

CRTO

Council Meeting Materials

October 1, 2026



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario



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

LAND ACKNOWLEDGMENT

Before we begin,

I would like to take a moment to acknowledge the land where the work of the College of Respiratory Therapists of Ontario takes place. Our office is in Toronto, on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

Wherever we are joining from today, we recognize that we are each on lands that have been cared for by Indigenous Peoples since time immemorial.

As Regulators, Respiratory Therapists, Council and Committee Members, and Staff, we are united by a commitment to care for patients, families, and communities across Ontario. Acknowledging the land reminds us that providing care also means listening deeply, respecting different experiences and perspectives, and striving to create environments where everyone feels safe, respected, and supported.

We recognize the ongoing impacts of colonialism and residential schools on the health and wellbeing of Indigenous Peoples, and we reflect on the role our healthcare system and each of us within it has, in advancing reconciliation and supporting culturally safe and equitable care.

Taking this moment is an opportunity to reflect on how compassion, respect, and humility can guide not only how we work with each other, but how we care for every patient and community we serve. I invite you to pause and reflect on the land you are on today, and how we can carry forward our work with intention, respect, and a shared commitment to care.

Council Motion

AGENDA ITEM # 4.0

October 1, 2026

Motion Title:	Approval of Council Agenda
Purpose:	For Decision
Strategic Focus:	Strong Governance
Attachment(s):	Council Meeting Agenda

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the October 1, 2026 meeting.

CRTO Council Meeting Agenda

October 1, 2026

AGENDA ITEM # 4.0

9 a.m. to 1 p.m.

In-Person Meeting: 90 Adelaide Street West, Suite 300, Toronto, ON M5H 3V9

Guests: Maia MacNiven, Brian O’Riordan, TBG MacNIVEN Consulting

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome & Introductions	-	Lindsay Martinek		
	2.0	Land Acknowledgement	2	Lindsay Martinek		
	3.0	Conflict of Interest Declarations	--	Lindsay Martinek		Strong Governance
	4.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Strong Governance
0915	5.0	Governance Review Update	*	Maia MacNiven, Brian O’Riordan, TBG MacNIVEN Consulting	Information	Strong Governance
1000	6.0	Approval of Consent Agenda	6			
	6.1	Approval of Minutes from June 26, 2026	7-12			
	6.2	Executive Committee Report	*			
	6.3	Registration Committee Report	13			
	6.4	Quality Assurance Committee Report	14			
	6.5	Patient Relations Committee Report	15			
	6.6	Inquiries, Complaints and Reports Committee Report	16-17			
	6.7	Discipline Committee Report	18	Lindsay Martinek	Decision & Information	Strong Governance & Operational Discipline
	6.8	Fitness to Practise Committee Report	19			
	6.9	CRTO Update Report	20-33			
	6.10	Investment Portfolio Update	34-41			
	6.11	Risk Register Update	42-49			
	6.12	June 2026 Council Meeting Evaluation Summary	50-51			
	6.13	Council Meeting Action Items	52			
1015	7.0	Strategic and Operational Issues				
	7.1	Quarterly Financial Statements	*	Carole Hamp	Information & Decision	Organizational Excellence
	7.2	Mid-Year Financial Projections	**	Carole Hamp	Information	Organizational Excellence
	7.3	Membership Fees for 2027/28	**	Carole Hamp	Decision	Organizational Excellence
	7.4	Database & Website Project Update	**	Carole Hamp	Information	Organizational Excellence
	7.5	Succession Planning Update	*	Carole Hamp	Information	Strong Governance

CRTO Council Meeting Agenda

October 1, 2026

7.6	Council Evaluation Framework Update	*	Carole Hamp	Information	Organizational Excellence
7.7	Strategic Plan Update	*	Carole Hamp	Information	Organizational Excellence
7.8	Elections 2026 Update	*	Carole Hamp	Decision	Organizational Excellence
1115	8.0 Committee Items Arising				
	Inquiries, Complaints and Reports Committee				
8.1	Reporting to Police Policy	53-59	Shaf Rahman	Decision	Compassionate & Transparent Regulation
8.2	Registrar Actions on Reported Member Concerns Policy	60-68	Shaf Rahman	Decision	Compassionate & Transparent Regulation
1145	9.0 Legislative and General Policy Issues				
9.1	RTs Providing Education PPG	69-119	Kelly Arndt	Decision	Professional Scope & Competence
9.2	Accessibility Standards Policy	120-126	Janessa Gazmen	Decision	Organizational Excellence
1200	10.0 Adjournment				
	Open Forum				

Charlotte Arndt - **Discrimination in Healthcare: Indigenous Perspectives and Human Rights**

Education Session (1pm to 5pm.)

Bob Goulais, Nbisiing Consulting – Indigenous Awareness Training

[October 1, 2026, Council Meeting Evaluation Survey](#)

* Items will be posted in a supplemental post.

** Items to be presented at the Council meeting.

Council Motion

AGENDA ITEM # 6.0

October 1, 2026

Motion Title:	Approval of Council Consent Agenda
Purpose:	For Decision and Information
Strategic Focus:	Strong Governance
Attachment(s):	6.1 Approval of Minutes from June 26, 2026 6.2 Executive Committee Report 6.3 Registration Committee Report 6.4 Quality Assurance Committee Report 6.5 Patient Relations Committee Report 6.6 Inquiries, Complaints and Reports Committee Report 6.7 Discipline Committee Report 6.8 Fitness to Practise Committee Report 6.9 CRTO Update Report 6.10 Investment Portfolio 6.11 Risk Register Update 6.12 June 2026 Council Meeting Evaluation 6.13 Council Meeting Action Items

It is moved by _____ and seconded by _____ that:

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

- 6.1 Approval of Minutes from June 26, 2026
- 6.2 Executive Committee Report
- 6.3 Registration Committee Report
- 6.4 Quality Assurance Committee Report
- 6.5 Patient Relations Committee Report
- 6.6 Inquiries, Complaints and Reports Committee Report
- 6.7 Discipline Committee Report
- 6.8 Fitness to Practise Committee Report
- 6.9 CRTO Update Report
- 6.10 Investment Portfolio
- 6.11 Risk Register Update
- 6.12 June 2026 Council Meeting Evaluation
- 6.13 Council Meeting Action Items

NOTE

The Consent Agenda bundles routine items that are not expected to require debate into a single motion and vote. This approach assumes that Council members have reviewed the materials before the meeting.

A Council member may ask, before the vote on the Consent Agenda, that an item be removed for separate discussion. The remaining Consent Agenda items may then be approved or received through a single motion. When deciding whether an item belongs on the Consent Agenda, consider:

- Is the item routine, self-explanatory, and unlikely to require debate? OR
- Does the item raise an issue that warrants Council discussion?

Draft Minutes from June 26, 2026, CRTO Council Meeting

CRTO Council Meeting Minutes

Scheduled on June 26, 2026, from 9:00 am to 1:00 pm

Location: Microsoft Teams

PRESENT: Lindsay Martinek, RRT, President
Jeffrey Dionne, RRT, Vice-President
Allison Ruzycki-Chadwick, RRT
Jennifer Gadioma, RRT
Kelly Munoz, RRT
Laura Van Bommel, RRT
Sam Gennidakis, RRT
Sandy Fodey, RRT

Sheena Lykke, RRT
Carmine Francella, Public Member
Carrie Dyson, Public Member
Kim Morris, Public Member
James Butler, Public Member
Jeffrey Schiller, Public Member
Pappur Shankar, Public Member

STAFF: Carole Hamp, RRT, Registrar & CEO
Shaf Rahman, Deputy Registrar
Ania Walsh, Director, Regulatory Affairs
Abeeha Syed, Compliance & Operations Coordinator
Anastasia Kokolakis, Professional Conduct Officer
Cindy Muller, Executive Assistant
Constanza Pérez, Registration Coordinator

Janessa Gazmen, Communications Manager
Kelly Arndt, RRT, Quality Practice Manager
Lisa Ng, Registration Manager
Misbah Chaudhry, Professional Conduct Coordinator
Peter Laframboise, Professional Conduct Manager
Stephanie Tjandra, Finance & Office Manager

GUESTS: Student Representatives:
Ervinia Monroe, Conestoga College
Minha Altaf, Michener Institute of Education
Mégane Charlebois, College la Cité
Sydney Gerzymisch, Fleming College

Maia MacNiven, MC MacNiven Consulting
Brian O’Riordan, MC MacNiven Consulting
Jessica Harding, MOH
Michelle Causton, BZMind

REGRETS: Temeka Tadesse, IT Manager

Draft Minutes | June 26, 2026, CRTC Council Meeting

1.0: WELCOME, INTRODUCTIONS & BRIEF OVERVIEW OF GOVERNANCE REVIEW

The meeting was called to order at 9:00 a.m. by Carole Hamp, RRT, Registrar and CEO. The student guests were introduced, and it was acknowledged that Kim Morris and Pappur Shankar, Public Members, will join Council for another three-year term.

2.0: LAND ACKNOWLEDGEMENT

Lindsay Martinek, RRT, President, read the land acknowledgement.

3.0: CONFLICT OF INTEREST DECLARATIONS

There were no conflicts of interest declared.

4.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for the June 26, 2026, meeting.

MOTION 4.0 MOVED BY, Kim Morris, and SECONDED BY, Jeff Schiller, that Council approve the agenda for the June 26, 2026, Council Meeting.

MOTION 4.0 CARRIED

5.0: GOVERNANCE REVIEW PRESENTATION

Maia MacNiven and Brian O’Riordan, External Consultants from MC MacNiven, outlined the external governance review, which will assess Council’s governance framework against best practices and CPMF requirements.

The review will include document review, meeting observation, confidential Council interviews, and input from staff and system partners, with final recommendations expected in December 2026.

6.0: APPROVAL OF CONSENT AGENDA

Council reviewed the Consent Agenda.

MOTION 6.0 MOVED BY, Sam Gennidakis, RRT, and SECONDED BY, Sheena Lykke, RRT, that the following Consent Agenda items be approved and/or received for information by Council:

- 6.1 Approval of Minutes from March 26, 2026
- 6.2 Executive Committee Report
- 6.3 Registration Committee Report

Draft Minutes | June 26, 2026, CRTC Council Meeting

- 6.4 Quality Assurance Committee Report
- 6.5 Patient Relations Committee Report
- 6.6 Inquiries, Complaints and Reports Committee Report
- 6.7 Discipline Committee Report
- 6.8 Fitness to Practise Committee Report
- 6.9 CRTC Update Report
- 6.10 Investment Portfolio Update
- 6.11 Risk Register Update
- 6.12 March 2026 Council Meeting Evaluation Summary
- 6.13 Council Meeting Action Items

MOTION 6.0 CARRIED

7.0: STRATEGIC AND OPERATIONAL ISSUES

7.1 FINANCIAL AUDIT 2025-2026

Sukhanpreet Dhanotta, CPA, CA, and auditor from Grewal Guyatt LLP, presented the 2025 – 2026 financial audit findings report.

MOTION 7.1 MOVED BY, Laura van Bommel, RRT, and SECONDED BY, Sheena Lyke, RRT, that the Council approve the 2025 – 2026 Audit Findings Report and Audited Financial Statements, as presented.

MOTION 7.1 CARRIED

7.2 APPOINTMENT OF AUDITOR FOR 2026 - 2027

Carole Hamp, RRT, Registrar and CEO, summarized the annual assessment of the auditor, noting that staff and Executive were satisfied with the firm's independence, objectivity, communication, audit team quality, responsiveness, and overall service. Based on this assessment, reappointment of Grewal Guyatt LLP was recommended.

Following questions and discussion, the Council expressed support to appoint Grewal Guyatt LLP, as auditors for the 2026-2027 fiscal year.

MOTION 7.2 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Pappur Shankar, that the Council approve the appointment of Grewal Guyatt, LLP, as the CRTC's auditor for the fiscal year of 2026/27.

MOTION 7.2 CARRIED

Draft Minutes | June 26, 2026, CROTO Council Meeting

7.3 QUARTERLY FINANCIAL STATEMENTS

Carole Hamp, RRT, CEO and Registrar, provided an overview to Council regarding the quarterly Financial Statements for March 1, 2026, to May 31, 2026, noting highlights from the audited financial statements and an update on the first quarter performance.

7.4 2025 – 2026 ANNUAL REPORT

Janessa Gazmen, Manager, Communications, presented the draft 2025–2026 Annual Report, highlighting its focus on visible accountability, public trust, and demonstrating impact through transparent information, strong governance, and measurable oversight.

If approved, the report will proceed to French translation and publication in early to mid-July.

MOTION 7.4 MOVED BY, Jeffrey Schiller, and SECONDED BY, Sheena Lykke, RRT, that Council approve the 2025 – 2026 Annual Report.

MOTION 7.4 CARRIED

7.5 2026 – 2030 STRATEGIC PLAN PRESENTATION

Carole Hamp, RRT, CEO and Registrar, Shaf Rahman, Deputy Registrar, and Ania Walsh, Director, Regulatory Affairs, presented the CROTO Strategic Plan for 2026 – 2030, which positions the College as a trusted, compassionate, and proportionate regulator.

The plan focuses on six priorities: collaboration and leadership, transparent regulation, professional competence, equity and reconciliation, digital and data capability, and organizational excellence.

This is to be supported by partnerships and initiatives in training, full-scope practice, cultural safety, cybersecurity, analytics, and governance reform.

Council discussed AI and data governance, competency-based Council selection, implementation milestones, and collaboration with other regulators on AI and cybersecurity. Staff noted that related planning is underway, including work through national partnerships.

7.6 REVISED DRAFT SUCCESSION PLAN FOR SENIOR LEADERSHIP POLICY

Carole Hamp, RRT, CEO and Registrar, presented the Revised Draft Succession Plan for Senior Leadership Policy, which proposed updates to the senior leadership succession policy, clarifying terminology, reporting requirements, and the process for appointing an Acting Registrar.

The policy confirms Council's authority to appoint the Registrar, Executive Committee's ability to appoint an Acting Registrar subject to Council ratification, and the Registrar's responsibility for appointing the Deputy Registrar.

Draft Minutes | June 26, 2026, CROTO Council Meeting

A fulsome discussion ensued as to whether the policy should be supplemented with broader succession planning, including talent development, internal readiness, competitive recruitment, and potential use of external search support. Members also discussed the importance of avoiding perceived bias, maintaining professional expertise in senior leadership, and whether fixed-term contracts for the Registrar should be considered.

MOTION 7.6 MOVED BY, Kim Morris, and SECONDED BY, Sandy Fodey, RRT, that CROTO Council approve the revised Succession Plan for Senior Leadership Policy.

MOTION 7.6 CARRIED

7.7 REVISED RESERVES POLICY

Carole Hamp, RRT, CEO and Registrar, presented proposed revisions to the Reserves Policy, recommending that the minimum balance for the Special Projects Reserve Fund be reduced from \$200,000 to \$100,000 to provide flexibility for scope of practice work and related government relations support.

MOTION 7.7 MOVED BY, Carmine Francella, and SECONDED BY, Jennifer Gadioma, RRT, that Council approve the revised Reserves Policy.

MOTION 7.7 CARRIED

8.0: COMMITTEE ITEMS ARISING

8.1 PRC - DEI SURVEY

Shaf Rahman, Deputy Registrar, and Janessa Gazmen, Communications Manager, presented an update on the DEI Plan and implementation strategy recently approved by the PRC. This includes current initiatives, staff learning activities, and plans to collect voluntary, anonymized member demographic data.

The approach emphasizes privacy, transparency, and member trust, with next steps including survey development, piloting, launch communications, and use of aggregate findings to inform future DEI initiatives and strategic planning.

Council discussed the proposed DEI and demographic data collection approach, emphasizing careful question design, privacy, anonymity, and clear communication about purpose and use of data.

Members suggested aligning questions with census data, reporting results at a broad level to avoid identification, and considering a voluntary survey during renewal to improve participation.

Draft Minutes | June 26, 2026, CRTC Council Meeting

9.0: LEGISLATIVE AND GENERAL POLICY ISSUES

9.1 REVISED SUPERVISION POLICY

Kelly Arndt, RRT and Manager, Quality Practice, presented the revised Supervision Policy including consultation feedback on the policy and noted that a minor revision was made to clarify supervision requirements where conditions are imposed by the CRTC.

Council discussed the legislative requirement for in-person supervision, noting its impact on northern, community, and other practice settings. Members agreed the requirement is restrictive and should continue to be raised with Government as an issue for future regulatory change.

MOTION 9.1 MOVED BY, Laura van Bommel, RRT, and SECONDED BY, Sandy Fodey, RRT, that Council approve the revised Supervision Policy for publication.

MOTION 9.1 CARRIED

10.0: ADJOURNMENT

Adjournment

The June 26, 2026, Council meeting adjourned at 12:08pm. The next Council meeting is scheduled for October 1, 2026, in person, at 90 Adelaide Street West, Suite 300, Toronto.

Note: Council received a post-meeting presentation to 12:36pm from Michelle Causton, BZMind, providing information regarding the new Governance Dashboard.

Committee Report Items

AGENDA ITEM # 6.3

REGISTRATION COMMITTEE – CHAIR’S REPORT TO COUNCIL

June 26, 2026 – September 30, 2026

Since the last report, there have been no Registration Committee (RC) meetings. A Panel of the RC met on August 5, 2026.

Referral Summary

Reasons for Referral	Decision
One application was referred to the RC Panel for consideration due to currency requirements.	The applicant was asked to submit additional documents/information.
One application was referred to the RC Panel to consider the applicant’s request to amend the terms, conditions, and limitations (TCLs) on the applicant’s certificate of registration.	The RC Panel approved part of the applicant’s request to amend the TCLs but denied the remaining part because the applicant did not provide sufficient evidence.
Three applications were referred to the RC Panel for consideration of whether approval was in the public interest following the applicants’ entry-to-practice assessments. All three applicants completed all three stages of the assessment.	For one applicant, the Panel refused to issue a certificate of registration. For another applicant, the Panel directed the Registrar to issue a Graduate Certificate of Registration with the standard terms, conditions, and limitations, pending completion of a course and payment of the registration fee. For the third applicant, the Panel directed the Registrar to issue a Graduate Certificate of Registration with terms, conditions and limitations, including a direct supervision requirement, pending completion of courses and payment of the registration fee.

Respectfully submitted,

Kelly Munoz, RRT
Registration Committee Chair

Committee Report Items

AGENDA ITEM # 6.4

Quality assurance Committee – CHAIR’S REPORT TO COUNCIL

June 26, 2026 – September 30, 2026

Since the last Council meeting, the Quality Assurance Committee (QAC) has held one panel meeting on July 6, 2026, and two subsequent email votes on July 31, 2026, and August 26, 2026. The following is a summary of the panel and email vote decisions:

Failure to Complete RelevantT 2026

The Committee reviewed all Members who failed to complete the 2026 RelevantT e-learning module, a mandatory requirement for all CRTO Members, regardless of their Class of Registration. As a result of non-compliance, 2 Members were required to undergo a peer and practice assessment.

Failure to Complete PORTfolio 2026

The Committee reviewed all Members who failed to complete their 2026 PORTfolio, a mandatory requirement for Active CRTO Members during their review year. As a result of non-compliance, 3 Members were required to undergo a peer and practice assessment.

Following the panel meeting, new health information was submitted for one Member who had not completed PORTfolio and was brought forward for the panel’s consideration. Given the nature of the health concerns, the panel revised its earlier decision: rather than requiring the Member to undergo a practice assessment, it ordered the Member to submit their PORTfolio in the review year following their return to work.

Failure to Successfully Complete a Peer Coaching Session

The QAC panel ordered a Member to undergo a peer and practice assessment for failure to complete a satisfactory peer coaching session.

Practice Assessment Assessor

The QAC approved the appointment of Kelly Arndt, RRT as the Practice Assessment Assessor to review PA submissions.

Respectfully submitted,

Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM # 6.5

PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL

[June 26, 2026, to September 30, 2026](#)

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

Respectfully submitted,
Katherine Lalonde, RRT
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM 6.6

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

June 26, 2026 to September 30, 2026

ICRC Deliberations:

Since the last Council meeting, the ICRC held five (5) meetings via Zoom. Three (3) meetings involved the review of public complaints. One meeting involved the review of an investigation of an employer report. One meeting involved the review of nineteen (19) referrals from the Quality Assurance Committee (QAC).

Public Complaints:

1. In November of 2025, a complaint was received by the CRTC that alleged that the Member had improperly provided excess medication to a patient.

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 December of 2025, a complaint was received by the CRTC that alleged that the Member had engaged in sexual harassment and touching of the Complainant, who was the Member's co-worker.

