed and implemented Registrar's directives in PC and Registration. | • Continued review and development of standard operating procedures in core program areas.<br>• Continued to develop and implemented Registrar's directives in PC and Registration. | ACHIEVED |

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

# 2021 – 2025 Strategic Direction

# Quarterly KPIs Report

December 12, 2025

CRTO Staff

# CRTO 2021 – 2025 Strategic Direction

## Member Engagement

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

## Governance & Accountability

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

## Enhancing Professionalism

- Policies, standards of practice, & practice guidelines based on the best available evidence.
- The application of Risk-Based regulation.

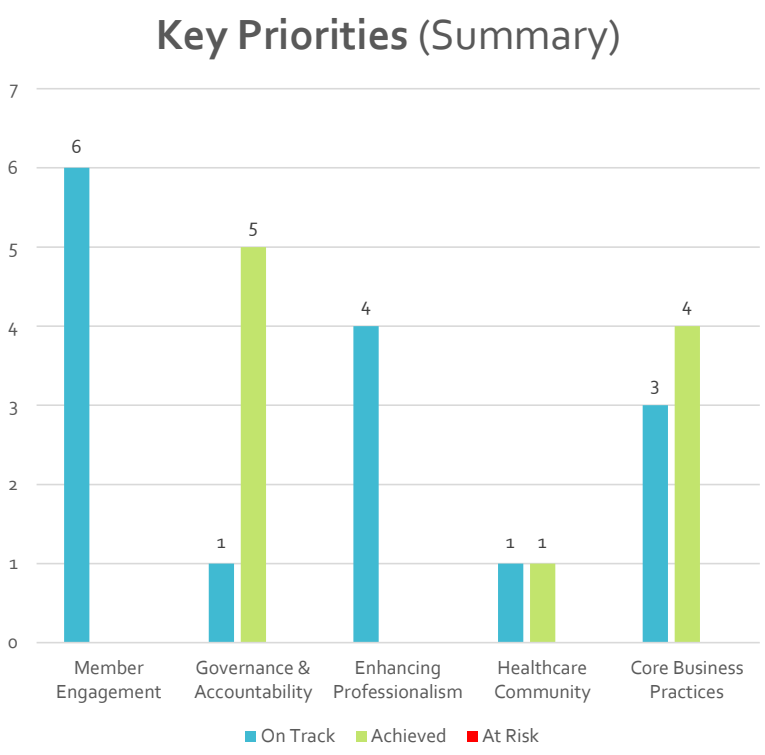
## Healthcare Community

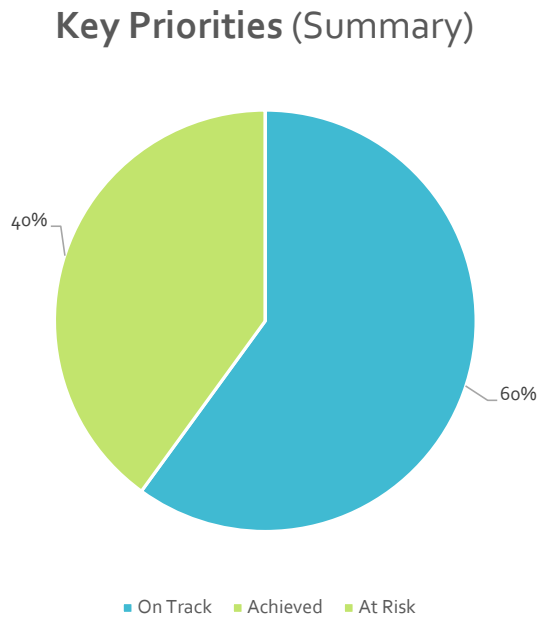
- Actively seeking collaborative opportunities with other health regulatory colleges & system partners.
- Engaging with stakeholders to enhance quality patient care.

## Core Business Practices

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

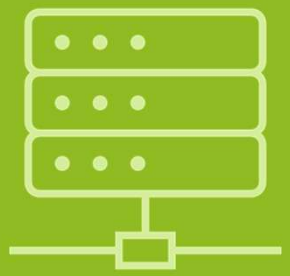
| Member Engagement (6 Key Priorities) | Governance & Accountability (6 Key Priorities) | Enhancing Professionalism (4 Key Priorities) | Healthcare Community (2 Key Priorities) | Core Business Practices (7 Key Priorities) |
|---|---|---|---|---|



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**CORE PROGRAMS**

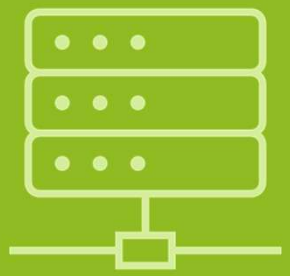


| Program | Indicator | Measure* |
|---|---|---|
| **Registration** | Number of Members / Members by Class of Registration | Monitoring Measure |
| | Number of status changes processed | Monitoring Measure |
| | Number of applications received | Monitoring Measure |
| | Number of days (average) to process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

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## CORE PROGRAMS

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

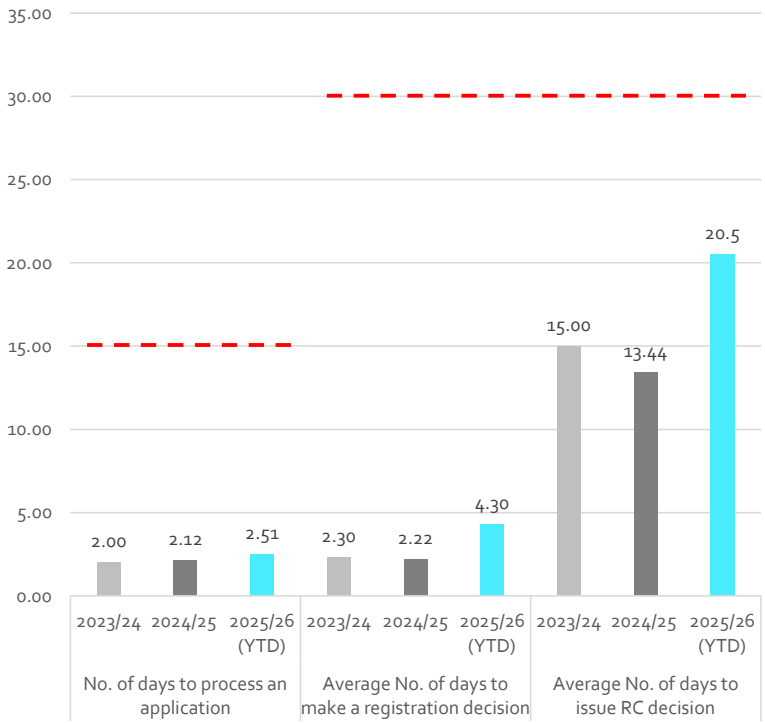


*A **performance measure** is a metric with a set target that the program area aims to achieve (e.g., 15 days to process an application for registration).

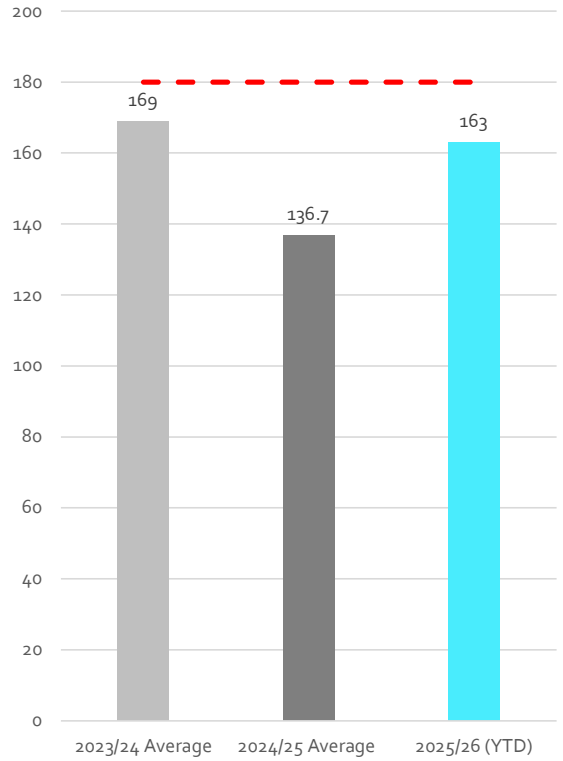
A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.

# Performance Measures – Summary
## Registration, Professional Conduct and Communications

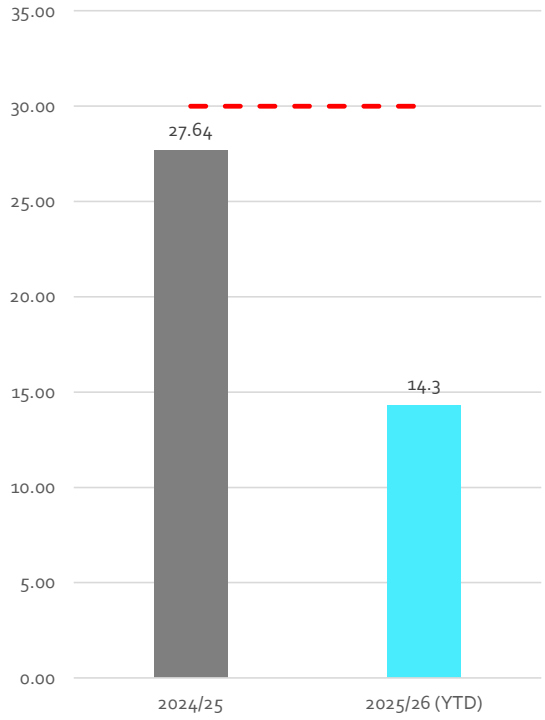
### Registration




### Professional Conduct
Average Disposition Time (Days)




### Communications
Average Document Posting Time (Days)




Target

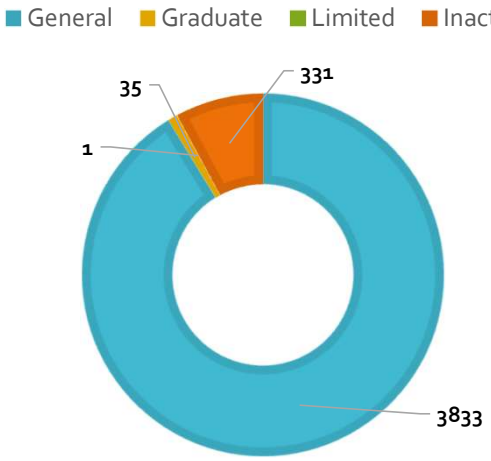
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# REGISTRATION Statistics (March – Nov. 2025)

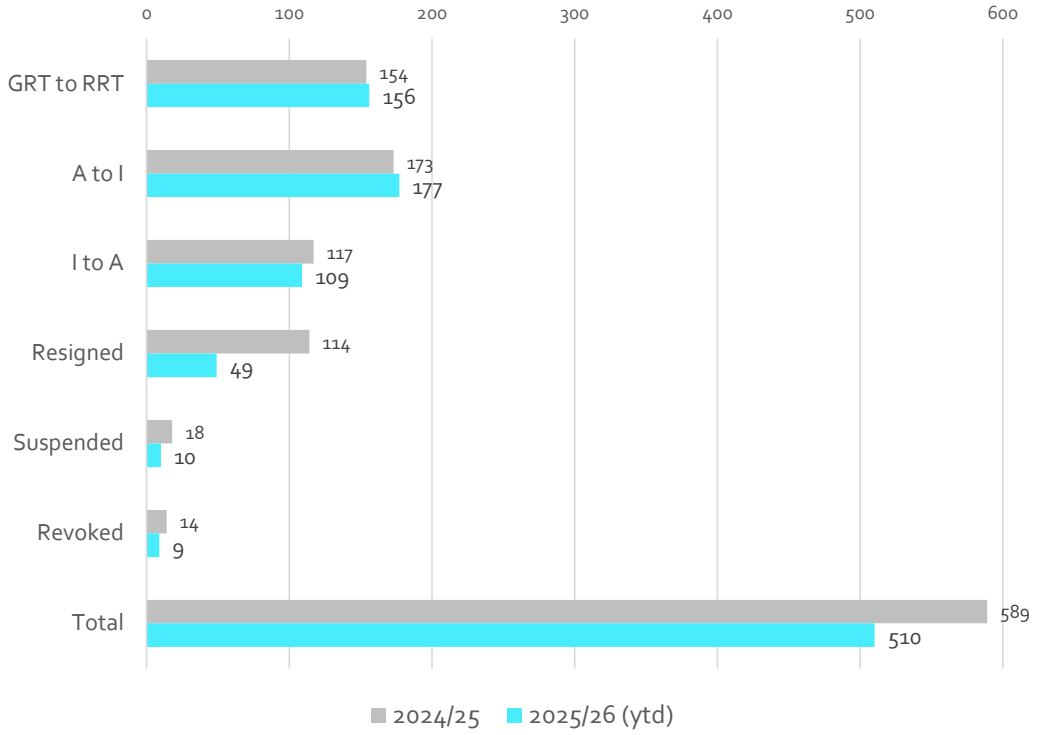
## 4200 Members

**+12** new Members from last quarter

## Members by Class of Registration




**STATUS CHANGES PROCESSED** **510**



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# REGISTRATION (March – November 2025)

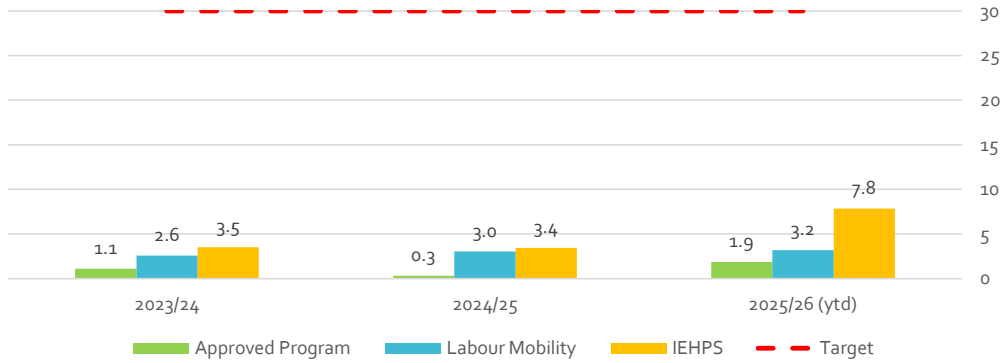
## 230 New applications

of those 10 under labour mobility

| New Applicants | 2025-2026 |
|---|---|
| Ontario Graduates | 196 |
| Other Canadian Graduates | 16 |
| USA Graduates | 4 |
| International Graduates | 14 |

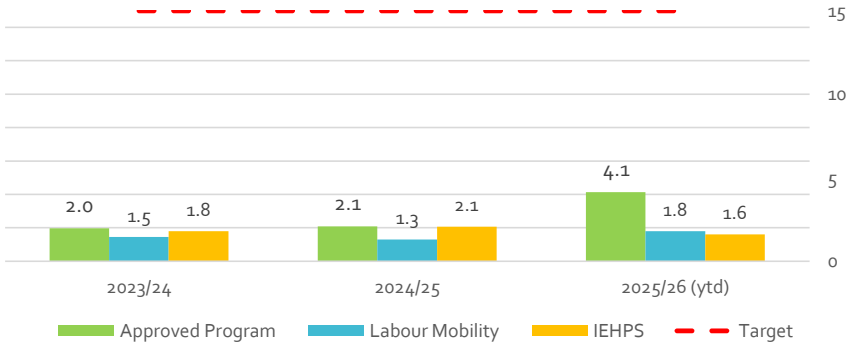
| Labour Mobility Applicants | 2025-2026 |
|---|---|
| Alberta | 4 |
| Manitoba | 1 |
| Newfoundland | 0 |
| Quebec | 3 |
| Saskatchewan | 2 |

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



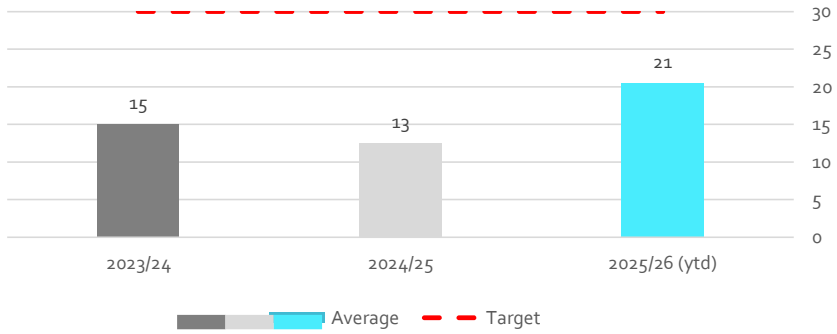

* From when the application file is complete to registration decision (approve, referral to RC, or referral to the assessment process)

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




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

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




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

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## REGISTRATION (as on November 30, 2025)

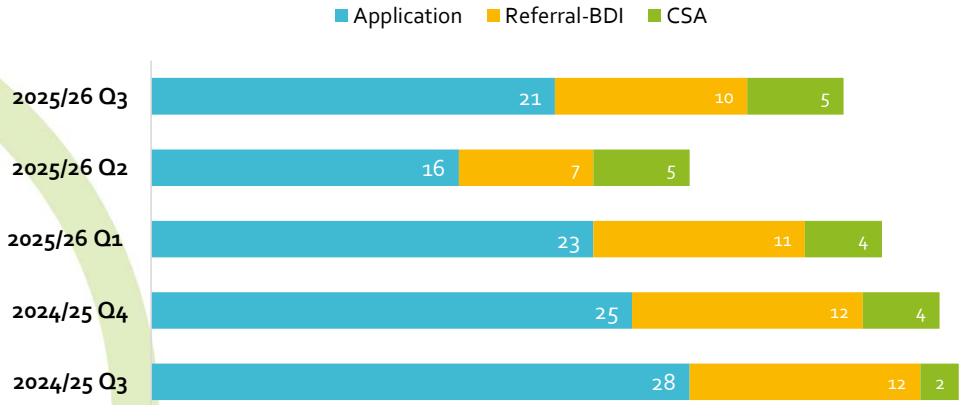
**36** ACTIVE IEHP ASSESSMENT FILES

**21** IEHP applicants in the process of submitting the required supporting documentation

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

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

### ACTIVE IEHP ASSESSMENT FILES



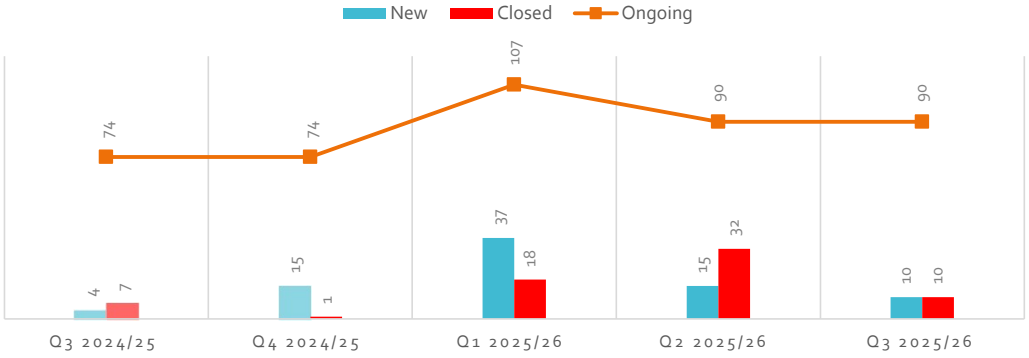

### IEHP APPLICANTS - BY COUNTRY OF EDUCATION

| | | | |
|---|---|---|---|
| Philippines | 18 | Colombia | 1 |
| India | 6 | Iran | 1 |
| USA | 6 | Nigeria | 1 |
| Saudi Arabia | 2 | Pakistan | 1 |

