

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

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	13			
	6.3	Registration Committee Report	14			
	6.4	Quality Assurance Committee Report	15			
	6.5	Patient Relations Committee Report	16			
	6.6	Inquiries, Complaints and Reports Committee Report	17-18			
	6.7	Discipline Committee Report	19	Lindsay Martinek	Decision & Information	Strong Governance & Operational Discipline
	6.8	Fitness to Practise Committee Report	20			
	6.9	CRTO Update Report	21-34			
	6.10	Investment Portfolio Update	35-42			
	6.11	Risk Register Update	43-50			
	6.12	June 2026 Council Meeting Evaluation Summary	51-52			
	6.13	Council Meeting Action Items	53			
1015	7.0	Strategic and Operational Issues				
	7.1	Quarterly Financial Statements	54-58	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	59-70	Carole Hamp	Information	Strong Governance

CRTO Council Meeting Agenda

October 1, 2026

	7.6	Council Evaluation Framework Update	71-72	Carole Hamp	Information	Organizational Excellence
	7.7	Strategic Plan Update	73-92	Carole Hamp	Information	Organizational Excellence
	7.8	Elections 2026 Update	93-94	Carole Hamp	Decision	Organizational Excellence
1115	8.0	Committee Items Arising				
		Inquiries, Complaints and Reports Committee				
	8.1	Reporting to Police Policy	95-101	Shaf Rahman	Decision	Compassionate & Transparent Regulation
	8.2	Registrar Actions on Reported Member Concerns Policy	102-110	Shaf Rahman	Decision	Compassionate & Transparent Regulation
1145	9.0	Legislative and General Policy Issues				
	9.1	RTs Providing Education PPG	111-161	Kelly Arndt	Decision	Professional Scope & Competence
	9.2	Accessibility Standards Policy	162-168	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 to be presented at the Council meeting.

Council Motion

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

ITEM 6.1

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, CRTO 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 CRTO 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 CRTO'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, CRTO 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 CRTO.

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

ITEM 6.2

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

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

Since the last Council meeting, the Executive Committee met on September 24, 2026. The following items were addressed at that meeting:

- CRTO Update Report
- Executive Committee Terms of Reference
- 2026 Council Elections
- Financial Statements for March 1, 2026 – August 31, 2026
- Investment Portfolio
- Mid-Year Financial Projections
- Annual Membership Fee Review
- Database & Website Project
- Succession Planning Update

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

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

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

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

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

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

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

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

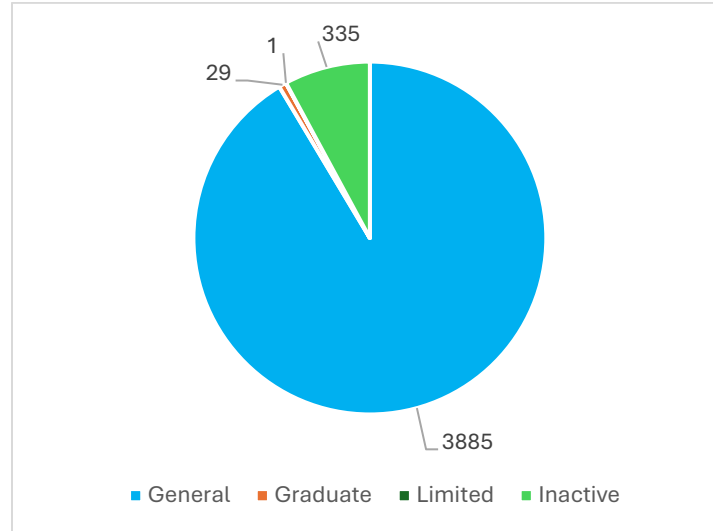
Emails sent

Social media posts

Website visits

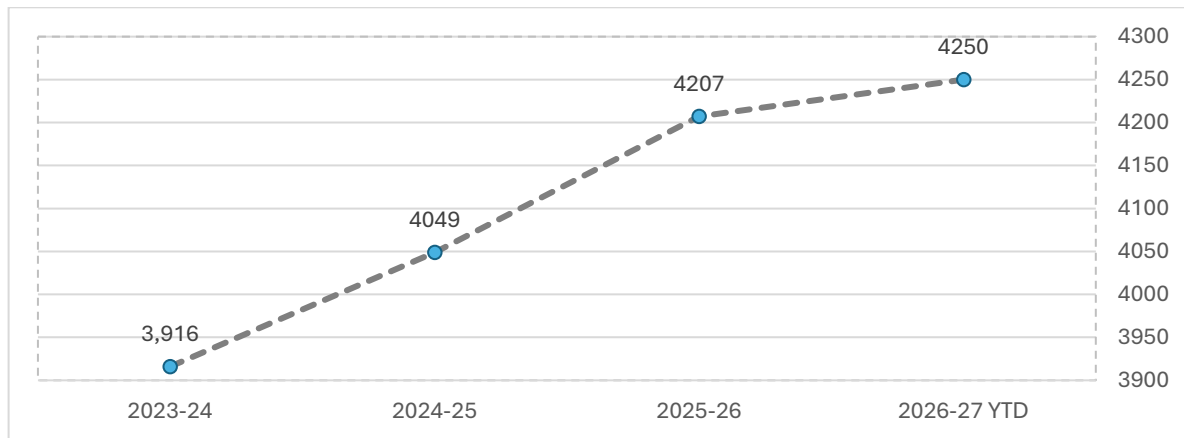
1. Registration Program

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

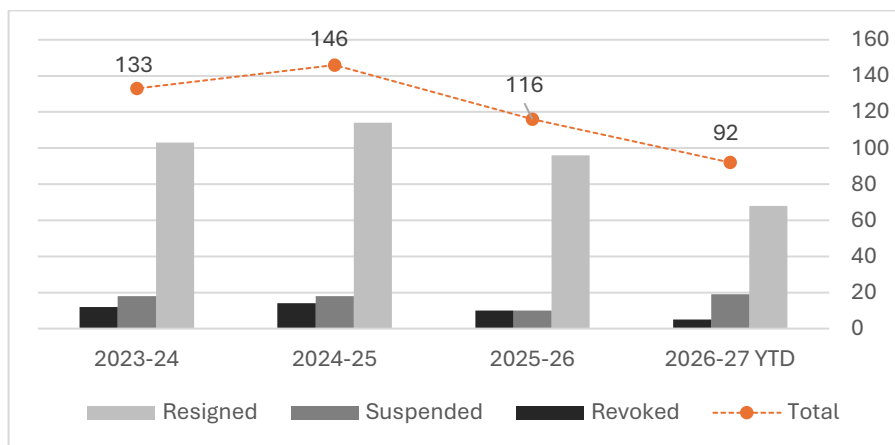


No. of Members	2023-24	2024-25	2025-26	2026-27 Q2
General	3,589	3,768	3891	3885
Graduate	11	12	26	29
Limited	4	3	1	1
Inactive	312	266	289	335
Total	3,916	4,049	4207	4250

Appendix A

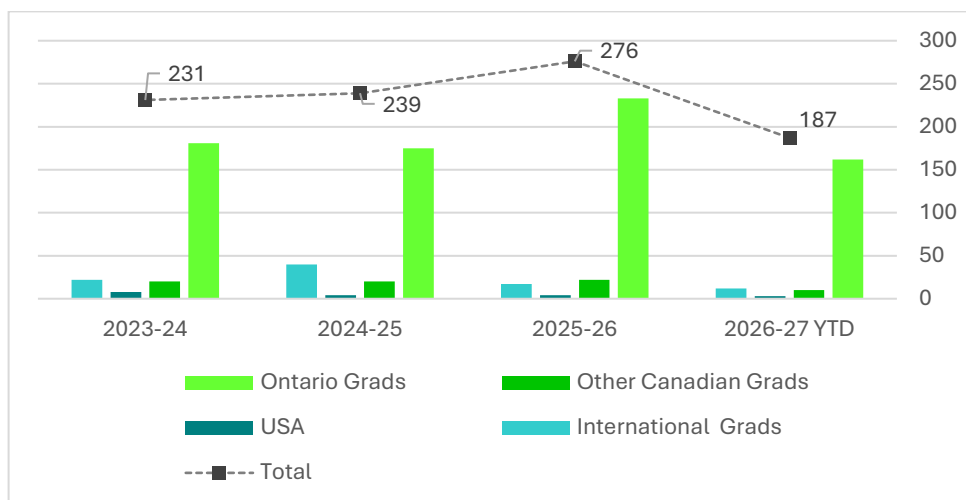
Members attrition (resignations, suspensions and revocations)

2026-27 (YTD) compared to last three years



Applications received

2026-27 (YTD) compared to last three years



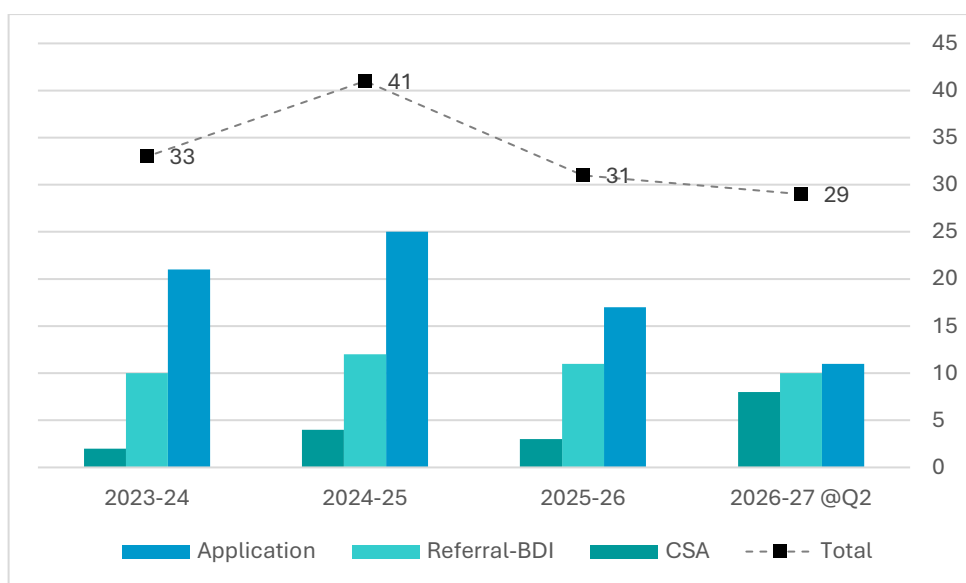
Note: out of the 187 applications received in 2026/27 (Q1 and Q2), nine applications were submitted under the labour mobility provisions:

- 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

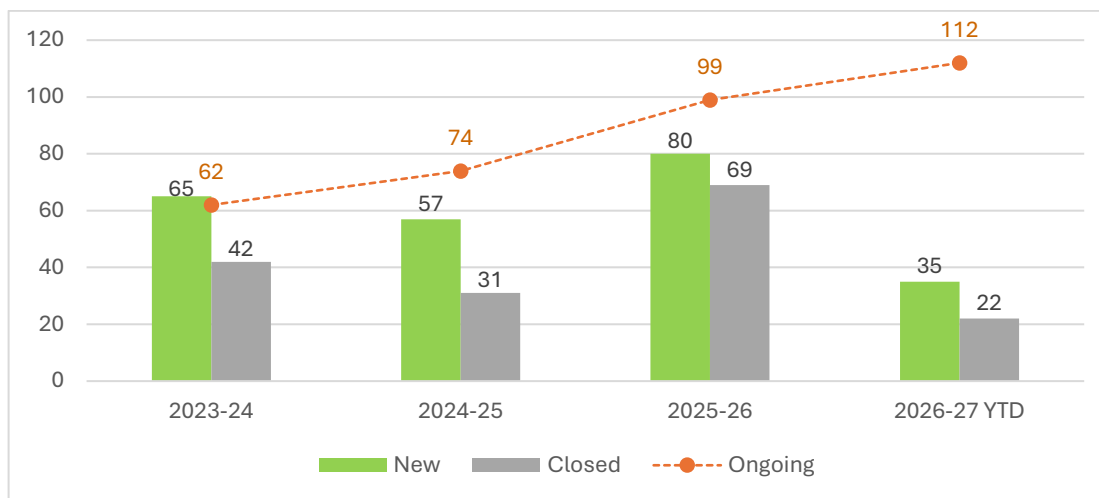
Snapshot of applicants completing the Entry-to-Practice assessment (at the end of each reporting period)



2. Professional Conduct Program

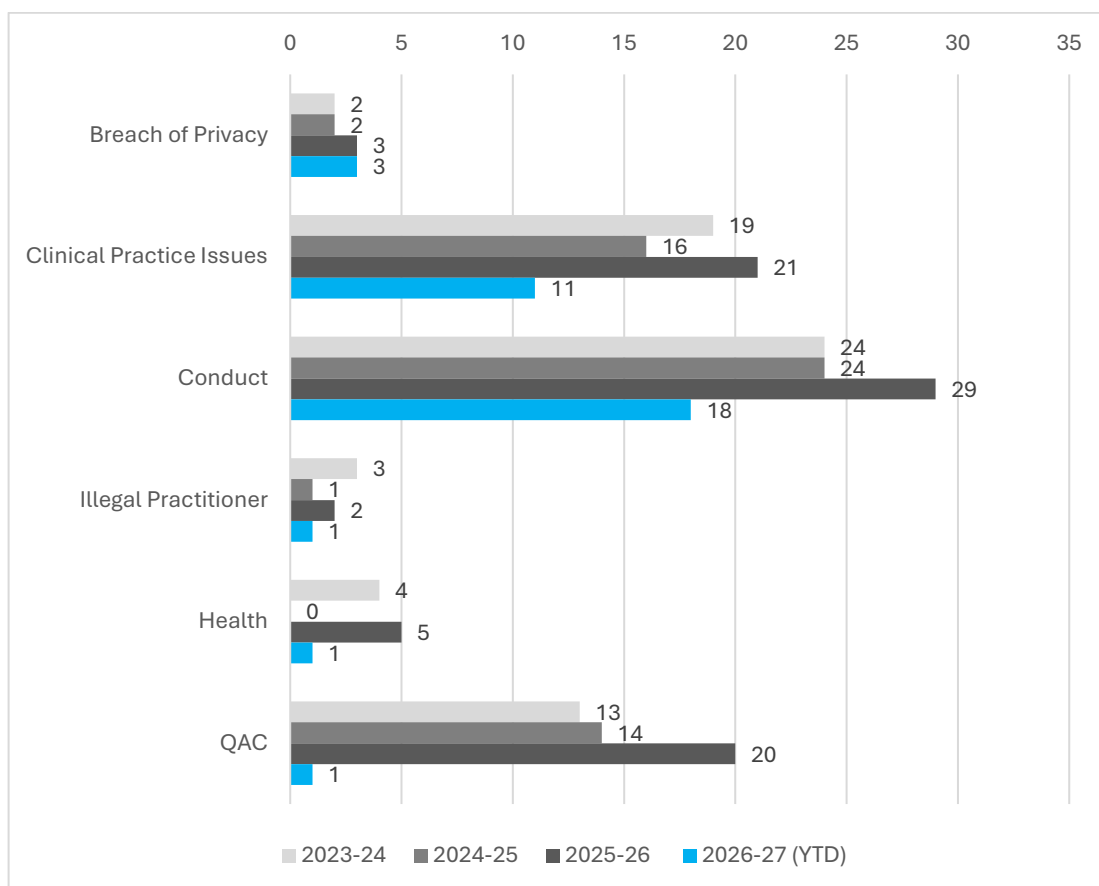
New, closed, ongoing complaints/reports

2026-27 (YTD) compared to last three years



New complaints and reports by theme

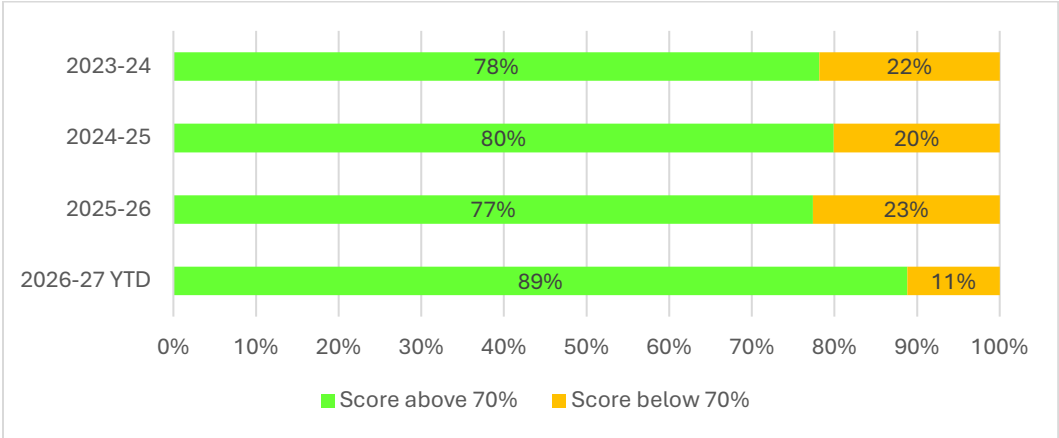
2026-27 (YTD) compared to last three years



3. Quality Practice Program

Launch RT

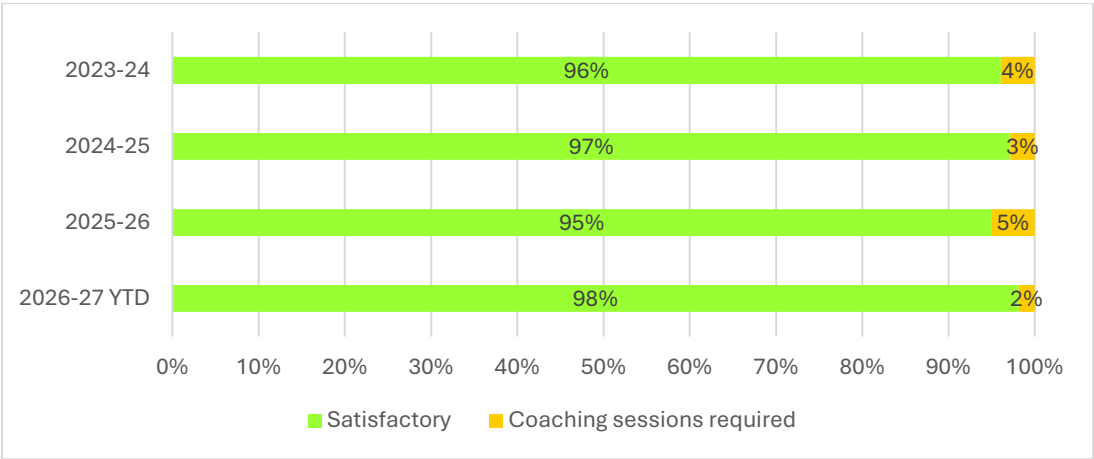
2026-27 (YTD) compared to last three years



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

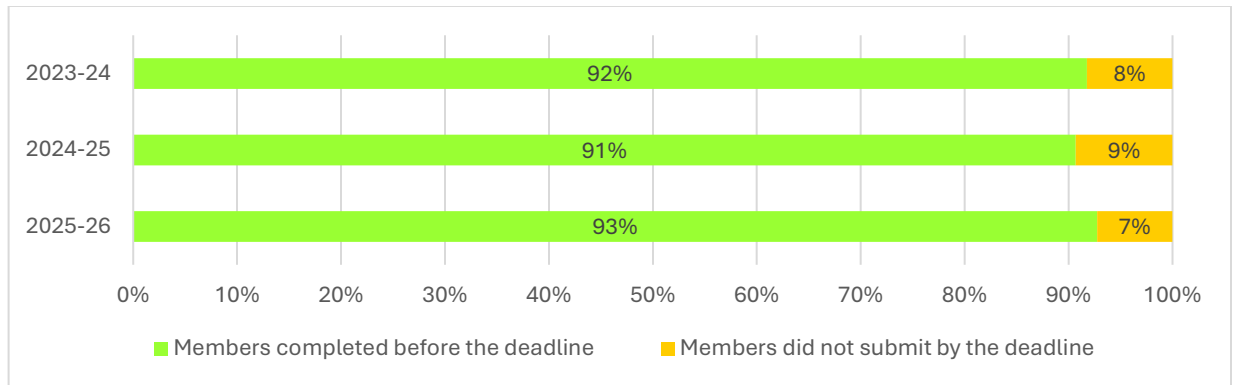
2026-27 (YTD) compared to last three years



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

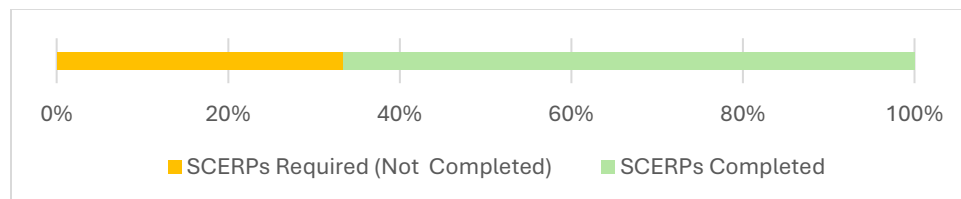
RelevantT



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

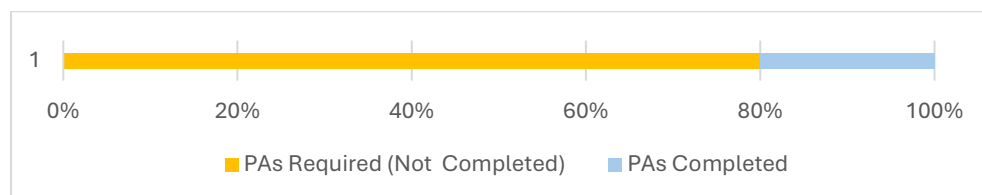
* The 2026-27 Relevant Learning module will be available in January 2027