After a careful review of the investigation report and the Member's submissions, the Panel was of the opinion that the information supported significant concerns regarding the Member's conduct, professionalism, and judgment. The Panel believed these concerns would best be addressed through a remedial approach and directed the Member to attend before a panel of the ICRC to be cautioned. The Panel believed this action would help emphasize the CRTC's expectations of its Members and ensure proper protection of the public interest.

3. In May of 2026, a complaint was received by the CRTC that alleged that the Member had inappropriately disclosed personal health information to the Complainant's regulatory body (the Complainant was a health professional).

After a careful review of the information received the Panel decided to issue notice that it was concerned that the complaint might be an abuse of process and invited the parties to make submissions. After receiving no further 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 December of 2025, the CROTO received an employer report of termination relating to concerns about the Member's alleged sexual harassment of a colleague.

After a careful review of the investigation report and the Member's submissions, the Panel did not identify any significant gaps in the Member's practice and conduct that it believed would likely pose a risk to patient safety and would require regulatory action in the public interest. The Panel therefore took no action on the concerns raised while reaffirming the Member's own reflections about the importance of being aware of co-workers' personal space and boundaries.

Quality Assurance Referrals:

1. In May of 2025, the QAC referred 19 matters to the ICRC alleging that the Members had failed to complete Quality Assurance requirements.

After a careful review of the investigation reports and Member submissions, the Panel decided to issue various outcomes that included advice and recommendations, oral cautions and Specified Continuing Education or Remediation Programs.

New Matters:

Since the last Council meeting, the CROTO received sixteen (16) new matters. The new matters are comprised of sixteen (16) reports.

Seven (7) of the Reports are currently under review by the Registrar. Eight (8) of the reports were resolved at the Registrar level. One (1) of the reports was referred to the ICRC.

Policy Framework:

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

Respectfully submitted,

Kim Morris

Inquiries, Complaints and Reports Committee Chair

Committee Report Items

AGENDA ITEM # 6.7

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

[June 26, 2026 – September 30, 2026](#)

Since the last Council meeting one (1) Discipline Hearing has taken place. The results of the Hearing from July 13th and 14th 2026 will be posted on the CRTO Public Register once they are available.

There have been no referrals to the Discipline Committee.

Respectfully submitted,
Tracy Bradley, RRT
Discipline Committee Chair

Committee Report Items

AGENDA ITEM #6.8

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

[June 26, 2026, to September 30, 2026](#)

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

CRTO Update Report

AGENDA ITEM # 6.1

September 24, 2026

From:	CRTO Staff
Topic:	CRTO Update Report
Purpose:	For Information
Strategic Focus:	Strong Governance & Operational Discipline
Attachment(s):	Appendix A – Program Reports

ADMINISTRATIVE

The CRTO is pleased to report that Electronic Funds Transfer (EFT) reimbursements for Council and Committee members have been successfully implemented, making the reimbursement process more timely, efficient, and secure. The CRTO is also working to add wire transfer services to its banking arrangements. These changes will help simplify financial processes and better support the CRTO's day-to-day operations.

CURRENT INITIATIVES

Internal

KPI and Program Data Reports

CRTO staff are developing a new key performance indicator (KPI) report aligned with the 2026-2030 Strategic Plan and its corresponding work plan. Drawing on input from all program areas, the KPI report provides an organization-wide view of progress toward the CRTO's strategic objectives. The methodology links strategic priorities and work plan initiatives to defined indicators, measures, and status assessments using available quantitative and qualitative data. As the new reporting framework is still being finalized, some indicators, targets, data sources, and reporting approaches are still being refined to support consistent and meaningful reporting. The KPI report for Q1 and Q2 of the 2026–2027 fiscal year is presented under agenda item 7.7 (Strategic Plan Update).

A detailed operational Program Data Report is included as an appendix to this CRTO Update Report. This report presents detailed activity, volume, workload, and service information from individual program areas. In contrast, the KPI report draws on selected measures to assess progress against strategic priorities, work plan commitments, and intended organizational outcomes.

2026 Council Elections* - Districts 3, 4 & 6

The 2026 elections are complete and will be reported in Item 6.2.

CRTO/RTSO Joint RT Scope of Practice Review

The Steering Committee for the Scope of Practice Review submitted its joint proposal to the Ministry

CRTO Update Report

of Health (MOH) on April 15, 2026. Since that time, we have met with various branches of government, as well as numerous MPPs from the Liberal opposition. Unfortunately, we had to cancel our scheduled Queen's Park Day due to the Ontario Legislature's extended summer recess. However, we are working to align a visit to Queen's Park with a stakeholder organization that has a day scheduled after the legislature resumes in the late fall.

Governance Review

The CRTO has engaged Brian O'Riordan and Maia MacNiven of TBG MacNiven to conduct a Governance Review. This project began on May 1, 2026, and will culminate in December 2026 with a final report, including final recommendations, tools and templates. Brian and Maia have met with all Council members and will provide an update at the fall Executive and Council meetings.

Professional Misconduct Regulation

After Council approved the revised draft Professional Misconduct Regulation, the CRTO submitted the regulation to the Ministry on June 2, 2026. According to the Ministry guide, timelines for regulatory amendments depend on several factors, including the number of policy issues under review, any required consultation with Ministry program areas or other government ministries, drafting requirements, and broader government priorities. We have reached out to the MOH for an update on the regulation's progress and will inform the Executive and Council as more information becomes available.

DEI Initiatives

CRTO continues to support diversity, equity, inclusion, and reconciliation through staff engagement and external communications. In June, staff recognized Pride Month with an in-office celebration, taking time to acknowledge the significance of Pride and its importance in fostering inclusion and belonging. Staff also participated in a fun and engaging way by wearing Pride-themed accessories. We also continue to highlight important days of recognition through our social media and email communications. Recent observances include the National Day for Truth and Reconciliation, which helped raise awareness, encourage learning, and support meaningful conversations about equity, inclusion, and reconciliation.

The CRTO's partnership with the Canadian Centre for Diversity and Inclusion (CCDI) continued to strengthen throughout the last quarter. CRTO staff met with CCDI representatives to discuss our ongoing research and planning related to demographic data collection. CCDI is currently assisting the CRTO with researching and developing best practices for demographic data collection, including the types of questions to include and appropriate wording for a demographic survey. In addition, the CRTO's CCDI liaison is helping identify DEI consulting firms with experience supporting organizations in developing and implementing demographic data collection surveys. CRTO staff will use CCDI's recommendations and resources to identify and engage an appropriate consulting firm to support development of the CRTO's demographic data survey.

PRC Surveys and Data Collection

Progress continues on the PRC surveys and data collection initiative. Following the successful presentation of the planning and implementation strategy, the Professional Practice and Research

CRTO Update Report

Committee (PRC) approved advancing the project to the next phase.

Since then, the team has developed and configured the pre-survey questionnaire in SurveyMonkey. The survey is currently pending final approval, after which deployment and data collection will begin. Evaluation, analysis, reporting, and feedback activities will follow as results become available. This work will support evidence-informed decision-making and help inform future quality assurance and professional practice initiatives.

Communication Strategy

Communications will continue to advance initiatives aligned with the new Strategic Plan and the corresponding KPIs established to measure progress in digital engagement, accessibility, inclusion, and public awareness.

- *Website rebuild:* The website modernization project progressed from 25% to 35% completion, with content audits, information architecture, vendor identification, and procurement planning completed. The project is now advancing toward vendor selection and implementation.
- *Website:* Despite lower website traffic in Q2, user engagement increased from 43.3% to 45.7%, indicating visitors are interacting more deeply with website content.
- *Social media and email:* remained consistent, with 86 posts published across LinkedIn and Bluesky. CRTO's LinkedIn audience continues to grow steadily, increasing from 1,576 to 1,964 followers, representing a 25% increase year to date.
- *Email communications* reached nearly 29,000 recipients, with a 55% open rate.
- *Accessibility:* improvements continue, with 50% of priority website and portal accessibility enhancements completed and eight identified issues resolved to date.
- *System Partner engagement:* While formal engagement with equity-seeking communities and the Citizens Advisory Group has not yet occurred this year, foundational planning and consultation activities are underway to support more inclusive engagement in future initiatives.

Accessibility Plan Update

Council will be asked to consider a briefing note recommending a transition from PDFs to accessible web content for key information. This initiative supports the CRTO's Accessibility Plan by improving accessibility, usability, and findability of information, while helping ensure compliance with digital accessibility best practices. The proposed approach will enhance the user experience for registrants, applicants, and members of the public by making information easier to access across devices and assistive technologies.

Entry-to-Practice Assessment Program

CRTO Update Report

The Internationally Educated Healthcare Professionals program remains busy, with an increasing number of successful candidates, notably those from the Philippines. The CRTO has met with other provinces, including Newfoundland and British Columbia, inquiring about our assessment process, and PEI recently signed an agreement with the National Alliance to use our IEHP process.

- Total current 2026 new applications: 19 (10 from other provinces)
- Total CSAs for 2026: 12
- Total BDI's for 2026: 19

External

Ontario Ministry of Health (MOH)

The College Performance Measurement Framework (CPMF) was introduced in 2020 and has required all health regulatory Colleges in Ontario to submit extensive annual reports since March 2021. However, the reporting process was paused in 2025 while a comprehensive review was undertaken. The revised reporting framework was released to Colleges for feedback on September 15th (deadline for response September 30th). One of the most significant changes is a staggered submission cycle that proposes reporting the evidence requirements (qualitative data) on a two-year cycle (context measures would continue to be reported yearly). If approved, the CRTO would not need to submit its qualitative data report until spring 2028.

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

The NARTRB conducts two business meetings per year: in the spring to align with the CSRT conference and again in the fall. The CRTO will host the fall meeting in Toronto again. In between these meetings, the NARTRB Executive has remained quite busy with initiatives that include:

- Establishing a working group to create a national Code of Ethics based on the CRTO's "A Commitment to Ethical Practice guideline.
- Meeting with Accreditation Canada to discuss areas of concern regarding the scoring rubric used for the accreditation of RT educational programs.
- Retaining a website designer to create a new NARTRB website.
- Retaining an individual to provide ongoing administrative support to the NARTRB.
- Retaining a new audit firm and working with them on the NARTRB's 2025/2026 audit.
- Launching the NARTRB's 2026 – 2030 Strategic Plan.
- Retaining an individual to implement a data management system to secure and maintain NARTRB data files.

CRTO Update Report

- Establishing national agreements on RT virtual practice, as well as the integration of the University of Doha (Quatr) graduates into RT practice in Canada.
- Preparing for the departure of individuals who hold key positions on the NARTRB Executive and Board.

Health Profession Regulators of Ontario (HPRO)

The CRTO remains actively engaged with HPRO through its membership on the Board and the Management (Executive) Committee, as well as numerous working groups and networks, such as Communications, Citizens Advisory Group, Corporate Services, EDI, Patient Relations, Quality Assurance, and Professional Practice. HPRO enables collaboration and the sharing of resources between Ontario's health regulatory Colleges and enhances the CRTO's ability to:

- Ensure ongoing engagement with the Ministry of Health (MOH) on key regulatory priorities.
- Advance legislative modernization initiatives, such as competency-based appointment of public members.
- Provide educational opportunities to Council and Committee members (e.g., Governance and Discipline orientation, EDI, etc.).

In late June 2026, Carole Hamp, RRT, was re-elected as Treasurer on the HPRO Management Committee.

Appendix A

CRTO Update Report

Program Reports

For the end of the second quarter, August 31, 2026 (Q2) of the March 1, 2026 – February 28, 2026 fiscal year

1 Registration Program

Members by class of registration 2026/27 Q2

Registered Members

Members attrition (resignations, suspensions and revocations)

Applications received

Snapshot of applicants completing the Entry-to-Practice assessment

2 Professional Conduct Program

New, closed, ongoing complaints/reports

New complaints and reports by theme

3 Quality Practice Program

Launch RT

PORTfolio

Relevant

Quality practice inquiries

4 Communications

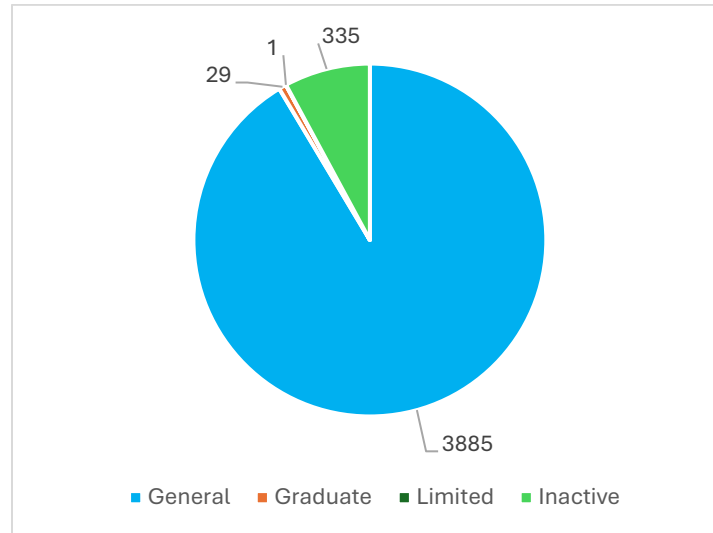
Emails sent

Social media posts

Website visits

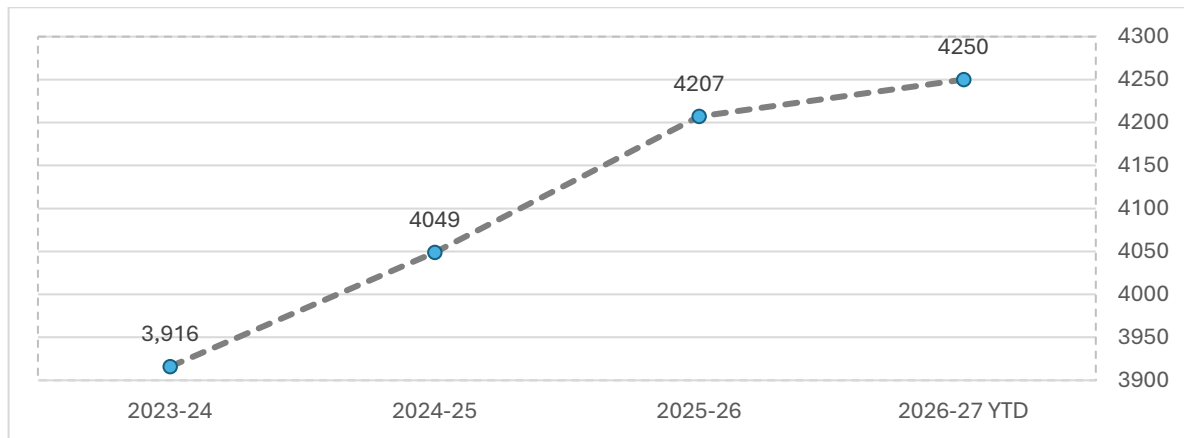
1. Registration Program

Members by class of registration 2026/27 (as on August 31, 2026)



Registered Members (Total)

2026-27 (as on August 31, 2026) compared to last three years

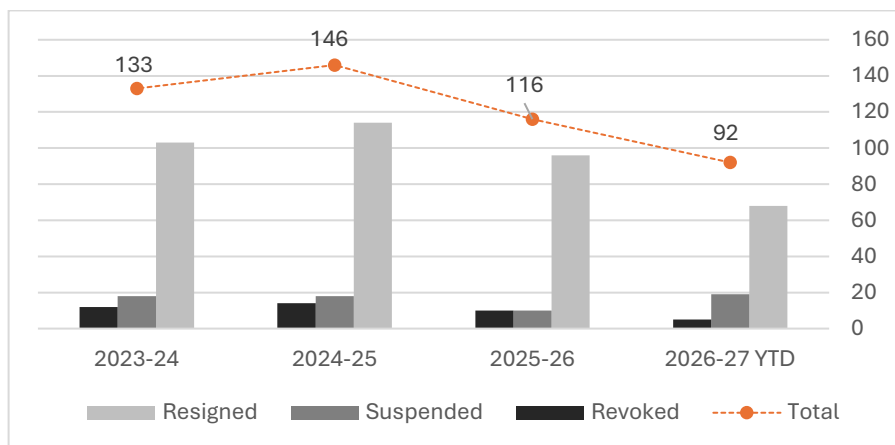


No. of Members	2023-24	2024-25	2025-26	2026-27 Q2
General	3,589	3,768	3891	3885
Graduate	11	12	26	29
Limited	4	3	1	1
Inactive	312	266	289	335
Total	3,916	4,049	4207	4250

Appendix A

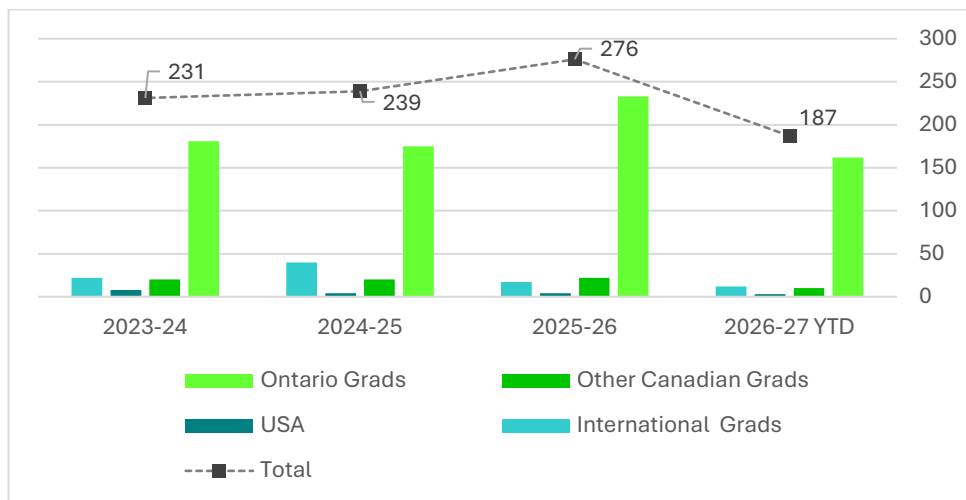
Members attrition (resignations, suspensions and revocations)

2026-27 (YTD) compared to last three years



Applications received

2026-27 (YTD) compared to last three years



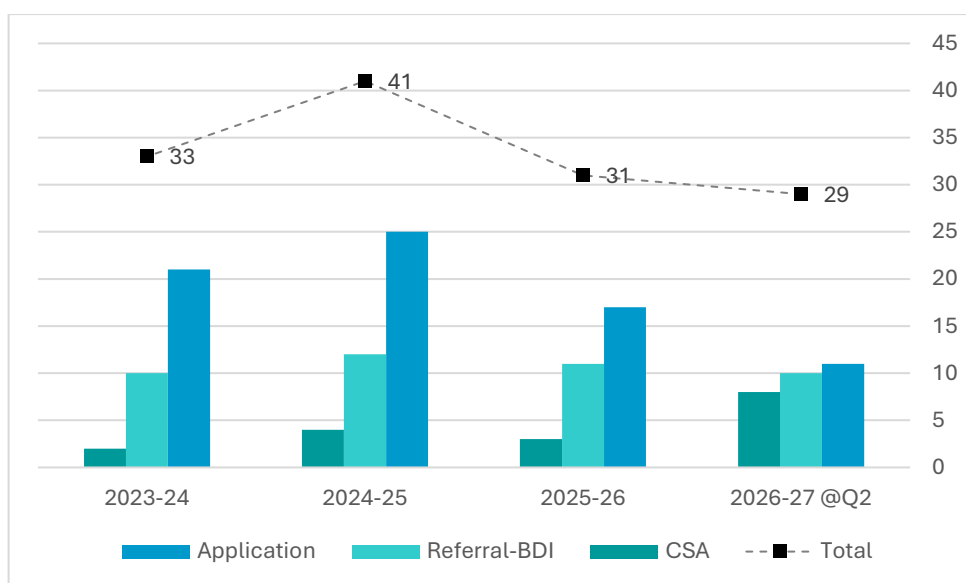
Note: out of the 187 applications received in 2026/27 (Q1 and Q2), nine applications were submitted under the labour mobility provisions:

- 2 from Alberta
- 2 from New Brunswick
- 1 from Nova Scotia
- 2 from Quebec
- 2 from Saskatchewan

None of the applicants submitted the As of Right attestation.