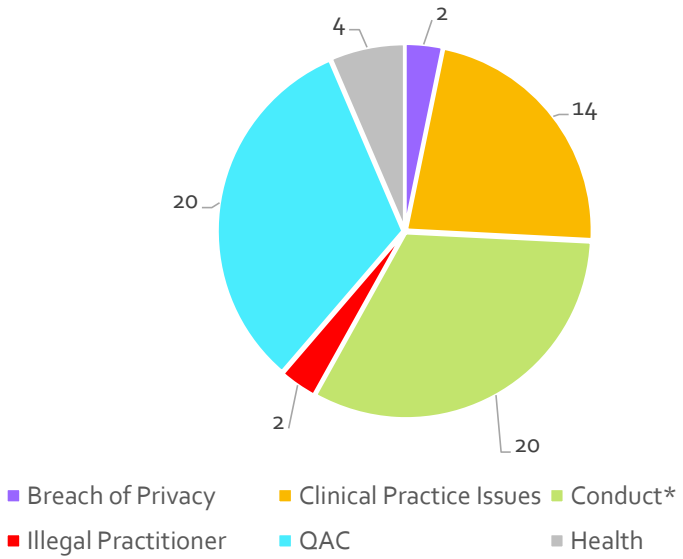
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# PROFESSIONAL CONDUCT (March – November 2025)

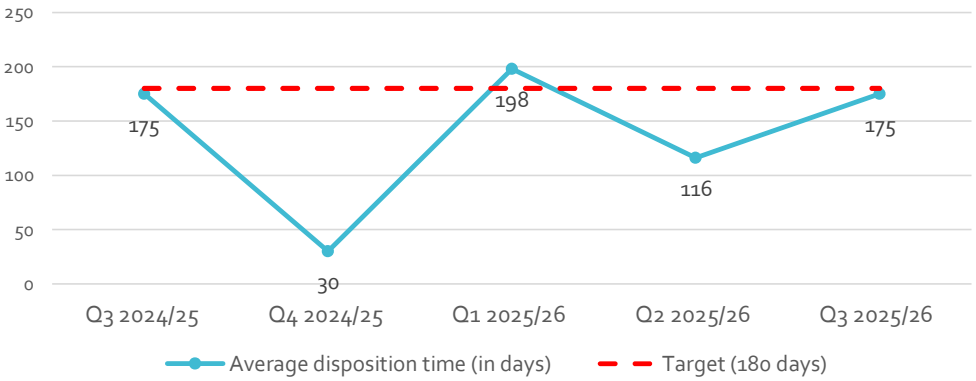
## NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES




## NEW COMPLAINTS AND REPORTS BY THEME (ytd)




## AVERAGE DISPOSITION TIME (in days)

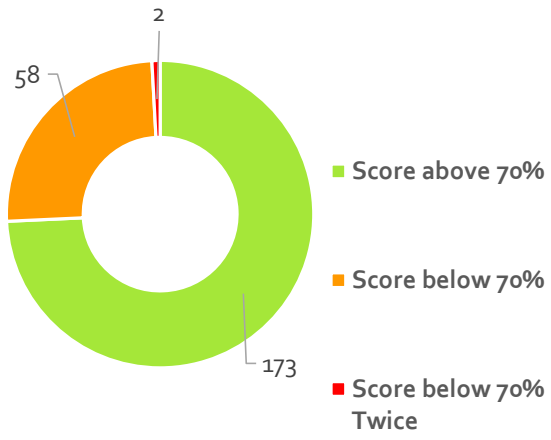


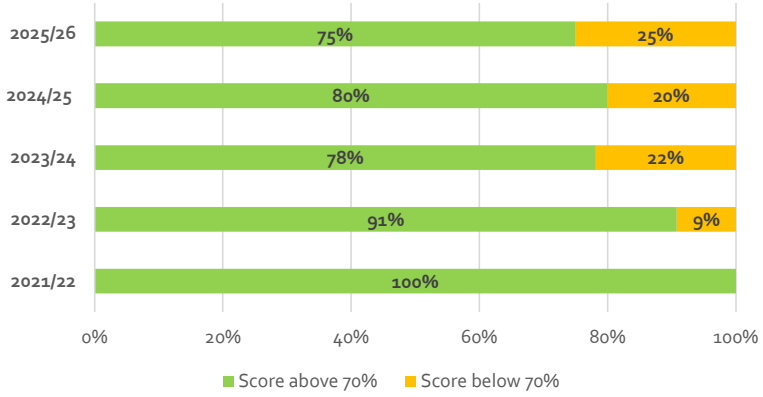

| *Conduct (detail) | 2025/26 Total |
|---|---|
| Professional Misconduct | 12 |
| Disruptive Conduct with Colleagues | 5 |
| Conduct of Member re Social Media | 2 |
| Unprofessional Conduct in Personal Life | 1 |

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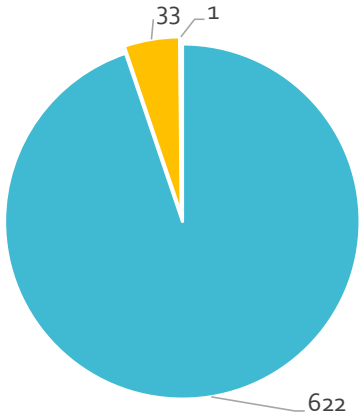
# QUALITY ASSURANCE (March – November 2025)

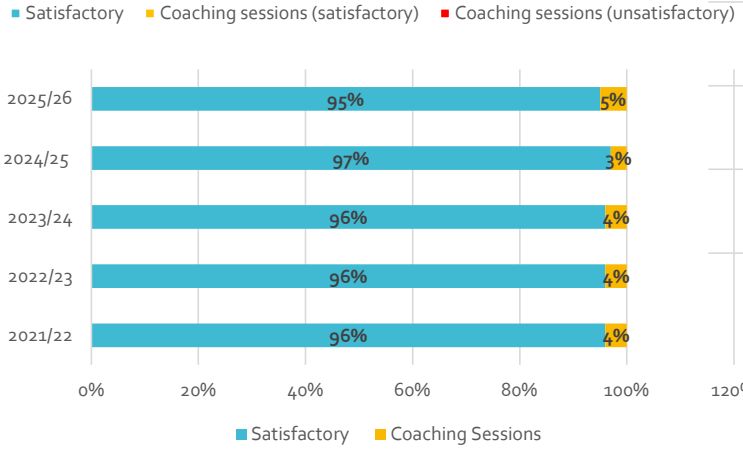
## Launch RT (ytd)



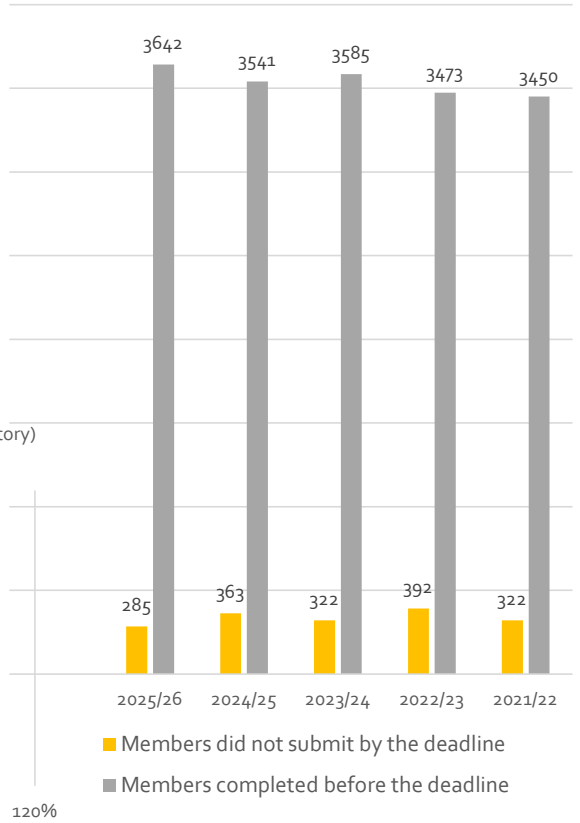




## PORTfolio 2025/26




## RelevanT

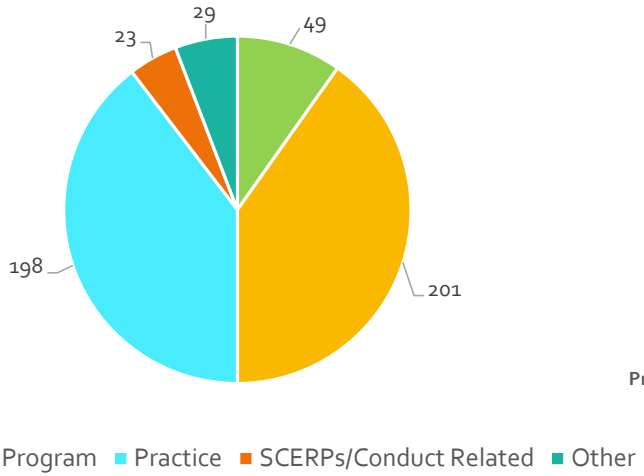


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**QUALITY PRACTICE** (March – November 2025)

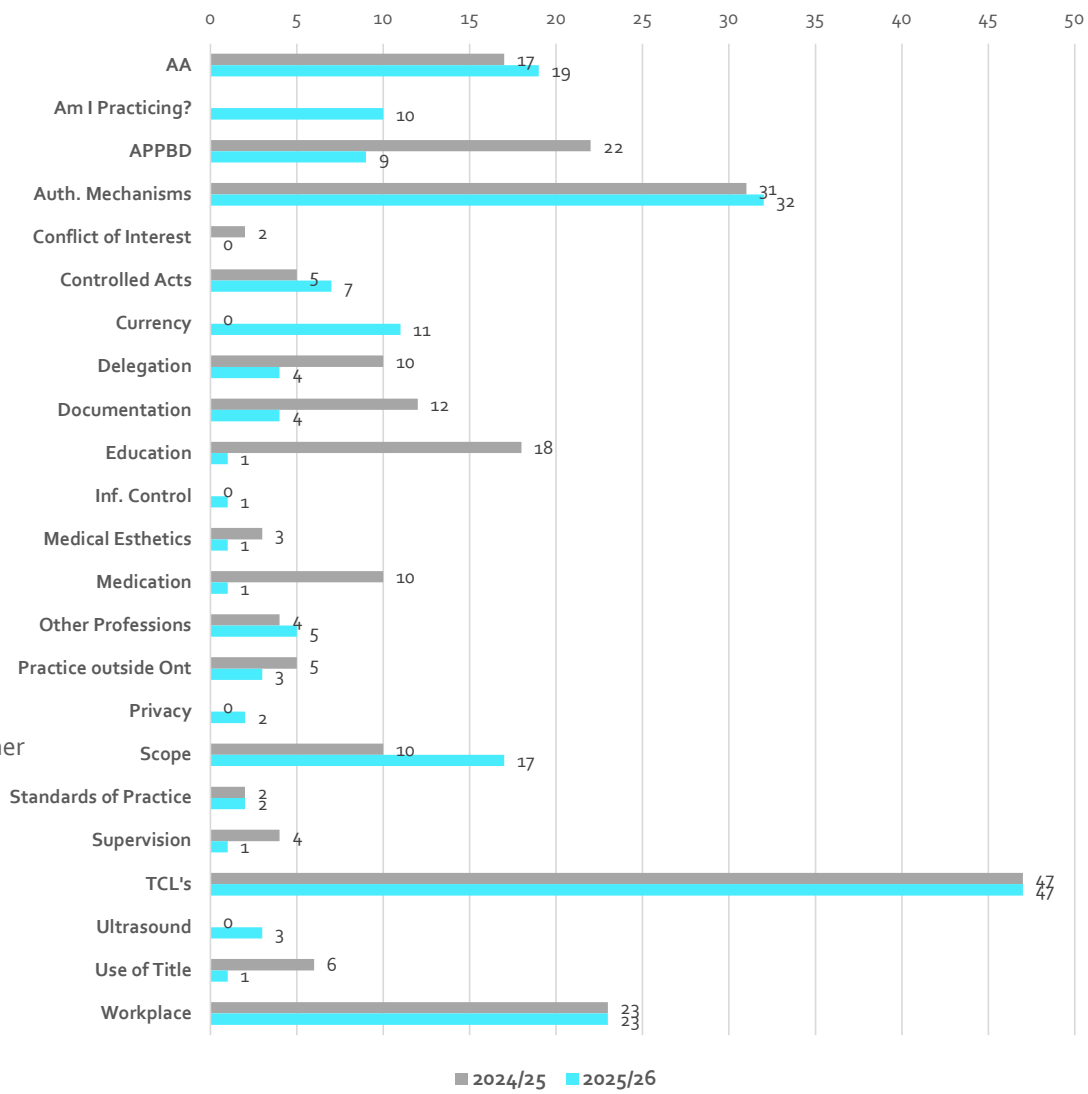
**Total Number of Inquiries Received** **500**

Quality Practice Inquiries by Theme (ytd)




**Quality Practice Outreach** – System Partner Meetings/Presentations **27**

Practice Inquiries by Theme



# Accessible & timely **COMMUNICATIONS** (March – November 2025)

**158,893 website visits**

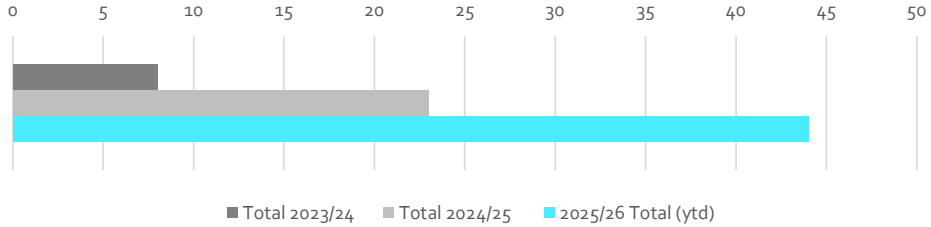
**Top 3 most visited webpages:**

- Home Page (28.4.K)
- Members (7.8 K)
- Public (7.3K)

**Where website visitors are from** (top 5):

- **Canada** (21.8 K)
  - Ontario (18.2 K)
  - Quebec (2.3 K)
  - BC (776)
  - Alberta (593)
- **United States** (1.4K)
- **India** (544)
- **Colombia** (243)
- **Peru** (235)

## EMAILS

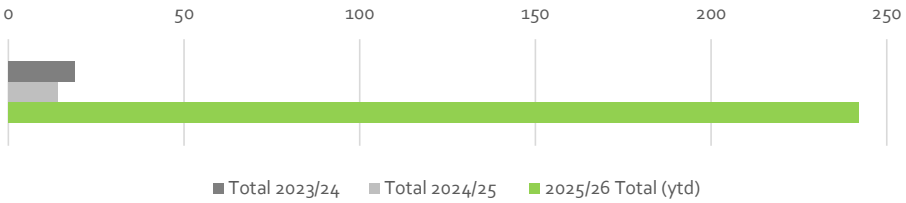



**Average Open Rate**

**72.7%**

Our emails reached a **72.7% open rate,** well above the healthcare sector average of **25–35%**.

## SOCIAL MEDIA




**Engagement Rate**

**6.5%**

**Follower Count:** LinkedIn – increased from 1,402 to 1,502; BlueSky – increased from 31 to 33.

Our LinkedIn **engagement rate of 6.5%** is notably higher than the healthcare industry average of approximately **2.8–3.3%**.

## Enhancing Professionalism

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

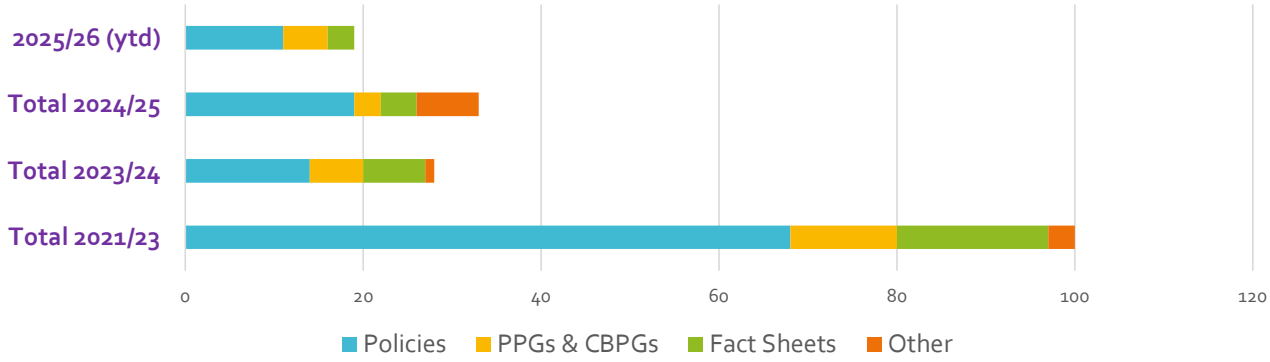
The application of Risk-Based regulation.

**180***

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

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

### POLICY DOCUMENTS REVIEWED/DEVELOPED*




* Since the implementation of the Policy Framework in 2021

# OPERATIONS – Finance

| BALANCE SHEET | Nov. 30, 2024 | Nov. 30, 2025 |
|---|---|---|
| | | |
| **Current Ratio (CR)** Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher). | 2.7 | **2.6** |
| | | |
| **Debt Ratio (DR)** Compares total liabilities to total assets to determine the level of debt held by an organization [the lower the number (e.g., < 0.5), the greater the stability of the organization]. | 0.02 | **0.04** |
| | | |
| **Cash Reserve (CR)** Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand. | 2.3 months | **3.3 months** |

# OPERATIONS – Finance

| INCOME STATEMENT | Nov. 30, 2024 | Nov. 30, 2025 |
|---|---|---|
| | | |
| **Bottom Line (BL)** Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status. | $823,449.97 | **$866,441.39** |
| | | |
| **Revenue Growth Rate % (RGR%)** Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing. | 7.6% | **2.9%** |
| | | |
| **Expense Growth Rate % (EGR%)** Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing. | 5.0% | **1.9%** |

# 2021 – 2025 Strategic Direction

# Quarterly KPIs



# Council Briefing Note

**AGENDA ITEM # 5.14** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT – Registrar & CEO |
| **Topic:** | September 2025 Council Meeting Evaluation Summary |
| **Purpose:** | For Information |
| **Strategic Focus:** | Governance & Accountability |

**PUBLIC INTEREST RATIONALE**

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

**ANALYSIS**

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey. After the September 25, 2025, Council meeting, 14 Council members (up from nine for the previous meeting) completed the survey. The feedback received is as follows:

1. **Overall satisfaction with the event** – average rating was 4.71 out of 5.
    - Comments:
        - Found the in-person setting really fostered great dialogue and engagement.
        - Enjoyed having Committee members and students present.
        - Found that the introductions took too long and didn't like the fact that the staff were not seated at the same table as the rest of the board.