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

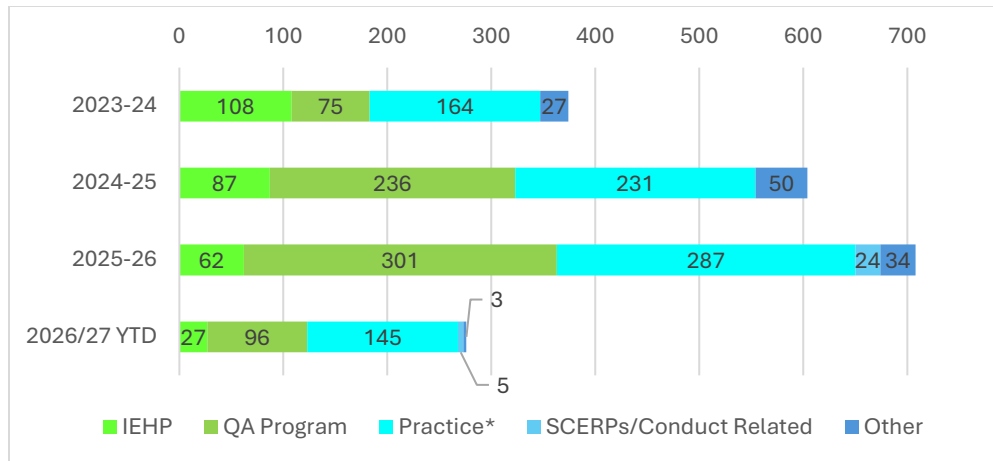
QA Practice Assessments (March 1 to August 31, 2026)



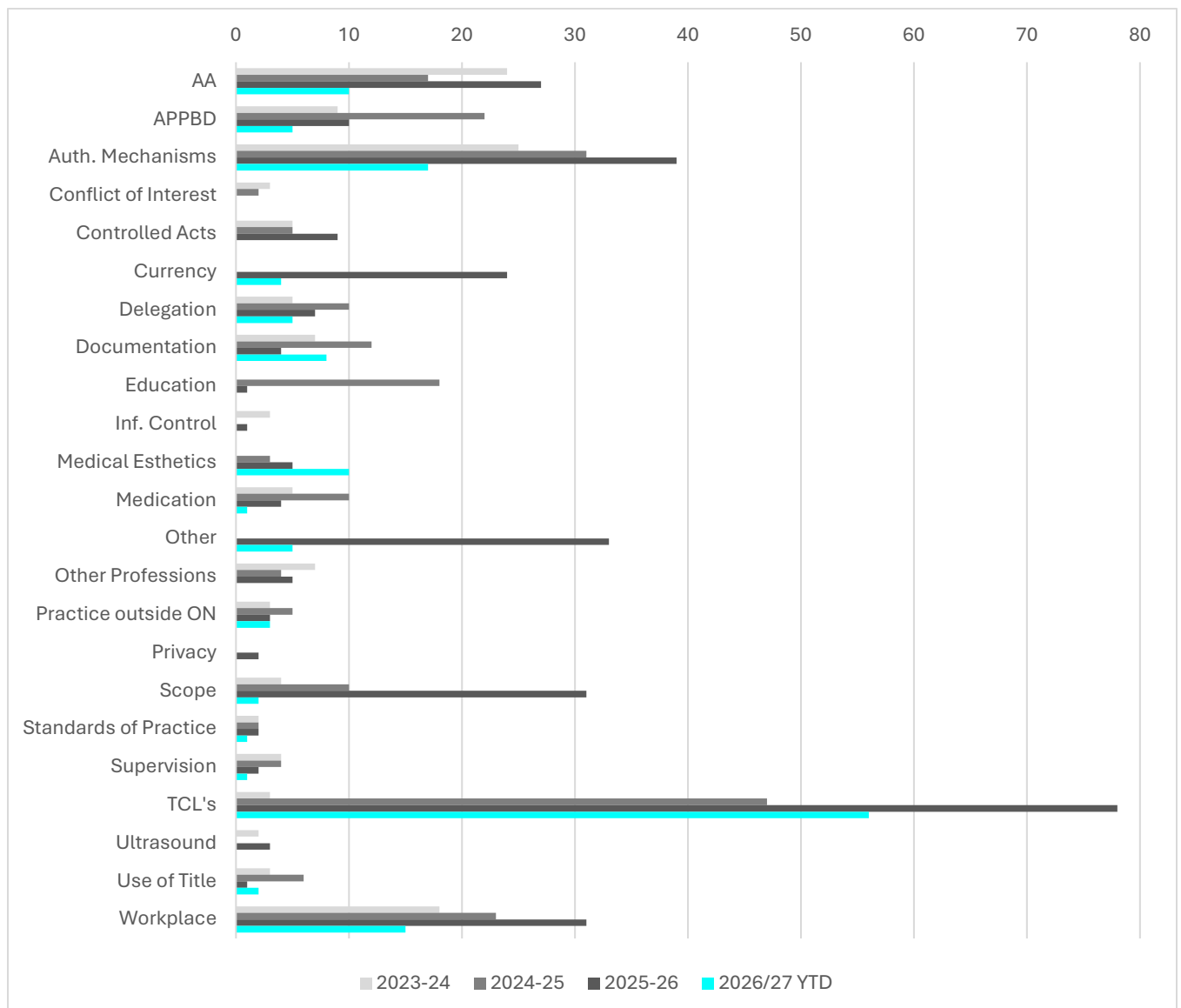
Practice Assessments	2026-27 Q1	2026-27 Q2
PAs Required (Not Completed)	0	4
PAs Completed	0	1
PAs Total Required	0	5

Appendix A

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

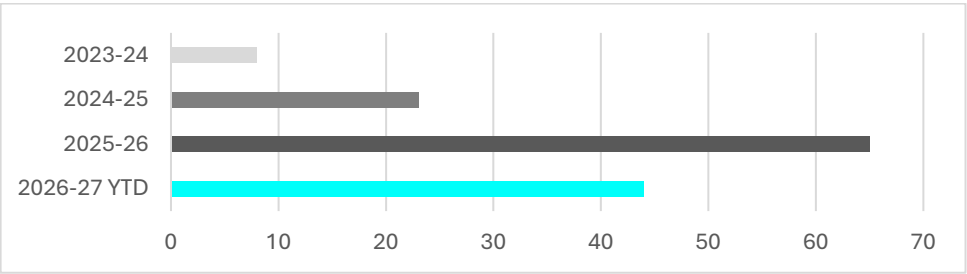


*Practice Inquiries by Theme

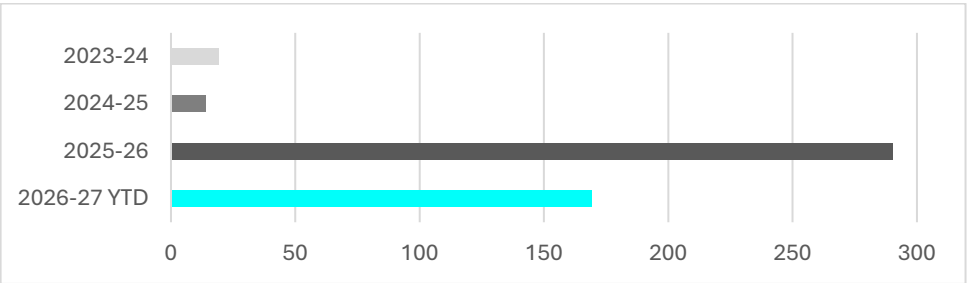


4. Communications

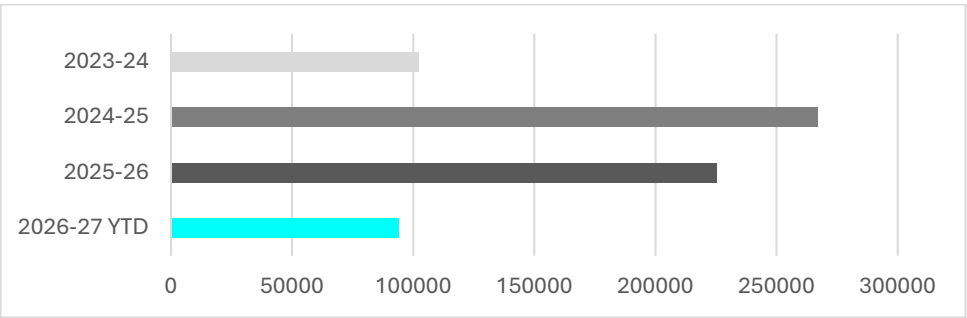
Emails sent 2026-27 (YTD) compared to last three years



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 Colombia	614
Alberta	489
Manitoba	186

Council Briefing Note

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

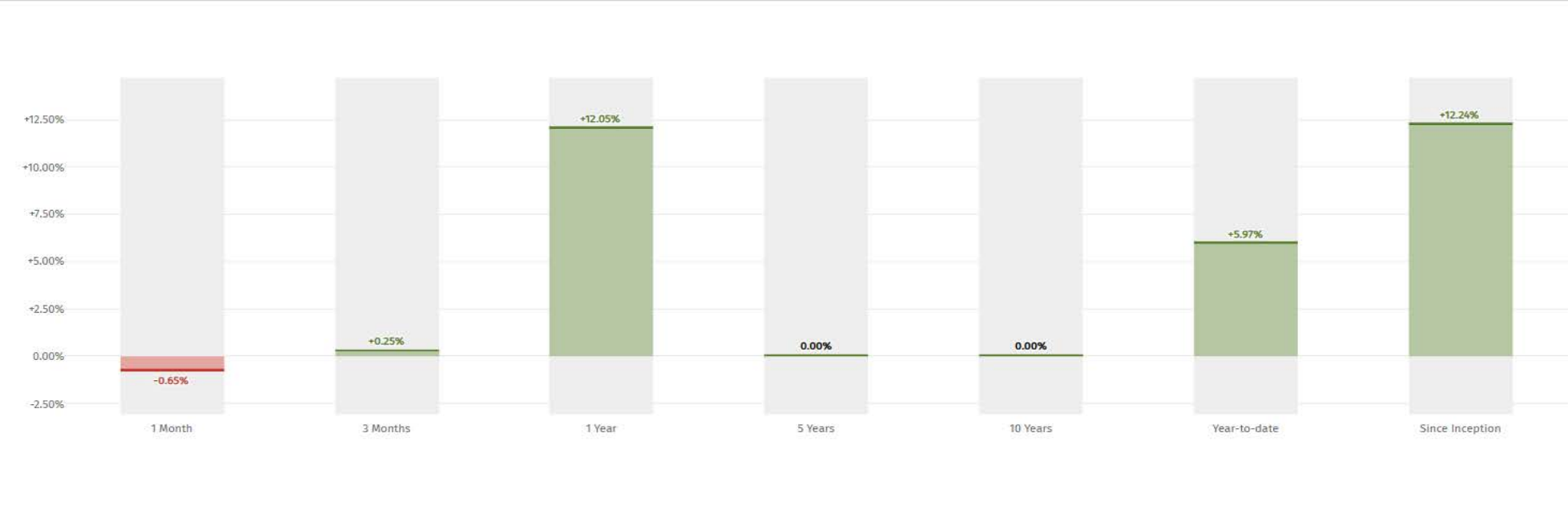
Overview of RBC Investments:

Total Value	Total Book Cost [?] (excluding Cash)	Unrealized Gain/Loss [?]
+1,983,223.05 CAD	+1,624,193.39 CAD	+320,380.66 CAD
+1,426,415.99 USD	+1,169,371.14 USD	+19.73%