Appendix A

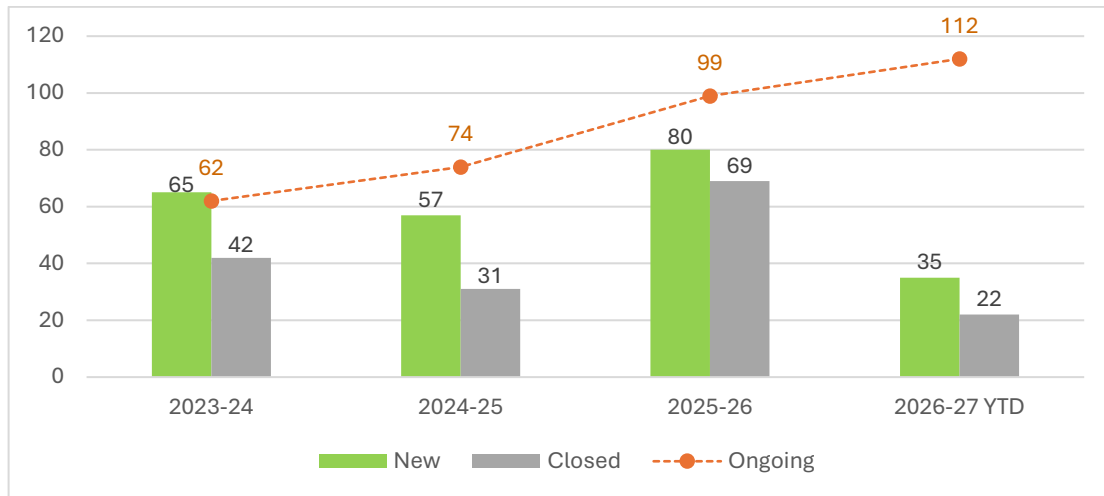
Snapshot of applicants completing the Entry-to-Practice assessment (at the end of each reporting period)



2. Professional Conduct Program

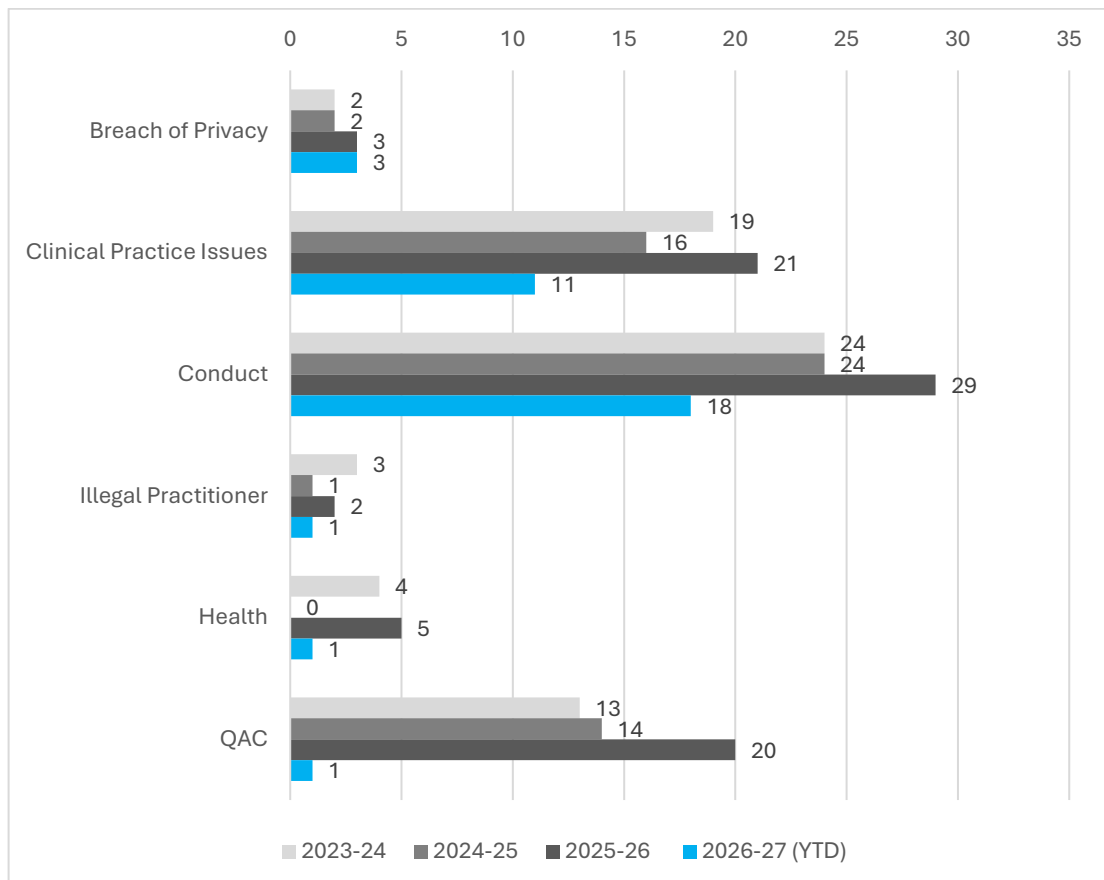
New, closed, ongoing complaints/reports

2026-27 (YTD) compared to last three years



New complaints and reports by theme

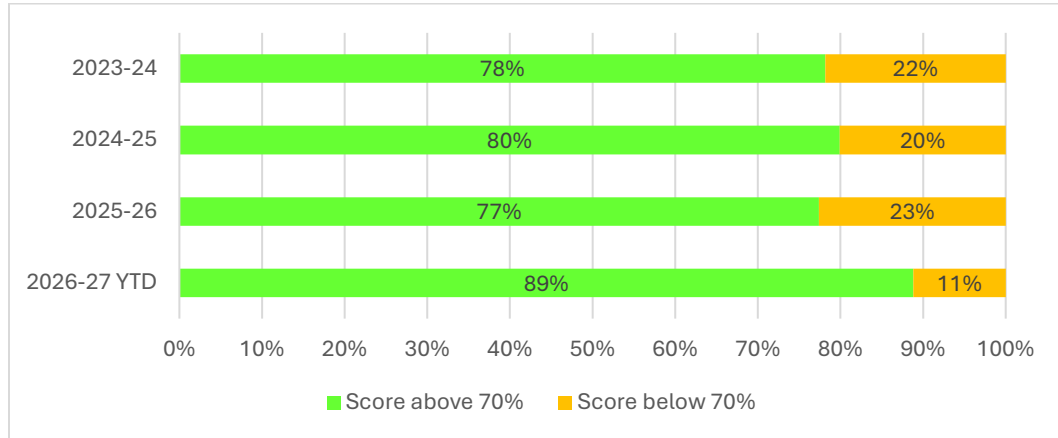
2026-27 (YTD) compared to last three years



3. Quality Practice Program

Launch RT

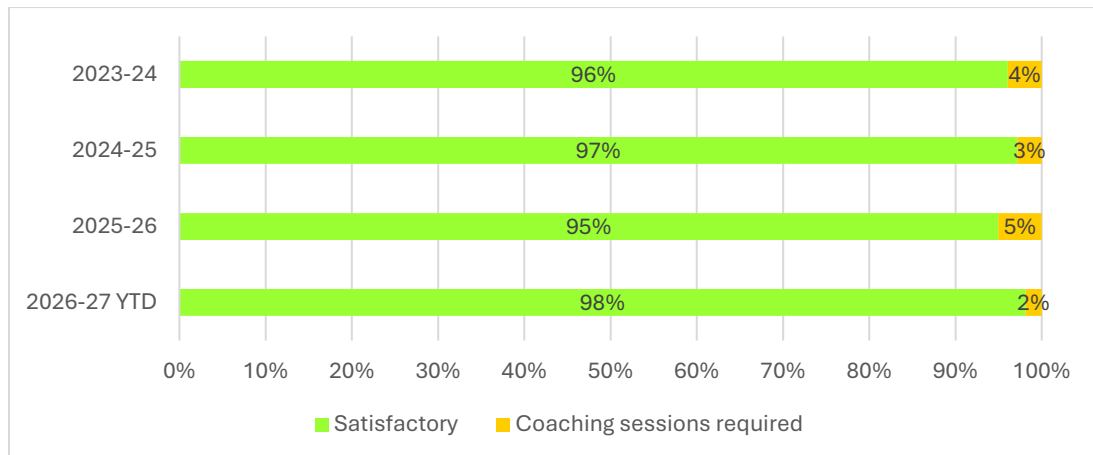
2026-27 (YTD) compared to last three years



Launch RT	2023-24	2024-25	2025-26	2026-27 @Q2
Score above 70%	179	179	209	127
Score below 70%	50	45	61	16
Score below 70% Twice	0	0	2	0
Total Launch Assessments Conducted	229	224	272	143

PORTfolio

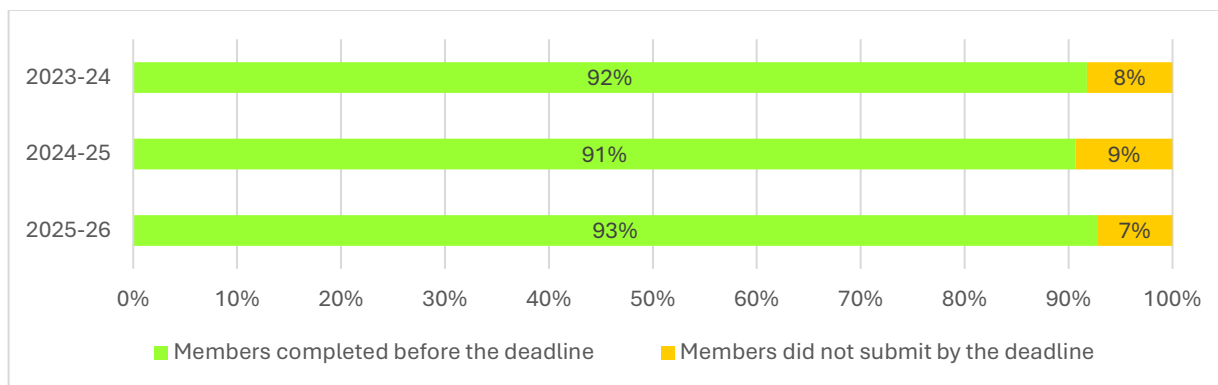
2026-27 (YTD) compared to last three years



PORTfolio	2023-24	2024-25	2025-26	2026-27 @Q2
Members selected	753	743	688	538
Satisfactory	736	657	622	525
Coaching sessions	30	19	33	10
Coaching sessions (unsatisfactory)	0	0	1	1
Total Submitted	769	676	656	535

Appendix A

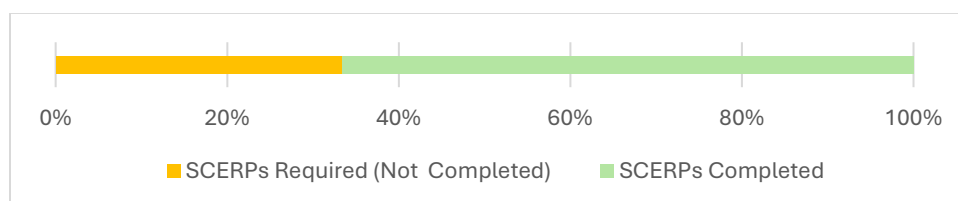
RelevantT



RelevantT	2023-24	2024-25	2025-26	2026-27*
Members did not submit by the deadline	322	363	285	N/A
Members completed before the deadline	3,585	3,541	3,642	N/A
Total Members completed	3,907	3,904	3,927	N/A

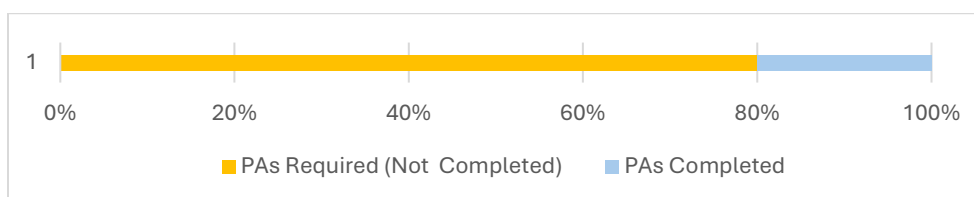
* The 2026-27 Relevant Learning module will be available in January 2027

QA SCERPs (March 1 to August 31, 2026)



QAP SCERPs	2026-27 Q1	2026-27 Q2
SCERPs Required (Not Completed)	0	2
SCERPs Completed	4	0
SCERPS Total Required	4	2

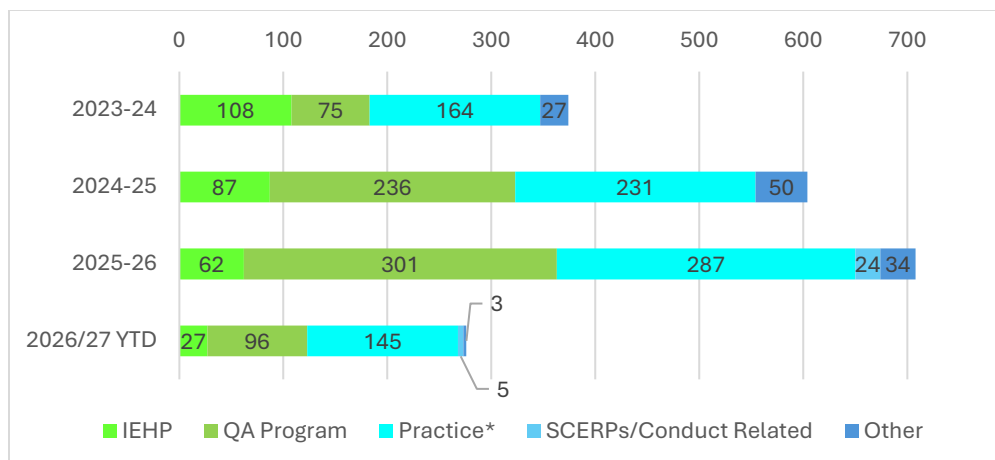
QA Practice Assessments (March 1 to August 31, 2026)



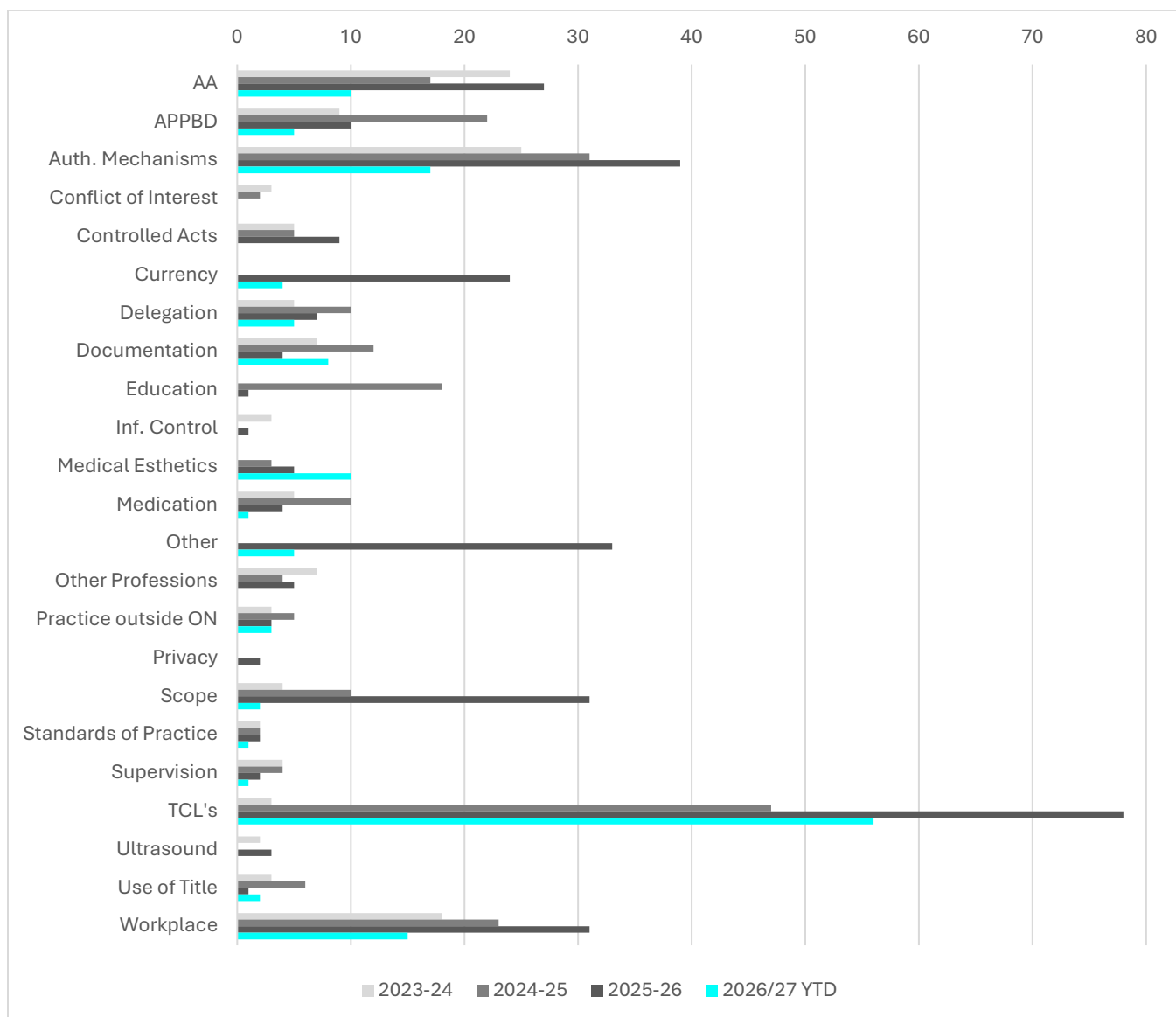
Practice Assessments	2026-27 Q1	2026-27 Q2
PAs Required (Not Completed)	0	4
PAs Completed	0	1
PAs Total Required	0	5

Appendix A

Quality Practice Inquiries 2026-27 (YTD) compared to last three years

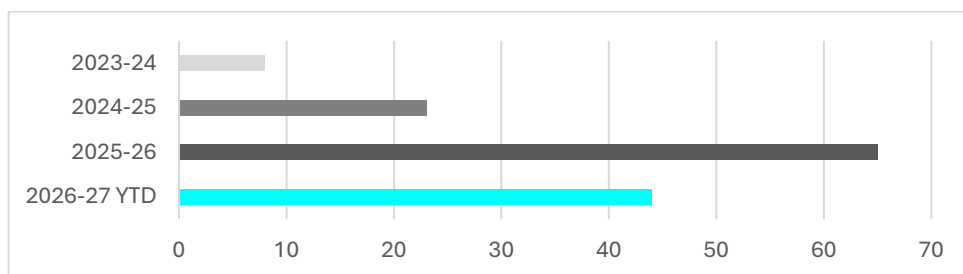


*Practice Inquiries by Theme

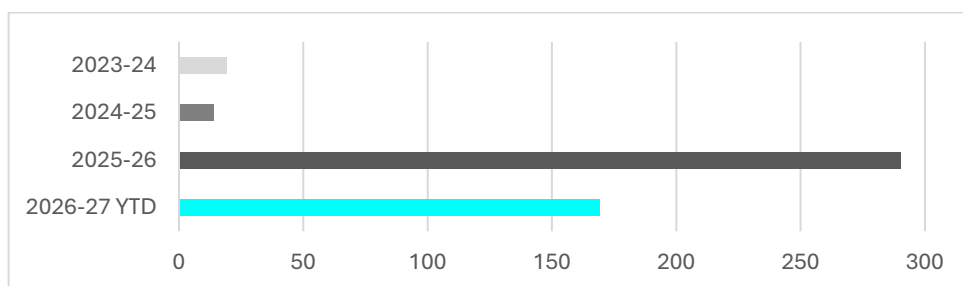


4. Communications

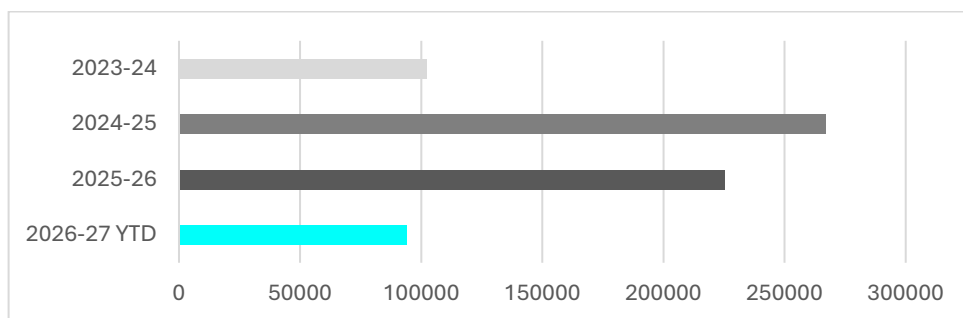
Emails sent 2026-27 (YTD) compared to last three years



Social Media Posts 2026-27 (YTD) compared to last three years



Website Visits 2026-27 (YTD) compared to last three years



Top five webpages visited 2026-27 Q2	
Homepage	15.6K
Members	4.6K
Public	4.5K
Prof. Development	2.9K
Approved RT Programs	1.9K

Where website visitors are from (top 5 countries) 2026-27 Q2	
Canada	14K
United States	742
India	150
Philippines	108
United Kingdom	63

Where website visitors are from (top 5 provinces) 2026-27 Q1	
Ontario	13.5K
Quebec	1.5K
British Columbia	614
Alberta	489
Manitoba	186

Council Briefing Note

AGENDA ITEM # 6.10

October 1, 2026

From:	Shaf Rahman, Deputy Registrar
Topic:	Investment Portfolio Update
Purpose:	For Information
Strategic Focus:	Operational Discipline
Attachment(s):	Appendix A: Investment Portfolio Summary Appendix B: Benchmark Comparison Summary

PUBLIC INTEREST RATIONALE:

Careful management of the CROTO'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 CROTO is striving for improvements on its investments in three areas:

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

BACKGROUND:

Since June 2023, RBC Wealth Management Group (RBC) has been responsible for managing the CROTO's 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 August 2026, the Consumer Price Index is 3.0%, an increase of 0.2% since the last Council meeting in June 2026.