2. **Suggestions on how we could improve our Council meetings in the future**.
    - Comments:
        - Some wanted all meetings to be in-person, some suggested at least two in-person meetings/year.
        - Wish everyone were sitting at the table so we can be more inclusive.
        - Prepare packages in advance so we have more time to read through material
        - Consider asking the Minister of Health or her representative to extend greetings.

- Someone noted that under Robert's Rules, if a member requests that an item be removed from the consent agenda, the consent agenda is approved as amended, and the withdrawn item is transferred to the regular agenda as a separate business item. This approach preserves the proper order of business and ensures the meeting proceeds without interrupting the flow of motions or debate.

3. **Ideas for future educational opportunities (e.g., guest speakers, etc.).**
    - Governance and shifts in governmental priorities as they pertain to healthcare funding.
    - Latest technology.
    - Legislation and policy building.
    - Labour mobility.
    - Best practice for a hybrid workforce.
    - Health and Other Public Sector Interest Participants from Government, Ontario Hospital Association and Other Central Management Interest Groups, Ontario Nurses Association and other Central Union Interest Groups and Third-Party Arbitrators and Other Labour Relations.
    - ICRC-based issues.
    - Government Relations and Advocacy.

## September 25, 2025, Council Meeting Action Items

| Item | Responsibility | Action | Status/Timelines |
|---|---|---|---|
| **MEMBERSHIP FEES FOR 2026/27**<br>Council waived the membership fee increase for the upcoming 2026/27 renewal year. | CRTO Staff | The 2026/27 registration renewal fees have been communicated to the Membership. | Completed. |
| **COUNCIL EVALUATION FRAMEWORK UPDATE**<br>Council suggested providing a brief recap of outstanding items from previous meetings at the start or end of each meeting to support continuity and accountability. | CRTO Staff | Action item table created and added as part of the Consent Agenda. | Implemented at Council meeting December 12, 2025 |
| **BY-LAW REVISIONS**<br>Council approved the revised By-law 3 for consultation | CRTO Staff | The revised draft By-law was posted for a 60-day consultation. | Completed.<br>The By-law amendments will be presented for final approval on December 12, 2025. |
| **REVISED VULNERABLE SECTOR CHECK POLICY**<br>Council approved the revisions to the Vulnerable Sector Checks Policy | CRTO Staff | The revised policy has been posted on the CRTO website and implemented in our registration processes. | Completed. |
| **GENERAL CERTIFICATES OF REGISTRATION – CURRENCY CONDITION POLICY**<br>Council deferred approval of the General Certificate of Registration - Currency Condition Policy to an electronic vote, with amendments to section 4.0 and additional supporting documents, including FAQs. | CRTO Staff | Policy was amended and sent to Council on October 27, 2025, for their review and approval. The Council votes unanimously to approve the revised General Certificate of Registration - Currency Condition Policy. In addition, CRTO expanded on the information provided in the relevant supporting documentation and FAQs. | Completed |
| **REVISED CRTO STANDARDS OF PRACTICE**<br>Council approved the revised Standards of Practice document for consultation. | CRTO Staff | The revised Standards of Practice document was posted for consultation. | Completed.<br>The revised Standards of Practice will be presented for final approval on December 12, 2025. |
| **REVISED COMMUNITY RESPIRATORY THERAPY PRACTICE PPG**<br>Council approved the draft revised Community Respiratory Therapy Practice PPG for consultation. | CRTO Staff | The draft revised Community Respiratory Therapy Practice PPG was posted for consultation. | Completed.<br>The revised PPG will be presented for final approval on December 12, 2025. |

# Council Briefing Note

**AGENDA ITEM 6.1** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT - Registrar & CEO |
| **Topic:** | Financial Statements – March 1, 2025, to October 31, 2025 |
| **Purpose:** | For Information |
| **Strategic Focus:** | Core Business Practices: Clear financial alignment with strategic priorities. |
| **Attachment(s):** | Appendix A: Balance Sheet Summary Report<br>Appendix B: Income Statement Summary Report<br>Appendix C: Income Statement Reporting Codes |

**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 one another. To that end, the budget allocation should align with the activities, projects and programs the CRTO undertakes to attain its mandate.

**BACKGROUND**
To ensure the CRTO's finances are fully aligned with its strategic priorities, it is important to provide the Executive Committee and Council with a clear and comprehensive set of financial reports.

**ANALYSIS**

Balance Sheet Summary Report

- When compared to this same time in the previous fiscal year, there is an increase in Total Assets by $335,351.23 and an increase in total liabilities by $13,405.19.
- Currently have 8 months of operating expenses in unrestricted reserves.

Income Statement Summary Report

**Revenue**

- Revenue in Budget YTD column is not compared to YTD budget since we received 95% of it during the renewal periods.
- Not all revenue from the CSA was realized during the March to October time period.
- By the end of October, we are slightly over our predicted total revenue for 2025/26.

**Expenses**

- On track regarding our costs for Wages and Benefits.
- Occupancy Costs are significantly lower when compared to this time last year due to office relocation.
- The variance for Credit Cards and PayPal Fees is significantly under because we pay most in credit card fees during renewal, which will happen in Jan/Feb 2026.
- We appear under on QA expenses because the largest cost (PDKeepr subscription) will be paid in Nov/Dec.
- We are $25,000 over on Consulting costs (Strategic Plan, PDP Evaluation), so we will need to increase the money allocated to that in the new year.
- We are under on our anticipated Equipment Purchases, because we have not needed to purchase equipment since moving in with COO.

**Appendix A: Balance Sheet Summary Report**

| Total Liabilities & Equity | $ 2,954,169.68 | $ 2,618,818.45 |
|---|---|---|
| **Balance Sheet Summary** | | |
| | **As of October 31, 2025** | **As of October 31, 2024** |
| **Assets** | | |
| *Current Assets* | | |
| Cash and Cash Equivalent | $ 1,007,174.62 | $ 653,901.97 |
| Accounts Receivable | $ - | $ - |
| Prepaids | $ 52,086.25 | $ 28,414.29 |
| **Total Current Assets** | $ 1,059,260.87 | $ 682,316.26 |
| *Non-Current Assets* | | |
| Property, Plant and Equipment | $ 127,936.74 | $ 111,463.61 |
| Investments | $ 1,766,972.07 | $ 1,825,038.58 |
| **Total Assets** | **$ 2,954,169.68** | **$ 2,618,818.45** |
| **Liabilities** | | |
| Accounts Payable | $ (4,231.25) | $ 13.56 |
| Accrued Liability | $ 102,492.87 | $ 84,842.87 |
| Deferred Revenue | $ - | |
| **Total Liabilities** | **$ 98,261.62** | **$ 84,856.43** |
| **Net Assets** | | |
| General contingency reserve fund | $ 500,000.00 | $ 500,000.00 |
| Reserve for funding of therapy | $ 20,000.00 | $ 20,000.00 |
| Reserve for Fee Stabilization | $ 150,000.00 | $ 150,000.00 |
| Reserve for investigations and hearings | $ 150,000.00 | $ 150,000.00 |
| Special projects reserve fund | $ 300,000.00 | $ 300,000.00 |
| **Total Restricted funds** | $ 1,120,000.00 | $ 1,120,000.00 |
| **Retained Earnings** | $ 609,998.32 | $ 379,444.90 |
| **Profit for the Year** | $ 1,125,909.74 | $ 1,034,517.12 |
| **Total Equity** | **$ 2,855,908.06** | **$ 2,533,962.02** |
| **Unrestricted Reserves** | **$ 1,735,908.06** | **$ 1,413,962.02** |
| | | |
| Average Monthly Operating Expenses | $ 219,637.41 | |
| # Months Operating Expenses | **88** 8 | |

**Appendix B: Income Statement Summary Report**

| Income statement summary | Total Budget (FY26) | Budget YTD (Mar-Oct ) | YTD Actuals (Mar-Oct) | Variance YTD actual - Budget YTD Over / (Under) | Variance % (=F/D) | Actuals FY25 (Mar-Oct 2024) |
|---|---|---|---|---|---|---|
| Revenue | $ 2,843,350.00 | $ 2,843,350.00 | $ 2,840,008.99 | $ (3,341.01) | -0.12% | $ 2,776,055.53 |
| Competency Assessment Income | 36,000.00 | 24,000.00 | 43,000.00 | 19,000.00 | 79.17% | 23,750.00 |
| **Total Revenue** | **2,879,350.00** | **2,867,350.00** | **2,883,008.99** | **15,658.99** | 0.55% | **2,799,805.53** |
| | | | | | | |
| Competency Assessment Expense | 57,000.00 | 38,000.00 | 48,020.20 | 10,020.20 | 26.37% | 40,990.85 |
| Wages and benefits | 1,815,570.00 | 1,210,380.00 | 1,179,163.35 | (31,216.65) | -2.58% | 1,060,188.12 |
| Occupancy costs | 70,000.00 | 46,666.67 | 31,292.19 | (15,374.48) | -32.95% | 181,172.94 |
| Professional services | 91,000.00 | 60,666.67 | 65,104.23 | 4,437.56 | 7.31% | 58,627.62 |
| Investigation and hearing expense | 175,000.00 | 116,666.67 | 84,471.26 | (32,195.41) | -27.60% | 99,458.62 |
| Technology / Website | 187,000.00 | 124,666.67 | 123,845.22 | (821.45) | -0.66% | 125,303.41 |
| General operating expenses | 129,530.00 | 86,353.33 | 60,237.91 | (26,115.42) | -30.24% | 80,570.40 |
| Credit card and Paypal fees | 111,400.00 | 74,266.67 | 19,607.59 | (54,659.08) | -73.60% | 17,887.20 |
| Membership and dues | 53,250.00 | 35,500.00 | 30,695.12 | (4,804.88) | -13.53% | 27,212.20 |
| Quality assurance expenses | 60,000.00 | 40,000.00 | 17,600.00 | (22,400.00) | -56.00% | 17,225.00 |
| Unrealized (gains) losses | - | - | - | - | | (1,546.00) |
| Council and committee | 95,100.00 | 63,400.00 | 51,791.79 | (11,608.21) | -18.31% | 47,979.06 |
| Consulting | 30,000.00 | 20,000.00 | 45,270.39 | 25,270.39 | 126.35% | 9,864.90 |
| Equipment purchased | 4,500.00 | 3,000.00 | - | (3,000.00) | -100.00% | 355.00 |
| **Total Expenses** | **$ 2,879,350.00** | **$ 1,919,566.67** | **$ 1,757,099.25** | **$ (162,467.42)** | -8.46% | **$ 1,765,289.32** |
| **Net Income** | $ - | 947,783.33 | $ 1,125,909.74 | $ 178,126.41 | 18.8% | $ 1,034,516.21 |
| *Scope of Practice (from SPRF)* | *$30,000* | | | | | |

**Appendix C: Income Statement Reporting Codes**

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

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

# Council Briefing Note

**AGENDA ITEM # 6.2** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT- Registrar & CEO |
| **Topic:** | Draft 2026/2027 Budget |
| **Purpose:** | For Discussion |
| **Strategic Focus:** | Core Business Practices |
| **Attachment(s):** | Appendix A: Draft 2026/2027 Budget |

**PUBLIC INTEREST RATIONALE**

The CRTO mandate is to protect the public by ensuring that regulated professionals provide safe, ethical, and competent care. Budget planning is a key component of good governance, transparency and accountability.

**BACKGROUND**

The CRTO is implementing a new budget presentation template to help the Executive and Council review the budget with a focus on strategy, risk, and public protection rather than operational minutiae. The line-by-line document presented today has been grouped into the following codes and groupings:

1 **Registration Fees**
- Application & Renewal Fees

2 **Competency Assessment Revenue**
- Competency Assessment (all 3 stages)

3 **Competency Assessment Expenses**
- Competency Assessment (all 3 stages)
- CSA Expense

4 **Other Income**
- Penalty Fees
- Misc. Revenue (interest income, practice asses. fee)

5 **Investment Income**

6 **Wages and Benefits**
- Staff salaries
- Payroll Expenses
- Staff Benefits
- Staff Health Expense
- CPP&EI-Employer Contribution
- Staff Pension
- Employer Health Tax (EHT)
- Staff Training & Development
- Staff Personal Education
- Staff-Travel & Expense-Misc.

7 **Operational Expenses**
- Insurance
- Accounting & Audit
- Legal – General
- Consulting
- Telephone/Fax/Internet
- Computer Hardware
- Postage/Courier – General
- Printing – General
- Translation – General
- Office Supplies
- Office Expenses
- Bank Account Charges
- Communications

8 **Occupancy Costs**
- Equipment (Non-Capitalized)
- Rent & Occupancy
- Equipment Leases & Maintenance

9 **Investigation & Hearing**
- Legal – Investigation & Hearing
- Expenses-Investigations & Hearing
- Investigation Services

10 **Database and Technology**
- Computer Software
- Website Hosting
- Website Development

- Database Development
- Cybersecurity
- Database hosting

11 **Payment Processing Costs**
- PayPal Charges
- Credit Card Merchant Fees

12 **Governance**
- Conference Registration Fees
- Membership/Subscriptions
- Accreditation Services
- Outreach Activities-Travel/Exp.
- Government Relations
- Education Day Expenses

13 **Quality Assurance Expenses**
- QA PORTfolio Reviewers
- QA PORTfolio Annual Fee

14 **Council and Committee Expenses**
- Total Council
- Total Registration
- Total Pat. Rel.
- Total ICRC
- Total Discipline
- Total Fitness to Practice
- Total Finance and Audit

**ANALYSIS:**
**Income** – Overall **$112,000** increase in anticipated revenue when compared to our 2025/26 budget.

**Registration Fees** – anticipated $100,000 increase in **Registration & Renewal** revenue due to approximately 150 y/y growth in membership.

**Competency Assessment** – increase in revenue likely due to a substantial increase in both Ontario and out-of-province candidates and the addition of $125 surcharge on out-of-province assessments.

**Other Income** – increase in **Penalty Fees** anticipated, which includes both QA late fees ($25/occurrence) and the addition of a $100 penalty fee for missed SCERP sessions. Also increase is anticipated in Miscellaneous Revenue, due to the implementation of a $500 Practice Assessment Fee.

**Expenses** - Overall **$113,000** increase in anticipated expenses when compared to our 2025/26 budget.

**Wages & Benefits** – increase to support planned growth from 13 to 14 staff.

**Operational Expenses** – modest increase in allocation to cover future **Consulting** costs (e.g., demographic data collection, implementation of strategic plan, etc.), as well as the implementation of our new **Communications** strategy.

**Investigations & Hearings** – reduction in allocation due to increased use of in-house staff to provide **Investigation Services**

**Database & Technology** –modest increase allocated to fund post Go-Live **Database Development** costs.

**Council & Committee Expenses** – increase in allocation for Council meetings is required to accommodate the request for an additional in-person meeting. Additionally, the Finance & Audit Committee (FAC) is to be moved to an ad hoc committee.

**NEXT STEPS:**
The budget will be presented to Council for final approval in March 2026.

**APPENDIX A:**

# College of Respiratory Therapists of Ontario
## Proposed 2026/2027 Budget

| Code | | Current Budget $ | % of total | Proposed Budget $ | % of total | $ Change |
|---|---|---|---|---|---|---|
| 1 | Registration Fees | 2,718,000 | 96.3% | 2,818,000 | 96.0% | **100,000** |
| 99 | Competency Assessment (net) See below | (21,000) | -0.7% | (2,000) | -0.1% | 19,000 |
| 4 | Other Income | 16,000 | 0.6% | 59,000 | 2.0% | **43,000** |
| 5 | Investment Income | 110,000 | 3.9% | 60,000 | 2.0% | **(50,000)** |
| | **Total Revenue** | **2,823,000** | 100.0% | **2,935,000** | 100.0% | 112,000 |
| 6 | Wages and Benefits | 1,816,000 | 64.4% | 1,997,000 | 68.0% | **181,000** |
| 7 | Operational Expenses | 200,000 | 7.1% | 219,000 | 7.5% | 19,000 |
| 8 | Occupancy Costs | 64,000 | 2.3% | 52,000 | 1.8% | (12,000) |
| 9 | Investigation & Hearing | 175,000 | 6.2% | 125,000 | 4.3% | **(50,000)** |
| 10 | Data Base and Technology | 237,000 | 8.4% | 215,000 | 7.3% | **(22,000)** |
| 11 | Payment Processing Costs | 111,000 | 3.9% | 111,000 | 3.8% | - |
| 12 | Governance | 64,000 | 2.3% | 55,000 | 1.9% | (9,000) |
| 13 | Quality Assurance Expenses | 60,000 | 2.1% | 67,000 | 2.3% | 7,000 |
| 14 | Council and Committee Expenses | 95,000 | 3.4% | 94,000 | 3.2% | (1,000) |
| | **Total Expenses** | **2,822,000** | 100.0% | **2,935,000** | 100.0% | 113,000 |
| | Surplus / (Deficit) | 1,000 | | - | | (1,000) |
| | | | | | | |
| 2 | Competency Assessment Revenue | 36,000 | | 61,000 | | |
| 3 | Competency Assessment Expenses | 57,000 | | 63,000 | | |
| 99 | Net Competency Assessment | (21,000) | | (2,000) | | |

# Council Briefing Note

**AGENDA ITEM # 6.3** **December 12, 2025**

| | |
|---|---|
| **From:** | Ania Walsh, Director, Regulatory Affairs |
| **Topic:** | By-law Revisions (final approval) |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Core Business Practices |
| **Attachment(s):** | Appendix A: Amended By-laws (with track changes)<br>Appendix B: Consultation Survey Results |
| **Motion:** | **It is moved by _____ and seconded by _____ that:**<br>**The Council approve the draft revised CRTO By-law 3: Membership.** |

**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. At the September 25, 2025, meeting, Council approved that the draft revised By-law 3 be posted for public consultation. The consultation period closed on November 30, 2025.