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:

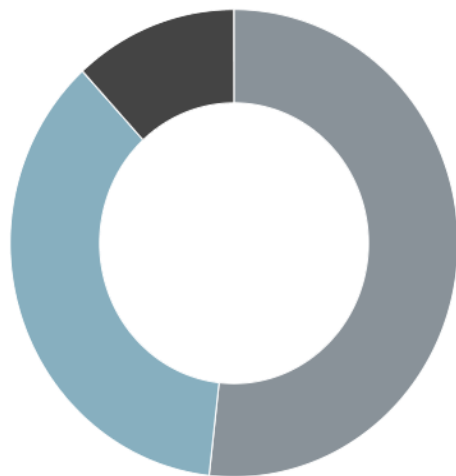


Tracking Since Jun 04, 2023

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

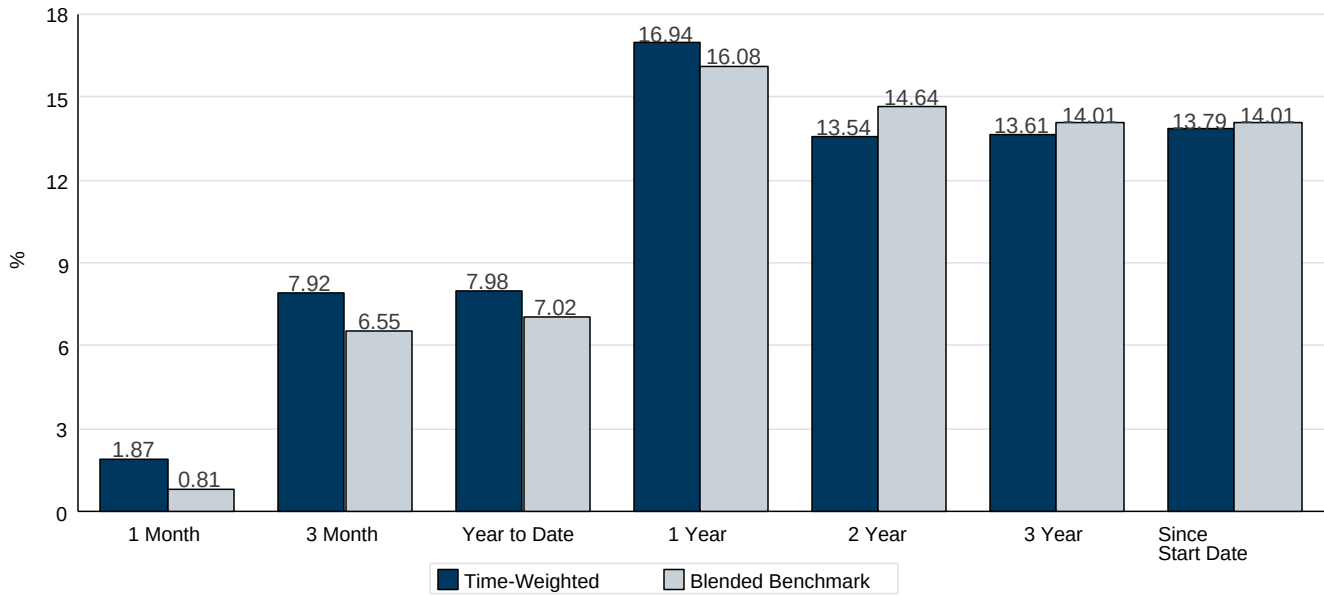
As at June 30, 2026

% 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.

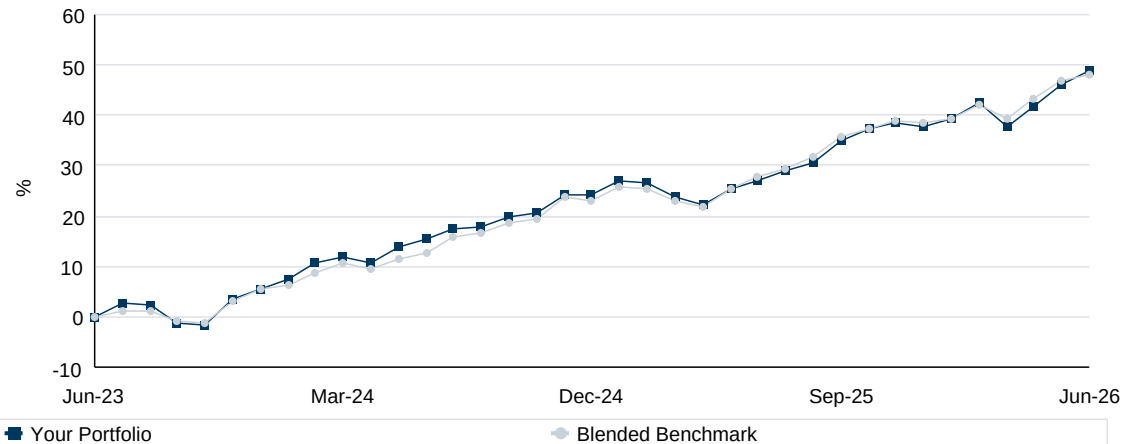
Portfolio Performance

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
	December	2.09	5.61	2.20
2024	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
	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

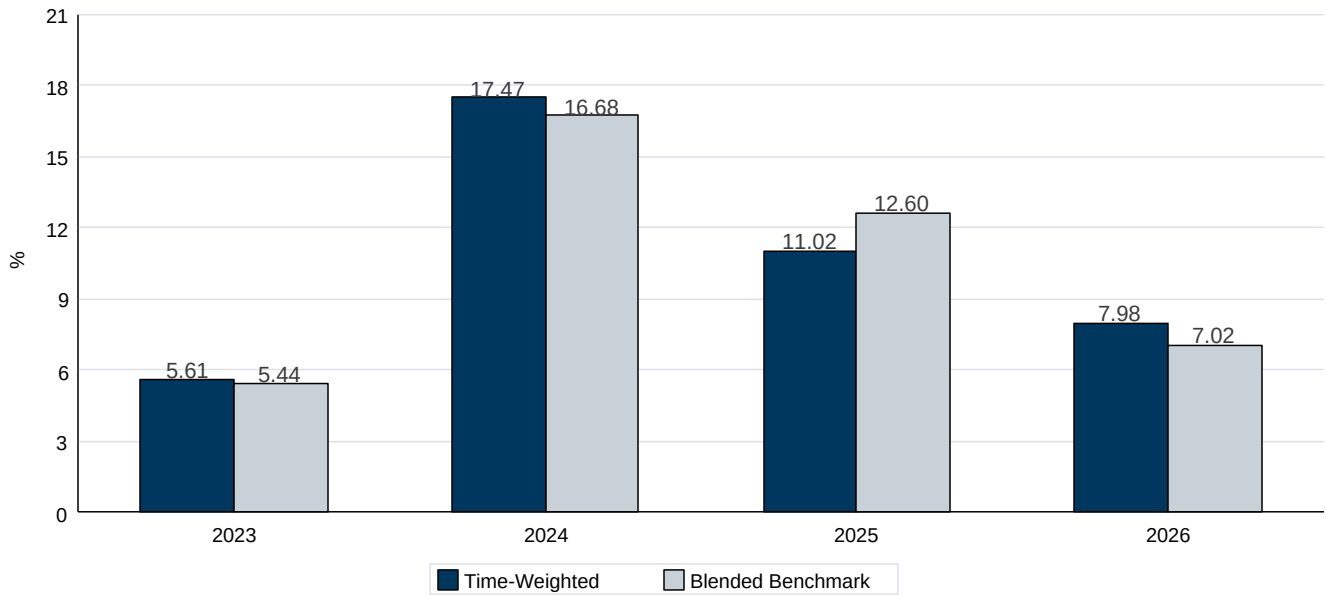
As at June 30, 2026

% 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

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 (CRTC) regulates respiratory therapy in the public interest. To fulfill this mandate, the CRTC 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 CRTC'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 CRTC'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

CROTO Risk Register (Summary)

October 1, 2026

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CROTO 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 CROTO - 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 CROTO's membership fee structure Investment advisor monitoring all CROTO 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 CROTO 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 CROTO and unable to access the complaints process - Member dissatisfaction; lack of engagement with the CROTO - Members' non-compliance with statutory requirements	Member outreach initiatives – eBlasts, reminders, etc. Ongoing reporting on Comms KPIs Monitoring of response rates to CROTO 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 CRTC 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 CRO 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 CRO'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

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

ITEM 7.1

October 1, 2026

From:	Carole Hamp. CRTO Registrar & CEO
Topic:	Financial Statements – March 1, 2026, to August 31, 2026
Purpose:	For Information
Strategic Focus:	Organizational Excellence
Attachment(s):	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report
Motion:	

PUBLIC INTEREST RATIONALE:

To support the public interest by ensuring the CRTO maintains the financial resources needed to meet its statutory objectives and regulatory mandate, now and in the future.

ISSUE:

Quarterly financial reporting enables Council to monitor the organization's financial position, assess performance against the approved budget, identify emerging risks or significant variances, and take timely corrective action where necessary. This oversight promotes responsible stewardship of registrant fees, supports the continuity and effectiveness of regulatory programs, and strengthens transparency and accountability in the use of the CRTO's resources.

BACKGROUND:

To align the CRTO's financial resources more closely with its strategic plan, the Executive Committee and Council need a streamlined, focused set of financial reports. These reports should clearly connect revenues, expenditures, forecasts, and resource allocation with the CRTO's strategic priorities, operational commitments, and regulatory mandate. Timely, accessible reporting will support informed decision-making, enable effective monitoring of financial performance and emerging risks, and help ensure that resources are directed toward the areas of greatest strategic and public-interest importance. A streamlined reporting approach will also allow the Executive Committee and Council to focus on significant trends, variances, and decisions requiring governance oversight.

ANALYSIS:

- **Appendix A – Balance Sheet Summary Report**
 - Just over \$130,000 increase in Total Assets as compared to this time last year, primarily due to an increase in investment assets.

- Just over 9 months of operating expenses in unrestricted reserves.
- Two proposed changes to reserve funds:
 - Request that Council transfer an additional \$30,000 from the Special Projects Reserves Fund to continue to pay for the government relations firm that is assisting with the joint CRTO/RTSO Scope of Practice proposal.
 - Revise our Reserves Policy to establish that at the end of each fiscal year, any operating surplus (after appropriate allocations are made to other reserves) will be transferred to the Reserves for Fee Stabilization. This is intended to minimize or delay the impact of year-over-year changes in revenue or expenses on membership fees. Conversely, in any year with an operating deficit, funds can be transferred from the Reserves for Fee Stabilization to cover the deficit.
- **Appendix B: Income Statement Summary Report**
 - Just over \$81,000 increase in Total Revenue over this time last year, primarily due to a modest increase in Total Membership (due in part to a lower attrition rate).
 - On the Expense side, there are positive YTD variances in the following cost areas:
 - **Professional Services** – General legal fees were higher than projected, in part due to protracted negotiations with the database provider.
 - **Investigations & Hearings** – 1 contested discipline hearing this fiscal year, and preparation for a possible 2nd complex and challenging matter.
 - **Technology** – rising costs of cybersecurity, as well as the need to renew with our current database provider (iMIS).
 - **Consulting** – slightly higher than anticipated costs for external expertise.
 - **Bottom Line = Total revenue – Total expenses = \$1,417,535.08** with 6 months remaining in our fiscal year. This indicates that the CRTO is in a healthy financial position and has the funds to support the organization's mandate and future financial sustainability. The CRTO has sufficient resources to meet its statutory mandate, respond to unexpected costs, and continue protecting the public.
 - At the halfway point in our fiscal year, we have used almost exactly half of our existing revenue for 2026/27. The only additional revenue the CRTO can expect during this fiscal year is from the cohort of students who graduate in December (from Conestoga and Fleming College).
 - **Revenue growth rate = Current-year revenue - Previous-year revenue ÷ Previous-year revenue X 100 = 3%.** This modest positive growth ensures ongoing capacity to deliver programs, meet obligations, and respond to emerging needs. However, given

rising costs of goods and services, consider this indicator alongside the Expense Growth Rate.