ANALYSIS:

Asset Allocation Analysis:

- The RBC investment team was given a mandate to maintain an investment mix of approximately 50% fixed income (including fixed income investments and cash and cash equivalents) and 50% equity investments.

Compared with the investment update presented to Council in June 2026, the CROTO's allocation to fixed income and cash and cash equivalents has increased by 2.12 percentage points and now represents

48.21% of the overall portfolio. This change is primarily attributable to a 3.39 percentage-point increase in cash and cash equivalents, while fixed income holdings decreased by 1.27 percentage points. Equity holdings decreased by 2.12 percentage points and now represent 51.79% of the portfolio.

This represents a reversal of the trend observed during the first part of the year, when equity holdings were increased to capitalize on favourable equity market performance. More recently, in response to increased market volatility associated with tariffs imposed by the United States on Canada, reciprocal Canadian tariffs, and broader global market uncertainty, the RBC team increased the portfolio's allocation to cash and cash equivalents. This more conservative allocation is intended to provide greater protection against potential short-term market declines while maintaining the portfolio's overall investment objectives.

As market performance has remained relatively stagnant over the past several months, the shift toward a more conservative asset allocation has limited the overall decline in the value of the CRTO's investment portfolio to approximately \$2,539. The decline was most pronounced within the CRTO's equity holdings.

The current asset allocation is as follows:

- **Fixed Income:** \$721,431 — 36.38% of the portfolio
- **Cash and Cash Equivalents:** \$234,669 — 11.83% of the portfolio
- **Equities:** \$1,027,124 — 51.79% of the portfolio

Benchmark Analysis:

- As discussed in the Background section of this briefing note, the CRTO's initial objective in engaging the RBC team to manage its investments was to ensure that the CRTO's investment accounts grew at a rate sufficient to keep pace with increases in the Canadian Consumer Price Index (CPI).

Although the Government of Canada has not yet released CPI data for October 2026, the latest data available from Statistics Canada indicates that the CPI increased by 3.0% between August 2025 and August 2026. Over the same one-year period, the CRTO's investment portfolio increased by 12.05%.

Based on this comparison, the portfolio's growth exceeded the CRTO's initial objective of maintaining investment growth in line with inflation.

In addition, at Council's direction, the RBC team developed and presented a customized benchmark at the March 2025 Council meeting. The benchmark provides a reference point for assessing the CRTO's investment performance and was constructed using weighted combinations of market indices that reflect the CRTO's target asset allocation of 50% fixed income and 50% equities.

As of June 30, 2026, the CRTO's investment portfolio had outperformed its customized benchmark by 0.80% over the preceding one-year period. This represents an improvement from the June 2026 Council meeting, when the same one-year comparison showed the benchmark outperforming the CRTO's portfolio by 1.59%.

The portfolio's performance relative to the benchmark indicates that the RBC investment team's strategy continues to closely track the customized benchmark, both over the short term and since the portfolio's inception.

APPENDIX A

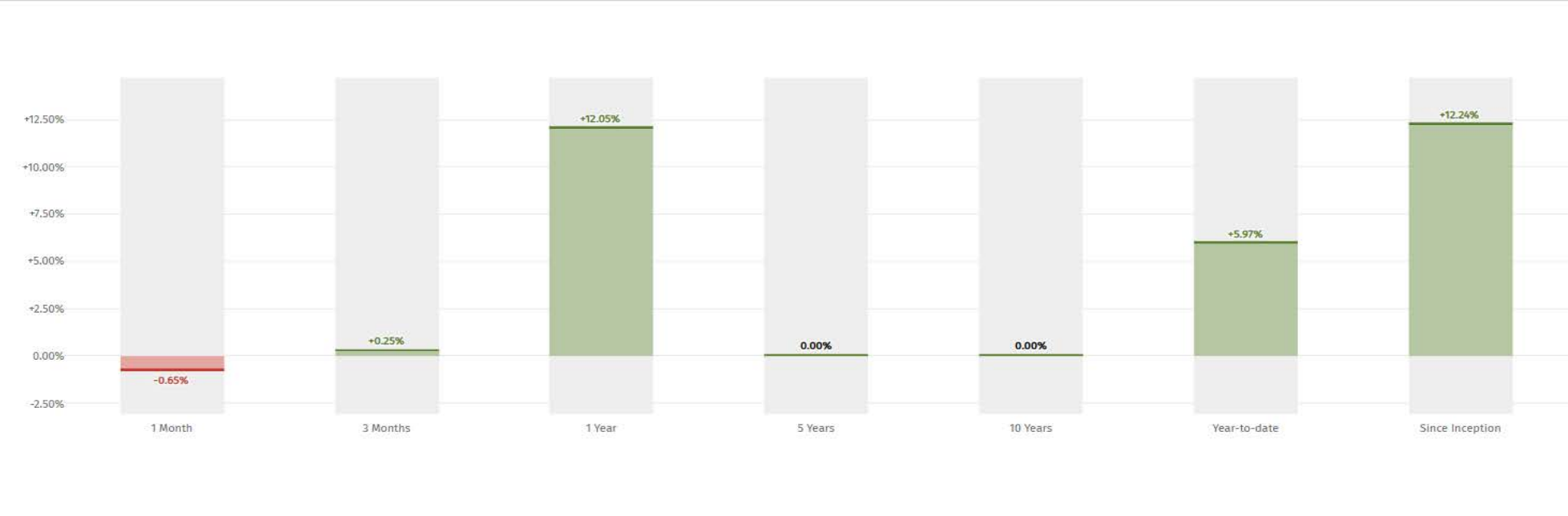
Overview of RBC Investments:

Total Value +1,983,223.05 CAD +1,426,415.99 USD	Total Book Cost [?] <i>(excluding Cash)</i> +1,624,193.39 CAD +1,169,371.14 USD	Unrealized Gain/Loss [?] +320,380.66 CAD +19.73%
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[Exchange Rate](#) : 1 USD = 1.39035 CAD | Balances as of Sept 14, 2026

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	-	20,021.51	1,175,464.08	1,195,485.59	1,043,893.33	+125,765.91	12.05%
USD	-	9,222.61	557,352.33	566,574.94	418,561.30	+138,791.03	33.16%

Performance Evaluation as Compared to Mile Markers:

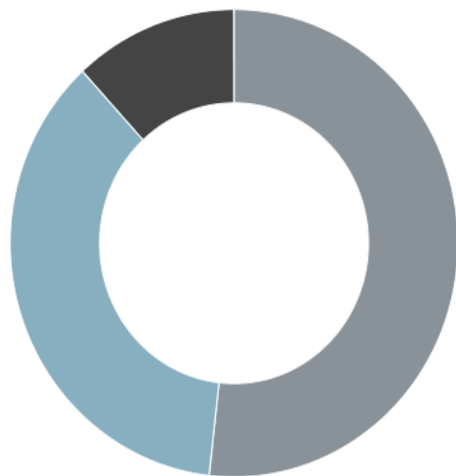


Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
-0.65%	+0.25%	+12.05%	0.00%	0.00%	+5.97%	+12.24%

RBC Investment Portfolio Asset Mix:

Asset Mix



Asset Class	▲	Total Value	Currency	% Allocation
Cash and Cash Equivalents		234,668.98	CAD	11.83%
Fixed Income		721,430.54	CAD	36.38%
Equity		1,027,123.54	CAD	51.79%

Summary of Types of Holdings:

Product Type	▲	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares		1,009,582.84	696,600.95	+312,981.89	44.93%
Fixed Income		761,341.74	746,831.71	+8,705.19	1.17%
Mutual Funds		161,913.61	163,045.36	-1,131.75	(0.69%)
Trust Units (includes REITs)		17,540.70	17,715.37	-174.67	(0.99%)

2026/2027 Fiscal Year Quaterly Comparison



Portfolio Performance

CRTO Investment Portfolio w/ Benchmarks

Annualized Returns with Benchmarks

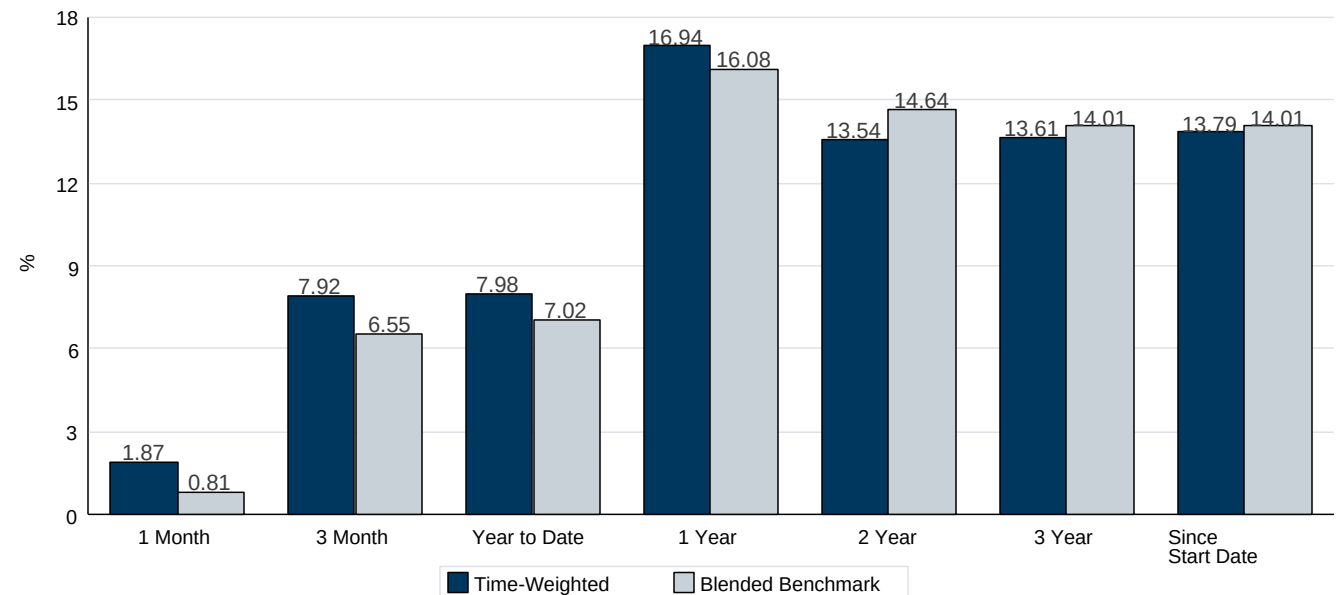
As at June 30, 2026

% Rate of Return / Benchmark		1 Month	3 Month	Year to Date	1 Year	2 Year	3 Year	Since Start Date
Time-Weighted	Jun 04, 2023	1.87	7.92	7.98	16.94	13.54	13.61	13.79
Blended Benchmark		0.81	6.55	7.02	16.08	14.64	14.01	14.01

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

Annualized Returns



- 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.

John Grant

RBC Dominion Securities

Reported in CAD

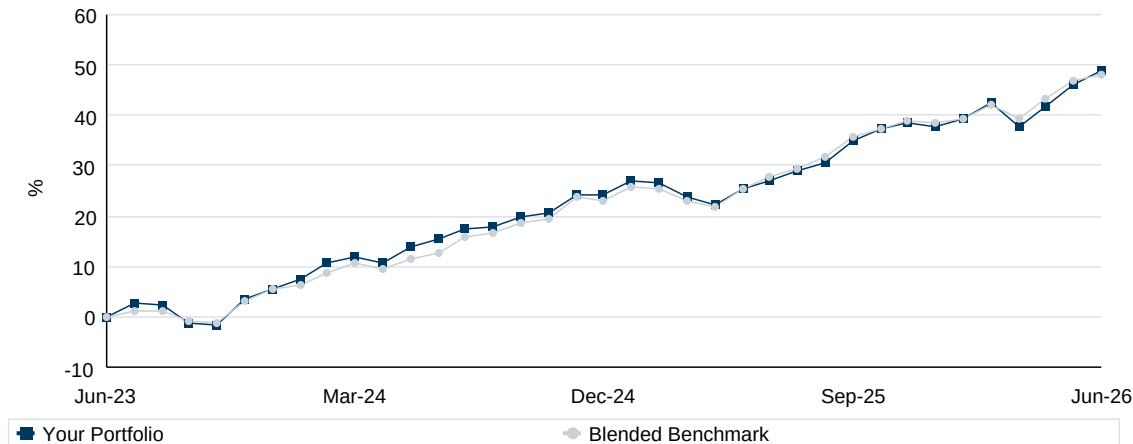
Portfolio Performance

CRTO Investment Portfolio w/ Benchmarks

Cumulative Returns (Time-Weighted)

June 4, 2023 to June 30, 2026

Cumulative Returns (Time-Weighted)



•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		Benchmark	
	ROR	Cumulative	ROR	Cumulative
2023	June	1.38	1.38	
	July	1.45	2.85	1.32
	August	(.49)	2.35	.05
	September	(3.45)	(1.19)	(2.07)
	October	(.59)	(1.78)	(.44)
	November	5.32	3.45	4.39
2024	December	2.09	5.61	2.20
	January	1.98	7.70	.86
	February	2.84	10.76	2.09
	March	.95	11.81	2.03
	April	(1.04)	10.65	(1.25)
	May	2.88	13.84	2.09

Period	Portfolio		Benchmark	
	ROR	Cumulative	ROR	Cumulative
2025	June	1.35	15.37	1.01
	July	1.73	17.37	2.70
	August	.55	18.02	.57
	September	1.40	19.67	2.01
	October	.76	20.58	.60
	November	3.03	24.24	3.46
2026	December	(.14)	24.06	(.54)
	January	2.38	27.02	2.19
	February	(.21)	26.76	(.27)
	March	(2.36)	23.76	(1.75)
	April	(1.12)	22.38	(1.17)
	May	2.44	25.36	2.91

John Grant

RBC Dominion Securities

Reported in CAD

Portfolio Performance

CRTO Investment Portfolio w/ Benchmarks

Annual Benchmark

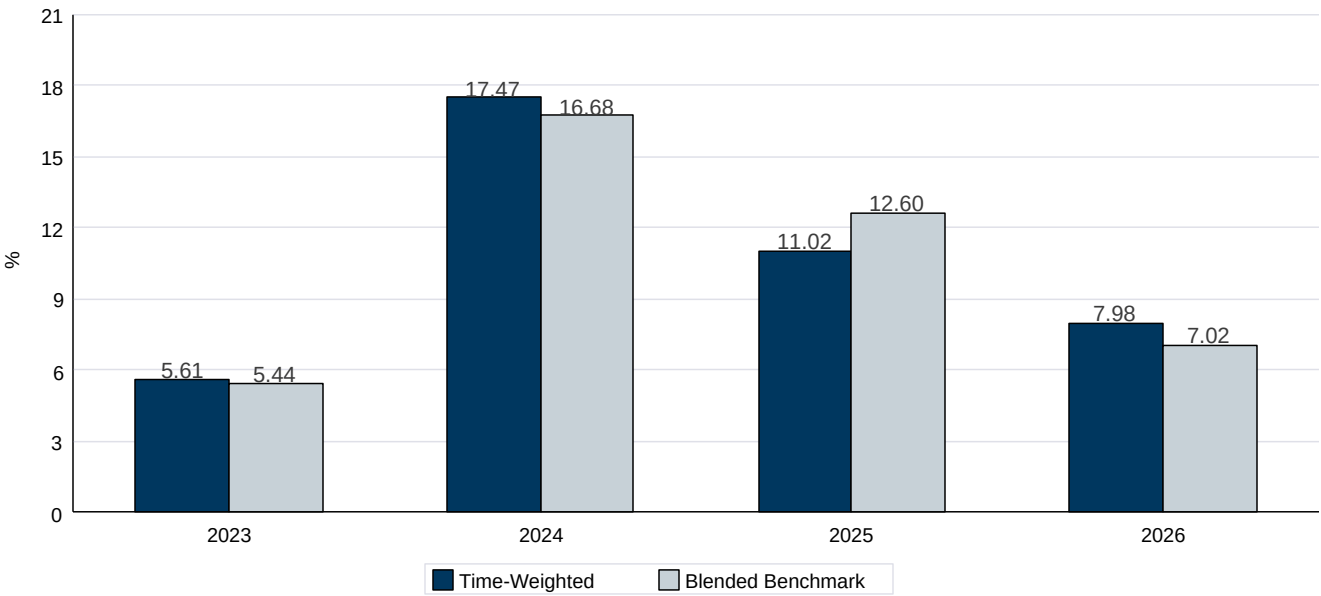
As at June 30, 2026

% Rate of Return / Benchmark	° 2023	2024	2025	° 2026
Time-Weighted	5.61	17.47	11.02	7.98
Blended Benchmark	5.44	16.68	12.60	7.02

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

Annual Returns



- 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.

Council Briefing Note

AGENDA ITEM #6.11

October 1, 2026

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

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) regulates respiratory therapy in the public interest. To fulfill this mandate, the CRTO must identify, assess, and manage risk. This includes both risks related to professional regulation (regulatory risk) and organizational risks that could affect operations, business continuity, and financial sustainability.

ISSUE

The CRTO's [Risk Management Framework](#) sets out how risk management is integrated into strategic planning, projects, operations, and reporting. Under the framework, Council is responsible for overseeing the CRTO's risk management approach, including monitoring risks that could affect the achievement of strategic objectives.

The attached Risk Register Summary Report is a high-level reporting tool that provides Council with quarterly updates. It is based on a more detailed internal Risk Register and focuses on risks assessed as high or medium. Risks rated as low¹ continue to be monitored by staff but are not included in the summary report.

Since the June 26, 2026 Council meeting, there has been one change to the reported risk ratings. The rating for significant staff turnover &/or change in leadership (Risk 01) has increased from low to medium. This change reflects the anticipated leadership changes.

Updates to risk descriptions, controls, and treatment plans are identified in the summary report using blue font and strikethrough formatting. The last page of the report includes a table showing current and previous risk ratings, along with the anticipated risk outlook.

NEXT STEPS

Staff will continue to provide quarterly risk management reports, update the Risk Register as needed, and report on progress against action items.