**BACKGROUND**

The CRTO's current Fees By-law includes provisions related to fees for initial registration, annual renewal, and other miscellaneous items, including 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. Adding the new provisions related to activities undertaken by CRTO's committees or programs will allow the College to recover costs that would otherwise have to be absorbed by all Members.

If the By-law is approved, the CRTO will update its Schedule of Fees (see Agenda item 6.4) to include specific fees under the Quality Assurance Program. The new provisions are flexible enough so the CRTO can add other program fees to the Schedule in the future without having to change the By-law again.

## ANALYSIS

### Summary of Changes

The proposed amendments introduce the following new section to the Fees By-law (see Appendix A, page 8):

**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 [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 CRTO's authority to recover costs associated with individualized assessments and regulatory interventions.
2. 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 CRTO'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.
    - 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 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 CRTO to recover costs that would otherwise have to be absorbed by the whole membership.
5. Ensure fairness in CRTO's processes by making those who require additional interventions be responsible for the associated costs rather, than them being subsidized by general membership.

**Financial Implications**

The amendment supports cost recovery for specific regulatory interventions, potentially reducing the financial burden on the general membership.

**PUBLIC CONSULTATION**

The draft By-law amendments were posted for consultation on the CRTO website on October 1, 2025. A link to the consultation survey was also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts and the October e-blast.

The consultation survey received 133 views, and 13 respondents completed it. 92% of the respondents found the proposed revisions to be clear and understandable.

For full consultation results, including comments, see Appendix B.

**Date consultation opened:** October 21, 2025

**Date consultation closed:** November 30, 2025

**Length of time consultation was open:** 60-days

| CONSULTATION FEEDBACK | |
|---|---|
| 133 | Viewed |
| 13 | Completed |
| 10% | Percent Completed (Views vs. Completions) |

**RECOMMENDATION**

It is recommended that Council approve the revised CRTO By-law 3: Membership.

**NEXT STEPS**

If approved, the By-law will be published on the CRTO website. The Schedule of Fees will be updated pending Council approval under Agenda item 6.4.

**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 CRTO, 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*

**CRTO**
The acronym for the College of Respiratory Therapists of Ontario

**Fees**
The fees payable to the CRTO 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 CRTO

**Panel**
A sub-group of a Committee of the CRTO

**Policies and Procedures**
The documented processes or courses of action undertaken by the CRTO 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 CRTO as required by the *Code* and as described in By-Law 1: General CRTO Administration, Article 4; includes a person

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;

**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 addressed 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;

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.

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 CRTO shall maintain a Schedule of Fees that is available on the CRTO'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 CRTO'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 CRTO, 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.

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 the new section above (see 4.16 i.)

**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,

a) who resigns their General, Graduate or Limited certificate between March 1 and November 30;
b) who changes their General or Limited certificate to Inactive between March 1 and November 30; or
c) 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:

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.

**APPENDIX B:**

**Answers to Questions**
**2025 Revision to the CRTO By-Law 3: Membership**
**As of: 12/2/2025 10:25:30 AM**

**Page: Revision to the CRTO By-Law 3: Membership**

**Question: Introduction/Overview**

**Page: About You**

**Question: Are you a...**

*Number Who Answered: 16* View Details

| | | |
|---|---|---|
| Respiratory Therapist (including retired) | 15 | 94 % |
| Graduate Respiratory Therapist | 0 | 0 % |
| Student of a Respiratory Therapy Program | 0 | 0 % |
| Member of the Public | 1 | 6 % |
| Other Respiratory Therapy Regulator or Association | 0 | 0 % |
| Other Health Care Professional (including retired) | 0 | 0 % |
| Other Health Care Regulator or Association | 0 | 0 % |
| Prefer Not to Say | 0 | 0 % |

**Question: I live in...**

*Number Who Answered: 16* View Details

| | | |
|---|---|---|
| Ontario | 15 | 94 % |
| Canada, but outside Ontario | 0 | 0 % |
| Outside of Canada | 1 | 6 % |
| Prefer Not to Say | 0 | 0 % |

**Page: Questions**

**Question: Are the proposed revisions to the CRTO By-Law 3: Membership clear and understandable?**

*Number Who Answered: 13* View Details

| **Yes** | **No** |
|---|---|
| 12 | 1 |
| 92 % | 8 % |

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

*Number Who Answered: 0* View Details

**Question: Are the proposed revisions to the CRTO By-Law 3: Membership free from omissions and/or errors?**

*Number Who Answered: 13* View Details

| Yes | No |
|---|---|
| 12 | 1 |
| 92 % | 8 % |

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

*Number Who Answered: 0* View Details

**Page: Additional Comments**

**Question: Do you have any additional comments about the proposed revisions to the CRTO By-Law 3: Membership you would like to share?**

*Number Who Answered: 5* View Details

1. Exciting. Delinquents will no longer impact others fees.
2. How much could these fees be to the member? Would there be an upper cap to how much the member would be required to pay? If the By-Law 3 was changed and the CRTO could be charge these additional fees if warranted then the annual fee charged to all members should be reduced.
3. My experience with the CRTO registration process has been one of the most difficult challenges of my professional and personal life. Coming to Canada, I was full of hope and determination to continue my career in healthcare and contribute to patient care. I invested everything — time, effort, and finances — into completing the required steps and following every direction from the CRTO with full respect and professionalism. Yet after more than two years, despite my qualifications, strong background in anesthesia, and completion of all required assessments, my application was denied. The decision was extremely discouraging, not only because of the outcome itself, but because it felt unfair. I truly believe it could have been resolved differently — through a conditional or supervised pathway, which would have allowed me to demonstrate my competence safely under oversight, rather than being completely denied. I have seen similar pathways exist for others, and I believe it would have been both fair and aligned with the spirit of public protection. This process has deeply affected every aspect of my life. Financially, it has been overwhelming — paying for assessments, courses, translations, and appeal-related processes while trying to rebuild a new life in a country where I am still adjusting. Emotionally, it has been exhausting to live in uncertainty for so long. Even after submitting my written appeal to HPARB in April, six months later I am still waiting without any update or timeline. The prolonged process and delays in registration have created an unintended gap in my clinical practice, which was never by choice. On the contrary, I've done everything in my power to stay engaged — through education, certifications, and healthcare employment — to maintain my readiness and connection to the field. As an immigrant trying to re-establish a professional identity, this experience has been painful. I came here with years of real clinical experience, a strong work ethic, and a genuine desire to

serve patients safely. To have all that dedication met with silence and procedural barriers has been truly heartbreaking. I share this with deep respect — not in anger, but in the hope that my situation will be seen and understood. I still believe in fairness, transparency, and compassion within our healthcare system. I sincerely hope that my patience and perseverance will lead to a just outcome, and that others in similar situations will not have to go through the same level of hardship.

4. I don't agree
5. Fee amounts should be posted on a regular basis. Understandably some fees are subject to changing currency factors. Others are fixed or within a range. State the amounts or range please.

# Council Briefing Note

**AGENDA ITEM # 6.4** **December 12, 2025**

| | |
|---|---|
| **From:** | Ania Walsh, Director, Regulatory Affairs |
| **Topic:** | Revised Schedule of Fees - Quality Assurance Program Fees |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Core Business Practices |
| **Attachment(s):** | Appendix A: Revised Schedule of Fees |
| **Motion:** | **It is moved by _____and seconded by _____ that:**<br>**That Council approve the revised Schedule of Fees for the 2026-2027 Fiscal Year (effective March 1, 2026).** |

**PUBLIC INTEREST RATIONALE**

Quality Assurance (QA) is an essential component of professional regulation. The CRTO's QA Program focuses on supporting the continuous professional development of Respiratory Therapists (RTs). The new fees being introduced under the QA Program align with the CRTO's commitment to good governance, transparency, and accountability. By allowing for cost recovery for specific regulatory interventions, the fees support the sustainability of the QA Program.

**ISSUE**

To update the CRTO's Schedule of Fees, effective March 1, 2026, with the following new Quality Assurance Program fees (marked in red font in the attached Schedule of Fees, Appendix A):

- $500.00 practice assessment fee, when the Member is referred for the assessment due to non-compliance;
- $25.00 fee for failure to attend a mandated PORTfolio coaching session without providing at least 48 hours' notice to the CRTO; and
- $100.00 fee for failure to attend a mandated PDP SCERP without providing at least 48 hours' notice to the CRTO.

**BACKGROUND**

As part of our most recent revisions to the CRTO By-Law 3: Membership, discussed under agenda item 6.3, a new provision was added to allow the CRTO to charge fees for certain committee or program activities that impact individual Members, applicants, or health profession corporations. This includes fees under the Quality Assurance Program.

**ANALYSIS**

Under the CRTO's Quality Assurance Program, Members are required to meet specific requirements (e.g., submission of the PORTfolio and completion of the RelevanT e-learning module).

The CRTO is proposing to add the new fees to the Schedule of Fees to recover the costs directly associated with the following two scenarios:

- Practice assessments triggered by non-compliance with the Quality Assurance Program; and
- Members' failure to attend a mandated remediation activity under the Quality Assurance Program without providing at least 48 hours' notice to the CRTO.

These new fees ensure fairness and accountability and will help the CRTO recover costs that would otherwise have to be absorbed by all Members.

The proposed amounts were determined based on a cost recovery approach, informed by the following:

- **Direct Costs,** which may include staff time for coordinating assessments, communication with Members, and administrative processing; per diems and travel expenses for assessors conducting the assessments, and materials and technology costs.
- **Cost Recovery** - the fees are not intended to generate profit for the CRTO but to offset the actual cost incurred when administering the Quality Assurance Program. This approach ensures that costs related to non-compliance or failure to participate are borne by the individual Member rather than the broader membership.

**RECOMMENDATION**

That Council approve the revised Schedule of Fees for the 2026-2027 Fiscal Year (effective March 1, 2026).

**NEXT STEPS**

If approved the Schedule of Fees will be posted on the CRTO website. Staff will also develop a communication plan to help Members understand the cost/implications of non-compliance with the Quality Assurance Program.

**APPENDIX A:**

**CRTO Schedule of Fees**

| | **2025-2026**<br>(Mar 1, 2025 – Feb 28, 2026) | **2026-2027**<br>(Mar 1, 2026– Feb 28, 2027) |
|---|---|---|
| **Application Fee** | $75 | $75 |
| **Annual Registration Fee** | | |
| General Certificate | $700 | $700 |
| Graduate Certificate | $700 | $700 |
| Limited Certificate | $700 | $700 |
| Inactive Certificate | $125 | $125 |
| **Prorated Fees for Registration***<br>(General, Graduate or Limited Certificates) | | |
| March 01 – May 31 | $700 | $700 |
| June 01 – Aug. 31 | $525 | $525 |
| Sept. 01 – Nov. 30 | $350 | $350 |
| Dec. 01 – end Feb. | $175 | $175 |
| **Emergency Certificate Registration Fee** | | |
| Emergency Certificate Initial Registration | $350 | $350 |
| Emergency Certificate Renewal | $350 | $350 |
| **Fee Refunds***<br>(General, Graduate or Limited Certificates) | | |
| March 01 – May 31 | $175 | $175 |
| June 01 – Aug. 31 | $350 | $350 |
| Sept. 01 – Nov. 30 | $525 | $525 |
| Dec. 01 – end Feb. | No fee refund | No fee refund |

| | 2025-2026<br>(Mar 1, 2025 – Feb 28, 2026) | 2026-2027<br>(Mar 1, 2026– Feb 28, 2027) |
|---|---|---|
| **Late Fees** | | |
| General, Graduate or Limited Certificate | $162.50 | $162.50 |
| Inactive Certificate | $50 | $50 |
| Late PDP Submission | $25 | $25 |
| **Reinstatement Fees** | | |
| Reinstatement from Suspension | $325 | $325 |
| **Other Fees** | | |
| Fee for NSF Cheque | $45 | $45 |
| Entry-to-Practice Competency Assessment Appeal Fee | $250 | $250 |
| **Committee and Program Fees** | | |
| **Registration Program Competency Assessment** | | |
| Phase 1 & 2 – Program Review and Interview | $500 | $500 |
| Phase 3 – Clinical Skills Assessment | $5,000 | $5,000 |
| **Quality Assurance Program** | | |
| Practice Assessment | | $500 |
| Failure to attend a mandated PORTfolio coaching session** | | $25 |
| Failure to attend a mandated PDP SCERP coaching session ** | | $100 |
| **Professional Incorporation Fees** | | |
| Issuing a Certificate of Authorization | $650 | $650 |
| Annual Renewal Fee for Corporations | $650 | $650 |

* *There is no pro-rating for Inactive certificates*

** *Without providing at least 48 hours' notice to the CRTO*

# Council Briefing Note

**AGENDA ITEM # 6.5** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT - Registrar & CEO |
| **Topic:** | Draft 2026 – 2030 Strategic Plan |
| **Purpose:** | Decision |
| **Strategic Focus:** | Governance & Accountability |
| **Attachment(s):** | Appendix A: Draft 2026-2030 Strategic Plan<br>Appendix B: Strategic Session Outputs<br>Appendix C: Draft 2026-2030 Strategic Plan Formatted Version |
| **Motion(s):** | **It is moved by _____ and seconded by _____ that:**<br>**Council approves the 2026 – 2030 Strategic Plan.** |

**PUBLIC INTEREST RATIONALE**
Updating our Strategic Plan enables the CRTO to fulfill its statutory mandate to protect the public in a transparent, accountable, and future-focused manner.

**BACKGROUND**
The CRTO retained The Regulator's Practice to assist us in the creation of a new and updated Strategic Plan. After several months of conducting interviews and background work, a facilitated strategy session involving the CRTO Council and staff took place on September 26, 2025.

**ANALYSIS**

***Why is strategic planning important?***
A strategic plan demonstrates that the CRTO is working proactively to support the provision of safe, competent, and ethical respiratory therapy care. It provides measurable priorities and outcomes that are intended to hold the CRTO Council and staff accountable for delivering on our mandate to protect the public interest.

***What did we hear in September's strategy session?***
Recurring themes were for the CRTO to:

- Be responsive, agile and nimble in the face of unprecedented technological innovation, a rapidly changing health system and increasing workforce demands.

- Enhance our focus on compassionate regulation by aligning our regulatory processes with fairness, empathy, and respect. This is important because it enhances public trust in the professional self-regulation and potentially strengthens Members' compliance with professional standards.

- Strengthening Member engagement through clear, transparent communication via multiple formats, being responsive to Members' concerns and providing more educational support.

***Examples of how we plan to operationalize the items identified in the strategic plan:***

**Foster Collaboration and System Leadership & Embed Compassionate and Transparent Regulation**
*Provide expertise and guide the development of ideas on compassionate, proportionate, and right-touch regulation.*

- Participation in an HPRO working group focused on improving Colleges' approach to managing Members' mental health issues. There is also potential to collaborate with our provincial professional association on this matter.

**Evolve Professional Scope and Competence**
*Support Members' ability to work to the full scope across diverse practice settings.*

- The CRTO and RTSO are preparing a joint submission to the MOH to revise the scope of practice of Respiratory Therapy in Ontario. If approved, the CRTO will be working closely with all relevant partners.

**Integrate Equity, Diversity, Inclusion, Accessibility, and Reconciliation**
*Embed anti-racism and cultural safety in standards, communications, and policy frameworks.*

- The NARTRB has embarked on establishing a national professional code of ethics, using the CRTO's A Commitment to Ethical Practice document as its framework.

**Advance Digital and Data Capability**
*Streamline workflows to improve efficiency, transparency, and responsiveness.*

- The CRTO plans to develop an AI policy and procedure for CRTO staff, Council and Committee members.

**Appendix A**

**DRAFT CRTO Strategic Plan (Version 3)**

**2026 – 2030**

## Introduction

*The College of Respiratory Therapists of Ontario (CRTO) regulates the profession of respiratory therapy to ensure the people of Ontario receive safe, ethical, and competent care.*

*This strategic plan builds on the organization's strengths and the insights gathered from Council, staff, and partners. It reflects a regulatory landscape characterized by rapid system transformation, evolving scopes of practice, technological disruption, and increasing public and governmental expectations of transparency, compassion, and equity.*

*Over the next five years, CRTO will focus on strengthening trust and collaboration, modernizing its regulatory systems, and equipping the organization and profession to meet Ontario's health system needs. The plan defines the desired outcomes for 2030 and the key strategic imperatives required to achieve them.*

## 2030 Vision Statement

***Trusted Partner. Trusted Regulator. Trusted Profession.***

CRTO is a collaborative and transparent regulator, overseeing and supporting a trusted profession that provides safe, compassionate care and leadership in a dynamic healthcare landscape.

## 2030 Strategic Outcomes

To be a **trusted regulator**, regulating a **trusted profession** within a complex, rapidly changing health system, CRTO cannot work in isolation – it must be a **trusted partner**. CRTO's effectiveness and impact depends on how it partners with the public, Members, government, and fellow regulators and health system partners.

### Trusted Partnership with the Public

CRTO earns and sustains the confidence of Ontarians through regulation that is transparent, compassionate, and grounded in the public interest. Members of the public experience respectful, timely, and clear communication from the College, and they understand the value and expectations of both the profession and the regulator. Public trust in both the regulator and the profession is strengthened as CRTO consistently demonstrates integrity, responsiveness, and a commitment to safe, high-quality care.

### Trusted Partnership with Members

CRTO is a credible and relevant partner throughout the professional lifecycle of every respiratory therapist. Members experience the College as a supportive and fair regulator, one that balances accountability with guidance, learning, and professional growth. Through clear standards, modern quality assurance, and compassionate engagement, CRTO supports Members in practicing safely, ethically, and to their full scope. The relationship between CRTO and its Members is characterized by mutual respect and a shared commitment to serving the public interest.

### Trusted Partnership with Government

CRTO provides government and policymakers with reliable knowledge, evidence, and insights on respiratory therapy practice. The College demonstrates accountability and effectiveness, reinforcing confidence in the regulatory model and its value to Ontarians. By offering informed perspectives on professional scope, mobility, and workforce planning, CRTO supports the modernization of the health system. By anticipating emerging risks and opportunities, the College helps shape policies that enhance public protection and improve system efficiency.

### Trusted Partnership with Fellow Regulators and Health System Partners

CRTO is an engaged, collaborative, and impactful leader in regulatory and system reform. The College works with other regulators and partners across the health system to advance consistency, share data and insights, and promote innovation. It contributes to harmonized standards, proportionate risk-based approaches, and interprofessional collaboration. CRTO is recognized as a constructive, forward-thinking partner helping shape a regulatory environment that supports safe, integrated, and responsive care for Ontarians.

## Strategic Imperatives (Enablers for Success)

To become a trusted partner and a trusted regulator to the public, to government, to Members, and to system partners, CRTO must:

### Foster Collaboration and System Leadership

Collaboration with partners will strengthen CRTO's impact and alignment across the regulatory and health landscape.