- **Expense Growth Rate = Current-year Expenses – Previous-year Expenses ÷ Previous-year Expenses = 13%.** This shows that, compared with the same period last fiscal year, our operating costs grew faster than available revenue. This is likely due to inflation, staffing costs, technology investments, and one-time project expenses.

The CRTO will continue to monitor these important indicators.

RECOMMENDATION:

The Council receive the 2nd quarter financial statements for March 1, 2026, to August 31, 2026.

APPENDIX A: Balance Sheet Summary Report

Total Liabilities & Equity	\$ 3,467,169.29	\$ 3,336,808.45
Balance Sheet Summary		
	As of Aug. 31, 2026	As of Aug. 31, 2025
Assets		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 1,316,538.58	\$ 1,411,589.38
Accounts Receivable	\$ -	\$ -
Prepays	\$ 58,728.83	\$ 52,086.25
Total Current Assets	\$ 1,375,267.41	\$ 1,463,675.63
<i>Non-Current Assets</i>		
Property, Plant and Equipment	\$128,732.39	\$124,936.74
Investments	\$ 1,963,169.49	\$ 1,748,196.08
Total Assets	\$ 3,467,169.29	\$ 3,336,808.45
Liabilities		
Accounts Payable	\$ -	-\$4,231.25
Accrued Liability	\$ 94,920.20	\$ 102,642.87
Deferred Revenue	\$ -	\$ -
Total Liabilities	\$ 94,920.20	\$ 98,411.62
Net Assets		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 20,000.00	\$ 20,000.00
Reserve for Fee Stabilization	\$ 150,000.00	\$ 150,000.00
Reserve for investigations and hearings	\$ 250,000.00	\$ 150,000.00
Special projects reserve fund	\$ 170,000.00	\$ 300,000.00
Total Restricted funds	\$ 1,090,000.00	\$ 1,120,000.00
Retained Earnings	\$ 864,714.01	\$ 609,998.32
Profit for the Year	\$ 1,417,535.08	\$ 1,508,398.51
Total Equity	\$ 3,372,249.09	\$ 3,238,396.83
Unrestricted Reserves	\$ 2,282,249.09	\$ 2,118,396.83
Average Monthly Operating Expenses	\$ 250,467.86	
# Months Operating Expenses	9 months	

APPENDIX B: Income Statement Summary Report

Code	Income statement summary	Total Budget 2026/27 FY	YTD Budget (March-Aug/26)	YTD Actual (March-Aug/26)	Variance YTD actual - Budget YTD Over / (Under)	Variance % (=F/D)	Actuals FY26 (March-Aug/25)
0	Revenue	\$ 2,936,700.00	\$ 2,936,700.00	\$ 2,849,992.22	\$ (86,707.78)	-2.95%	\$ 2,801,876.06
0.5	Competency Assessment Income	\$ 61,000.00	61,000.00	74,250.00	13,250.00	21.72%	41,000.00
	Total Revenue	\$ 2,997,700.00	2,997,700.00	2,924,242.22	(73,457.78)	-2.45%	2,842,876.06
0.6	Competency Assessment Expense	\$ 63,000.00	31,500.00	42,119.46	10,619.46	33.71%	40,669.28
1	Wages and benefits	\$ 2,002,800.00	1,001,400.00	992,029.29	(9,370.71)	-0.94%	882,742.03
2	Occupancy costs	\$ 56,700.00	28,350.00	26,205.73	(2,144.27)	-7.56%	31,651.13
3	Professional services	\$ 94,000.00	47,000.00	75,689.37	28,689.37	61.04%	60,067.79
4	Investigation and hearing expense	\$ 130,000.00	65,000.00	98,960.73	33,960.73	52.25%	54,423.62
5	Technology / Website	\$ 178,000.00	89,000.00	114,679.75	25,679.75	28.85%	108,999.45
6	General operating expenses	\$ 103,500.00	51,750.00	38,030.12	(13,719.88)	-26.51%	50,301.52
7	Credit card and Paypal fees	\$ 136,200.00	68,100.00	25,260.42	(42,839.58)	-62.91%	17,894.68
8	Membership and dues	\$ 44,000.00	22,000.00	11,505.35	(10,494.65)	-47.70%	16,770.60
9	Quality assurance expenses	\$ 60,000.00	30,000.00	12,550.00	(17,450.00)	-58.17%	17,450.00
11	Unrealized (gains) losses	\$ -	-	-	-		-
12	Council and committee	\$ 84,000.00	42,000.00	32,931.05	(9,068.95)	-21.59%	25,448.65
14	Consulting	\$ 45,000.00	22,500.00	30,738.00	8,238.00	36.61%	28,646.35
99	Equipment purchased	\$ 500.00	250.00	2,107.87	1,857.87	743.15%	
	Total Expenses	\$ 2,997,700.00	1,498,850.00	\$ 1,502,807.14	\$ 3,957.14	0.26%	\$ 1,335,065.10
	Net Income	\$ -	1,498,850.00	\$ 1,421,435.08	\$ (77,414.92)		\$ 1,507,810.96
	<i>Scope of Practice (from SPRF)</i>			\$ 3,900.00			
				\$ 1,417,535.08			

Council Briefing Note

ITEM 7.5

October 1, 2026

From:	Carole Hamp, RRT – Registrar & CEO
Subject:	Succession Planning Update
Purpose:	For Information
Strategic Focus:	Operational Excellence
Appendix Attachment(s):	Appendix A: Draft CRYPTO Succession Planning and Employee Talent Management Framework

ISSUE:

Succession planning is important for a health regulatory college because it supports leadership continuity, organizational stability, and the uninterrupted delivery of its statutory responsibilities. It reduces risks associated with unexpected or planned departures of key staff by preserving institutional knowledge, building internal capacity, and ensuring critical roles can be filled promptly. Effective succession planning also strengthens governance, supports workforce sustainability, and helps the College continue protecting the public during leadership or staffing transitions.

BACKGROUND:

The CRYPTO Succession Planning and Employee Talent Management Framework establishes an organization-wide approach to maintaining continuity of critical regulatory and operational functions, preserving institutional knowledge, reducing reliance on individual employees, and preparing for planned or unexpected vacancies. It outlines processes for identifying critical roles, assessing succession risks, establishing backup coverage, documenting and transferring knowledge, cross-training employees, and using internal or external resources when necessary. The framework also integrates talent management into performance and development planning by supporting professional growth, equitable access to learning opportunities, and internal advancement based on competencies and organizational needs. The Registrar & CEO, managers, and employees share responsibilities, with the overall approach guided by public protection, fairness, inclusion, accessibility, proportionality, and alignment with the CRYPTO's strategic priorities.

KEY CONSIDERATIONS:

There are several considerations when looking at succession planning and talent management, such as:

- Ensuring an orderly transfer of responsibilities during an emergency or an unexpected leadership vacancy.

- Facilitating a planned and orderly leadership transition.
- Talent management to ensure an organization has people with the right skills, knowledge, and capabilities to meet its current and future needs.

At this point, the CRTO's most pressing matter is that the current Registrar & CEO is set to retire in mid December 2027. Therefore, starting in December 2026, Council is advised to begin a structured transition process focused on recruitment and selection soon. At the same time, the current Registrar needs to focus on knowledge transfer to ensure operational continuity.

The **CRTO Council** is responsible for appointing the Registrar and must therefore:

- Develop a transition timeline by working backward from the anticipated retirement date, allowing sufficient time for recruitment, notice periods, onboarding, and, where possible, an overlap between the outgoing and incoming Registrars.
- Establish a recruitment and selection process (e.g., creating a selection committee, retaining an external executive search firm, etc.).
- Review the Registrar's roles and responsibilities, which may entail updating the job description, competencies, compensation, and performance expectations to reflect the College's current statutory obligations and strategic priorities.

The current **Registrar & CEO** is responsible for the day-to-day operations of the organization and must therefore:

- Identify key regulatory, legal, governance, financial, operational, stakeholder, and human-resource matters that must be transferred.
- Address current commitments, such as major projects, contracts, risks, litigation or regulatory matters, deadlines, government relationships, and upcoming Council decisions.
- Confirm that senior staff understand their responsibilities and can maintain essential regulatory functions during the transition.
- Prepare for onboarding that covers the College's legislation, governance model, strategic plan, finances, risk profile, regulatory programs, stakeholder relationships, and organizational culture.
- Determine when and how to communicate the retirement, recruitment, appointment, and leadership transition to staff, registrants, government, system partners, and the public.
- Monitor transition risks by adding the leadership transition to the CRTO's Risk Register and provide regular progress reports to Council.

NEXT STEPS:

1. To review and finalize the draft CRTO Succession Planning and Employee Talent Management Framework.

2. At the December 2026 Council meeting, CRTO staff will present a proposed work-back timeline for the Registrar & CEO transition.

CRTO Succession Planning and Employee Talent Management Framework

1. Purpose

The College of Respiratory Therapists of Ontario (CRTO) recognizes that effective succession planning and employee talent management are important to maintaining staffing continuity, institutional knowledge, organizational capacity, and the College's ability to meet its legal responsibilities and regulatory mandate.

The purpose of this framework is to establish a consistent and proactive approach to succession planning and employee talent management across the CRTO.

The framework is intended to:

- maintain continuity of critical regulatory and operational functions;
- reduce organizational dependency on individual employees;
- preserve and transfer institutional knowledge;
- identify and address potential workforce and competency gaps;
- develop and retain employees by supporting professional growth;
- build organizational capacity to respond to planned and unexpected vacancies; and
- support the CRTO's public protection mandate through effective workforce planning.

Succession planning does not guarantee promotion or appointment to a particular position. Staffing decisions will continue to be based on organizational requirements, relevant competencies, and established recruitment and selection processes.

2. Scope

This framework applies to all CRTO employees.

The CRTO's Succession Plan for Senior Leadership Policy addresses the specific requirements associated with continuity of senior leadership, particularly the Registrar & CEO. This framework complements that policy by establishing an organization-wide approach to succession planning and employee talent management.