¹ Risks rated as low during this reporting period: 09. Inconsistent Processes/Records Management

CRTC Risk Register (Summary)

October 1, 2026

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
01	Organizational Operations	Significant staff turnover &/or change in leadership Loss of critical organization knowledge - Change in leadership - Illness or injury - Staff absenteeism	Human Capital Member Relationships - potential disruptions in the daily functioning of the CRTC - insufficient staff to maintain essential College functions	Succession Plan Policy Registrar's Performance Review Policy Onboarding procedures and resources Standard operating procedures in all program areas Ongoing monitoring of vacancies, turnover, and workload Strong leadership on Council Staff cross training DEI Strategic Plan in place	Low Medium	Develop leadership transition plan Finalize and implement the Talent Management Strategy by the end of 2026 Provide regular transition updates to Council and staff
02	Organizational Operations	Sudden/unexpected substantial increase in expenses and/or decrease in revenue - Cost/expense escalations (e.g., significant increase in investigation expenses) - Increase in resignations, suspensions, etc., decrease in new registrations - Sudden loss of investment funds due to market volatility (e.g., due to geopolitical tensions) - Potential additional costs due to delays in new database development	Budget Adherence Member Relationships - Deviation from budget; depletion of reserves - Disruptions in the daily functioning of the College - Insufficient resources to maintain essential College functions	Reserve Funds and Investments Policies Executive Committee oversight as needed External audit Fees Assessment Tool used annually to consider the adequacy and appropriateness of the CRTC's membership fee structure Investment advisor monitoring all CRTC investments, including quarterly written updates and annual presentation updates regarding the status of investments and economic outlook Comprehensive finance/admin operating procedures developed and updated on ongoing basis 2026/27 Budget approved at the March Council	Medium	Ongoing monitoring Quarterly budget and investment update to be provided to Council in October Mid-Year financial projections to be presented at the Oct. 2026 Council

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		Economic uncertainty due to Canada entering into a technical recession the ongoing trade conflict with the United States				
03	Organizational Governance	Disruption in the effectiveness of Council - Loss of a public member on Council; delays in government public members' appointments - Potential deterioration or dysfunctionality of the relationship between staff and Council - Gap in compensation between public and professional Council members - A Council member may not have the competencies needed for the position, which could affect the quality of decision-making and reduce confidence in Council decisions	Member Relationships Compliance Reputation Public Protection - Delays in Council decision-making - CRO non-compliant with statutory requirements - Decrease in member engagement	Proactive approach with government to ensure we have sufficient public members Relationship building through collaboration between staff and Council Competency-based committee appointments Governance e-learning modules Onboarding process & ongoing training for Council and Committee members Code of Conduct & Conflict of Interest provisions in the By-laws Council evaluation framework Recent new public member appointments Governance Manual Support for Council Members and staff attendance at annual HPRO Governance Workshops Annual committee orientation sessions	Medium	Increased utilization of HPRO as a government relations advocate Ongoing engagement with Council/committee members Review and update election communication materials Collaborate with system partners that provide respiratory therapy care, to advertise to their patients & staff the opportunity to be a public committee appointee Governance review project (to be completed in Dec. 2026) New Governance dashboard HPRO Governance Training (Oct. 2026)
04	Organizational Operations	IT infrastructure disruption and/or compromise of data integrity - Phishing - Ransomware attacks - Denial-of-service attacks	Member Relationships Compliance Reputation - Potential service disruption - CRO non-compliant with statutory requirements - Negative media attention	3rd party systems monitoring Cyber-audits and white-hat simulation of attacks Staff training Built-in scanning on USBs for all computers Cyber insurance	High	Verification of cybersecurity of key 3rd party vendors Developing a detailed cybersecurity plan, including mapped steps and procedures for suspected cybersecurity incidents

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		- Unauthorized disclosure of personal/confidential information - Reliance on old/outdated database system - Implementation of new database and website	Concerns/complaints from interested parties	Multi-Factor Authentication for access to systems is in place Regular patch compliance Increased email security/protection Internal IT communication template(s) for use in the event of cyberattack Comprehensive IT operating procedures developed & updated on ongoing basis Implemented an endpoint management solution for endpoint security and compliance enforcement New restriction on accessing work accounts through personal phones		Staff training on the use of the new database before deployment
05	Organizational Operations	Ineffective communications - Technology (e.g., new website delays, challenges in website maintenance, updates) - Human error (risk of incorrect or unclear social media or website content)	Member Relationships Compliance Reputation Public Protection - Public unaware of the CRTC and unable to access the complaints process - Member dissatisfaction; lack of engagement with the CRTC - Members' non-compliance with statutory requirements	Member outreach initiatives – eBlasts, reminders, etc. Ongoing reporting on Comms KPIs Monitoring of response rates to CRTC consultations Full time communications professional on staff Ongoing social media strategy (including YouTube with a video production plan in place) Comprehensive review of website content conducted as part of the new website development 100% of comms operating procedures in place New email strategy implemented	Medium	New website currently under development RFP in planning stages, contingent on CRM vendor Continued monitoring of publication timelines New YouTube/Video strategy being implemented New email strategy being implemented and Further strategies to be implemented once the new email communications platform is onboarded
06	Organizational Compliance	Misalignment with regulatory requirements	Compliance Public Protection	Ongoing monitoring and regular reporting of registration and	Medium	Finalize the review and update policies in response to

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		• Reliance on old/outdated database system • Changes in technology (e.g., new database, new online application system) • Legislative changes • Increase in reporting requirements • Potential increase in applications from graduates of unapproved programs • Staffing changes	• Potential delays in application processing and/or complaints and reports processing	professional conduct processing timelines Comprehensive policies and procedures in place Staff cross training Ongoing communications with developers regarding system needs, continued use of iMIS as a contingency plan Collaboration with third-party organizations Implementation of Registrar's Directives to speed up internal processes		the new Registration Regulation Continued review and development of internal standard operating procedures Staff training on the use of the new database before deployment Continue development and revision of the RC decision-making tools
07	Regulatory Professional Practice	Insufficient/out-of-date practice information • Changes in practice expectations/scope • Changes in regulatory requirements (e.g., reporting, infection control, etc.) • New currency condition • Increasing failure rates in the Launch Jurisprudence exam	Public Protection Member Relations • Members' non-compliance with statutory requirements • Concerns/complaints from interested parties	Regular checks on the quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope Ongoing monitoring and regular reporting on practice-related inquiries Developed a new currency condition webpage Ongoing presentations with RT schools New Welcome video to support new GRTs entering practice New/updated Standards of Practice now posted on the CRTC website Completed comprehensive review of the PDP	Medium	Regular legislative and regulatory scans (HPRO working group) Closely monitoring all inquiries related to the new currency condition

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
08	Regulatory	Unauthorized Practice - Impact of the “As of Right” initiative - New unaccredited RT programs in Ontario	Public Protection Increase in unauthorized practice concerns/reports received	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports New webpage for Employers to address “As of Right” 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 - Insufficient number of RTs to meet the demands of the healthcare system - New unaccredited RT programs in Ontario	Public Protection	Emergency Class of Registration Emergency Registration Policy Streamlined registration processes and efficient processing timelines Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process Scope of Practice Review	Medium	Continue to monitor Member demographic data Ongoing engagement with other regulators and system partners (e.g., through HPRO) Continued monitoring of government initiatives related to health human resources Preliminary discussions re utilizing the Limited Certificate of Registration for select IEHP applicants
11	Organizational Operations	Use of Artificial Intelligence (AI) Tools and Systems - Unauthorized use of AI tools resulting in privacy, confidentiality, or intellectual property breaches - Potential inaccuracies or biases in AI-generated outputs leading to	Compliance Member Relationships Reputational damage Core Business Practices	New Use of AI Policy Internal guidance outlining safe and appropriate use of AI tools – Employee Handbook Staff and Council training on responsible AI use Ongoing monitoring of evolving federal/provincial AI governance frameworks	Medium	Conduct periodic audits of AI usage across the organization to ensure compliance with policy Monitor emerging best practices, legislation, and regulatory expectations regarding AI in the public and regulatory sectors

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CROTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		operational or regulatory errors • Over-reliance on AI tools without sufficient human validation • Increased cybersecurity exposure if unvetted AI systems are used		Updated CROTO's Privacy and Confidentiality Policies Updated procurement processes to include AI-specific privacy and security considerations		Provide training to Council and committee members on responsible use of AI

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 rating increased from low to medium because of anticipated leadership changes.
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				
Organizational Compliance	06 Misalignment with regulatory requirements (Professional Conduct, Registration)				
Regulatory Professional Practice	07 Insufficient/out-of-date practice information				
Regulatory	08 Unauthorized Practice				
Organizational Operations	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				
Organizational Operations	11 Use of Artificial Intelligence (AI) tools and systems				

Council Briefing Note

AGENDA ITEM # 6.12

October 1, 2026

From:	Carole Hamp, RRT, MA, Registrar & CEO
Topic:	March 2026 Council Meeting Evaluation Summary
Purpose:	For Information
Strategic Focus:	Strong Governance & Operational Discipline

PUBLIC INTEREST RATIONALE

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

ANALYSIS

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey. After the June 26, 2026, meeting, the feedback received was as follows:

- Were the briefing notes and supporting documents sufficiently clear and concise to support your decisions?
 - 100% Yes
- Did discussions remain focused on governance, strategy, and oversight (vs. organizational operations)?
 - 93% Yes
- Did you feel your contributions were valued?
 - 93% Yes
- Please share any suggestions you have for Council education.
 - As noted in the meeting - discussion of new council member selective process: election vs application based - reporting on process by other regulators, effectiveness, skill desires and requirements, implementation etc. Trends across regulators on conduct/practice issues and approaches to regulation and mediation?
 - Consideration should be given to covering service standards pertaining to Ontario citizens without convenient computer access or requisite technological knowledge. They represent a significant minority group and should be treated like all their societal counterparts. Most other personal thoughts echo those already provided.
 - Invite students
 - Membership engagement strategies promoting governance, Intermediary governance involving mediation, Interprofessional advocacy.
- Do you have any suggestions to enhance future meetings?

- Always nice, whenever possible, to have a maximum 10 general thoughts feedback section before meeting conclusion.
- Consideration of presentations from committees coming to council and levels of depth of information required to be re-presented.
- I think we are doing the best we can. Perhaps the chair and co-chair or exec can share the meeting. It makes it less daunting if someone needs to step in to lead. Just speaking from experience. We also didn't follow-up with the students which we usually do, unless I missed it as my computer today seemed to have other plans for me.
- It was an excellent meeting - stayed very on track. And I wasn't able to say it in the meeting, but the annual report is really superb!!! Thank you so much.
- Love the governance website that CRO and Michelle are building
- Maybe assign more formal timing for the meeting schedule so that we can provide a bit more structure to keep things moving, even though the Chair does a great job keeping us on track.
- More presentations
- Team always does a great job. Everyone is always ready, organized, information is relevant.
- The last couple of meetings there have been questions about items clearly covered in the pre meeting package. It feels as though not all members are reading the package prior to the meeting which raises concerns about the consent agenda. I do, personally, love the consent agenda - just wondering if there's a way to encourage all members to be prepared.
- When it is a long meeting, not have a demonstration. People were tired and perhaps did not appreciate Michelle's presentation as much as they could have,

Council Meeting Action Items — June 26, 2026

Item	Responsibility	Action	Status/Timelines
Financial Audit (7.1) Council approved the Financial Audit for 2025-26.	CRTO Staff	To complete the required audit documentation, provide the summarized financial statements for inclusion in the Annual Report, and post the 2025-26 Financial Statements with the final Annual Report.	Completed
Appointment of Auditor for 2026-27 (7.2) Council approved the appointment of the auditor for 2026-27.	CRTO Staff	To communicate with the auditor regarding the 2026-27 appointment.	Completed
Annual Report (7.4) Council approved the 2025-26 Annual Report.	CRTO Staff	To finalize and translate the Annual Report, then post it and send a copy to system partners.	Completed
Succession Plan Policy (7.6) Council approved the revised Succession Plan Policy.	CRTO Staff	To finalize and translate the policy, update the Governance Manual, post the policy on the CRTO website, and complete the identified follow-up.	Completed
Reserves Policy (7.7) Council approved the revised Reserves Policy.	CRTO Staff	To finalize the policy for internal posting and reflect the decision in the accounting records for the F27 audit.	Completed
Revised Supervision Policy (9.1) Council approved the revised Supervision Policy.	CRTO Staff	To finalize and translate the policy, post it on the CRTO website, share it through social media, and post the consultation summary.	Completed

Council Briefing Note

AGENDA ITEM # 8.1

October 1, 2026

From:	Shaf Rahman, Deputy Registrar and Peter Laframboise, Manager, Professional Conduct
Topic:	Reporting To Police Policy
Purpose:	For Decision
Strategic Focus:	Compassionate & Transparent Regulation
Attachment(s):	Appendix A – Reporting to Police Policy (redline version capturing changes) Appendix B – Reporting to Police Policy (clean version)
Motion:	It is moved by _____ and seconded by _____ that: The CROTO Council approves that the revised Reporting to Police Policy be posted for public consultation.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CROTO) regulates respiratory therapy in the public interest. As part of this mandate, the CROTO must ensure that appropriate follow-up occurs when information comes to its attention that may indicate criminal conduct. This policy provides the public and CROTO Members with a transparent understanding of the CROTO's obligations when information is received regarding the alleged conduct or actions of a Respiratory Therapist. It also clarifies the authority on which the Registrar may rely when reporting information about a Member to the police in circumstances where the Registrar is of the opinion that the Member's conduct or actions may be criminal in nature.

ISSUE

The Reporting to Police Policy was last reviewed in September 2021. Under the CROTO's policy framework, policies are recommended to undergo review every five years. This policy has undergone a comprehensive review, including external legal review, to ensure that it continues to meet applicable legislative and regulatory requirements.

BACKGROUND

This policy establishes direction for the CROTO and its system partners in circumstances that are not explicitly addressed in the *Regulated Health Professions Act, 1991* (RHPA) or the *Health Professions Procedural Code* (the "Code"), which is Schedule 2 to the RHPA.

There may be circumstances in which information comes to the attention of the CRTC that provides the Registrar with reasonable and probable grounds to believe that a Member may be incompetent, incapacitated, or may have committed an act or acts of professional misconduct. Where the Registrar is also of the opinion that the Member's conduct may be criminal in nature, section 36(1) of the *Code* provides authority for the disclosure of information to the police. This policy provides guidance to the Registrar and staff on the considerations and process for making such a disclosure.

ANALYSIS

Summary of Changes:

- A thorough review of the policy was completed to ensure that the information is presented in clear, plain language that is accessible and understandable to CRTC Members and the public.
- Further clarity was provided in the "Applicability" section to clearly identify the specific circumstances in which the policy applies.
- Under the "Considerations" section, the three-criteria test was revised by removing the third criterion. It was determined that retaining the third criterion could unnecessarily limit the Registrar's ability to provide information to the police. There may be circumstances in which the first two criteria are met (that is, the conduct appears to be criminal in nature and there is a risk to the public), but the CRTC does not have additional information beyond the conduct itself to provide to the police. Under the current policy, the absence of additional information would prevent the CRTC from disclosing information to the police in these circumstances.
- Under the "Related Documents" section, the newly developed "Procedure for Disclosure of Information to System Partners" was added to provide additional guidance regarding the disclosure of information to system partners.

RECOMMENDATION

It is recommended that Council approve the revised Reporting to Police Policy for public consultation to obtain feedback from the public and system partners regarding the proposed changes.

NEXT STEPS

If approved, staff will post the revised policy for public consultation. The policy will then return to Council for final approval, together with any feedback received from the public and system partners.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Reporting to Police

Type: Policy

Origin Date: September 25, 2015

Section: CD

Approved By Council on: September 24, 2021

Document Number: CD-140

Next Revision Date: October 2026

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) that when information comes to the attention of the Registrar, and the Registrar ~~is of the opinion~~ believes that ~~the an~~ individual's conduct or actions ~~of a member~~ may be criminal in nature, the Registrar may disclose ~~any~~ relevant information to the police ~~regarding the member.~~

2.0 PURPOSE

The purpose of this policy is to ~~carry set~~ out ~~Certo's mandate of acting when and how the Certo~~ may disclose information to the police when the Registrar believes the conduct or actions in ~~the interest of the public~~ question may be criminal in nature.

3.0 ~~APPLICABILITY~~ APPLICABILITY

There may be instances when ~~information comes to the attention of the Certo which provides the Registrar with reasonable and probable grounds that a member may be incompetent, incapacitated or has committed act(s) of professional misconduct. In cases the Certo receives information that relates to its public protection mandate. This policy applies in situations~~ where the Registrar is ~~also~~ of the opinion that the ~~information received may involve~~ conduct ~~of the member may be that is~~ criminal in nature, ~~this policy will help to guide and provides guidance on~~ the process for disclosing relevant information to the police.

4.0 RESPONSIBILITIES

If the Certo initiates ~~reporting a matter~~ disclosure of information to the police, ~~the Certo~~ it will ~~provide notice to notify the individual who is~~ the ~~member that~~ subject of the information ~~is being shared with police~~, only if ~~this notice doing so~~ would not interfere, jeopardize, or otherwise cause significant harm.



If the CRTO ~~reports/discloses~~ a matter to the police, ~~due to strict confidentiality provisions within the RHPA, it is unable to~~ will not notify third parties ~~that the matter has been reported unless such notice is authorized or required by law.~~

The CRTO utilizes

When considering or making a disclosure, the CRTO will use the Disclosure of Personal Information to Law Enforcement Fact Sheet published by the Information and Privacy Commissioner of Ontario ~~when disclosing information about a member as~~ a guiding resource.

5.0 AUTHORITY & MONITORING

The Registrar ~~shall~~ may disclose information to the police, as permitted by section 36(1) of the *Regulated Health Professions Act, 1991 (RHPA)*.

6.0 CONSIDERATIONS

If the source of the information has indicated that they will not or have not reported the conduct or actions of the member/individual to the police, the Registrar may report the member's conduct and actions to the police if the Registrar is of the opinion that:

- a. The alleged conduct and actions appear to be criminal in nature, and
- b. There may be a significant risk to public safety by not reporting, and
~~The CRTO is in possession of additional information (such as the member's prior history with the CRTO), that reasonably suggests that the alleged conduct may be indicative of a pattern of behaviour that is escalating in severity.~~

7.0 RELATED DOCUMENTS

- Section 36(1) of the Regulated Health Professions Act, 1991 (RHPA)
- ~~Registrar's Reasonable and Probable Grounds~~ Registrar Actions on Reported Member Concerns Policy
- Disclosure of Personal Information to Law Enforcement Fact Sheet, Information and Privacy Commissioner of Ontario
- Procedure for Disclosure of Information to System Partners

8.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
RHPA – Regulated Health Professions Act



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Reporting to Police CD-140

9.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Reporting to Police

Type: Policy

Origin Date: September 25, 2015

Section: CD

Approved By Council on: September 24, 2021

Document Number: CD-140

Next Revision Date:

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Cрто) that when information comes to the attention of the Registrar, and the Registrar believes that an individual's conduct or actions may be criminal in nature, the Registrar may disclose relevant information to the police.

2.0 PURPOSE

The purpose of this policy is to set out when and how the Cрто may disclose information to the police when the Registrar believes the conduct or actions in question may be criminal in nature.

3.0 APPLICABILITY

There may be instances when the Cрто receives information that relates to its public protection mandate. This policy applies in situations where the Registrar is of the opinion that the information received may involve conduct that is criminal in nature and provides guidance on the process for disclosing relevant information to the police.

4.0 RESPONSIBILITIES

If the Cрто initiates a disclosure of information to the police, it will notify the individual who is the subject of the information, only if doing so would not interfere, jeopardize, or otherwise cause significant harm.

If the Cрто discloses a matter to the police, it will not notify third parties unless such notice is authorized or required by law.

When considering or making a disclosure, the Cрто will use the *Disclosure of Personal Information to Law Enforcement* Fact Sheet published by the Information and Privacy Commissioner of Ontario as a guiding resource.



5.0 AUTHORITY & MONITORING

The Registrar may disclose information to the police, as permitted by section 36(1) of the *Regulated Health Professions Act, 1991 (RHPA)*.

6.0 CONSIDERATIONS

If the source of the information has indicated that they will not or have not reported the conduct or actions of the individual to the police, the Registrar may report the conduct and actions to the police if the Registrar is of the opinion that:

- a. The alleged conduct and actions appear to be criminal in nature, and
- b. There may be a significant risk to public safety by not reporting.

7.0 RELATED DOCUMENTS

- [Section 36\(1\) of the *Regulated Health Professions Act, 1991 \(RHPA\)*](#)
- Registrar Actions on Reported Member Concerns Policy
- [Disclosure of Personal Information to Law Enforcement Fact Sheet, Information and Privacy Commissioner of Ontario](#)
- *Procedure for Disclosure of Information to System Partners*

8.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
RHPA – Regulated Health Professions Act

9.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 8.2

October 1, 2026

From:	Shaf Rahman, Deputy Registrar and Peter Laframboise, Manager, Professional Conduct
Topic:	Registrar Actions on Reported Member Concerns Policy (Formally titled “Registrar’s Reasonable and Probable Grounds” Policy)
Purpose:	For Decision
Strategic Focus:	Compassionate & Transparent Regulation
Attachment(s):	Appendix A – Registrar Actions on Reported Member Concerns Policy (redline version capturing changes) Appendix B – Registrar Actions on Reported Member Concerns Policy (clean version)
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revisions to the Registrar Actions on Reported Member Concerns Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) regulates respiratory therapy in the public interest. As part of this mandate, the CRTO must ensure that appropriate follow-up occurs when information regarding the conduct or actions of a CRTO Member comes to the attention of the Registrar. This policy provides transparency regarding the actions the Registrar may take in response to information received about a Member’s alleged conduct, that may pose a risk of harm to the public. It establishes the criteria the Registrar will consider when determining an appropriate regulatory response to the information received.

ISSUE

The Registrar Actions on Reported Member Concerns Policy (formerly the “Registrar’s Reasonable and Probable Grounds Policy”) was last reviewed and approved by Council in September 2021. Under the CRTO’s policy framework, policies are recommended to undergo review every five years. This policy has undergone a comprehensive review to ensure that it continues to meet applicable legislative and regulatory requirements.

BACKGROUND

This policy provides direction on matters that are not explicitly addressed in the *Health Professions Procedural Code* (the “Code”) and where the Registrar may exercise discretion when information regarding a Respiratory Therapist’s conduct or actions comes to the attention of the CRTO.