- Strengthen relationships with government, Health Profession Regulators of Ontario (HPRO), and national counterparts.
- Engage in interprofessional and system-level initiatives to address emerging workforce and policy challenges.
- Provide expertise and guide the development of ideas on compassionate, proportionate, and right-touch regulation.

### Embed Compassionate and Transparent Regulation

CRTO will integrate trauma-informed, culturally safe, and relationship-focused approaches into all its regulatory processes.

- Strengthen staff and Council training on compassionate regulation.
- Ensure decisions, communications, and policies reflect fairness, clarity, and respect.
- Develop processes that support Members and the public, while enhancing public awareness through regulatory interactions.

### Evolve Professional Scope and Competence

Regulation must evolve alongside the profession and meet changing public needs and expectations.

- Develop agile quality assurance mechanisms that reflect the realities of modern practice.
- Support Members' ability to work to full scope across diverse practice settings.
- Monitor system changes and adjust standards proactively to uphold safety and quality.

### Integrate Equity, Diversity, Inclusion, Accessibility, and Reconciliation

EDI and reconciliation principles will shape CRTO's governance, operations, and regulatory practices.

- Embed anti-racism and cultural safety in standards, communications, and policy frameworks.
- Create inclusive processes that welcomes diverse perspectives and experiences.
- Build partnerships with equity-seeking communities to guide continuous improvement.

### Advance Digital and Data Capability

Modern technology and secure information management will be foundational to effective regulation.

- Continue strengthening of IT infrastructure and cybersecurity systems to ensure reliability and privacy.
- Leverage data analytics for insight-driven, risk-based decision-making.
- Streamline workflows to improve efficiency, transparency, and responsiveness.

### Ensure Organizational Excellence and Agility

Strong governance and operational discipline will sustain CRTO's effectiveness and readiness for change.

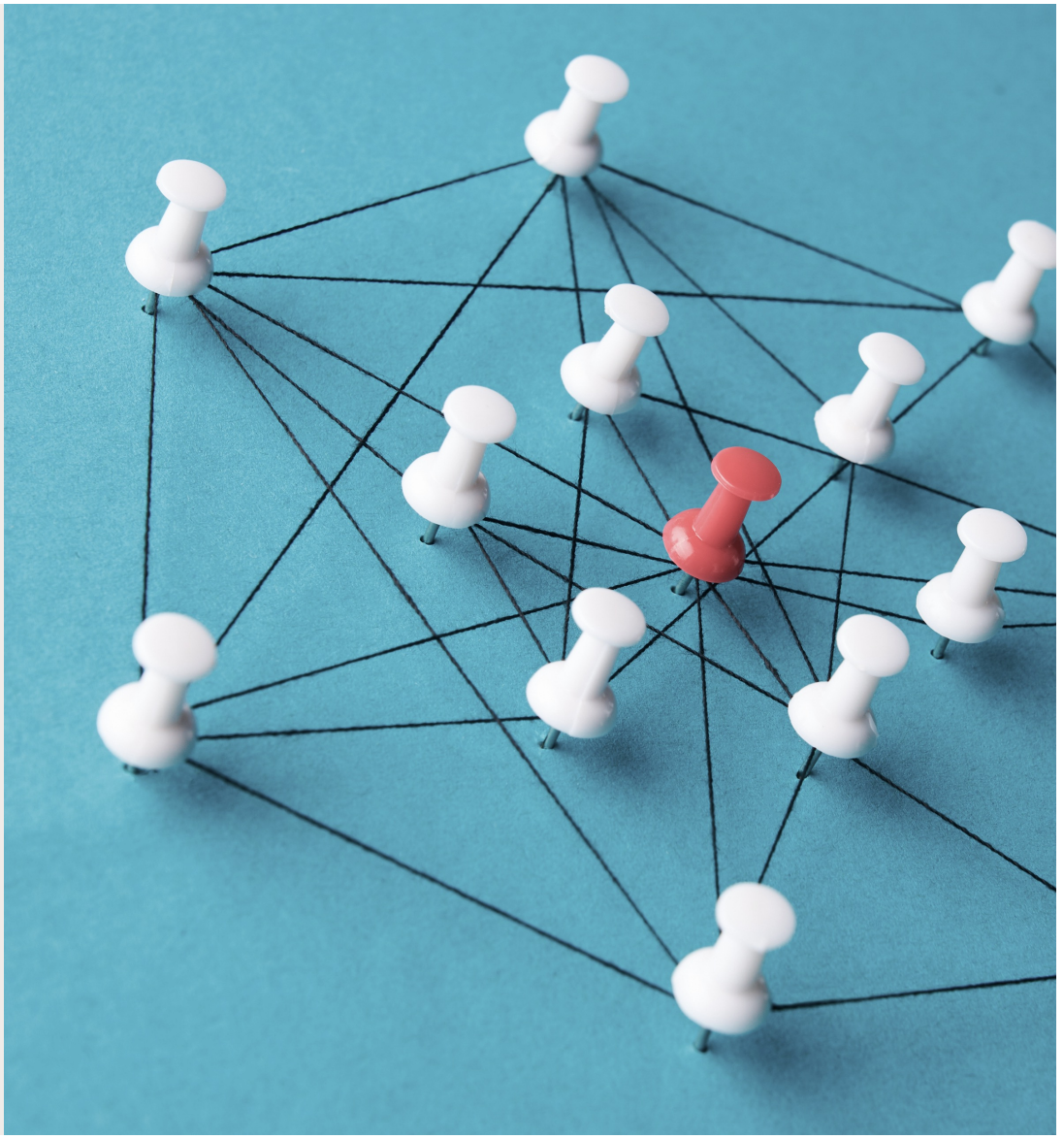
- Maintain and strengthen governance effectiveness through Council education and role clarity.
- Apply continuous improvement and risk management principles to all operations.

Appendix B

The Regulator's Practice

# College of Respiratory Therapists of Ontario

## Strategic Planning Session | Outputs



September 26, 2025

# Introduction

This document is a synthesis of the College of Respiratory Therapists of Ontario (CRTO) September 26, 2025, Council Strategy Session discussions.

The purpose of this document is to support CRTO Council's deliberations regarding the Draft CRTO Strategy Plan that emerged from this engagement session and subsequent planning sessions with CRTO senior staff.

This document is organized in alignment with the agenda of the September Strategy Session

# Check In |

## What Is Something Noteworthy From The Environmental Scan?

+ How do we find common ground where see some "polarized" perspectives?
+ How do we ensure we are staying ahead of the trends in practice?
+ Entry to practice – gaps in knowledge and competency post pandemic
+ The line between what is our mandate and what is in the professional interest is not always clear
+ Need to be responsive, agile, nimble *
+ Innovation needs to be a part of our culture *
+ This is quality information and research
+ This is a bit overwhelming
+ We are in the public eye as a profession?
    - Need more clarity regarding what we are capable of doing
+ We need to ensure our remediation is effective
+ We need to ensure registrants understand our role
+ Acknowledging challenges within the profession is not the same as advocating for them
+ Need for better member engagement and member compliance
+ Equity, diversity, and inclusion is hard to measure and easy to fall away
+ Compassionate, collaborative regulation *
+ Need to partner with members and with other system players *
+ How do we address generational differences with varying needs?
+ "Right-touch regulation", carrot vs. stick, connecting with registrants where they are at are all needed
+ Managing pressures with need to increase registrants – balancing need to protect the public and need to address public need for access (and government pressures) *

* Notes responses with multiple mentions

# Strategic Drivers

## *What is a "Strategic Driver" ?*

A strategic driver is an environmental factor that has a high likelihood of affecting our long-term direction, resource allocation, or ability to achieve our mandate.

# Summary | CRTO Strategic Drivers

CRTO does not exist in isolation - it fulfills its public interest mandate within a rapidly changing environment and has to anticipate and respond to these changes in order to continue to be trusted by the public, partners and Members. Some of the key strategic drivers that has informed this strategic plan include:

**Compassionate and Relational Regulation**

A continued movement towards culturally safe, trauma-informed, and compassionate approaches that reduce harm and build trust—strengthening compliance through relationships.

**Proactive, Risk-Based Regulation**

Evolving from reactive oversight to prevention-focused, risk-based approaches that anticipate and mitigate harm, ensuring consistency and public protection.

**Expanding Scope and Settings of Practice**

The role of Respiratory Therapists continues to evolve in response to changing health system needs, leading to expanded involvement in community, primary care, and advanced practice settings. This evolution depends on collaboration across professions, strong government support, and updated standards and oversight that promote quality care for patients.

# Summary | CRTO Strategic Drivers (Continued)

**Systemic Disruptions, Government, and Geopolitical Pressures**
Pandemics, environmental crises, and shifting government priorities underscore the need for a regulator that is both resilient and adaptable. Demonstrating accountability, efficiency, and relevance in the face of systemic disruptions and evolving policy directions is essential to sustaining public safety and public trust under pressure.

**Evolving Public Expectations**
Growing public expectations for transparency, accessibility, and meaningful engagement, particularly with equity-seeking and underserved communities.

**EDI, Accessibility, Reconciliation, and Anti-Racism**
A growing emphasis on equity, diversity, inclusion, accessibility, cultural safety and reconciliation.

**Digital Transformation and Stability**
Modernized digital infrastructure, enhanced cyber-security, and the responsible use of data and artificial intelligence will strengthen efficiency, resilience, and oversight capacity.

# Vision Fragments

# Emerging Vision Themes

- Collaboration
- Trust
- Engagement / responsiveness
- Risk, AI, IT, Operational stability
- Role awareness
- Expanding scope / adaptation
- Wedgie, messy, tough
- Leadership, capacity to lead
- Quality and access to care, awareness, system roadblocks, barriers
- Being “neutral” and not political

# 2030 Public Impact

- Increased trust in CRTO and its members *
- Increased awareness of RT practice *
- Increase experience of the benefits of compassionate, trauma-informed, equitable, diversity and inclusive care
- Access to quality care
- Open lines of communication (transparency)
- Efficient timely response
- Engagement membership
- Evolving regulatory practices to meet care needs
- RTs providing expert, high-quality care that is responsive to the ever-changing system and public needs
- RT role, identity, and impact on the health system and care delivery is understood
- Engaging the CRTO with safety, confidence and trust
- Identification of RT on health team and their ability to order and prescribe to expedite care
- Improved information and access through website and social media channels
- Timely, compassionate and transparent responses to public inquiries*

* Notes responses with multiple mentions

# Areas of Focus

- Confidence in increased scope of practice
- Forefront of IT infrastructure, AI, cybersecurity
- Engagement with members and public
- Training, development, education
- System partner engagement
- Operational excellence and efficiency
- Member and partner collaboration
- Risk management (education, IT, pandemic service disruption)
- Consultation and evaluation (public, ministry, members, other colleges) to inform regulatory change
- Robust, agile, adaptable QA, scope evolution, tech advancement to respond to ongoing change
- Enhanced transparency, communication, and partnerships between CRTO and public / stakeholders
- Through compassionate communication and regulation – respecting individuals as unique with attention to EDI agendas
- Recognized leader: standards of practice / HPRO / national alliance
- Trust: members (Righ-touch regulation), gov't (self regulation), public, Council (ambassadors)
- Technology: cyber security, AI, continual system improvement

# How Our Partners Describe Us

| Partner | Descriptors |
|---|---|
| **Public** | + Transparent*<br>+ Responsive<br>+ Trusted* |
| **Members** | + Supportive*<br>+ Compassionate<br>+ Transparent<br>+ Empowering |
| **National RT Regulators** | + The Standard<br>+ Trusted leader*<br>+ Collaborative<br>+ Transformational |
| **Health System Partners** | + Collaborative*<br>+ Responsive<br>+ Bush-wacker |

* Notes responses with multiple mentions

# Images



A boat doesn't go forward if each rower is rowing their own way. Each contributes power and effort, but success depends on synchronization

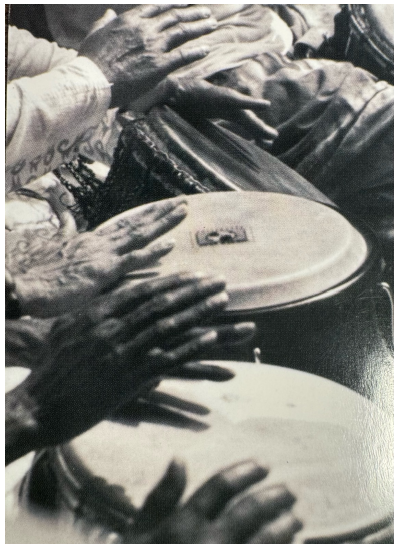


Sometimes regulation just gives you a wedgie

# Images



Outstanding and standing out



Creating a new rhythm of regulation!

# Images



Through teamwork, collaboration, communication, the CRTO is a leader in regulatory excellence



Supporting you throughout your health journey

# Start / Stop / Continue

| START | STOP | CONTINUE |
|---|---|---|
| + Start charging appropriately for services to other RT regulators (e.g., IEHP assessments)<br>+ Increase awareness of profession to the public through new media strategies<br>+ Start a p/t role for government relations<br>+ Develop relationship with ministries to have a voice in government and regulatory decisions<br>+ Develop membership, public, and stakeholder engagement plan<br>+ Preparedness / risk management for disruptors<br>+ CRTO Innovation role<br>+ Succession plan for staff roles and staff RT subject matter experts<br>+ New staff role for DEI<br>+ Develop role to create SCERP, for competency issues<br>+ Educate public in "rules of engagement" with their RT<br>+ Budget planning – aligning budget with strategic plan<br>+ Plain language<br>+ Comms on RT role and what they do<br>+ Streamlining comms channels<br>+ Diversifying committee governance<br>+ Enhancing member accountability and compliance | + Doing work for other jurisdictions<br>+ Stop doing all of the education related to regulation<br>+ Stop the significant amount of warnings, reminders related to non-compliance – balancing compassionate regulation with effectiveness<br>+ Stop using jargon<br>+ Over-extending internal resources<br>+ The friction – making user-journey complicated<br>+ Over communicating | + Cyber security<br>+ Member engagement / compliance<br>+ EDI*<br>+ Collaboration with other regulators<br>+ Communication (social media) – members, public, students<br>+ Accountability to regulatory requirements<br>+ Risk assessment, cyber security, monitoring, AI*<br>+ Evaluate current and future needs for the improvement and access to care<br>+ Role awareness, scope of practice<br>+ Demographics data collection, tracking, expansion<br>+ Continue to explore translation options<br>+ Tech innovation<br>+ Consultations<br>+ Leadership role<br>+ Diversifying comms media<br><br>* Notes responses with multiple mentions |

# What is it Time For?

+ Synthesis
+ Collaboration
+ Courage
+ Innovation
+ Engagement
+ Adaptability
+ Respiratory Therapy
+ Momentum
+ Safety
+ Progression
+ Leadership
+ Identity
+ Future-gazing

# Stay in Touch

The Regulator's Practice

**Bradley Chisholm**

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**Kevin McCarthy**

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# CRTO Strategic Plan 2026 - 2030

VERSION 3



College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

## Introduction

The College of Respiratory Therapists of Ontario (CRTO) regulates the profession of respiratory therapy to ensure the people of Ontario receive safe, ethical, and competent care.

This strategic plan builds on the organization's strengths and the insights gathered from Council, staff, and partners. It reflects a regulatory landscape characterized by rapid system transformation, evolving scopes of practice, technological disruption, and increasing public and governmental expectations of transparency, compassion, and equity.

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# CRTO Strategic Plan 2026 - 2030 VERSION 3

## 2030 Strategic Outcomes




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# CRTO Strategic Plan 2026 - 2030 VERSION 3

## Strategic Imperatives (Enablers for Success)



To become a trusted partner and a trusted regulator to the public, to government, to Members, and to system partners, the CRTO must do the following:

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# CRTO Strategic Plan 2026 - 2030 VERSION 3

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## Ensure Organizational Excellence and Agility

Strong governance and operational discipline will sustain CRTO's effectiveness and readiness for change.

- Maintain and strengthen governance effectiveness through Council education and role clarity.
- Apply continuous improvement and risk management principles to all operations.

# Council Briefing Note

**AGENDA ITEM # 7.1** **December 12, 2025**

| | |
|---|---|
| **From:** | Kelly Arndt, RRT, Manager, Quality Practice |
| **Topic:** | Update to Professional Development Program (PDP) Policy |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Enhancing Professionalism |
| **Attachment(s):** | Appendix A – Final draft revised PDP Policy |
| **Motion(s)** | **It is moved by _____ and seconded by _____ that:**<br>**Council approves the revised PDP Policy.** |

**PUBLIC INTEREST RATIONALE**

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.

**BACKGROUND**

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 CRTO charge a fee to Members referred for practice assessment due to non-compliance. This will help the CRTO 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 CRTO's commitment to fiscal responsibility and transparency. The Quality Assurance Committee approved the policy on October 6, 2025, pending Council's approval of By-law 3: Membership (fees).

**ANALYSIS**

The following is a highlight of the recommended changes to the PDP Policy:

- Addition of a $500 fee for QAC-mandated practice assessment.
- Failure to attend a mandated Portfolio coaching session without providing at least 48 hours' notice to the CRTO will result in a $25 fee.

- Failure to attend a mandated PDP SCERP without providing at least 48 hours' notice to the CRTO will result in a fee of $100.

**RECOMMENDATION:**
Recommend that Council approves the PDP Policy.

**NEXT STEPS:**
If approved by Council, the policy change will be published on our website and Members will be notified.

**APPENDIX A:**

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



## Professional Development Program

**Type:** Policy

**Origin Date:** May 27, 2011

**Section:** QA

**Approved by Council:** March 3, 2023

**Document Number:** QA-101

**Next Revision Date:** March 2028

### 1.0 POLICY STATEMENT

It is our policy to uphold the College of Respiratory Therapists of Ontario's (CRTO's) mandate to act in the public interest by supporting the ongoing professional development of Ontario Respiratory Therapists (RTs). The CRTO Professional Development Program (PDP) consists of the following components:

- Launch RT Jurisprudence Assessment;
- RelevanT eLearning Module;
- Portfolio Online for Respiratory Therapists (PORTfolio$^{OM}$);
- Specified Continuing Education or Remediation Program (SCERP); and
- Practice Assessment.

A description of each component is listed below.

### 2.0 PURPOSE

The purpose of this policy is to facilitate CRTO Member's successful completion of the components of the Professional Development Program which is designed to:

- promote continuing competence and continuing quality improvement;
- promote interprofessional collaboration; and
- address changes in practice environments, standards of practice, and entry-to-practice competencies, as well as advances in technology.

### 3.0 APPLICABILITY

This policy applies to all Members of the CRTO, which includes Members registered with General, Graduate, Limited, Emergency, or Inactive Certificates of Registration.