Given the CRTO's size, succession planning is not limited to leadership positions. Specialized knowledge and important operational responsibilities may be concentrated within individual roles throughout the organization. Accordingly, the framework focuses on maintaining continuity, reducing single-person dependency, preserving institutional knowledge, and providing employees with meaningful opportunities to broaden their skills.

3. Guiding Principles

The CRTO's approach to succession planning and talent management is guided by the following principles:

Public Protection

Continuity of the CRTO's regulatory functions and ability to fulfil its statutory mandate are paramount.

Organizational Continuity

Critical functions should be supported by appropriate documentation, knowledge transfer, and backup arrangements to minimize disruption during planned or unexpected employee absences or departures.

Transparency and Fairness

Talent management and development decisions will be competency-based, equitable, and consistent with organizational needs.

Equity, Diversity and Inclusion

Equity, diversity, inclusion, and accessibility principles will inform recruitment, employee development, succession planning, and advancement opportunities.

Employee Development

Employees will be supported in developing their knowledge, competencies, and capabilities through appropriate professional development and learning opportunities.

Shared Responsibility

Succession planning and knowledge continuity are shared responsibilities involving senior leadership, managers, and employees.

Proportionality

Succession planning and talent management processes will be practical, streamlined, and appropriate to the CRTO's size, resources, and regulatory responsibilities.

Documentation and Knowledge Sharing

Critical institutional knowledge, processes, responsibilities, and organizational information should be appropriately documented, maintained, and accessible.

4. Succession Planning

Succession planning is an ongoing process intended to ensure that critical work can continue when an employee is unexpectedly unavailable, resigns, retires, or moves into another role.

4.1 Identification of Critical Roles and Functions

The CRTO will periodically identify roles and functions where a vacancy or extended absence could significantly affect:

Appendix A

- regulatory operations;
- public protection;
- statutory or legal obligations;
- service delivery;
- organizational operations;
- institutional knowledge; or
- achievement of strategic priorities.

Factors that may be considered include:

- specialized knowledge or expertise;
- concentration of significant responsibilities with one employee;
- difficulty recruiting an appropriately qualified replacement;
- statutory, regulatory, leadership, or decision-making responsibilities;
- significant organizational or historical knowledge;
- anticipated retirement or other foreseeable departure; and
- the potential impact of an unexpected vacancy.

4.2 Succession Risk and Backup Coverage

For critical roles and functions, the CRTO will consider:

- the operational impact of a vacancy or extended absence;
- existing internal backup capacity;
- responsibilities requiring immediate coverage;
- availability of appropriately qualified internal or external resources;
- the time required to recruit and orient a replacement;
- knowledge that would need to be transferred; and
- interim arrangements that could be implemented.

Critical roles and functions should have documented backup coverage where reasonably possible.

The objective is not necessarily to identify a permanent successor for every position, but to ensure that essential responsibilities can continue while an appropriate longer-term staffing decision is made.

4.3 Succession Strategies

Depending on the role and identified risk, succession strategies may include:

- documenting key processes and responsibilities;
- cross-training employees;
- job shadowing;

- mentoring or coaching;
- temporary or acting assignments;
- delegation of selected responsibilities;
- participation in projects, committees, or working groups;
- professional development and education;
- maintaining current job descriptions and procedural documentation;
- developing internal subject-matter expertise; and
- identifying external recruitment or temporary support options where internal succession is not feasible.

Potential internal successors may be identified where appropriate; however, identification as a potential successor does not guarantee appointment or promotion.

5. Employee Talent Management

The CRTO's talent management approach is intended to help employees grow within their current roles while also developing the skills and organizational capacity needed for the future.

Talent management includes:

- understanding the skills and competencies required for each role;
- establishing clear performance expectations;
- identifying employee strengths and development needs;
- providing relevant learning and development opportunities;
- identifying employees who may be ready for expanded responsibilities;
- discussing employee career interests and aspirations; and
- encouraging knowledge sharing across the organization.

5.1 Performance and Development Planning

Employee development is integrated into the CRTO's performance management process.

Permanent full-time employees receive a performance evaluation following their probationary period and annually thereafter in accordance with the CRTO Employee Handbook.

The performance review process provides an opportunity to:

- review goals, achievements, and performance expectations;
- identify employee strengths and areas for development;
- identify training and professional development needs;
- discuss professional development goals;
- consider employee career interests and aspirations; and

- identify ways in which the CRTO can support employee development.

Career and development discussions may also take place outside the formal annual performance review process.

5.2 Learning and Development Opportunities

Depending on organizational needs, available resources, and the employee's role and interests, development opportunities may include:

- workshops, conferences, and seminars;
- formal education or courses;
- job shadowing;
- cross-training;
- mentoring or coaching;
- participation in organizational projects;
- committee or working-group participation;
- temporary or acting assignments; and
- opportunities to assume expanded responsibilities.

Professional development opportunities are subject to budgetary approval, operational feasibility, and relevance to the employee's work or development within the organization.

5.3 Internal Advancement

The CRTO supports an environment where employees can contribute, learn, and grow.

Where appropriate and consistent with organizational requirements, employees will be encouraged to apply for available positions within the CRTO. Internal advancement will be based on the requirements and competencies of the position and the CRTO's established recruitment and selection practices.

6. Knowledge Transfer and Organizational Continuity

For a small organization, effective knowledge management is an essential component of succession planning.

All employees contribute to organizational continuity by:

- keeping procedures and operational documentation current;
- maintaining organized and accessible files and records;
- documenting key processes and responsibilities;
- sharing relevant organizational knowledge;
- participating in cross-training where appropriate; and
- supporting knowledge transfer during planned transitions.

For critical or specialized roles, documentation should include, as appropriate:

- key responsibilities and recurring activities;
- important deadlines and annual cycles;
- relevant policies and procedures;
- key internal and external relationships;
- current projects and outstanding matters;
- reporting requirements;
- system and administrative responsibilities; and
- locations of important records and organizational resources.

Knowledge transfer should be an ongoing organizational practice rather than an activity undertaken only after an employee announces their departure.

7. Unexpected Vacancies and Absences

The CRYPTO will maintain reasonable contingency arrangements for critical roles and functions where an unexpected vacancy or extended absence could materially affect operations.

Contingency planning may identify:

- responsibilities requiring immediate coverage;
- employees or positions capable of providing temporary coverage;
- authorities or approvals that may need to be reassigned;
- key external relationships requiring continuity;
- access to necessary systems, records, and information; and
- circumstances where temporary external expertise or support may be required.

Interim coverage arrangements are intended to maintain operational continuity and do not constitute permanent appointments.

8. Roles and Responsibilities

Registrar & CEO

The Registrar & CEO is responsible for:

- overseeing the CRYPTO's succession planning and talent management approach;
- identifying organization-wide succession and workforce risks;
- ensuring alignment with the CRYPTO's strategic and operational priorities;
- supporting appropriate employee development opportunities;
- reviewing backup coverage for critical functions; and

Appendix A

- ensuring that succession and talent management practices remain proportionate to the CRTO's organizational needs.

Managers

Managers are responsible for:

- identifying critical responsibilities and specialized knowledge within their areas;
- supporting employee performance and development;
- encouraging cross-training and knowledge sharing;
- maintaining appropriate operational documentation;
- identifying emerging competency or workforce gaps; and
- discussing development interests and opportunities with employees.

Employees

All employees have a role in supporting organizational continuity and are expected to:

- maintain current documentation relating to their responsibilities;
- ensure organizational files and information are appropriately organized and accessible;
- share relevant knowledge with colleagues;
- participate in appropriate cross-training and knowledge-transfer activities; and
- actively participate in their own professional development.

9. Equity, Diversity, Inclusion and Accessibility

The CRTO is committed to maintaining a respectful, ethical, safe, inclusive, and equitable workplace where employees can contribute, learn, and reach their potential.

Succession and talent management practices will support equitable access to development opportunities and seek to minimize systemic or unintended barriers.

Recruitment, professional development, advancement, and succession decisions will be based on relevant competencies, demonstrated capabilities, development potential, organizational requirements, and legitimate operational considerations.

10. Monitoring and Review

The Registrar & CEO will periodically review the CRTO's succession planning and employee talent management needs.

The review may consider:

Area	Considerations
Critical roles/functions	Which roles or responsibilities present significant continuity risk?
Single-person dependency	Is important knowledge or responsibility concentrated with one employee?
Backup coverage	Is appropriate backup coverage identified and documented?
Knowledge transfer	Are critical processes and institutional knowledge documented and accessible?
Employee development	What competencies or capabilities should be developed?
Cross-training	Where would additional cross-training strengthen organizational resilience?
Recruitment	Which roles may require specialized external recruitment or expertise?
Future capacity	What new competencies will be required to support the CRTO's strategic priorities?

The results may inform professional development priorities, recruitment, workforce planning, organizational risk management, and operational planning.

11. Relationship to Other CRTO Policies and Processes

This framework should be read in conjunction with relevant CRTO policies and processes, including:

- Succession Plan for Senior Leadership Policy;
- Employee Handbook;
- employee performance evaluation processes;
- professional development practices;
- recruitment and selection processes; and
- organizational risk management and business continuity processes.

Together, these policies and practices provide a foundation for attracting, developing, supporting, and retaining employees while maintaining continuity of the CRTO's regulatory and operational responsibilities.

12. Review of the Framework

This framework will be reviewed periodically and updated as necessary to reflect changes in:

- organizational structure or staffing;

Appendix A

- regulatory and operational responsibilities;
- strategic priorities;
- workforce risks;
- emerging competency requirements; and
- succession planning and talent management practices.

Target timeframe:

[Insert]

Progress/review:

[Insert]

Knowledge Transfer and Continuity Checklist

For critical and specialized functions, consider whether the following are current, documented, and appropriately accessible:

- Current position description
- Key responsibilities and recurring activities
- Policies and procedures
- Important deadlines and annual cycles
- Key internal contacts
- Key external contacts and system partners
- Current projects and outstanding matters
- Reporting requirements
- System and administrative responsibilities
- Key records and file locations
- Specialized knowledge or processes
- Identified backup coverage
- Cross-training arrangements
- Transition requirements

Council Briefing Note

ITEM 7.6

October 1, 2026

From:	Carole Hamp, RRT – Registrar & CEO
Subject:	Council Evaluation Framework
Purpose:	Information
Strategic Focus:	Organizational Excellence
Appendix Attachment(s):	

ISSUE:

Annual Council effectiveness evaluations and individual member self-evaluations support a health regulatory college's public protection mandate by helping Council assess whether it has the knowledge, information and practices needed to govern effectively. They prompt members to reflect on how well Council oversees regulatory performance, manages risk, uses resources responsibly and keeps the public interest at the centre of its decisions. Acting on the results strengthens accountability and supports continuous improvement in the College's governance.

BACKGROUND:

Annual Council Effectiveness Evaluations give Council members a structured opportunity to assess how well Council is carrying out its governance responsibilities. They can identify strengths and gaps in meeting practices, the quality of information provided for decisions, oversight of risk and finances, and Council's ability to maintain a public interest focus. Completing the evaluation each year helps Council track progress, set priorities for education and improvement, and demonstrate accountability for its own performance.