Under the *Regulated Health Professions Act, 1991* (RHPA) and the *Code*, employers are required to submit reports to the CRTC in a number of circumstances, including where there are concerns related to professional misconduct, malpractice, negligence, incompetence, incapacity, or sexual abuse.

In addition, Members are required to report certain information to the CRTC, including information regarding offences and, where a Member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient.

ANALYSIS

Summary of Changes:

- A thorough review of the policy was completed to ensure that the information is presented in clear, plain language that is accessible and understandable to Members and the public.
- The title of the policy was changed to reflect the broader range of actions the Registrar may take when information regarding a Member's conduct or actions is reported to the CRTC.
- Although the intent of the previous policy was to outline the actions the Registrar may take when information regarding a Member's conduct or actions is received by the CRTC, the review identified that not all possible actions were included. In addition, the wording could be interpreted to suggest that all information received by the CRTC regarding a Member's conduct or actions will be formally investigated by the Inquiries, Complaints and Reports Committee (ICRC). The revised policy clarifies that the appropriate regulatory response will depend on the nature and circumstances of the information received.
- The "Responsibilities" section was revised and expanded to provide greater clarity regarding the range of actions available to the Registrar. These include:
 - referrals to the ICRC to initiate a health inquiry (section 4.0e of the revised policy); and
 - clarification that not all information regarding alleged misconduct or incompetence is referred to the ICRC for investigation. Depending on the nature and circumstances of the information received, concerns may instead be addressed through a remedial agreement between the Member and the CRTC (section 4.0c of the revised policy).
- The By-law reference in the "Related Documents" section was updated to remove a reference to an outdated By-law.

RECOMMENDATION:

It is recommended that Council approve the revised Registrar Actions on Reported Member Concerns Policy.

NEXT STEPS

If approved, the revised Policy will take effect and will guide the Registrar's decision-making when information regarding a Member's conduct or actions is received by the CRTC.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Registrar's Reasonable and Probable Grounds Registrar Actions on Reported Member Concerns

Type: Policy

Origin Date: September 25, 2015

Section: CD

Approved By Council on: September 24, 2021

Document Number: CD-150

Next Revision Date: October 2026

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Cрто) that when information about a Member comes to the attention of the Registrar ~~regarding a member~~ (that is not received by the Cрто through a formal complaint), ~~such as reports by members of the same or a different College, facilities, or employers,~~ the Registrar ~~has a responsibility and obligation to must~~ take ~~thesuch~~ steps as are necessary to address the alleged conduct or actions of ~~a member~~ the Member.

2.0 PURPOSE

The purpose of this policy is to ~~provide clarity that clarify how the Registrar responds~~ when the Cрто receives information about a ~~member's~~ Member's conduct or actions ~~is received by the Cрто, the Registrar considers, and to set out the~~ possible outcomes ~~set out in this policy, in order to address and if required, take and~~ further ~~action regarding the member's conduct or actions. steps that may be taken, where appropriate.~~

3.0 SCOPE OF POLICY

Members of the Cрто have an obligation to perform their duties under the following: the *Regulated Health Professions Act, 1991 (RHPA)*, the *Health Professions Procedural Code* (the Code) being Schedule 2 (~~to the Code~~), RHPA, the Cрто By-laws, and the Regulations ~~regulations made~~ under the *Respiratory Therapy Act, 1991*.

~~It is important to note that the Cрто only has jurisdiction over individuals who were, or are, members of the Cрто at the time of the alleged conduct or actions.~~

4.0 APPLICABILITY



Registrar Actions on Reported Member Concerns CD-150

This policy applies to all individuals who ~~held~~hold or ~~held~~hold a certificate of registration with the CRTO at the time of the alleged conduct or actions being reported.

5.0 AUTHORITY

~~Based~~The Registrar shall act on the information received, by the CRTO as permitted by the Health Professions Procedural Code (the Code) which is Schedule 2 to the Regulated Health Professions Act, 1991, (RHPA).

6.0 RESPONSIBILITIES

~~Registrar considers~~It is the responsibility of the Registrar, upon receipt of information about a current or former Member's conduct or actions to consider the following factors:

- Action(s) taken by the employer or facility regarding the matter,
- Prior history of the ~~member~~Member,
- Action(s) taken by the ~~member~~Member,
- Mitigating or aggravating factors,
- Seriousness of, or risk(s) associated with, the reported conduct or behaviour,
- Outcomes from past matters of a similar nature, and
- Any additional information the Registrar believes to be relevant regarding the matter.

~~5.0 AUTHORITY~~

~~The Registrar receives information pursuant to the Health Professions Procedural Code⁴ (the Code) being Schedule 2 to the Regulated Health Professions Act, 1991, (RHPA). Sections 85.1 to section 85.6.4 of the Code set out the requirements of reporting by members of the same or a different College, facilities, and employers.~~

~~6.0 RESPONSIBILITIES~~

~~It is the responsibility of the Registrar, upon review of the member's conduct or actions, to:~~

~~After reviewing information about a Member's conduct or actions and considering the factors listed above, the Registrar is responsible for determining the appropriate next steps, which may include:~~

⁴ Regulated Health Professions Act, 1991, Schedule 2, Health Professions Procedural Code



Registrar Actions on Reported Member Concerns CD-150

- a. Take no further action and notify the ~~member~~Member, should the Registrar determine, ~~based on the above factors,~~ that they do not ~~have reasonable and probable grounds to~~ believe that the ~~member~~Member may have committed an act of professional misconduct, is incompetent, or incapacitated.
- b. Request and obtain additional information from the parties involved in order to determine if the ~~member~~Member may have committed an act of professional misconduct, ~~is or may be~~ incompetent, or incapacitated.
- c. Not refer the matter to a Panel of the Inquiries, Complaints and Reports Committee (ICRC) in exchange for the ~~member engaging~~Member agreeing to engage in remedial practice reflection ~~and/or monitoring~~ that is not inconsistent with the RHPA, ~~or~~ the Code, ~~or By-law 25~~.
- d. Refer the matter to a Panel of the Inquiries, Complaints and Reports Committee (ICRC) and request ~~that the ICRC approve~~ an appointment of an investigator ~~to investigate the conduct, where the Registrar believes, on reasonable and probable grounds, that the Member has committed an act of professional misconduct or actions of the member is incompetent.~~ This ~~is outlined under S.~~ authority is set out in section 75-(1)(a) of the RHPA ~~Code~~.
- e. If the Registrar believes that a Member may be incapacitated, the Registrar may make any inquiries they consider appropriate and must report the results to the Inquiries, Complaints and Reports Committee (ICRC). This authority is set out in section 57 of the Code.

7.0 MONITORING

~~It is the responsibility of~~ CRTC staff ~~to carry~~are responsible for carrying out ~~and fulfill~~ the Registrar's directions ~~as given by the Registrar in accordance with this policy.~~

8.0 RELATED DOCUMENTS

- Regulated Health Professions Act, 1991, being Schedule 2, of the Health Professions Procedural Code
- Health Professions Procedural Code (Schedule 2 to the Regulated Health Professions Act)
- Respiratory Therapy Act, 1991, Ontario Regulation 753/93, Professional Misconduct
- ~~CRTC By-Law 25~~
- Ontario Regulation 753/93: Professional Misconduct



9.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
ICRC – Inquiries, Complaints and Reports Committee
RHPA – Regulated Health Professions Act
The Code – Health Professions Procedural Code

10.0 CONTACT INFORMATION

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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Registrar Actions on Reported Member Concerns

Type: Policy

Origin Date: September 25, 2015

Section: CD

Approved By Council on: September 24, 2021

Document Number: CD-150

Next Revision Date:

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) that when information about a Member comes to the attention of the Registrar (that is not received by the Certo through a formal complaint), the Registrar must take such steps as are necessary to address the alleged conduct or actions of the Member.

2.0 PURPOSE

The purpose of this policy is to clarify how the Registrar responds when the Certo receives information about a Member's conduct or actions, and to set out the possible outcomes and further steps that may be taken, where appropriate.

3.0 SCOPE OF POLICY

Members of the Certo have an obligation to perform their duties under the following: the *Regulated Health Professions Act, 1991 (RHPA)*, the *Health Professions Procedural Code* (the Code) being Schedule 2 to the RHPA, the Certo By-laws, and the regulations made under the *Respiratory Therapy Act, 1991*.

4.0 APPLICABILITY

This policy applies to all individuals who hold or held a certificate of registration with the Certo at the time of the alleged conduct or actions being reported.

5.0 AUTHORITY

The Registrar shall act on information received by the Certo as permitted by the *Health Professions Procedural Code* (the Code) which is Schedule 2 to the *Regulated Health Professions Act, 1991, (RHPA)*.

6.0 RESPONSIBILITIES

It is the responsibility of the Registrar, upon receipt of information about a current or former Member's conduct or actions to consider the following factors:



- Action(s) taken by the employer or facility regarding the matter,
- Prior history of the Member,
- Action(s) taken by the Member,
- Mitigating or aggravating factors,
- Seriousness of, or risk(s) associated with, the reported conduct or behaviour,
- Outcomes from past matters of a similar nature, and
- Any additional information the Registrar believes to be relevant regarding the matter.

After reviewing information about a Member's conduct or actions and considering the factors listed above, the Registrar is responsible for determining the appropriate next steps, which may include:

- a. Take no further action and notify the Member, should the Registrar determine that they do not believe that the Member may have committed an act of professional misconduct, is incompetent, or incapacitated.
- b. Request and obtain additional information from the parties involved in order to determine if the Member may have committed an act of professional misconduct, or may be incompetent, or incapacitated.
- c. Not refer the matter to a Panel of the Inquiries, Complaints and Reports Committee (ICRC) in exchange for the Member agreeing to engage in remedial practice reflection and/or monitoring that is not inconsistent with the *RHPA* or the *Code*.
- d. Refer the matter to a Panel of the Inquiries, Complaints and Reports Committee (ICRC) and request an appointment of an investigator, where the Registrar believes, on reasonable and probable grounds, that the Member has committed an act of professional misconduct or is incompetent. This authority is set out in section 75(1)(a) of the *Code*.
- e. If the Registrar believes that a Member may be incapacitated, the Registrar may make any inquiries they consider appropriate and must report the results to the Inquiries, Complaints and Reports Committee (ICRC). This authority is set out in section 57 of the *Code*.

7.0 MONITORING

CRTO staff are responsible for carrying out the Registrar's directions in accordance with this policy.

8.0 RELATED DOCUMENTS

- [Regulated Health Professions Act, 1991](#)
- [Health Professions Procedural Code \(Schedule 2 to the Regulated Health Professions Act\)](#)
- [Respiratory Therapy Act, 1991](#)
- [Ontario Regulation 753/93: Professional Misconduct](#)



9.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
ICRC – Inquiries, Complaints and Reports Committee
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Council Briefing Note

AGENDA ITEM # 9.1

October 1, 2026

From:	Kelly Arndt, RRT – Manager, Quality Practice
Topic:	Revised Draft Respiratory Therapists (RT) Providing Education Professional Practice Guideline (PPG)
Purpose:	For Decision
Strategic Focus:	Professional Scope and Competence
Attachment(s):	Appendix A: RT as Educators PPG Current Appendix B: RT as Educators PPG Draft
Motion:	It is moved by _____ and seconded by _____ that: The CROTO Council approves the revised RTs Providing Education PPG for consultation.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario's (CROTO) mandate is to regulate respiratory therapists in Ontario in the public interest. Members are responsible for understanding their obligations when educating others. Safe and effective patient care is the priority in all educational situations.

ISSUE

The CROTO Council is being asked to approve the revised RTs Providing Education PPG to ensure that all Members understand the accountability and responsibility when educating students, other healthcare workers, patients and their families. This includes the appropriateness, the difference between education and delegation and the documentation requirements when educating/supervising.

BACKGROUND

The RTs Providing Education PPG was last approved in December 2021.

The revised policy has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met. There are no significant changes to the content of the PPG.

ANALYSIS

Summary of Changes

The revised policy includes:

- Improved readability and conciseness
- Update on the importance of reflective practice for both RTs and learners
- Focus on equity, culturally safe and appropriate education for learners

RECOMMENDATIONS

To approve the revised RTs Providing Education PPG for consultation.

NEXT STEPS

If approved, the revised PPG will be circulated for consultation.

RESPIRATORY THERAPISTS PROVIDING EDUCATION PROFESSIONAL PRACTICE GUIDELINE



PROFESSIONAL PRACTICE GUIDELINE

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO (CRTO) PUBLICATIONS CONTAIN PRACTICE PARAMETERS AND STANDARDS 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.

RESOURCES AND REFERENCES ARE HYPERLINKED TO THE INTERNET FOR CONVENIENCE AND REFERENCED TO ENCOURAGE EXPLORATION OF INFORMATION RELATED TO INDIVIDUAL AREAS OF PRACTICE AND/OR INTERESTS. BOLDDED TERMS ARE DEFINED IN THE GLOSSARY.

It is important to note 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 CRTO will update and revise this document every five years, or earlier, if necessary. 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

Respiratory Therapists (RTs) possess a unique body of knowledge, which when shared with others, promotes the best possible outcome for patients, colleagues, students, and the public. In one way or another, all RTs provide education to those around them. However, it is important to differentiate between RTs who provide education and RT educators.

RTs WHO PROVIDE EDUCATION

The Professional Responsibilities standard in the College of Respiratory Therapists of Ontario (Cрто) [*Standards of Practice*](#) outlines the expectations for all Respiratory Therapists (RTs) who are Members of the Cрто.

RT's *"are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs"*. In general, this means that RTs in all practice settings have some role in providing education.

The Cрто Standards of Practice also articulates the expectation that RTs *"deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients'/clients' understanding of pertinent information"*. RTs accomplish this by:

- demonstrating best practices to students;
- providing presentations or in-services for colleagues;
- consulting with the health care team;
- engaging in discussions about current RT practice with fellow RTs and students, as well as patients/clients, family members and un-paid caregivers.

This practice guideline provides information on the standard of practice related to the responsibilities of RTs when providing education. These principles apply when providing education in any setting, including:

- other health care providers (nurses, physicians, etc.);
- RTs and other health profession students; and
- patients/clients and their families.

RT EDUCATORS

While all RTs are expected to educate others by sharing their knowledge, postgraduate training is often required to become an official “educator”. An educator is a person who specializes in the theory and practice of education. Educators have a thorough understanding of how adults learn best and creatively integrate this knowledge into the instruction and design of their education programs.

Most RTs who are educators work as instructors at respiratory therapy education facilities, and have taken postgraduate courses to gain greater knowledge of adult education principles. However, some RTs complete postgraduate certification programs that provide some additional knowledge about adult learners and prepare them to act as an educator in a specific area. Examples of some certification programs are:

- Certified Asthma Educator;
- Certified Respiratory Educator; and
- Certified Tobacco Educator.

FOR EXAMPLE:

Home Care RT providing education to staff in a long-term care facility

RTs who are employed by home care companies are often contacted to provide education to interdisciplinary groups in long-term care facilities on topics such as non-invasive ventilation and suctioning. In these circumstances, the RT is not required to ensure competency by the end of the learning session, or guarantee that a mechanism will be in place to ensure ongoing competency after leaving the facility. The purpose of the learning session in this case is to provide a forum for introduction and/or review of the skill(s). The objectives of the teaching session should be clearly defined at the beginning of the learning session. This will minimize any possible confusion related to the training purposes and will help define the learning outcomes that participants should expect.

EXPECTATIONS

GENERAL EXPECTATIONS OF RESPIRATORY THERAPISTS WHEN PROVIDING EDUCATION

It is essential that RTs understand there is a “shared accountability” when they provide education to those around them (e.g., patients/clients, fellow health care team member). Both the RT and the learner are responsible for their own actions, and have an accountability to the patients/clients they care for, as well as their own school, regulatory body, and other relevant stakeholders. When providing education, RTs are expected to:

1. Determine Appropriateness of Education
2. Maintain Professional Standards of Practice
3. Understand the Difference Between Educating and Delegating
4. Ensure Patient/Client Safety and Quality of Care
5. Keep Appropriate Documentation

APPROPRIATENESS

1. DETERMINING APPROPRIATENESS OF EDUCATION

The RT must begin by carefully considering if providing education is ultimately in the best interest of the patient(s)/client(s) that they care for by:

- establishing that the procedure/task being taught is appropriate given the learner's background and experience; and
- being aware of the learner's education objectives and expectations.

There are certain circumstances where educating others would not be appropriate, such as when:

- the RT does not have the requisite competency (knowledge, skills and judgment) to perform and teach the procedure/task;
- the RT reasonably believes that the learner does not possess the requisite competencies and judgment to proceed safely; and/or
- educating someone else would place a patient/client at risk of receiving care that is below optimal standard.

PLEASE NOTE...

RTs can't assume that a person is competent to perform any procedure, regardless of how straightforward it appears. When there is concern that the learner is not able to obtain the competency for performing the procedure safely, the RT must reflect on the education process and learner's skill level.

If, after considering the above, you determine that the cause cannot be identified and resolved, then the education process should be discontinued.

PROFESSIONAL

2. MAINTAINING PROFESSIONAL STANDARDS OF PRACTICE

RTs are expected to provide education to the best of their ability by:

- providing accurate and timely feedback to the learner;
- encouraging ongoing feedback from the learner; and
- conducting themselves in an honourable, ethical, and professional manner at all times.

UNDERSTANDING

3. UNDERSTANDING THE DIFFERENCE BETWEEN EDUCATING AND DELEGATING

An education component is required for all delegations; however, not all education requires delegation. The main difference is a greater degree of accountability is placed on the educator when delegation is involved.

	EDUCATION	DELEGATION
What is it:	Providing instruction. May involve determining competence to perform a procedure	Providing instruction, plus the transfer of legal authority to perform a controlled act and a process to ensure initial and ongoing competence.
What it applies to:	Applicable to any procedure/activity (may or may not be a controlled act).	Controlled act procedures only.
Who may do it:	RTs who meet the conditions as described under the section on “General expectations of Respiratory Therapists when providing education”.	RTs that have the authority, competence and meet the conditions required to teach.

For more information on delegation, please refer to the [Delegation of Controlled Acts PPG](#)

SAFETY & QUALITY

4. ENSURING PATIENT/CLIENT SAFETY AND QUALITY OF CARE

Optimal patient/client care is the first and foremost consideration when providing education. The RT is expected to:

- ensure patient/client autonomy and confidentiality;
- have the requisite competency (knowledge, skills and judgment) to perform the procedure or task being taught;
- reinforce best practice standards; and
- intervene in situations where the safety or well-being of the patient/client is at risk.

DOCUMENTATION

5. KEEPING APPROPRIATE DOCUMENTATION

Documentation is the evidence that a learning activity took place and provides details about what was involved in the education process. Records of teaching-related activities should include, at minimum:

- date and time of education;
- details of the activity/procedure that was taught;
- list of learners that took part in the education (preferably with signatures); and
- a copy of the learning package and any additional material provided to the learner.

FOR EXAMPLE:

An RT working as the only RT in a rural hospital has been asked to teach all the nurses and physicians how to manage the new BiPAP machine recently purchased by the facility. Most of the learners have never used any type of non-invasive positive pressure (NIPPV) device before, and the nurses and physicians will be expected to operate the unit when the RT is not available (i.e., evening and weekends). The RT creates a comprehensive learning package, which is presented to the staff at multiple 'Lunch & Learn' sessions (both verbally as part of the education session and as a handout). The RT kept a sign-up sheet record of all those who attended the education sessions and created step-by-step instructions of how to initiate, maintain and discontinue NIPPV, which was kept with the NIPPV unit.

A copy of the learning package, the sign-in sheets and the instruction sheets were all part of the documentation that the RT kept as a record of the education provided.

PROVIDING EDUCATION

The five (5) groups of people that RTs most commonly educate are:

1. Patients/Clients and Family Care Providers
2. Non-Regulated Health Care Professionals
3. Regulated Health Care Professionals
4. Respiratory Therapy Students
5. Other students (e.g., nursing).

PATIENTS/CLIENTS

1. EDUCATING PATIENTS/CLIENTS AND FAMILY CARE PROVIDERS

Patients/Clients and family members provide essential care in the community, including suctioning, tracheostomy maintenance, and ventilator management. When deciding whether it is safe and appropriate to provide education to a patient/client and/or their family care providers, RTs should consider the following:

- The needs of the patient/client;
- The level of knowledge, skill and judgment that is required to perform the required procedure(s) safely;
- The risks involved in performing the procedure and whether the patients/clients and/or family care providers have the ability to recognize and deal with them appropriately; and
- How competence in the procedure will be maintained.

The [*Regulated Health Professions Act \(RHPA\)*](#) has an exception that enables controlled acts to be performed by patients/clients and family members without delegation in the following circumstances, which are when:

(d) treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2).