## 4.0 RESPONSIBILITIES

### CRTO Members

#### Launch RT Jurisprudence Assessment

All new and reinstated CRTO Members, regardless of route of entry to practice, must complete the Launch RT Jurisprudence Assessment within three (3) months of registration. Launch RT Jurisprudence Assessment is designed to assess Members' knowledge, skill, and judgment and requires a passing mark of 70%. Deferrals for the Launch RT Jurisprudence Assessment will only be granted by the Quality Assurance Committee (QAC) in extenuating circumstances.

In the event of an urgent need to register Members with the CRTO in the Emergency Class, the Launch requirement can be deferred temporarily and the length of the deferral will be determined by the QAC. Consideration will be given as to the nature of the emergency as well as any other relevant factors. More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

#### RelevanT eLearning Module

All CRTO Members (including those with an Inactive Certificate of Registration) must complete the RelevanT Learning Module on an annual basis. The module provides information about practice standard changes. It is not a pass/fail module but rather a completion only. Deferrals are not granted for the RelevanT eLearning Module.

#### PORTfolio$^{OM}$

All CRTO Members must maintain their PORTfolio on an ongoing basis. CRTO Members with General, Limited, Emergency and Graduate Certificates of Registration are required to submit their PORTfolio online, using the PDKeepr module, during their predefined Review Year. Review Years are available on a Member's CRTO webpage and are on a five-year cycle. Members registered with Inactive Certificates of Registration are not required to submit their PORTfolio. Deferrals for PORTfolio submissions will only be granted by the QAC in extenuating or emergency circumstances. More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

#### Specified Continuing Education or Remediation Program (SCERP)

CRTO Members whose knowledge, skill, and judgment have been assessed and found to be unsatisfactory may be directed by the QAC to participate in a Specified Continuing Education or Remediation Program (SCERP). This remediation process is intended to be an educational opportunity for Members to improve their knowledge, skills, and judgment.

The form and nature of the SCERP will depend on the Member's identified learning needs and challenges and may take the form of:

- A customized educational tool that is implemented utilizing a mentor;
- An existing course or educational program; or
- Another educational tool that is appropriate for the Member's learning.

There are three (3) circumstances where a Member may be required to undergo a SCERP:

1. If a Member receives a score below 70% on two consecutive attempts at the Launch RT Jurisprudence Assessment; and/or
2. If a Member submits two consecutive PORTfolios that are determined to not meet the requisite criteria for successful completion; and/or
3. If a Member has completed a practice assessment and found to have unsatisfactory knowledge, skill, and judgment.

In these instances, the Member will be referred to a panel of the QAC.

**Practice Assessment**

The *Regulated Health Professions Act*, 1991 (RHPA) requires that all health regulatory Colleges have a Quality Assurance Program that consists of self, peer, and practice assessments. A CRTO Member may be selected by the QAC to undergo peer and practice assessments to determine whether the Member's knowledge, skill and judgment are satisfactory. A Practice Assessment may also be required for reasons including but not limited to criteria specified by the Committee. One such criteria specified by the QAC is that new CRTO Members who have not graduated from an approved Canadian program shall be required to complete a Practice Assessment as outlined in the CRTO's Entry-to-Practice Competency Assessment Policy. Additionally, failure to comply with the CRTO's Professional Development Program can result in a practice assessment.

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

## 5.0 AUTHORITY & MONITORING

This policy is in alignment with section 80 of the *Health Professions Procedural Code* (the *Code)* being Schedule 2 to the RHPA, and *Ontario Regulation O.Reg 596/94 General (Part VI - Quality Assurance)*.

## 6.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO establishes timelines for completion of all PDP components, criteria for successful completion and monitors participation of CRTO Members in the PDP on an ongoing basis. If a CRTO Member does not complete their PDP requirements by the established deadline, they

will be sent a reminder notice. If they do not complete their obligation within 15 days of the sent date of the reminder notice, they will be charged a penalty fee of $25 as outlined in the CRTO By-law 3 and the Schedule of Fees. If the Member does not submit the required PDP evaluation despite repeated notification (See Summary of Non-Compliance and Late Submission of PDP Requirements in Appendix A), a panel of the QA Committee may do any one or more of the following:

- require the Member to undergo a peer and practice assessment (which may include requiring the Member to answer questions about their practice and/or interviewing
- the Member's employer; and/or
- direct the Registrar to impose terms, conditions and limitations (TCLs) on the Members certificate of registration; and/or

- disclose the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the Member may have committed an act of professional misconduct or may be incompetent or incapacitated

Members will be charged $500 if a practice assessment is ordered by a panel of the QAC.

Additional Fees

Failure to attend a mandated Portfolio coaching session without providing at least 48 hours' notice to the CRTO will result in a $25 fee.

Failure to attend a mandated PDP SCERP without providing at least 48 hours' notice to the CRTO will result in a fee of $100.

## 7.0 RELATED DOCUMENTS

- Deferral of Professional Development Program Requirements Policy
- Professional Development Program Peer Assessors and Mentors Fact Sheet
- Section 80 of the Health Professions Procedural Code (the Code) being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA)
- Ontario Regulation O.Reg 596/94 General (Part VI - Quality Assurance)
- CRTO By-Laws (By-Law 3: Membership) s.4.13

## 8.0 APPENDICES

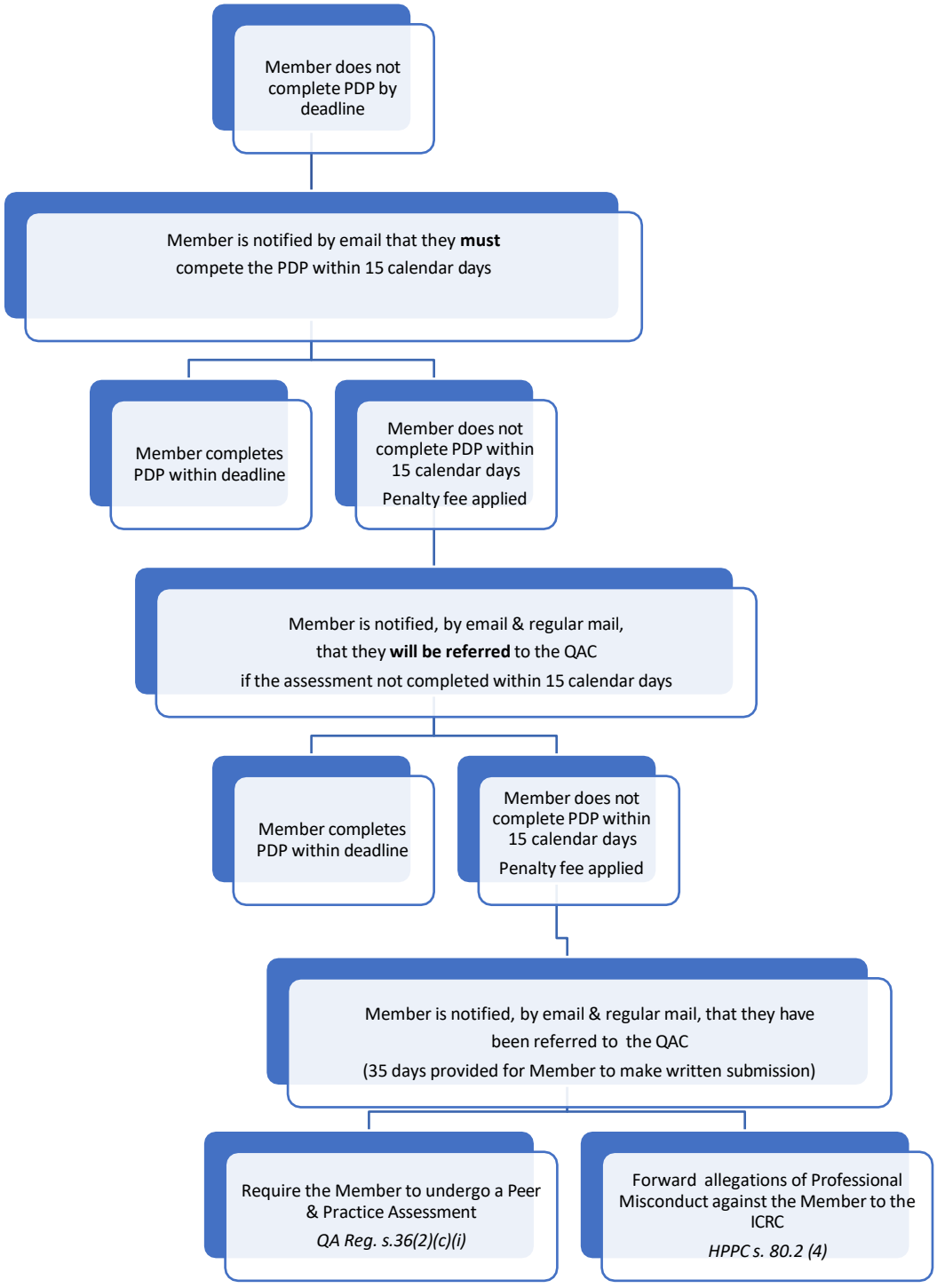
- Appendix A - Summary of Non-Compliance & Late Submission of PDP Requirements

## 9.0 CONTACT INFORMATION

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

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

## APPENDIX A - Summary of Non-Compliance & Late Submission of PDP Requirements



# Council Briefing Note

**AGENDA ITEM # 8.1** **December 12, 2025**

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

**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:*
    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.* (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.

## PUBLIC CONSULTATION

The draft revised Standards of Practice were posted for consultation on the CRTO website on October 21, 2025. A link to the consultation survey was also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts and the November e-blast.

The consultation survey received 78 views, and eight respondents completed it. All respondents found the proposed revisions to be clear and understandable.

| CONSULTATION FEEDBACK | |
|---|---|
| 78 | Viewed |
| 8 | Completed |
| 10% | Percent Completed (Views vs. Completions) |

For full consultation results, including comments, see Appendix C.

**Date consultation opened:** October 21, 2025
**Date consultation closed:** November 30, 2025
**Length of time consultation was open:** 40-days

## RECOMMENDATION

That Council approves the revised Standards of Practice document.

## NEXT STEPS

If approved, the revised Standards of Practice document will be translated, formatted and posted on the CRTO website.

**APPENDIX A:**

College of Respiratory Therapists of Ontario

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".[1]

**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".[2]

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

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome".[4]

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

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

[4]. 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."[1]

**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.[2]

[1] Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb2010.pdf

[2] 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".[1]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)".[2]

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

## 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.

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

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

[3] 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".[1]

**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".[2]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)".[3]

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

**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.[5]

**Timely** refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome".[6]

## 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

[1] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[2] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[3] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[4] College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[5] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[6] 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.

- College of Respiratory Therapists of Ontario (2023). *Professional Development Program Policy.* Available at https://www.crto.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".[1]

**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."[2]

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

**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".[4]

**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,*

[1] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[2] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: https://ethics.crto.on.ca.
[3] Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca.
[4] College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline.* Available at: https://interpretation.crto.on.ca.

*cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.*"[1]

## 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.

[1] 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".[1]

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

**Reasonable person** refers to "an individual who is neutral and informed."[3]

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

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

[3] 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.crto.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."[1]

**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".[2]

**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".[3]

**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

[1] College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: https://responsibilities.crto.on.ca/
[2] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[3] 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.[1]

**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.[2]

**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)."[3]

[1] College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: https://responsibilities.crto.on.ca/
[2] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[3] 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.[1]

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

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

[1] College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: https://responsibilities.crto.on.ca/
[2] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[3] 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."[1]

**Patient/client** refers to individuals who require care (and this can include their substitute decision maker.[2]

## 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.

[1] College of Respiratory Therapists of Ontario (2021). A Commitment to Ethical Practice. Available at https://ethics.crto.on.ca/
[2] 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.
- 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)."[1]

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

[1] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[2] 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."[1]

[1] 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)."[1]

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

**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.[3]

[1] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca.
[2] Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca.
[3] 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)."[1]

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

[1] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[2] 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."[1]

**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".[2]

[1] College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice* https://abuse.crto.on.ca/definitions/#abuse
[2] 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)."[1]

**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.[2].

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

**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.[4]

**Professional relationships** refer to "the connections/interactions of RTs with service providers, students, and others."[5]

**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".[6]

**Therapeutic relationships** refer to "the connections/interactions of RTs with their patients/clients."[7]

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

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

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

[4] 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

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

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

[7] 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, orthe 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
- 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)."[1]

[1] 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.[1]

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

**Professional/Professionalism** to 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.[3]

**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."[4]

## 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.

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[1] 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

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

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

[4] 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
- 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.[1]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)."[2]

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

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

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

[3] Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at: 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.[1]

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

[1] Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[2] 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".[1]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated).[2]

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

[1] Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com
[2] College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/
[3] Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice.* Available at: https://ethics.crto.on.ca/

**APPENDIX B:**

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

# STANDARDS OF PRACTICE

Revised ~~September 2019~~ June 2025

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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**P**

# 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 CRT0 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.

~~**Standards of Practice Advisory Group**~~

~~SCRT Representatives~~

~~Tracey La Saga, RRT Regina Qu'Appelle Health Region~~

~~Candi Thompson, RRT/AA Saskatoon Health Region~~
~~Chelsea Wilker SCRT~~

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~~Tracy Bradley, RRT Cornwall Community Hospital~~

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~~Lily Yang, RRT Sinai Health System~~

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~~Carole Hamp, RRT CRTO~~

~~Lori Peppler-Beechey, RRT CRTO~~

~~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 CRTO Standards of Practice were updated in September 2019 to ensure alignment to the CRTO 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 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.**

~~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 ~~Stakeholder~~ System Partner Group

| ~~STAKEHOLDERS~~ SYSTEM PARTNERS | 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 ~~Stakeholder~~ System Partner Group | |
|---|---|
| ~~STAKEHOLDERS~~ SYSTEM PARTNERS | 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-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. (2012~~0~~). *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. (2012). *Ontario Regulation 596/94 under the Respiratory Therapy Act. Advertising.* Available at:

h~~ttps://www.ontario.ca/laws/regulation/940596/v5~~ https://www.ontario.ca/laws/regulation/940596.

- College of Respiratory Therapists of Ontario. (2022~~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".[1]

**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."[2]

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

**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"[4]

[1] ~~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/.
[2] ~~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/
[3] ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2021~~0~~). *A Commitment to Ethical Practice.* Available at: ~~http://www.crto.on.ca/pdf/Ethics.pdf~~ https://ethics.crto.on.ca/
[4] ~~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~~ https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf
- Canadian Society of Respiratory Therapists. (2001~~6~~5/16~~8~~) *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. (2021~~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. (2021~~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. (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."[1]

[1] Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: ~~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."[1] ~~Implies two-way communication between the speaker and recipient involving active listening and reception~~.

**Community partners** include~~s~~, but is not limited to, 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."[2]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)".[3]

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

## 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.

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[1] ~~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.

[2] 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.

[3] 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.

[4] Adapted from Collegeof 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.

### 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. (2021~~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. (2021~~13~~). *Use of Social Media by Respiratory Therapists Fact Sheet. ~~CRTO Social Media Policy~~*. Available at:

~~http://www.crto.on.ca/pdf/Policies/PR_Social_Media_103.pdf~~
https://www.crto.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.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.
- *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."[1]~~ "the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods"[1]. ~~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".[2]

~~[1]~~[1] ~~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.

[2] 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)".[1]

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

**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".[3]

**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[4]

## 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

[1] 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.
[2] 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://chatgpt.com.
[3] ~~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~~ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com.
[4] ~~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. (2021~~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~~
- 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~~16~~). *Professional Development Program (PDP) Member's Guide*. Available at ~~http://www.crto.on.ca/members/professional-development/quality-assurance/~~ 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.crto.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."[1]

**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."[2]

[1] ~~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

[2] ~~College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: http://www.cno.org/globalassets/docs/reg/41042_entrypracrpn.pdf~~ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: https://ethics.crto.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.[1]

**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"[2]

**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* .[3]

## 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

[1] ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2021~~0~~). *A Commitment to Ethical Practice.* Available at: ~~http://www.crto.on.ca/pdf/Ethics.pdf~~ https://ethics.crto.on.ca.

[2] ~~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~~ College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline.* Available at: https://interpretation.crto.on.ca.

[3] ~~Adapted from Collegeof 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~~ 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. (2021~~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. (2022~~14~~). *Conflict of Interest. ~~Clinical~~ Professional Practice Guideline.* Available at: ~~http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf~~ https://conflict.crto.on.ca.
- ~~Council of the College of Respiratory Therapists~~ Ontario Government. (2013). *O~~.ntario~~ Reg~~.ulation~~ 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."[1]

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

**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,"[3] or "an individual who is neutral and informed~~ an individual who is neutral and informed."[3]

[1] 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.

[2] ~~Adapted from~~ 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://conflict.crto.on.ca.

[3] ~~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.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~~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. (2022~~14~~). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: ~~http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf~~ 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: ~~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."[1]

**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."[2] ~~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

[1] College of Respiratory Therapists of Ontario. (2022~~14~~). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: ~~http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf~~ https://responsibilities.crto.on.ca.
[2] ~~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."[1]

**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.[2]

**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.[3]

**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)."[4]

[1] ~~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.

[2] ~~Adapted from~~ College of Respiratory Therapists of Ontario. (2022~~14~~). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: ~~http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf~~ https://responsibilities.crto.on.ca.

[3] ~~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.

[4] College of Respiratory Therapists of Ontario. (2022~~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.

## 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. (2024~~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. (2023~~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. (2023~~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. (2022~~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. (2021~~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. (2021~~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/members/professional-development/e-learning/~~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: ~~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.[1]

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

**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."[3]

[1] Adapted from College of Respiratory Therapists of Ontario. (2022~~14~~). *Responsibilities under Consent Legislation. Professional Practice Guideline.* Available at: ~~http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf~~ https://responsibilities.crto.on.ca,

[2] ~~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.

[3] ~~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.crto.on.ca/pdf/Ethics.pdf~~ 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:

~~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."[1]

**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.[2]

## 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 Routine Practices in all settings and apply Additional Precautions when required~~ 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.

[1] ~~College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: http://www.cno.org/globalassets/docs/reg/41042_entrypracrpn.pdf~~ College of Respiratory Therapists of Ontario (2021). A Commitment to Ethical Practice. Available at https://ethics.crto.on.ca.
[2] 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.

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. (2020~~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.
- ~~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~~ 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~~
- Health Canada. (20~~1~~25). *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/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)."[1]

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.[2]

[1] 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.

[2] 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.

## 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.

~~i.~~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."[1]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated)."[2]

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.[3]

**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.[4]

[1] 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.

[2] 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.

[3] ~~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.

[4] ~~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~~ 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. (2022~~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. (2021~~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~~
- 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)."[1]

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

[1] 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.

[2] 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.