Annual Council Member Self-Evaluations encourage each member to reflect on their own contribution to effective governance. They provide an opportunity to consider preparation and participation, understanding of Council's responsibilities, respect for diverse perspectives, and commitment to decisions made in the public interest. The results can help members identify learning needs and set practical goals for the coming year, strengthening Council's overall effectiveness.

KEY CONSIDERATIONS:

Annual Council Effectiveness Evaluation

The evaluation should consider Council's collective performance and inform priorities for governance improvement. At the end of each calendar year, all Council members will complete an anonymous online survey to examine the following elements:

- Public interest mandate
- Roles and responsibilities
- Strategic oversight
- Quality of decisions
- Financial and risk oversight
- Meeting effectiveness
- Council culture
- Equity and accessibility
- Education and support
- Organizational continues quality improvement

Council Member Self-Evaluation

This evaluation should help each member reflect on how they carry out their governance responsibilities and where they may need further development. Areas to be covered are:

- Preparation and attendance
- Participation
- Public Interest
- Understanding of the role
- Decision-making
- Financial and risk literacy
- Ethics and accountability
- Respect and inclusion
- Learning and development
- Personal continues quality improvement

NEXT STEPS:

CRTO staff are currently working with our Governance Review consultants to establish a easy to use and meaningful Council evaluation process.

Council Briefing Note

ITEM 7.7

October 1, 2026

From:	Ania Walsh, Director, Regulatory Affairs
Topic:	Strategic Plan Update – Draft KPIs Report
Purpose:	For Information
Strategic Focus:	Strong Governance & Operational Discipline
Attachment(s):	Appendix A – Summary KPI Report Appendix B – Detailed KPI Report

PUBLIC INTEREST RATIONALE

The CRTO regulates respiratory therapy in the public interest. The KPI framework supports transparent and effective regulation by tracking performance, progress on strategic priorities, and opportunities for improvement.

ISSUE

To provide Council with an overview of the draft Key Performance Indicators (KPIs) and performance reporting framework developed to support implementation and monitoring of the CRTO Strategic Plan 2026-2030 and annual work plans. This briefing note includes two supporting documents:

- A **Summary KPI Report**, which provides a high-level overview of performance against strategic priorities (Appendix A); and
- A **Detailed KPI Report**, which provides comprehensive KPI results, benchmarks, and analysis for each strategic objective (Appendix B).

BACKGROUND

The [CRTO Strategic Plan 2026-2030](#) establishes six strategic imperatives to guide the organization's work over the next five years:

1. Foster Collaboration and System Leadership
2. Embed Compassionate and Transparent Regulation
3. Evolve Professional Scope and Competence
4. Integrate Equity, Diversity, Inclusion, Accessibility, and Reconciliation
5. Advance Digital and Data Capability
6. Ensure Organizational Excellence and Agility

To support implementation of the Strategic Plan, staff developed a draft KPI framework designed to measure progress toward strategic objectives, monitor operational performance, and identify areas requiring attention. The intent was to identify a balanced set of measures that are meaningful, practical to collect, and aligned with CRTO priorities.

This is the first comprehensive draft of the KPI framework. Staff will refine it during the rest of the fiscal year by validating baseline data, finalizing methods and targets, and standardizing reporting. Measures that require new surveys, systems, or data collection will be introduced in future reporting periods.

OVERVIEW OF THE KPI FRAMEWORK AND METHODOLOGY

The framework is organized around the Strategic Plan's six imperatives, and the measures that track outcomes, operational performance, projects, or emerging trends.

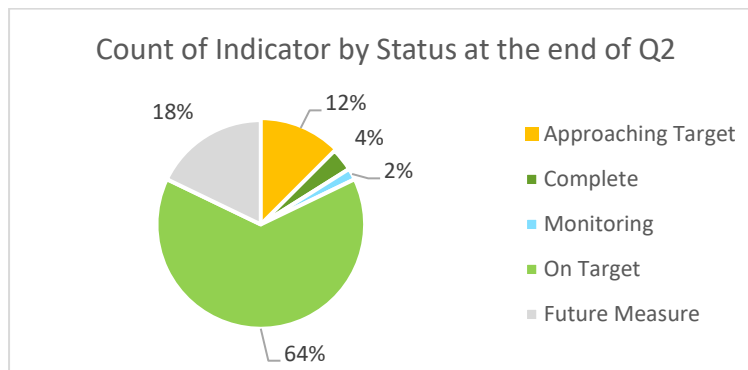
Each KPI includes a measure, status, current result, target or benchmark, and brief performance analysis. Targets are based, where possible, on legal requirements, service standards, project milestones, historical results, comparator benchmarks, or annual commitments.

The framework also incorporates a consistent status-rating approach:

- **On Target** – Progress is on track, and the target is expected to be achieved.
- **Approaching Target** – Progress is being made, but additional work is required to achieve the target.
- **Complete** – Work is complete, and the target has been achieved.
- **Monitoring** – Data are being collected and tracked, but no formal target has been established.
- **At Risk** – Progress is behind plan, and the target or planned work may not be completed without corrective action.
- **Future Measure** – Measurement is planned for a future reporting period, and data are not yet available.

Current Status of the Framework

The chart below, provides a summary of the KPIs at the end of Q2 (August 31, 2026) based on the preliminary data collection. 38 of 56 active indicators (68%) are either On Target or Complete.



However, it is important to note that the framework remains a **working draft**. Staff are validating data and calculation methods, confirming targets and benchmarks, standardizing reporting, developing future measures, and identifying baseline and trend data for future comparisons.

NEXT STEPS

Staff will continue working with program managers and senior leadership throughout the remainder of the fiscal year to review data quality, refine methodologies, and ensure performance measures appropriately reflect CRTO priorities and operational realities. A final version will be presented in March 2027.

The finalized framework will form the basis of ongoing strategic performance reporting and support Council's oversight of progress toward the objectives of the CRTO Strategic Plan 2026-2030.

Strategic Imperative		Status/Target
Strategic Imperative 1: Foster Collaboration and System Leadership - Collaboration with partners will strengthen CRTC's impact and alignment across the regulatory and health landscape.		
1.1	Strengthen relationships with government, Health Profession Regulators of Ontario (HPRO), and national counterparts	
	1.1.1 Government and system partner engagement activity	On Target
	1.1.2 Joint regulatory initiatives - NARTRB EtP Assessment Delivery	Monitoring
1.2	Engage in interprofessional and system-level initiatives to address emerging workforce and policy challenges.	
	1.2.1 System partner network participation	On Target
	1.2.2 Perform environmental scan within System Partner Network when reviewing programs/policies	On Target
	1.2.3 Data collection and reporting: reporting timeliness	On Target
1.3	Provide expertise and guide the development of ideas on compassionate, proportionate, and right-touch regulation	
	1.3.1 External leadership and sector influence: conference presentations	On Target
	1.3.2 Commitment to Ethical Practice development progress	On Target
	1.3.3 Professional Misconduct Regulation amendments	On Target
Strategic Imperative 2: Embed Compassionate and Transparent Regulation - CRTC will integrate trauma-informed, culturally safe, and relationship-focused approaches into all its regulatory processes		
2.1	Strengthen staff and Council training on compassionate regulation	
	2.1.1 Compassionate regulation training completion	Approaching Target
2.2	Ensure decisions, communications, and policies reflect fairness, clarity, and respect	
	2.2.1 Plain-language and culturally safe member communications	On Target
	2.2.2 Policy document clarity, plain language review	On Target
	2.2.3 Professional Conduct fairness and clarity (member & complainant surveys)	Future Measure
	2.2.4 Professional Conduct timeliness (dispositions)	On Target
	2.2.5 QA timelines (issuing decisions)	On Target
	2.2.6 Registration timelines (application processing, issuing decisions)	On Target
	2.2.7 Applicant experience – Member & Applicant Surveys	Future Measure
2.3	Develop processes that support Members and the public, while enhancing public awareness through regulatory interactions	
	2.3.1 Digital communications platform modernization - new website	On Target

Strategic Imperative		Status/Target
2.3.2	Public awareness reach through website traffic	Approaching Target
2.3.3	Social media public awareness reach & email communications and engagement	On Target
2.3.4	Regulatory outreach – Students; engagement presentations/initiatives	On Target
2.3.5	Public-facing professional conduct information resources completed and published	On Target
Strategic Imperative 3: Evolve Professional Scope and Competence - Regulation must evolve alongside the profession and meet changing public needs and expectations		
3.1	Develop agile quality assurance mechanisms that reflect the realities of modern practice	
3.1.1	QA modernization implementation progress (implementation of PDP Evaluation recommendations)	Complete
3.1.2	QA participation rates	On Target
3.1.3	QA Member experience (member surveys in QA)	On Target
3.2	Support Members' ability to work to full scope across diverse practice settings	
3.2.1	Scope of practice review milestone delivery	On Target
3.2.2	Scope of practice education delivery	On Target
3.3	Monitor system changes and adjust standards proactively to uphold safety and quality	
3.3.1	Practice policies and guidelines updated in response to system change and/or to reflect current practice	Approaching Target
3.3.2	Practice inquiries tracking - practice inquiry insight and public support effectiveness	On Target
Strategic Imperative 4: Integrate Equity, Diversity, Inclusion, Accessibility, and Reconciliation - EDI and reconciliation principles will shape CRTC's governance, operations, and regulatory practices		
4.1	Embed anti-racism and cultural safety in standards, communications, and policy frameworks	
4.1.1	EDI staff training and CCDI partnership progress	On Target
4.1.2	Demographic Data Collection	On Target
4.1.3	Digital accessibility of website and member-facing systems	Approaching Target
4.1.4	Policy documents and standards of practice reviewed through an anti-racism and cultural-safety lens each year	On Target
4.2	Create inclusive processes that welcome diverse perspectives and experiences	
4.2.1	Inclusive hiring practices in staff recruitment	On Target
4.2.2	Inclusive employee experience	Future Measure
4.2.3	Public input through inclusive consultation channels	Future Measure
4.3	Build partnerships with equity-seeking communities to guide continuous improvement	
4.3.1	Engagement with equity-seeking communities	Future Measure

Strategic Imperative		Status/Target
Strategic Imperative 4: Advance Digital and Data Capability - Modern technology and secure information management will be foundational to effective regulation		
5.1	Continue strengthening of IT infrastructure and cybersecurity systems to ensure reliability and privacy	
	5.1.1 Database integration progress	On Target
	5.1.2 IT infrastructure reliability, privacy, and cyber readiness	On Target
	5.1.3 Implement cybersecurity operational plan & ongoing staff training	Approaching Target
	5.1.4 Establish Use of AI Framework for Staff, Council & Committees	Complete
5.2	Leverage data analytics for insight-driven, risk-based decision-making	
	5.2.1 Compensation benchmarking and market alignment	Future Measure
	5.2.2 Use of professional conduct data to inform standards oversight	Future Measure
	5.2.3 Risk-based decision tools	On Target
	5.2.4 Develop a KPIs dashboard to provide monthly KPI updates	Future Measure
5.3	Streamline workflows to improve efficiency, transparency, and responsiveness	
	5.3.1 Administrative workflow efficiency - process cycle times for HR services	On Target
	5.3.2 Workflow automation and staff data capability	Future Measure
	5.3.3 Staff adoption of digital tools and platforms	On Target
	5.3.4 Oversight of external investigation timeliness	Approaching Target
Strategic Imperative 6: Ensure Organizational Excellence and Agility - Strong governance and operational discipline will sustain CRO's effectiveness and readiness for change		
6.1	Maintain and strengthen governance effectiveness through Council education and role clarity	
	6.1.1 Governance review completion	On Target
	6.1.2 Governance capability and role clarity (Training for all Council and Committee members)	Future Measure
	6.1.3 Committee governance readiness (Committees' Terms of Reference reviews)	Approaching Target
6.2	Apply continuous improvement and risk management principles to all operations	
	6.2.1 Administrative risk controls and process standardization	On Target
	6.2.2 Employee handbook fairness and clarity review	On Target
	6.2.3 Timely publication of communications	On Target
	6.2.4 Risk Register updates and Risk Management Framework review	On Target
	6.2.5 Succession Planning - Organizational risk management and succession readiness	On Target

1. Foster Collaboration and System Leadership - Collaboration with partners will strengthen CRTC’s impact and alignment across the regulatory and health landscape.