Table 1: Controlled Acts Included in the *RHPA* Exceptions

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

RTs are permitted to perform controlled act #5 and can perform suctioning and intubation via sections ii) and iii) in controlled act #6. RTs do not have the legislative authority to perform controlled act #1. Table 2 outlines the controlled acts authorized to RTs via the [Respiratory Therapy Act](#) (RTA) and how each relates to these exceptions in the *RHPA*.



IMPORTANT...

Administering a prescribed substance by inhalation. (RTA #5) is not included in exception and cannot be delegated.

PLEASE NOTE...

Procedures that are not controlled acts are part of the public domain (e.g., administering oral medication) and require no legislative authority to perform. For more information, please see the CRTO [Interpretation of Authorized Acts PPG](#).

Table 2: Treating a member of the person's household

CONTROLLED ACT AUTHORIZED TO RTS IN THE RTA	TREATING A MEMBER OF THE PERSON'S HOUSEHOLD (E.G. FAMILY MEMBER)
1. <i>Performing a prescribed procedure below the dermis. (RTA #1; RHPA #2)</i>	Not included in exception, therefore cannot be performed by family member in the community unless it has been delegated.
2. <i>Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #2; RHPA #6 ii & iii)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
3. <i>Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #3, RHPA #6 ii & iii)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
4. <i>Administering a substance by injection or inhalation. (RTA #4; RHPA # 5)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.

FOR EXAMPLE:**Non-invasive Positive Pressure Ventilation (NIPPV) (e.g., CPAP and BiPAP)**

NIPPV falls under the controlled act of *administering a substance by inhalation*. Patients who are in the hospital and preparing for discharge on a CPAP or BiPAP unit will require education on the equipment in order to apply the therapy and troubleshoot independently once at home. Since this procedure is covered by the exception under the RHPA described in subsection 29 (1), it does not require delegation. An RT can provide the education needed to the patient/client and family members.

NON-REGULATED

2. EDUCATING NON-REGULATED HEALTH CARE PROVIDERS

Non-Regulated Health Care Providers (NRHCPs) (e.g., PSWs) work in a variety of practice settings, including hospitals. NRHCPs do not have any controlled acts authorized to them and require delegation for any controlled acts they perform in an acute care setting. As mentioned previously, education is an essential part of a delegation process.

The [Regulated Health Professions Act](#) (RHPA) has an exception that enables controlled acts to be performed by NRHCPs (as well as regulated health care professionals who do not have the legislative authority) without delegation in the following circumstances, when:

(e) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Table 3: *Assisting a person with his/her routine activities of living*

CONTROLLED ACT AUTHORIZED TO RTS IN THE RTA	ASSISTING A PERSON WITH HIS/HER ROUTINE ACTIVITIES OF LIVING (E.G. PSWs)
1. <i>Performing a prescribed procedure below the dermis. (RTA #1; RHPA #2)</i>	Not included in exception, therefore cannot be performed by NRHCP unless delegated.
2. <i>Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #2; RHPA #6 ii & iii)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
3. <i>Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #3, RHPA #6 ii & iii)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
4. <i>Administering a substance by injection or inhalation. (RTA #4; RHPA # 5)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.

In the case of NRHCPs, delegation may or may not be required for them to perform a controlled act. The determining factor is the setting where the care is provided. In a health care setting, such as a hospital or rehabilitation centre, delegation is required and the conditions of both delegation and teaching must be met. However, if the procedure is being performed in patient/client's home, delegation is not required since it is covered by the *RHPA* exception, "*Assisting a person with his/her routine activities of living*". The RT only needs to ensure that the general expectations of education are met.

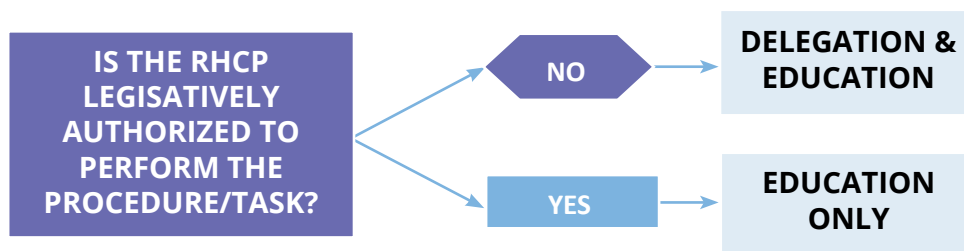
FOR EXAMPLE:

A Personal Support Worker (PSW) in a small, community hospital is responsible for taking patients/clients out on daytime excursions. It's expected that some of these patients may need to have their oxygen levels adjusted during this time, so the controlled act "*administering a substance by injection or inhalation*" will need to be delegated to the PSW. It is important to be clear that the PSW will only be performing a portion of that particular act, which is oxygen administration. Education will be included as part of the delegation process to ensure the PSW can perform the task safely.

REGULATED

3. EDUCATING REGULATED HEALTH CARE PROFESSIONALS

RTs work side-by-side a variety of other Regulated Health Care Professionals (RHCPs) and are often asked to share knowledge regarding a number of procedures with other members of the team. If a controlled act is involved, delegation is sometimes required but most often it is not. If a RHCP is “**legislatively authorized**”, it means they already have that particular controlled act authorized to them via their **profession specific legislation** (e.g., *Nursing Act*, *Physiotherapy Act*). What they may need, however, is education so that they gain the competency to perform the task effectively and safely. If asked to provide education to a RHCP, the RT should consider the following:



FOR EXAMPLE:

RHCP who is not legislatively authorized

The administration of oxygen falls under the *RHPA* controlled act #5 “*administering a substance by injection or inhalation*”, which is a controlled act authorized to RTs. However, Speech Therapists are not currently authorized to administer oxygen and would require delegation. An RT can choose to delegate this controlled act to a Speech Therapist, or the delegation can come from another RHCP who is authorized to perform the procedure (e.g., physician). The RT may only be asked to provide the education in this scenario.

Critical Care Teams

Roles and responsibilities are often shared amongst team members of critical care transport teams and critical care response teams. Common team members include an RT, nurse and physician. Intubation and manual ventilation procedures may be performed as part of the work done by the team. Nurses and physicians have the legislative authority to perform these procedures and, therefore, do not require delegation. In practice however, some nurses or physicians may not be experienced in performing these activities and may require additional training. RTs have significant expertise in airway management and could provide the teaching required for these clinicians to become competent in performing these skills. In this situation it would be appropriate to teach these skills, ensuring that all general expectations of education are met.

STUDENTS

4. EDUCATING RESPIRATORY THERAPY STUDENTS

EXPECTATIONS

EXPECTATIONS OF RTs

Students often gain knowledge and attitudes about professionalism through role modelling. As a result, aside from theory and clinical practice, it is important that RT's demonstrate a positive model of compassionate, respectful, and ethical care to all learners, and promote patient-centered care and collaborative relationships.

The characteristics of effective role modelling are as follows:

- Self reflection
- Clinical Excellence
- Empathy
- Communication
- Availability
- Demonstrated interest in teaching
- Respect for others
- Transparency

EXPECTATIONS OF STUDENTS IN RESPIRATORY THERAPY PROGRAMS

The CRTO does not regulate respiratory therapy students as they are not (yet) Members of the CRTO. Section 9 of the *RTA* and the [Registration regulation](#) (O. Reg. 17/12) restricts the use of the term “Respiratory Therapist” (including variations and abbreviations such as RRT), in Ontario, to Members of the CRTO. However, the CRTO wishes to provide students in respiratory therapy programs the opportunity to identify themselves in a manner that reflects the training they are undertaking. For this reason, the CRTO allows respiratory therapy students to use the title “Student Respiratory Therapist” and SRT as a designation – provided that they are enrolled in an approved respiratory therapy program and only while functioning in the role of a student. In return, the CRTO expects Student Respiratory Therapist (SRTs) to:

- clearly identify themselves by the title of “Student Respiratory Therapist” and the designation of SRT, ensuring informed consent is received from the patient, where applicable;
- understand their role and responsibilities in the provision of care and be accountable for the quality of the care they provide;
- understand and comply with the various laws that may affect their practice (e.g., *RHPA*, *Health Care Consent Act*);
- maintain patient/client confidentiality;
- ensure that all entries in a patient/client health record have been co-signed by their supervising RT when providing respiratory therapy under direct supervision;
- communicate effectively with all members of the health care team they interact with;
- know their limitations and only perform activities they are competent in and have adequate background preparation for; and
- understand when and from whom to seek help.

For more information, please see the CRTO [Registration and Use of Title PPG](#).

A student Respiratory Therapist is on summer break from school and is employed at a local hospital as an aide in the RT department. While acting in this role, the student is NOT permitted to introduce themselves as an SRT, as they are not functioning in the role of a student.

STUDENT RESPIRATORY THERAPISTS PERFORMING CONTROLLED ACTS

The *RHPA* provides an exception permitting students to perform controlled acts provided they are “fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession”.

This means that Student Respiratory Therapists (SRTs) are permitted to perform controlled acts authorized to Respiratory Therapists – provided they do so while functioning as a student under the supervision or direction of a CRTO Member. The supervision or direction by a Member may be direct or indirect. For more information, please see the CRTO [Supervision Policy](#) and the CRTO [Registration of Use of Title PPG](#).

FOR EXAMPLE:

An SRT is going to intubate for the first time under the direct supervision of an RRT. The SRT is legislatively authorized to intubate (via the exception in the *RHPA*), and does not require delegation for this activity or any other controlled act authorized to RTs. However, the SRT needs education from the RRT in order to perform the task safely and competently. Both the SRT and RRT are accountable for their individual actions in this scenario. Documentation needs to reflect that the SRT was directly supervised and the supervising RRT must co-sign. For more information, please see the section on **Shared Accountability when Educating** at the end of this PPG.

DIRECT SUPERVISION OF SRTs AND DOCUMENTATION

Where an SRT is performing procedures under direct supervision, the supervising RRT and the SRT are expected to do the following:

- document that the student has performed the procedure(s) under “direct supervision” in the patient/client’s health record;
- provide complete documentation of the patient contact in the patient/client health record; and
- ensure that the supervising RRT cosigns any entries made by a student in the patient/client record.

Remember that anyone reading the documentation must be able to clearly identify that the requirements of “direct supervision” have been met. Also, keep in mind that the student’s signature and that of the cosigning RT verifies the information provided and assures that the record of activity, assessment, behaviour, or procedure is both accurate and complete.

PLEASE NOTE...

GRTs must perform controlled acts authorized to RTs under General Supervision. This is due to the nature of their certificate of registration with the CRTC (i.e., temporary certificate with terms, conditions and limitations). Therefore, GRT’s are not permitted to supervise SRTs in the performance of any intervention that falls under a controlled act authorized to respiratory therapists (e.g., oxygen administration). GRT’s general supervision requirement does not require co-signing of documentation. For more information please see Registration and Use of Title PPG.

RELATIONSHIPS

PERSONAL RELATIONSHIPS BETWEEN REGISTERED RESPIRATORY THERAPISTS AND STUDENT RESPIRATORY THERAPISTS

When RTs are involved in providing education to SRTs there is a power differential – whether directly as a faculty member/clinical instructor, or indirectly as a supervising staff RT. This power imbalance exists because the RRT has status and influence over the SRT, which may affect the success of the student. The CROTO strongly discourages personal relationships between CROTO members (who are directly or indirectly involved in the student’s education) and SRTs. In many circumstances such a personal relationship will amount to unprofessional conduct. A faculty member or clinical instructor will continue to have influence over a student until graduation, but a staff RT at a certain hospital or facility will likely only have influence as long as the student is on rotation in that environment. Once an influence over the student no longer exists, a CROTO member may form a relationship with their former student.

At all times, the RT must demonstrate professional behavior in their interactions with not only students, but colleagues, patients, and families. It is important that inappropriate or disruptive actions be avoided, including language, actions, and inactions that do not represent the professions expectations of the standards of practice.

For more information, please see the [Abuse Prevention and Awareness PPG](#).

ADDITIONAL CONSIDERATIONS

SHARED ACCOUNTABILITY WHEN EDUCATING

During the educational process, both the RT and learner are responsible for their own actions, while sharing accountability for the outcome of this knowledge exchange. The RT providing the education is responsible for determining whether it is appropriate to teach the particular procedure, as well as deciding how best to transfer the knowledge and evaluate the learner's competence. Additionally, the RT is accountable to their patients/clients, their employer and to the CRTO. It is the learner's responsibility to only engage in tasks they have the requisite competencies for, and are also often accountable to other entities (e.g., student RTs have accountability to their educational institution). RT's must ensure that they are identified and available to assist learners when they are not being directly supervised (e.g. not in the same room). If necessary, RT's must also ensure that an appropriate alternative supervisor is available and agreeable to assist.

Before permitting anyone (including a student) to perform an activity, it's essential that the RT ensures they have assessed the potential harm associated with the procedure. They must also determine whether it's appropriate to allow an individual to perform the activity after considering the individual's existing competencies.

GLOSSARY

Authorized Act a controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are five (5) acts authorized to Respiratory Therapists by the *Respiratory Therapy Act*, that are created from three (3) controlled acts defined in the *RHPA*]

Members is a respiratory therapist who is registered with the CRTO; including Graduate Respiratory Therapists (GRT), Practical (Limited) Respiratory Therapists (PRT) and Registered Respiratory Therapists (RRT).

REFERENCES

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College of Physicians and Surgeons of Ontario (2021) *Professional Responsibilities in Medical Education*. Retrieved from: <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education>

Health.Vic (2020) *The Best Practice Clinical Learning Environment (BPCLE) Framework* (health.vic.gov.au). Retrieved from: <https://www.health.vic.gov.au/education-and-training/best-practice-clinical-learning-environment-bpcle-framework>



**College of Respiratory
Therapists of Ontario**

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

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

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RESPIRATORY THERAPISTS PROVIDING EDUCATION PROFESSIONAL PRACTICE GUIDELINE



PROFESSIONAL PRACTICE GUIDELINE

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO (CRTO) PUBLICATIONS CONTAIN PRACTICE PARAMETERS AND STANDARDS 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.

RESOURCES AND REFERENCES ARE HYPERLINKED TO THE INTERNET FOR CONVENIENCE AND REFERENCED TO ENCOURAGE EXPLORATION OF INFORMATION RELATED TO INDIVIDUAL AREAS OF PRACTICE AND/OR INTERESTS. BOLDDED TERMS ARE DEFINED IN THE GLOSSARY.

It is important to note 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 CRTO will update and revise this document every five years, or earlier, if necessary. 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

Respiratory Therapists (RTs) possess a unique body of knowledge, which when shared with others, promotes the best possible outcome for patients, colleagues, students, and the public. In one way or another, all RTs provide education to those around them. However, it is important to differentiate between RTs who provide education and RT educators.

RTs WHO PROVIDE EDUCATION

The Professional Responsibilities standard in the College of Respiratory Therapists of Ontario (Cрто) [Standards of Practice](#) outlines the expectations for all Respiratory Therapists (RTs) who are Members of the Cрто.

RT's *"are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs"*. In general, this means that RTs in all practice settings have some role in providing education.

The Cрто Standards of Practice also articulates the expectation that RTs *"deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients'/clients' understanding of pertinent information"*. RTs accomplish this by:

- demonstrating best practices to students;
- providing presentations or in-services for colleagues;
- consulting with the health care team;
- engaging in discussions about current RT practice with fellow RTs and students, as well as patients/clients, family members and caregivers.

This practice guideline provides information on the standard of practice related to the responsibilities of RTs when providing education. These principles apply when providing education in any setting.



EXPECTATIONS

GENERAL EXPECTATIONS OF RESPIRATORY THERAPISTS WHEN PROVIDING EDUCATION

It is essential that RTs understand there is a “shared accountability” when they provide education to those around them (e.g., patients/clients, fellow health care team member). Both the RT and the learner are responsible for their own actions, and have an accountability to the patients/clients they care for, as well as their own school, regulatory body, and other relevant stakeholders. When providing education, RTs are expected to:

3. Determine Appropriateness of EducationMaintain Professional Standards of PracticeUnderstand the Difference Between Educating and Delegating
4. Ensure Patient/Client Safety and Quality of Care
5. Keep Appropriate Documentation
6. Ensure that education is respectful, culturally safe, trauma informed and accessible
7. Ensure that education is responsive to the diversity of learners

APPROPRIATENESS

1. DETERMINING APPROPRIATENESS OF EDUCATION

The RT must begin by carefully considering if providing education is ultimately in the best interest of the patient(s)/client(s) that they care for by:

- establishing that the procedure/task being taught is appropriate given the learner's background and experience; and
- being aware of the learner's education objectives and expectations

There are certain circumstances where educating others would not be appropriate, such as when:

- the RT does not have the requisite competency (knowledge, skills and judgment) to perform and teach the procedure/task;
- the RT reasonably believes that the learner does not possess the requisite competencies and judgment to proceed safely; and/or
- educating someone else would place a patient/client at risk of receiving care that is below optimal standard.

PLEASE NOTE...

RTs can't assume that a person is competent to perform any procedure, regardless of how straightforward it appears. When there is concern that the learner is not able to obtain the competency for performing the procedure safely, the RT must reflect on the education process and learner's skill level.

If, after considering the above, you determine that the cause cannot be identified and resolved, then the education process should be discontinued.

PROFESSIONAL

2. MAINTAINING PROFESSIONAL STANDARDS OF PRACTICE

RTs are expected to provide education to the best of their ability by:

- providing accurate and timely feedback to the learner;
- encouraging ongoing feedback from the learner; and
- conducting themselves in an honorable, ethical, and professional manner at all times.

RTs should ensure that educational content is current, evidence-informed, and consistent with applicable legislation, standards of practice, organizational policies, and professional guidelines. When evidence evolves, RTs should update educational materials and practices accordingly.

UNDERSTANDING

3. UNDERSTANDING THE DIFFERENCE BETWEEN EDUCATING AND DELEGATING

An education component is required for all delegations; however, not all education requires delegation. The main difference is a greater degree of accountability is placed on the educator when delegation is involved.

	EDUCATION	DELEGATION
What is it:	Providing instruction. May or may not involve determining competence to perform a procedure	Providing instruction, plus the transfer of legal authority to perform a controlled act and a process to ensure initial and ongoing competence.
What it applies to:	Applicable to any procedure/activity (may or may not be a controlled act).	Controlled act procedures only.

Who may do it:	RTs who meet the conditions as described under the section on “General expectations of Respiratory Therapists when providing education”.	RTs that have the authority, competence and meet the conditions required to teach.
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For more information on delegation, please refer to the [Delegation of Controlled Acts PPG](#)

Note: Members who have supervision terms on their own certificate may not be permitted to delegate to others

SAFETY & QUALITY

4. ENSURING PATIENT/CLIENT SAFETY AND QUALITY OF CARE

Optimal patient/client care is the first and foremost consideration when providing education. The RT is expected to:

- ensure patient/client autonomy and confidentiality;
- ensure informed consent is obtained, where applicable
- recognize and address barriers related to health literacy, communication, language and culture
- reinforce best practice standards; and
- intervene in situations where the safety or well-being of the patient/client is at risk.

DOCUMENTATION

5. KEEPING APPROPRIATE DOCUMENTATION

Documentation is the evidence that a learning activity took place and provides details about what was involved in the education process. Records of teaching-related activities should include, at minimum:

- date and time of education;
- details of the activity/procedure that was taught;
- list of learners that took part in the education (preferably with signatures); and
- a copy of the learning package and any additional material provided to the learner.

FOR EXAMPLE:

PROVIDING EDUCATION

The five (5) groups of people that RTs most commonly educate are:

1. Patients/Clients and Family Care Providers
2. Non-Regulated Health Care Professionals
3. Regulated Health Care Professionals
4. Respiratory Therapy Students
5. Other students (e.g., nursing).

PATIENTS/CLIENTS

1. EDUCATING PATIENTS/CLIENTS AND FAMILY CARE PROVIDERS

Patients/Clients and family members provide essential care in the community, including suctioning, tracheostomy maintenance, and ventilator management. When deciding whether it is safe and appropriate to provide education to a patient/client and/or their family care providers, RTs should consider the following:

- The needs of the patient/client;
- The level of knowledge, skill and judgment that is required to perform the required procedure(s) safely;
- The risks involved in performing the procedure and whether the patients/clients and/or family care providers have the ability to recognize and deal with them appropriately; and
- How competence in the procedure will be maintained.

The [Regulated Health Professions Act](#) (RHPA) has an exception that enables controlled acts to be performed by patients/clients and family members without delegation in the following circumstances, which are when:

(d) treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2).