## 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. (2021~~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). *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. (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.
- College of Respiratory Therapists of Ontario. (2021~~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-sensitivve-practices4healthcare.pdf~~

## Glossary

**Abuse** refers to "treating others in a harmful, injurious, or offensive way."[1]

**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."[2] ~~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)."[3]

**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.[4] ~~.~~

**Patients/clients** refer to individuals and their families requiring care or services. This may also include ~~his/her~~ their substitute decision-maker or guardian.[5]

**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.[6]

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[1] 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.

[2] ~~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.

[3] 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.

[4] College of Respiratory Therapists of Ontario. (2022). Responsibilities under Consent Legislation. Professional Practice Guideline. Available at: https://responsibilities.crto.on.ca.

[5] ~~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.

[6] 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."[1]

**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".[2]

**Therapeutic relationships** refer to "the connections/interactions of RTs with their patients/clients."[3]

~~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.

[1] 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

[2] ~~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-sensitivve-practices4healthcare.pdf~~ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. https://chatgpt.com

[3] 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.

## 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.~~i. ~~f~~Findings/proceedings of professional negligence or malpractice and information regarding professional registration and conduct.
    ~~iii.~~ii. 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.~~
~~l.~~k. 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. 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~~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. (2024~~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. (2021~~2~~). *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. (2023~~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)."[1]

**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.[2]

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

**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 ar4e essential for maintaining

[1] 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.

[2] ~~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.

[3] ~~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.

trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.[1]

**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."[2]

## 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,

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

[2] Health Quality Ontario. (2022~~15~~). ~~*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. (2020~~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
- 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.

- ~~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~~
- ~~College of Respiratory Therapists of Ontario. (2014). *Handling, Administration, and Dispensing of Controlled Substances Position Statement.* Available at http://www.crto.on.ca/pdf/positions/Controlled_Substances_PS.pdf~~
- College of Respiratory Therapists of Ontario. (2023~~16~~). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: ~~http://www.crto.on.ca/pdf/PPG/Infection_Control_CBPG.pdf~~ 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: ~~http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/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. (2025~~16~~). *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."[1] ~~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)."[2]

**~~p~~Patient ~~s~~Safety ~~i~~Incidents** refer to an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.[3]

**Patients/clients** refer to individuals and their families requiring care or services. This may also include his/her substitute decision-maker or guardian.[4]

**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."[5]

[1] ~~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.
[2] College of Respiratory Therapists of Ontario. (2021~~0~~). *A Commitment to Ethical Practice.* Available at: ~~http://www.crto.on.ca/pdf/Ethics.pdf~~ https://ethics.crto.on.ca.
[3] Canadian Patient Safety Institute. (*2020~~nd~~*). ~~*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.
[4] Adapted from College of Respiratory Therapists of Ontario. (2021~~0~~). *A Commitment to Ethical Practice.* Available at: ~~http://www.crto.on.ca/pdf/Ethics.pdf~~ https://ethics.crto.on.ca.
[5] ~~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. (2021~~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. (202~~1~~2). *Supervision Policy*. Available at: ~~http://www.crto.on.ca/pdf/Policies/Supervision-pol.pdf~~ https://www.crto.on.ca/pdf/Policies/Policy.PP-110.pdf.
- 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.
- College of Respiratory Therapists of Ontario. (2022~~14~~). *Graduate Certificate of Registration Policy.* Available at: ~~http://www.crto.on.ca/pdf/Policies/Reg_Grad_Cert.pdf~~ https://www.crto.on.ca/pdf/Policies/Policy.RG-403.pdf.
- College of Respiratory Therapists of Ontario. (2021~~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. (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."[1]

**Healthcare team** refers to "peers, colleagues, and other healthcare professionals (regulated and non-regulated).[2]

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

[1] ~~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.

[2] 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.

[3] 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.

**APPENDIX C:**

**Answers to Questions**
**Standards of Practice Consultation**
**As of: 12/1/2025 3:02:38 PM**

**Page: Consultation Overview**

**Question: Introduction/Overview**

**Page: About You**

**Question: Are you a...**

*Number Who Answered: 9* View Details

| | | |
|---|---|---|
| Respiratory Therapist (including retired) | 9 | 100 % |
| Graduate Respiratory Therapist | 0 | 0 % |
| Student of a Respiratory Therapy Program | 0 | 0 % |
| Member of the Public | 0 | 0 % |
| Other Respiratory Therapy Regulator or Association | 0 | 0 % |
| Other Health Care Professional (including retired) | 0 | 0 % |
| Other Health Care Regulator or Association | 0 | 0 % |
| Prefer Not to Say | 0 | 0 % |

**Question: I live in...**

*Number Who Answered: 9* View Details

| | | |
|---|---|---|
| Ontario | 9 | 100 % |
| Canada, but outside Ontario | 0 | 0 % |
| Outside of Canada | 0 | 0 % |
| Prefer Not to Say | 0 | 0 % |

**Page: Questions**

**Question: 1. Are the proposed revisions to the CRTO Standards of Practice clear and easy to understand?**

*Number Who Answered: 8* View Details

| Yes | No |
|---|---|
| 8 | 0 |
| 100 % | 0 % |

**Question: If No, please describe which parts are unclear, and, if applicable, identify the specific Standard.**

*Number Who Answered: 0* View Details

**Question: 2. Are the proposed revisions to the CRTO Standards of Practice complete and free of errors or omissions?**

*Number Who Answered: 8* View Details

| Yes | No |
|---|---|
| 8 | 0 |
| 100 % | 0 % |

**Question: If no, please provide further details, and, if applicable, identify the specific Standard.**

*Number Who Answered: 0* View Details

**Question: 3. Are the proposed revisions to the CRTO Standards of Practice appropriate and applicable to RT practice?**

*Number Who Answered: 8* View Details

| Yes | No |
|---|---|
| 8 | 0 |
| 100 % | 0 % |

**Question: If no, please provide further details and, if applicable, identify the specific Standard.**

*Number Who Answered: 0* View Details

**Page: Additional Comments**

**Question: Do you have any additional comments on the proposed revisions to the Standards of Practice you would like to share?**

*Number Who Answered: 3* View Details

1. Thank you for all you're doing!
2. 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 This needs to be apparent and held up in professional practice.
3. The following section is a moving target. The use and generative power is changing almost daily. This statement will likely be "obsolete" within a "short" period of time. Consult other regulatory bodies, national organizations, and subject matter experts on a frequent and regular basis. Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment. (pg. 31 in the draft-revised version)

# Council Briefing Note

**AGENDA ITEM # 8.2** **December 12, 2025**

| | |
|---|---|
| **From:** | Kelly Arndt, RRT, Manager, Quality Practice |
| **Topic:** | Revised Community Respiratory Therapy Practice PPG |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Enhancing Professionalism |
| **Attachment(s):** | Appendix A – Final Draft RTs in Community Practice PPG<br>Appendix B – Consultation survey results |
| **Motion:** | **It is moved by _____ and seconded by _____ that:**<br>**Council approves the revised Community Respiratory Therapy Practice PPG.** |

**PUBLIC INTEREST RATIONALE**

The Community Respiratory Therapy 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 Respiratory Therapy 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 Respiratory Therapy 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.

## PUBLIC CONSULTATION

The draft PPG was posted on the CRTO's consultations webpage and shared via CRTO's social media. In total, 57 people viewed the consultation survey, and 4 responders completed the survey.

For full consultation results see appendix B.

**Date consultation opened:** October 4, 2025
**Date consultation closed:** November 10, 2025
**Length of time consultation was open:** 37-days

| CONSULTATION FEEDBACK | |
|---|---|
| 57 | Viewed |
| 4 | Completed |
| 7% | Percent Completed (Views vs. Completions) |

## RECOMMENDATION

To recommend that Council approve the Community Respiratory Therapy Practice PPG.

## NEXT STEPS

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

**APPENDIX A:**

# Community Respiratory Therapy Practice Professional Practice Guideline

**DRAFT 2025 revisions**

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

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

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 becomes increasingly important. The purpose of this Professional Practice Guideline (PPG) is to support **Respiratory Therapists (RTs)** who work in a community setting, which may include patients' homes, long-term care and congregate living, primary care, and specialist physician practices. Community practice enables RTs 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:

- chronic disease management, and rehabilitation;
- palliative and end-of-life care;
- complex airway care and ventilation;
- patient education;
- diagnostic testing; and
- pharmaceutical and/or medical equipment education and sales.

RTs 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 RTs working in that setting to be self-directed and possess a high degree of professional competency. This is because RTs 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. RTs 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 RT to employ a person-centred care approach to meet the patients' and their families' unique personal situations, needs and goals. Lengthy interactions between the RT 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 covers a wide range of topics that relate specifically, although not exclusively, to community RT practice. It is important to note that all RTs, regardless of practice location, are required to maintain and uphold the **Standards of Practice** of the profession established by the CRTO, as well as all relevant legislation and regulations.

## Business Practices

Providing care in the community, as opposed to a hospital, brings the business side of healthcare much closer to RT practice. The CRTO Standards of Practice states that "RTs 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 and advertising also be taken into consideration. This section on business practices endeavors to clarify how these and other aspects need to be managed in community RT practice.

### Privacy and Confidentiality

Federal and provincial legislation protects patients' rights to privacy and confidentiality of their PHI. Therefore, RTs 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 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 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. .

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 apples 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 (if applicable)

## Circle of Care

The term "circle of care" is not 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*"[i1]. 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.

**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 RT(s) who will be providing their oxygen to be part of the circle of care. The RT(s) is, therefore, permitted to access the patient's PHI and share that information within the circle of care.

[1] 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

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.)~~

## Sharing PHI Outside the Circle of Care

As outlined previously, 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. 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 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 stipulates that it is the law to report suspected child abuse or neglect. Therefore, if an 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.

### *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 (s. 203 *)*, 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

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) 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"[2].

### 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:

[2] PHIPA [s. 40(1)].

- *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, Ontario Health atHome and public hospitals. It gives individuals in Ontario access to 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)[3]. The *Act* defines HIC and Agents of HICs as follows:

#### 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[4].

- Community Health Facility
    - 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 HICs are responsible for implementing and following information practices that comply with *PHIPA.*

[4] *Personal Information Protection Act*. (2004).

**For example…**

If an 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 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.

### *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 RT 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 RT 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).

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.[5]

### 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

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 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

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

[5] *PHIPA* [s.12(2)]

phones, may contain multiple types of storage media, with each type requiring a different information destruction method[6].

### *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 RTs 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.

RTs are subject to prosecution for breaches of *PHIPA*. An RT found guilty of committing an offence under *PHIPA* can be liable for a fine of up to $50,000, while an organization/institution can be liable for a fine of up to $500,000[7].

Privacy breeches can occur in a number of different ways.

- unguarded conversations ;
- lost/misdirected documents (e.g., a patient's file being left on public transit, PHI being sent to the wrong patient);
- use or disclosure without authority (i.e., accessed by someone who is outside of the circle of care); or

[6] Information and Privacy Commissioner of Ontario. Disposing of Your Electronic Media

[7] Information and Privacy Commissioner of Ontario. Potential consequences of a breach under PHIPA | Information and Privacy Commissioner of Ontario

- 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)*.

* Note that the HIC does not need to notify the Commissioner if the stolen information was de-identified or properly encrypted.

## Professional Incorporation

The CRTO has processes in place to issue Certificates of Authorization for health profession corporations. 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 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[ii]. This shift alone can alter the power imbalance between healthcare provider and patient/client, at least at the time money is changing hands. RTs have a professional obligation to ensure that their business practices are transparent, ethical and not misleading to the public[iii].

### *Communicating Fees and Billing to Patients*

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[iv].

**Avoiding fee conflicts…**
The CRTO recommends that RTs 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;
- late payment of fees;
- the facility's policy regarding the use of collection agencies to collect unpaid fees; 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. . 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. It is permissible for an RT to offer discounts for their services as longs as certain provisions are in place; discount advertisements must not state anything false or misleading, and the RT 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 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. 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. RTs 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 RT's professional practice.

Regardless of the advertising method, there are some common considerations when advertising RT services.

An RTs professional advertising must not:

- contain false or misleading statements (e.g., stating that your services are “CRTO 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 CRTO (i.e., the public must be able to find the RT on the public Register of Members on the CRTO 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 *CRTO Advertising Regulation*. In addition, the performance requirements for RTs regarding advertising and marketing are articulated in the CRTO Standards of Practice (Standard 1 – Business Practices).

## Business Ethics

### Solicitation of Patients

Solicitation involves contacting individuals directly to encourage them to use an RT’s services and is not permitted
The *CRTO Advertising Regulation* (s. 5) states that an RT 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 *CRTO Advertising Regulation* [s.23(2)(e)] and the CRTO Standards of Practice states that RTs must not include patient/client or patient/client family/friends testimonials in their advertising.

**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 the exceptions to these can be found in the CRTO's Interpretation of Authorized Acts Professional Practice Guideline.

## Administering a Prescribed Substance (5th Authorized Act)

The 5th authorized act ("*administrating a prescribed substance*") enables RRTs to independently administer oxygen. "Prescribed" in this context means prescribed in regulation[8] 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.

RTs 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.

The *Public Hospitals Act*[9] requires an order for every treatment or diagnostic procedure . Therefore, RRTs are only permitted to independently administer oxygen in practice setting where this 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) by a home care company. Note: GRT's are not permitted to sign ADP forms.

More information can be found of the CRTO website in the section entitled ADP Home Oxygen Application - CRTO

[8] General Regulation (O. Reg. 596/94 – PaRT VII) - Prescribed Procedures

[9] Public Hospital Act, O. Reg. 965 s. 24 Public Hospitals Act, R.S.O. 1990, c. P.40 | ontario.ca

## Local Health Integration Network (LHIN) Home and Community Care Services

14 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 HCCSSs coordinate access to a wide range of contracted services in the community, including Respiratory Therapy in some regions.

## 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.

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., 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 present by the RTs side within ten minutes, if necessary.

## 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 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 CRTO'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).

### *Strategies to Avoid / Manage a Conflict of Interest*

#### Disclosure and Patient Choice

In situations where a conflict of interest situation exists, the RT 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 RT 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 RT should – if possible - provide the patient with other appropriate service providers. Where applicable, the RT 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

RTs 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 RT. 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 RT 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 CRTO 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 Delegation of Controlled Acts and the Respiratory Therapists Providing Education provides detailed information on these two processes

### *Electronic Communication*

Despite the convenience of 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 considered when using electronic communication to convey sensitive PHI.

#### eCommunication checklist[10]

- 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.

[10] Canadian Medical Protective Association. Retrieved from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy_and_Confidentiality/ecommunication-e.html

The discussion and patient's agreement should be documented in the medical record. 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.

## 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 RTs and everyone with whom they come into contact in their roles.

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 RT can discuss MAID with); and
- The RT's role in MAID (i.e., parameters around assisting MAID, acting as an independent witness, conscientious objection).

The above information, as well as addition resources can be found on the CRTO website in the section on the Medical Assistance in Dying.

## Ending Professional Relationships

In most circumstances, RTs 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 able to provide the services:

1. Logistical Reasons (e.g., the RT is retiring or leaving to work for another organization); and/or

2. Safety and/or Interpersonal Concerns (e.g., RTs 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 polices in place to deal with the transfer of care process. The section entitled "Transfer of Care" below deals with some recommendation 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);
2. Notify the patient (preferably in writing) of the decision to discontinue their treatment;
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;
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 RT 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 RT 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 CRTO 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 CRTO guidelines that might apply to the transfer of patient records.

## Documentation

The CRTO Documentation PPG and the CRTO Standards of Practice (Standard 7) outlines the principles and standards of documentation that must be maintained by all RTs in every practice setting. Documentation styles and documentation mediums vary from one organization to the next. RTs may utilize any documentation format that meets both the CRTO'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*[11] requires all practicing regulated health professionals to carry PLI that meets specific criteria. The CRTO 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 to list the RT 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).

## Reporting Requirements

There are a number of instances where an RT 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.** More information on other reporting requirements can be found in the CRTO's Reporting Obligations webpage.When an RT has reasonable grounds, obtained in the course of practicing the profession, to believe that another RT or regulated health professional has sexually abused a patient, the RT 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 CRTO 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 CRTO that are governed by different legislation (e.g., *Long-Term Care Homes Act*). Listed below are just a few addition reporting obligations.

[11] RHPA. Health Professions Procedural Code. S. 13(1).

## 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.

The CRTO recommends any RT who is establishing an independent community practice to consult their own legal advisor.

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http://practicemanagement.dentalproductsrepoRT.com/aRTicle/how-changing-patient-expectations-will-impact-your-practice?page=0,1 (July, 2018)

[iii] CRRTO Standards of Practice, Standard 1 – Business Practices

[iv] Ibid.

**APPENDIX B:**

# Answers to Questions
## RTs in Community Care PPG
**As of: 11/10/2025 11:15:23 AM**

## Page: Consultation Overview

**Question: Introduction/Overview**

*Number Who Answered: 0* View Details

## Page: About You

**Question: Are you a...**

*Number Who Answered: 5* View Details

| | | |
|---|---|---|
| Respiratory Therapist (including retired) | 5 | 100 % |
| Graduate Respiratory Therapist | 0 | 0 % |
| Student of a Respiratory Therapy Program | 0 | 0 % |
| Member of the Public | 0 | 0 % |
| Other Respiratory Therapy Regulator or Association | 0 | 0 % |
| Other Health Care Professional (including retired) | 0 | 0 % |
| Other Health Care Regulator or Association | 0 | 0 % |
| Prefer Not to Say | 0 | 0 % |

**Question: I live in...**

*Number Who Answered: 5* View Details

| | | |
|---|---|---|
| Ontario | 5 | 100 % |
| Canada, but outside Ontario | 0 | 0 % |
| Outside of Canada | 0 | 0 % |
| Prefer Not to Say | 0 | 0 % |

## Page: Questions

**Question: RTs in Community Practice PPG**

*Number Who Answered: 0* View Details

**Question: Is the RTs in Community Practice PPG written in a way that is clear and understandable?**

*Number Who Answered: 4* View Details

| Yes | No |
|---|---|
| 4 | 0 |
| 100 % | 0 % |

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

*Number Who Answered: 0* View Details

**Question: Is the RTs in Community Practice PPG free from omissions and/or errors?**

*Number Who Answered: 4* View Details

| Yes | No |
|---|---|
| 4 | 0 |
| 100 % | 0 % |

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

*Number Who Answered: 0* View Details

**Question: Does the PPG provide you with a sufficient understanding of the requirements for practice within the community setting?**

*Number Who Answered: 4* View Details

| Yes | No |
|---|---|
| 4 | 0 |
| 100 % | 0 % |

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

*Number Who Answered: 0* View Details

## Page: Additional Comments

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

*Number Who Answered: 0* View Details

# Council Briefing Note

**AGENDA ITEM # 8.3** **December 12, 2025**

| | |
|---|---|
| **From:** | CRTO Staff |
| **Topic:** | Draft Revisions to the CRTO Professional Misconduct Regulation |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Enhancing Professionalism/Public Protection |
| **Attachment(s):** | Appendix A – Comparison Chart and Rationale for Proposed Changes |
| **Motion(s)** | **It is moved by _____ and seconded by _____ that:**<br>**Council approves the draft revisions to the Professional Misconduct Regulation are circulated for public consultation.** |

**PUBLIC INTEREST RATIONALE**

The CRTO's Professional Misconduct Regulation outlines the specific types of conduct that constitute professional misconduct. These provisions allow the CRTO to hold members accountable to its Standards of Practice and policies, ensuring that Respiratory Therapists deliver safe, ethical, and competent care to the public.