Table 1: Controlled Acts Included in the *RHPA* Exceptions

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

RTs are permitted to perform controlled act #5 and can perform suctioning and intubation via sections ii) and iii) in controlled act #6. RTs do not have the legislative authority to perform controlled act #1. Table 2 outlines the controlled acts authorized to RTs via the [Respiratory Therapy Act](#) (RTA) and how each relates to these exceptions in the *RHPA*.



IMPORTANT...

Administering a prescribed substance by inhalation. (RTA #5) is not included in exception and cannot be delegated.

PLEASE NOTE...

Procedures that are not controlled acts are part of the public domain (e.g., administering oral medication) and require no legislative authority to perform. For more information, please see the CRTO [Interpretation of Authorized Acts PPG](#).

Table 2: *Treating a member of the person's household*

CONTROLLED ACT AUTHORIZED TO RTS IN THE RTA	TREATING A MEMBER OF THE PERSON'S HOUSEHOLD (E.G. FAMILY MEMBER)
1. <i>Performing a prescribed procedure below the dermis. (RTA #1; RHPA #2)</i>	Not included in exception, therefore cannot be performed by family member in the community unless it has been delegated.
2. <i>Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #2; RHPA #6 ii & iii)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
3. <i>Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #3, RHPA #6 ii & iii)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
4. <i>Administering a substance by injection or inhalation. (RTA #4; RHPA # 5)</i>	RHPA exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.

FOR EXAMPLE:**Non-invasive Positive Pressure Ventilation (NIPPV) (e.g., CPAP and BiPAP)**

NIPPV falls under the controlled act of *administering a substance by inhalation*. Patients who are in the hospital and preparing for discharge on a CPAP or BiPAP unit will require education on the equipment in order to apply the therapy and troubleshoot independently once at home. Since this procedure is covered by the exception under the RHPA described in subsection 29 (1), it does not require delegation. An RT can provide the education needed to the patient/client and family members.

NON-REGULATED

2. EDUCATING NON-REGULATED HEALTH CARE PROVIDERS

Non-Regulated Health Care Providers (NRHCPs) (e.g., PSWs) work in a variety of practice settings, including hospitals. NRHCPs do not have any controlled acts authorized to them and require delegation for any controlled acts they perform in an acute care setting. As mentioned previously, education is an essential part of a delegation process.

The [Regulated Health Professions Act](#) (RHPA) has an exception that enables controlled acts to be performed by NRHCPs (as well as regulated health care professionals who do not have the legislative authority) without delegation in the following circumstances, when:

(e) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Table 3: *Assisting a person with his/her routine activities of living*

CONTROLLED ACT AUTHORIZED TO RTS IN THE RTA	ASSISTING A PERSON WITH HIS/HER ROUTINE ACTIVITIES OF LIVING (E.G. PSWs)
1. <i>Performing a prescribed procedure below the dermis. (RTA #1; RHPA #2)</i>	Not included in exception, therefore cannot be performed by NRHCP unless delegated.
2. <i>Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #2; RHPA #6 ii & iii)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
3. <i>Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #3, RHPA #6 ii & iii)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
4. <i>Administering a substance by injection or inhalation. (RTA #4; RHPA # 5)</i>	RHPA exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.

In the case of NRHCPs, delegation may or may not be required for them to perform a controlled act. The determining factor is the setting where the care is provided. In a health care setting, such as a hospital or rehabilitation centre, delegation is required and the conditions of both delegation and teaching must be met. However, if the procedure is being performed in patient/client's home, delegation is not required since it is covered by the *RHPA* exception, "*Assisting a person with his/her routine activities of living*". The RT only needs to ensure that the general expectations of education are met.

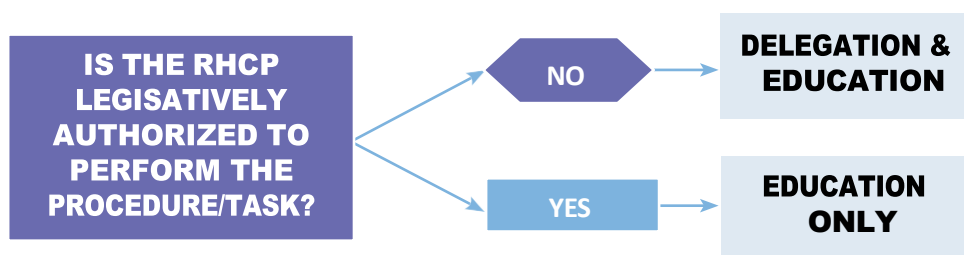
FOR EXAMPLE:

A Personal Support Worker (PSW) in a small, community hospital is responsible for taking patients/clients out on daytime excursions. It's expected that some of these patients may need to have their oxygen levels adjusted during this time, so the controlled act "*administering a substance by injection or inhalation*" will need to be delegated to the PSW. It is important to be clear that the PSW will only be performing a portion of that particular act, which is oxygen administration. Education will be included as part of the delegation process to ensure the PSW can perform the task safely.

REGULATED

3. EDUCATING REGULATED HEALTH CARE PROFESSIONALS

RTs work side-by-side a variety of other Regulated Health Care Professionals (RHCPs) and are often asked to share knowledge regarding a number of procedures with other members of the team. If a controlled act is involved, delegation is sometimes required but most often it is not. If a RHCP is “**legislatively authorized**”, it means they already have that particular controlled act authorized to them via their **profession specific legislation** (e.g., *Nursing Act*, *Physiotherapy Act*). What they may need, however, is education so that they gain the competency to perform the task effectively and safely. If asked to provide education to a RHCP, the RT should consider the following:



FOR EXAMPLE:

RHCP who is not legislatively authorized

The administration of oxygen falls under the *RHPA* controlled act #5 “*administering a substance by injection or inhalation*”, which is a controlled act authorized to RTs. However, Speech Therapists are not currently authorized to administer oxygen and would require delegation. An RT can choose to delegate this controlled act to a Speech Therapist, or the delegation can come from another RHCP who is authorized to perform the procedure (e.g., physician). The RT may only be asked to provide the education in this scenario.

STUDENTS

4. EDUCATING RESPIRATORY THERAPY STUDENTS

EXPECTATIONS

EXPECTATIONS OF RTs

Students often gain knowledge and attitudes about professionalism through role modelling. As a result, aside from theory and clinical practice, it is important that RT's demonstrate a positive model of compassionate, respectful, and ethical care to all learners, and promote patient-centered care and collaborative relationships.

The characteristics of effective role modelling are as follows:

- Self reflection*
 - Clinical Excellence
 - Empathy
 - Communication
 - Availability
 - Demonstrated interest in teaching
 - Respect for others
 - Transparency
 - Culturally sensitive
-
- *Reflective practice is linked to positive learner outcomes, including increased confidence, the development of new skills and improved situational awareness. Self-reflection exercises may involve peer sharing, debriefs and learning circles.

EXPECTATIONS OF STUDENTS IN RESPIRATORY THERAPY PROGRAMS

The CRTO does not regulate respiratory therapy students as they are not (yet) Members of the CRTO. Section 9 of the *RTA* and the [Registration regulation](#) (O. Reg. 17/12) restricts the use of the term “Respiratory Therapist” (including variations and abbreviations such as RRT), in Ontario, to Members of the CRTO¹. However, the CRTO wishes to provide students in respiratory therapy programs the opportunity to identify themselves in a manner that reflects the training they are undertaking. For this reason, the CRTO allows respiratory therapy students to use the title “Student Respiratory Therapist” and SRT as a designation – provided that they are enrolled in an approved respiratory therapy program and only while functioning in the role of a student. In return, the CRTO expects Student Respiratory Therapist (SRTs) to:

- clearly identify themselves by the title of “Student Respiratory Therapist” and the designation of SRT, ensuring informed consent is received from the patient, where applicable;
- understand their role and responsibilities in the provision of care and be accountable for the quality of the care they provide;
- understand and comply with the various laws that may affect their practice (e.g., *RHPA*, *Health Care Consent Act*);
- maintain patient/client confidentiality;
- ensure that all entries in a patient/client health record have been co-signed by their supervising RT when providing respiratory therapy under direct supervision;
- communicate effectively with all members of the health care team they interact with;
- know their limitations and only perform activities they are competent in and have adequate background preparation for; and
- understand when and from whom to seek help.

For more information, please see the CRTO [Registration and Use of Title PPG](#).

A student Respiratory Therapist is on summer break from school and is employed at a local hospital as an extern in the RT department. While acting in this role, the student is NOT permitted to introduce themselves as an SRT, as they are not functioning in the role of a student.

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

STUDENT RESPIRATORY THERAPISTS PERFORMING CONTROLLED ACTS

The *RHPA* provides an exception permitting students to perform controlled acts provided they are “*fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession*”.

This means that Student Respiratory Therapists (SRTs) are permitted to perform controlled acts authorized to Respiratory Therapists – provided they do so while functioning as a student under the supervision or direction of a CROTO Member. The supervision or direction by a Member may be direct or indirect. For more information, please see the CROTO [Supervision Policy](#) and the CROTO [Registration of Use of Title PPG](#).

Before permitting anyone (including a student) to perform an activity, it’s essential that the RT ensures they have assessed the potential harm associated with the procedure. They must also determine whether it’s appropriate to allow an individual to perform the activity after considering the individual’s existing competencies.

RRT’s must also ensure that they are identified as the supervisor and remain available to assist an SRT when not directly supervising them.

FOR EXAMPLE:

An SRT is going to intubate for the first time under the direct supervision of an RRT. The SRT is legislatively authorized to intubate (via the exception in the *RHPA*), and does not require delegation for this activity or any other controlled act authorized to RTs. However, the SRT needs education from the RRT in order to perform the task safely and competently. Both the SRT and RRT are accountable for their individual actions in this scenario. Documentation needs to reflect that the SRT was directly supervised and the supervising RRT must co-sign. For more information, please see the section on **Shared Accountability when Educating** at the end of this PPG.

DIRECT SUPERVISION OF SRTs AND DOCUMENTATION

Where an SRT is performing procedures under direct supervision, the supervising RRT and the SRT are expected to do the following:

- document that the student has performed the procedure(s) under “direct supervision” in the patient/client’s health record;
- provide complete documentation of the patient contact in the patient/client health record; and
- ensure that the supervising RRT cosigns any entries made by a student in the patient/client record.

Remember that anyone reading the documentation must be able to clearly identify that the requirements of “direct supervision” have been met. Also, keep in mind that the student’s signature and that of the cosigning RT verifies the information provided and assures that the record of activity, assessment, behaviour, or procedure is both accurate and complete.

PLEASE NOTE...

Members who are themselves subject to supervision requirements are not permitted to supervise Student Respiratory Therapists (SRTs) with respect to the performance of controlled acts that require supervision under the Member’s certificate terms, conditions and limitations.

RELATIONSHIPS

PERSONAL RELATIONSHIPS BETWEEN REGISTERED RESPIRATORY THERAPISTS AND STUDENT RESPIRATORY THERAPISTS

When RTs are involved in providing education to SRTs there is a power differential – whether directly as a faculty member/clinical instructor, or indirectly as a supervising staff RT. This power imbalance exists because the RRT has status and influence over the SRT, which may affect the success of the student. Because of the inherent power imbalance that exists in educational and supervisory relationships, RTs must maintain appropriate professional boundaries with learners and avoid relationships that could reasonably be perceived as exploitative, coercive, preferential, or that could compromise professional judgment.

.

At all times, the RT must demonstrate professional behavior in their interactions with not only students, but colleagues, patients, and families. It is important that inappropriate or disruptive actions be avoided, including language, actions, and inactions that do not represent the professions expectations of the standards of practice.

For more information, please see the [Abuse Prevention and Awareness PPG](#).



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Council Briefing Note

AGENDA ITEM # 9.2

October 1, 2026

From:	Janessa Gazmen, Manager, Communications
Topic:	Accessibility Standards Policy
Purpose:	For Decision
Strategic Focus:	Organizational Excellence
Attachment(s):	Appendix A: Accessibility Standards Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council rescind the Accessibility Standards Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) is committed to providing accessible services, facilities, information, communications, and employment practices for people with disabilities, in accordance with applicable requirements under the *Accessibility for Ontarians with Disabilities Act* (AODA).

ISSUE

Council is being asked to rescind the Accessibility Standards Policy because the policy largely restates legislative requirements, does not add operational direction beyond the AODA, and is less accessible than the modernized public-facing and internal accessibility resources the CRTO intends to maintain. Rescinding the policy would reduce the risk of inconsistent or outdated guidance while allowing the CRTO to continue meeting its accessibility obligations through more practical, current, and accessible tools.

BACKGROUND

The Accessibility Standards Policy was initially approved by Council in April 2012. The policy was reviewed and updated in 2021. Under the Policy Framework, the CRTO's policy documents are reviewed on a five-year cycle. Accordingly, the CRTO conducted a detailed review of the Accessibility Standards Policy in 2026.

During the 2026 review, staff determined that the Accessibility Standards Policy largely restates existing requirements under the AODA and related accessibility standards. While the policy confirms the CRTO's commitment to accessibility, it provides limited additional operational direction beyond the legislation. Staff also identified that some language requires updating and that the policy's format is not as accessible as it could be for users.

As part of the review, the CRTO conducted an environmental scan of other regulatory organizations. The scan found that many organizations have moved away from relying on static policy PDFs as their primary public accessibility resource and instead maintain dedicated accessibility webpages supported by practical information, accommodation processes, feedback mechanisms, and digital accessibility commitments.

Based on the review and environmental scan, the CRTO is recommending that the current policy be rescinded and replaced with a more accessible, modernized, and operational approach. The following high-level action plan outlines how accessibility commitments will continue to be supported after the policy is archived.

Public-Facing

- Update the [Accessibility Standards webpage](#) to serve as the public-facing accessibility resource and include:
 - Accessibility Statement of Commitment and Service Plan
 - Communication Supports
 - Accommodation Requests
 - Feedback Process
 - Accessibility Contact Information
 - Website Accessibility Statement
 - Digital accessibility commitments, including WCAG compliance
 - Accessibility Training Commitment

Internal

- Embed accessibility requirements within existing operational policies and procedures, including:
 - Employee handbook updates
 - Inclusive recruitment processes
 - Internal awareness and training, including extending the AODA training requirement to Council and committee members, as well as assessors, starting January 1, 2027
 - Email signature update, including adding a standardized accessibility statement to CRTO email signatures
 - Accessibility checklist
 - Communications guidance

RECOMMENDATION

It is recommended that the Accessibility Standards Policy be rescinded and archived.

NEXT STEPS

If approved, the Accessibility Standards Policy will be archived. CRTO staff will implement the action items listed above and continue to maintain accessibility-related information through the CRTO's public-facing resources and internal processes.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Accessibility Standards Policy

Type: Policy

Origin Date: April 30, 2012

Section: AD

Approved By Council on: May 28, 2021

Document Number: AD-205

Next Revision Date: May 2026

1.0 PURPOSE

The purpose of this policy is to identify access barriers, improve opportunities and provide accessibility for people with disabilities.

2.0 POLICY

The College of Respiratory Therapists of Ontario (CRTO) is committed to serving all its stakeholders with a professionally recognized disability (including special needs, disorders, conditions or impairments) and to meeting accessibility requirements in CRTO dealings under the *Accessibility for Ontarians with Disabilities Act* (AODA).

3.0 APPLICABILITY

This policy applies to all **employees** of the CRTO, as well as its agents, volunteers and contracted service staff.

4.0 SCOPE

4.1 GENERAL REQUIREMENTS - TRAINING

- The CRTO is committed to providing training on Ontario's accessibility laws and on accessibility related obligations under the *Ontario Human Rights Code* (the Code).
- Training will be provided in a way that best suits the duties of employees, volunteers and other staff members.

4.2 ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE

- The CRTO is committed to providing services in a manner that respects the dignity and independence of all customers.
- The provision of services to persons with disabilities will be integrated in an accessible way wherever possible and to the best of the CRTO's abilities.
- The CRTO will endeavour to ensure that all of our customers are given equal opportunity to obtain, use or benefit from the services provided by and on behalf of the CRTO.



- The CRTO is committed to encouraging public engagement to help us meet the AODA customer service standards. Please see Appendix A for Accessible Customer Service Plan details.

4.3 ACCESSIBILITY STANDARD FOR EMPLOYMENT

- The CRTO will notify the public and staff that, when requested, we will accommodate disabilities during recruitment, assessment processes and when hired.
- If needed, the CRTO will provide customized workplace emergency information to employees who have a disability.
- If using performance management, career development and redeployment processes, we will take into account the accessibility needs of employees with disabilities.

4.4 INFORMATION AND COMMUNICATIONS STANDARD

- The CRTO is committed to meeting the communication needs of people with disabilities.
- When requested, we will provide information and communications materials in accessible formats or with communication supports.
- This includes publicly available information about our services and facilities, as well as publicly available emergency information.

5.0 EVALUATION

This policy is reviewed every five years and will be revised as needed. Any changes made to this policy will consider the impact on persons with disabilities. Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

5.0 RELATED DOCUMENTS

- [Accessibility for Ontarians with Disabilities Act, 2001 \(AODA\)](#)
- [CRTO Communications Policy](#)
- [Human Rights Code R.S.O. 1990, Chapter H. 19](#)
- [Human Rights Commission. The Duty to Accommodate](#)
- [O. Reg. 191/11: Integrated Accessibility Standards Regulation](#)

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crtto.on.ca



8.0 DEFINITIONS

ASSISTIVE DEVICE: Any piece of equipment a person with a disability uses to help them with daily living. Some examples include: a wheelchair, screen reader, listening device or cane.

CUSTOMER: Any individual, such as an applicant, Member, member of the public or other person who may communicate or seek to communicate with the CRTO.

DISABILITY:

- a) Any degree of physical infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal, or on a wheelchair or other remedial appliance or device,
- b) A condition of mental impairment or a developmental disability,
- c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d) A mental disorder,
- e) An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

EMPLOYEE: Refers to paid employees but does not include volunteers or any other unpaid individuals.

GUIDE DOG: A dog trained as a guide for a blind person and having the qualifications prescribed by the [Blind Persons' Rights Act](#) R.S.O. 1990, c. B.7, s. 1 (1).

SERVICE ANIMAL: An animal that provides assistance for a person with a disability. It may be readily apparent that the animal is used by the person for reasons relating to their disability; or a person may be asked to provide a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

SUPPORT PERSON: A person who helps someone with a disability perform daily tasks. Often people who have a support person are not able to do things by themselves, such as eat meals, use the washroom or change their clothes. Without support that person may be unable to access goods and or services provided by the CRTO.



APPENDIX A

Accessible Customer Service Plan

The CRTO is committed to making all services accessible to people with disabilities.

Assistive Devices

The CRTO is committed to train staff to be familiar with various assistive devices that may be used by customers with disabilities while accessing our services. The CRTO will endeavour to accommodate people with assistive devices to the best of our abilities by making our premises as accessible as possible. In the case where people with disabilities may not access the services of the CRTO from our location, the CRTO will investigate and suggest alternative solutions to meeting with our customers, in person.

Service Animals

If a person with a disability is accompanied by a guide dog or other service animal, the CRTO will permit the person to enter any area of the office where public or members are ordinarily allowed.

Support Persons

A person with a disability who is accompanied by a support person, will be welcomed and permitted to have that person accompany them on our premises. A person with disabilities will not be prevented from having access to their support person(s). Where a support person is present and confidential information will be discussed, consent will be obtained prior to discussions in the presence of support persons.

Communication

The CRTO will communicate using alternative methods to provide services to people with disabilities or communication challenges. Upon request the CRTO will communicate with the most appropriate method such as in-person, by telephone, email or video call.

Notice of Service Disruption

In the event of a planned or unexpected disruption to CRTO services or facilities, the CRTO will notify the public of the disruption promptly. The notice will include information about the reason for the disruption, its anticipated length of time and a description of alternative facilities or services if available. The notice will be posted at the main entrance to the CRTO office, a notice on the telephone system and on the CRTO's website.

Feedback

Questions and feedback regarding how the CRTO provides services to people with disabilities or about this policy can be made by contacting the Manager of Communications at 416-591-7800 / 800-261-0528 ext. 27 or by email at communications@crto.on.ca.

Modifications to This or Other Policies

Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.



Education and Training

The CRTO will provide education and training to all employees, volunteers and others who deal with the public or other third parties on behalf of the CRTO. Training and educations will include:

- The purpose of the [Accessibility for Ontarians with Disabilities Act, \(2005\)](#) and the requirements of the customer service standard.
- Completion of the Ministry of Community and Social Services approved training program, such as the:
 - [AccessForward: Customer Service Standard](#) e-learning module.
 - [AccessForward: Training for an Accessible Ontario](#)
 - General Requirements Training
 - Information and Communication Standards Training
 - Employment Standard Training
- Guidance on what to do if a person with a disability is having difficulty in accessing the CRTO's goods and services including.
- How to interact and communicate with people with various types of disabilities.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person.