**BACKGROUND**

In early 2025, the CRTO's legal counsel, Julie Maciura (Partner, Steinecke Maciura LeBlanc), advised the CRTO that portions of its current Professional Misconduct Regulation contain outdated language. For example, the regulation still refers to the former "Complaints Committee," even though the committee's name was changed to the Inquiries, Complaints and Reports Committee in 2017.

Additionally, with the implementation of Ontario's **"**As of Right" legislation, which required the CRTO to amend several regulations, the Ministry of Health signalled that it is open to considering further regulatory updates.

In light of these factors, the CRTO undertook a line-by-line review of the Professional Misconduct Regulation to update language for clarity, improve guidance for Members and the public, and better reflect the more nuanced areas of practice in which Respiratory Therapists are involved.

**ANALYSIS**

Overall, the proposed regulatory changes fall into three main categories:

1. **Modernizing and clarifying language** — updating terminology and improving clarity through more concise wording.

2. **Incorporating gender-neutral language** — aligning the regulation with the CRTO's Diversity, Equity, and Inclusion (DEI) strategy.

3. **Adding more specific provisions** — reducing broad generalizations by addressing the diverse and nuanced activities and areas of practice within the Respiratory Therapy profession.

Please refer to **Appendix A: Comparison Chart and Rationale for Proposed Changes** for a detailed analysis of each proposed amendment and the reasoning behind it.

**RECOMMENDATION:**

It is recommended that Council approve the revised Professional Misconduct Regulation to be circulated for public consultation and feedback.

**NEXT STEPS:**

If the motion is approved, the revised Professional Misconduct Regulation will be circulated for consultation and then presented to Council for final approval in March 2026.

**Clause-By-Clause Comparison Chart**

**ONTARIO REGULATION 753/93**
**PROFESSIONAL MISCONDUCT**

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| **1.** The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: | | No change. |
| **THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS AND CLIENTS** | | |
| 1. Contravening a term, condition or limitation imposed on the member's certificate of registration. | 1. Contravening, by act or omission, a term, condition or limitation imposed on the member's certificate of registration. | The proposed language clarifies that, in the interest of patient/client safety, members are required to inform their employers if they have terms, conditions or limitations on their certificates of registration. |
| 2. Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession. | 2. Contravening, by act or omission, or failing to maintain a standard of practice of the profession or a published standard of the College~~, or failing to maintain the standard of practice of the profession.~~ | This change is intended to make the language more concise while retaining the meaning of the clause.<br>Adding "by act or omission" will also cover concerns where the member does not disclose information to the CRTO, as required by the CRTO standards of practice. |
| 3. Doing anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent. | 3. Doing anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which ~~a~~ consent is required by law, without such ~~a~~ consent. | Minor grammar edits to improve the clarity of the clause. |
| 4. Delegating a controlled act set out in subsection | 4. Delegating a controlled act ~~set out in~~ | This change is intended to clarify that a |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| 27 (2) of the *Regulated Health Professions Act, 1991*, in contravention of the regulations. | ~~subsection 27 (2) of the *Regulated Health Professions Act, 1991*~~,to another person unless that person has the knowledge, skill and judgement to perform the controlled act~~., in contravention of the regulations~~. | member must not delegate a procedure to an individual whom they do not reasonably believe has the competence to perform the procedure. (Delegation of Controlled Acts Professional Practice Guideline). |
| | 4.1 Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skills and judgment to perform the controlled act. | As outlined in the Delegation of Controlled Acts Professional Practice Guideline, an RT is responsible for ensuring that they have the requisite competency to perform a procedure before accepting delegation. |
| 5. Abusing a patient or client. | | No change. |
| | 5.1 Abusing a person, other than a patient or client, with whom the member has a professional relationship or, in relation to whom the member is in a position of authority or trust. | The proposed clause clarifies that abuse of any person with whom the member has a professional relationship, or with whom the member is in a position of authority or trust (including a colleague or student), is prohibited.<br><br>The clause is consistent with the CRTO's Standards of Practice (Standard 12 Professional Boundaries / Therapeutic & Professional Relationships). |
| 6. Practising the profession while the member's ability to do so is impaired by any substance. | 6. Practising the profession while the member's ability to do so is impaired by any substance or condition, which the member knew or ought to know would impact the member's ability to practise. | The proposed language is consistent with the CRTO's Standards of Practice (4 - Competence / Ongoing Competence).<br>It ~~-~~may refer to situations where, for example, a member~~s~~ is excessively |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| | | fatigued due to working several consecutive shifts.<br>The "ought to know" addition allows for comparison to a reasonable person standard, should the member attempt to claim a defense of "lack of knowledge" about the substance or condition. |
| 7. Recommending, dispensing or selling medical gases or equipment for an improper purpose. | 7. Recommending, dispensing or selling or administering medical gases, substances or equipment for an improper purpose. | The proposed language is meant to reflect current practice because Respiratory Therapists (RT) can administer drugs via injection or inhalation (e.g., aerosols, IV, IM, ID & sub-Q medications). . |
| | 7.1 Administering a drug or substance for an improper purpose. | CRTO members may, in the course of their practice, administer drugs and substances. The proposed clause refers to situations, where, for example, an RT would administer hyperbaric oxygen therapy (HBOT) for an off-label purpose not approved by Health Canada. |
| 8. Discontinuing, without reasonable cause, professional services that are needed unless,<br>i. i. the patient or client requests the discontinuation,<br>ii. ii. alternative services are arranged, or<br>iii. iii. the patient or client is given reasonable opportunity to arrange alternative services. | | No change. |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| 9. Failing, without reasonable cause, to fulfil the terms of an agreement for professional services other than an employment agreement, with a health care facility, unless,<br>i. the health care facility requests the termination of the agreement,<br>ii. alternative services are arranged, or<br>iii. the health care facility is given reasonable opportunity to arrange alternative services. | | No change. |
| 10. Practising the profession while the member is in a conflict of interest. | | No change. |
| 11. Giving information about a patient or client to a person other than the patient or client or his or her authorized representative except with the consent of the patient or client or his or her authorized representative or as required by law. | 11. ~~Giving~~ Disclosing information about a patient or client to a person other than the patient or client or ~~his or her~~ their authorized representative ~~except~~, unless such disclosure is made with the consent of the patient or client or ~~his or her~~ their authorized representative or as required by law. | This change is intended to improve the clarity of the clause. It also incorporates gender inclusive language. |
| 12. Breaching an agreement with a patient or client relating to professional services for the patient or client or fees for such services. | | No change. |
| 13. Failing to reveal the exact nature of any remedy or treatment used by the member following the patient's or client's request to do so. | | No change. |
| | 13.1 Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act*, 1991, when the member knows or ought to know that the patient requires a service that | To further outline members' responsibilities as set out in the CRTO's *Standards of Practice*:<br>4.16 recognizing the competence of others and seeking their assistance as |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| | the member does not have the knowledge, skill or judgment to perform or is beyond their scope of practice. | required;<br><br>For example, an RT is caring for a patient/client in their home, and the patient/client's tracheostomy stoma has become severely infected, requiring a physician to prescribe antibiotics. However, the RT does not advice the patient or their authorized representative that they should consult with their primary care physician, and the patient becomes septic. |
| | 13.2 Making a representation about a remedy, treatment, device or procedure for which there is not a generally accepted scientific or empirical basis for such a representation. | To prevent recommendations for remedies, treatments, devices, or procedures lacking a generally accepted scientific or empirical basis, that may put patients/clients at risk. |
| | 13.3 Failing to provide a patient or the patient's authorized representative, when requested, with information about how to contact the College. | The proposed clause clarifies that members have an obligation to provide the patient/client with information about how to contact the CRTO if asked. For example, if a patient/client is being argumentative about their treatment and threatens to complain to the CRTO, the member has an obligation to provide the patient/client with the CRTO's contact information if asked by the patient/client. |
| **REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS** | | |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| 14. Using a term, title or designation in respect of the member's practice in contravention of the regulations. | 14. Using a term, title or designation in ~~respect of~~ connection with the member's practice in contravention of the regulations. | This change is intended to improve the clarity of the clause. |
| 15. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession. | | No change. |
| | 15.1 Failing to identify themselves by name and registration number, upon request in the course of practising the profession. | The proposed clause clarifies that members have an obligation to identify themselves in the course of practising the profession. It is consistent with the CRTO's Standards of Practice under Professional Responsibilities (13) and the Registration & Use of Title Professional Practice Guideline. |
| | 15.2 Permitting, counselling or assisting a person who is not a member to represent themselves as a person who is qualified to practise in Ontario as a member of the College. | The proposed clause clarifies that members are not permitted to counsel or assist others who are not members to represent themselves as qualified to practise in Ontario. For example, an RT who owns a home care company hires a former member of the CRTO to set up patients/clients on CPAP and provides them with a business card that states "Respiratory Therapy Services" on it. |
| **RECORD KEEPING AND REPORTS** | | |
| 16. Falsifying a record relating to the member's practice. | | No change. |
| 17. Failing, without reasonable cause, to provide a report or certificate relating to an examination or | 17. Failing, without reasonable cause, to provide a report or certificate relating to an | This change is intended to incorporate |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| treatment performed by the member, within a reasonable time to the patient or client or his or her authorized representative after the patient or client or his or her authorized representative has requested such a report or certificate. | examination or treatment performed by the member, within a reasonable time to the patient or client or ~~his or her~~ their authorized representative after the patient or client or ~~his or her~~ their authorized representative has requested such a report or certificate. | gender inclusive language. |
| 18. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement. | 18. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement. | The proposed language clarifies members' obligations when signing or issuing a document ~~-~~in the member's professional capacity. For example, documenting the intubation of a neonate but failing to document that it took 4 attempts.<br>The "ought to know" addition allows for comparison to a reasonable person standard, should the member attempt to claim a defense of "lack of knowledge" that what they were documenting was false or misleading. |
| | 18.1 Failing to keep records in accordance with the standards of practice of the profession or a published standards of the College. | Appropriate documentation continues to be a challenge for many RTs. Often when the CRTO receives a complaint or report related to clinical practice, documenting below the Standards of Practice (STD 7) is one of the allegations. For example, not documenting a patient/client's refusal to consent to intubation. |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| **BUSINESS PRACTICES** | | |
| 19. Submitting an account or charge for services that a member knows is false or misleading. | | No change. |
| 20. Charging a fee that is excessive in relation to the service rendered. | | No change. |
| 21. Failing to disclose the fee schedule or payment structure prior to delivery of services or failing to provide the patient or client with sufficient time to refuse the treatment and arrange for alternative services. | | No change. |
| 22. Failing to itemize an account for fees charged by the member for professional services rendered,<br>i. if requested to do so by the patient or client or the person or agency who is to pay, in whole or in part, for the services, or<br>ii. if the account includes a commercial laboratory fee. | | No change. |
| 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. | | No change. |
| | 23.1 Offering or giving a reduction for prompt payment of an account. | The proposed language clarifies that members cannot offer or give reductions for prompt payment of fees. Reducing fees for prompt payments may pressure patients into making quick financial decisions and disadvantage those with limited means. |

| Current | 2025 Proposed Revisions | Rationale |
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| | | The clause is consistent with the CRTO's Standards of Practice (STD 1). |
| | 23.2 Charging a block fee unless,<br>i. the patient or client is given the option of paying for each service as it is provided,<br>ii. a unit cost per service is specified,<br>iii. the member agrees to refund the patient or client the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service. | This clause applies to RT services provided in the community (CPAP, long-term tracheostomy care, etc.). Block fees are payments made in advance of services or treatments being provided, for example, asking a patient/ client to pay for five visits up front.<br><br>The clause is consistent with the Advertising Regulation, specifically ss. 23.2(f) and the CRTO's Standards of Practice (STD 1). |
| | 23.3 Charging a fee or accepting payment from a patient or client respecting services which have been paid for by the Ministry of Health or any other agency. | Oxygen therapy vendors receive funding through the Ontario Ministry of Health Assistive Devices Program (ADP). The proposed clause clarifies that it would be inappropriate for a CRTO member to charge a patient/client any fee in addition to that which is provided through ADP. |
| **MISCELLANEOUS MATTERS** | | |
| 24. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts. | | No change. |
| 25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals* | 25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a ~~hospital~~ healthcare facility where the | CRTO members practice in a variety of settings. This change is intended to reflect that they are responsible for |

| Current | 2025 Proposed Revisions | Rationale |
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| *Act* if,<br>i. the purpose of the law, by-law or rule is to protect public health, or<br>ii. the contravention is relevant to the member's suitability to practise. | member provides professional services ~~within the meaning of the *Public Hospitals Act*~~ if,<br>i. the purpose of the law, by-law or rule is to protect public health, or<br>ii. the contravention is relevant to the member's suitability to practise. | practicing in accordance with any relevant legislation or rule regardless of where the member provides professional services. |
| 26. Failing to comply with an order of a panel of the Complaints Committee, Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee. | 26. Failing to comply with an order of a panel of the Inquiries, Complaints and Reports Committee, Discipline Committee, Fitness to Practise Committee, ~~or~~ Quality Assurance Committee or Registration Committee. | Revised to reflect the *Regulated Health Professions Act* and CRTO practices. |
| 27. Failing to carry out an undertaking given to the College or an agreement entered into with the College. | | No change. |
| 28. Influencing a patient or client to change his or her will or other testamentary instrument. | 28. Influencing a patient or client to change ~~his or her~~ their will or other testamentary instrument. | This change is intended to incorporate gender inclusive language. |
| 29. Engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. | | No change. |
| 30. In the case of a former member whose certificate of registration is suspended, engaging in the practice of respiratory therapy while the certificate is suspended. | | No change. |
| | 31. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned. | Related to clause 26 (above), an oral caution could be ordered by a panel of the ICRC following their deliberations of |

| Current | 2025 Proposed Revisions | Rationale |
|---|---|---|
| | | a case. |
| | 32. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate. | Members agree to inform the CRTO of any change to the information provided during the application or registration renewal process. The proposed clause clarifies members obligations in ensuring that the information is accurate. |
| | 33. Failing to report an incident of unsafe practice or unethical conduct of a member. | To be consistent with the Standards of Practice (STD 13) and A Commitment to Ethical Practice guidelines that outline members' obligations to report. See also Mandatory Reporting by Members Fact Sheet. |
| | 34. Misappropriating property from a patient or client, or place. | The proposed clause clarifies that misappropriation of property from a patient, client, or workplace is prohibited. It reinforces the fundamental expectation of trust between members and patients/clients. |
| | 35. Engaging in conduct unbecoming of a respiratory therapist. | The proposed clause clarifies that members are expected to uphold the standards of integrity, professionalism, and trust expected by the public. A significant portion of the cases that are reviewed by the Inquiries, Complaints and Reports Committee are related to allegations of inappropriate conduct.<br>Appropriate and professional conduct and communication is an expectation of every regulated health professional. To |

| Current | 2025 Proposed Revisions | Rationale |
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| | | behave badly also reflects on the profession of respiratory therapy as a whole. |
| | 36. Failing to appropriately supervise a person whom the member is professionally obligated to supervise. | The proposed clause addresses members' responsibilities when supervising a person whom the member is professionally obligated to supervise. This may include regulated or non-regulated individuals, including students.<br>For example, it would address a member's failing to directly supervise a student RT performing a controlled act for the very first time.<br>This change is consistent with the CRTO's Standards of Practice (STD 15 – Supervision) and the Responsibilities of Members as Educators Professional Practice Guideline. |

# Council Briefing Note

**AGENDA ITEM # 9.1** **December 12, 2025**

| | |
|---|---|
| **From:** | Carole Hamp, RRT - Registrar & CEO |
| **Topic:** | 2026 Council Meeting Dates |
| **Purpose:** | For Decision |
| **Strategic Focus:** | Governance & Accountability |
| **Attachment(s):** | Appendix A: 2026 Council Meeting Dates |
| **Motion:** | **It is moved by _____ and seconded by _____ that:**<br>**The CRTO Council approves the 2026 Council meeting dates.** |

**PUBLIC INTEREST RATIONALE**

Health regulatory bodies in Ontario are legally required to hold regular Council meetings to ensure oversight, transparency, and sound decision-making.

**BACKGROUND**

The CRTO Council meets a minimum of four times per year, as per the CRTO By-Law 2 - (s. 4.01), Council and Committees. These meetings are generally held in March, June, September and December. Once the pandemic restrictions had been lifted, the CRTO transitions from fully virtual meetings to three virtual and one in-person Council meeting. At the in-person meeting, the agenda was expanded to include an educational component with guest speakers/special events. At this meeting, Committee members were also invited to attend.

At its most recent meeting, the Executive Committee recommended increasing the number of in-person Council meetings. This presents several financial and logistical considerations, which are outlined in the next section.

**ANALYSIS**

**Financial Considerations -** Council Meeting Costs (including accommodations, travel & meals)

- In-person meeting with Council, staff & student representatives (no educational component) = $15,000/meeting.

- In-person meeting with Council, staff & student representatives + educational component = $20,000/meeting.

- In-person meeting with Council, staff & student representatives, Committee members + educational component = $25,000/meeting.

Therefore, the average yearly cost of 4 in-person meetings (one with Committee members invited) would be $20,000 x 3 + $25,000 = **$85,000.**

- One virtual Council meeting costs ($400 x 8 professional member + $600 x 1 chair) = $3,800 for per diems.

Therefore, the average yearly cost of 2 virtual meetings & 2 full in-person meetings is currently ($3,800 x 2) + $20,000 + $25,000 = **$52,600**

**Logistical Considerations -** Meeting Dates (i.e., events taking place in Toronto, which impact both hotel costs & availability)

- **Limited availability for hotel accommodations in June 2026**
  - FIFA World Cup – June 12th onward
  - Pride Parade – June 26 – 27th

- **Increased possibility of poor weather conditions in December**

**RECOMMENDATION**

The CRTO Council approves the 2026 Council meeting dates.

**NEXT STEPS**

2026 Council meeting dates will be posted on the website.

# 2026 Council Dates

**AGENDA ITEM # 9.1**

| Council Dates | Details |
|---|---|
| **Thursday, March 26, 2026** | In-person |
| **Friday, June 26, 2026** | Virtual |
| **Thursday, October 1, 2026** | In-person – half-day Council & half-day Education Day |
| **Friday, December 11, 2026** | Virtual |