1.1. Strengthen relationships with government, Health Profession Regulators of Ontario (HPRO), and national counterparts.

1.1.1. Government and system partner engagement activity

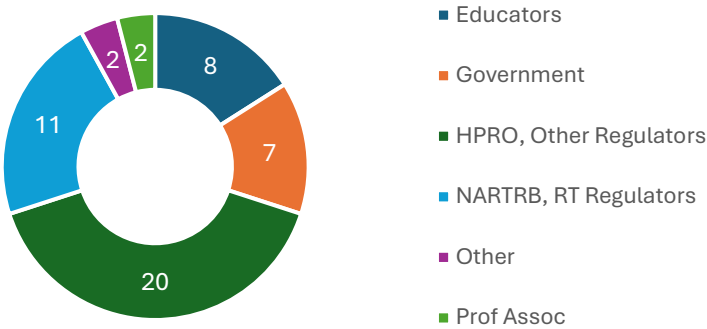
Status: On Target

Result: 50 meetings were held with government representatives and system partners during the reporting period

Target/Benchmark: Hold at least 24 strategic engagement meetings annually and complete at least 90% of agreed follow-up actions by deadline.

Analysis: Performance exceeds the annual meeting target and demonstrates ongoing engagement with key government and system partners. Activity levels indicate strong progress toward maintaining strategic relationships and supporting CRTC priorities.

Engagement Activities by System Partner/Activity Type



1.1.2. Joint regulatory initiatives - NARTRB EtP assessment delivery

Status: Monitoring

Result: Five applicants were referred to the assessment process from other respiratory therapy jurisdictions (1 from New Brunswick, 2 from Nova Scotia, and 2 from Prince Edward Island).

No applicants previously referred to the assessment process completed the assessment during the reporting period.

Target/Benchmark: N/A. This is a monitoring indicator and no target has been established.

Analysis: Referral activity from other jurisdictions continued during the reporting period, indicating ongoing use of the assessment pathway. As this measure is intended to monitor participation, results will continue to be tracked to identify trends in referral volumes and assessment completion rates over time.

1.2. Engage in interprofessional and system-level initiatives to address emerging workforce and policy challenges

1.2.1. System partner network participation

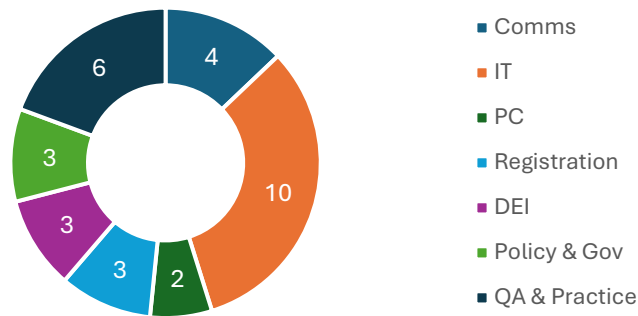
Status: On Target

Result: 31 network meetings were attended during the reporting period.

Target/Benchmark: Attend at least 75% of relevant meetings and document at least 2 process/policy improvement opportunities annually.

Analysis: Participation levels indicate strong engagement with system partners and place CRTC on track to exceed its annual participation target. These meetings provide opportunities to identify emerging workforce, practice, and regulatory issues that may inform future policy and regulatory activities.

Network Meetings Attended by Program Area



1.2.2. Perform environmental scan within System Partner Network when reviewing programs/policies:

Status: On Target

Result: Three environmental scans were completed during the reporting period:

- NARTRB Scope of Practice
- NARTRB Virtual Practice
- Accessibility Standards

Target/Benchmark: Include a documented environmental scan in 100% of relevant reviews and review at least three comparator sources per major project, where applicable.

Analysis: Environmental scans were completed for all applicable projects during the reporting period, supporting evidence-informed decision-making and ensuring CRO remains informed of regulatory and system developments relevant to its work.

1.2.3. Data collection and reporting

Status: On Target

Result: Five reports submitted [OFC, HPDB, CIHI, ADP, MOH]. All five reports were submitted within the required timelines.

Target/Benchmark: Complete at least 90% of approved development milestones on schedule each year.

Analysis: All required reports were completed and submitted on time, demonstrating effective data management processes and ongoing compliance with external reporting requirements.

1.3. Provide expertise and guide the development of ideas on compassionate, proportionate, and right-touch regulation.

1.3.1. External leadership and sector influence: Conference/Other Presentations

Status: On Target

Result: Two external presentations were delivered during the reporting period: CSRT Conference HBS Presentation.

Target/Benchmark: Deliver at least two external presentations or consultations annually, or achieve 100% of the approved annual external engagement plan.

Analysis: The annual target has been achieved through presentations delivered to external audiences. These activities provide opportunities to contribute regulatory expertise and influence discussions on professional and regulatory issues.

1.3.2. Commitment to Ethical Practice - NARTRB development progress

Status: On Target

Result: 100% of approved development milestones were completed on schedule during the reporting period.

Target/Benchmark: Complete at least 90% of approved development milestones on schedule each year.

Analysis: Development activities progressed as planned, with all scheduled milestones completed within established timelines.

1.3.3. Professional Misconduct Regulation amendment progress

Status: On Target

Result: Complete at least 90% of planned amendment milestones on schedule each year.

Target/Benchmark: Complete at least 90% of approved development milestones on schedule each year.

Analysis: Amendment activities progressed according to plan, with the submission of the amended regulation in May. The CRTO is currently awaiting feedback and direction from the Ministry regarding next steps in the regulatory approval process.

2. Embed Compassionate and Transparent Regulation - CRTO will integrate trauma-informed, culturally safe, and relationship-focused approaches into all its regulatory processes.

2.1. Strengthen staff and Council training on compassionate regulation.

2.1.1. Compassionate regulation training completion:

Status: **Approaching target**

Result: Two staff members attended a webinar on compassionate regulation.

Target/Benchmark: Achieve at least 95% completion of required annual training, deliver at least 1 core learning session annually.

Analysis: One activity was completed during the reporting period, supporting awareness of compassionate regulation principles. Additional training opportunities will be required to achieve the annual target and support broader staff and Council development.

2.2. Ensure decisions, communications, and policies reflect fairness, clarity, and respect.

2.2.1. Plain-language and culturally safe member communications

Status: **On Target**

Result: 45% [10 of 22] registration templates have been reviewed and updated for plain language and cultural safety.

Target/Benchmark: Review and update 100% of priority member-facing communication templates identified each year.

Analysis: Template review and revision activities progressed as planned during the reporting period. Updates support clearer, more accessible communication with applicants and members while advancing CRTO's commitment to fairness and inclusion. Plan to complete the Registration templates review before the end of the fiscal year and update PC and QA templates in 2027/28.

2.2.2. Policy document clarity/plain language review

Status: **On Target**

Result: Two policy documents were reviewed and updated for plain language, clarity, and cultural safety. These were the Accessibility Standards Policy, Access to Records Fact Sheet.

Target/Benchmark: Review and update 100% of priority policy documents scheduled in the annual review cycle.

Analysis: Planned policy review activities were completed during the reporting period, supporting clearer and more accessible policy documents.

2.2.3. Professional conduct fairness and clarity:

Status: **Future Measure** (measurement scheduled for Q4)

Result: An average survey score could not be calculated because an insufficient number of responses were received during the reporting period.

Target/Benchmark: Achieve an average score of at least 80% and improve the score by at least 2 percentage points year over year where baseline data exists.

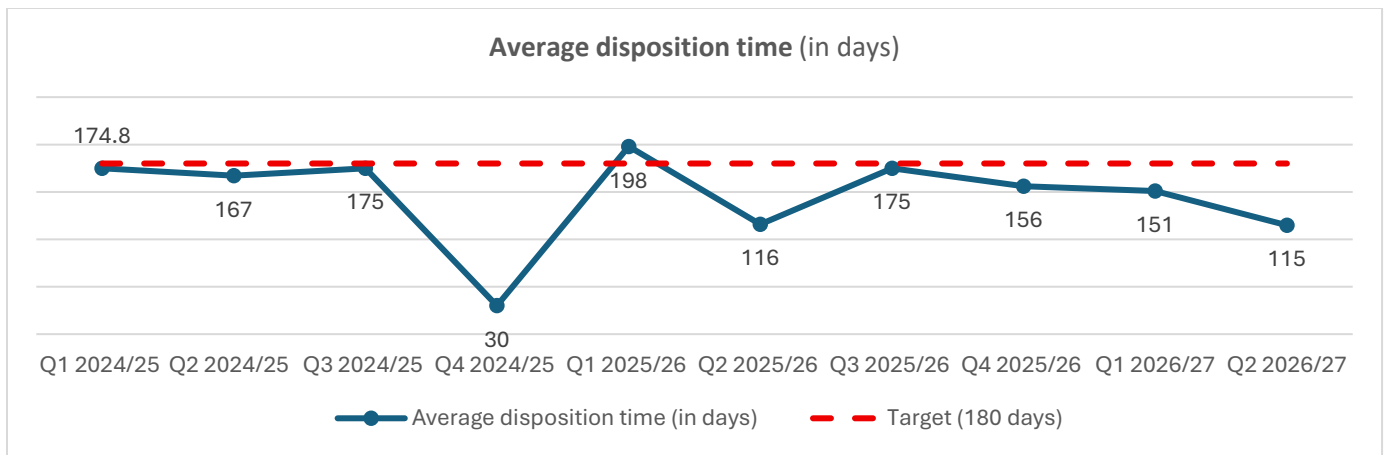
Analysis: Insufficient survey responses were received to establish a meaningful result during the reporting period. Measurement activities will continue as part of the planned Q4 implementation of this indicator.

2.2.4. Professional conduct timeliness - disposition times

Status: **On Target**

Result:

- **Q1:** 75% of PC matters were completed within disposition target
- **Q2:** 90% of PC matters were completed within disposition target



Target/Benchmark: Meet the legislative requirement of less than 180 days.. Complete at least 85% of matters within established disposition time standards.

Analysis: Performance improved during the reporting period, increasing from 75% in Q1 to 90% in Q2 of PC matters completed within disposition target. Average disposition times remained below the legislative requirement.

2.2.5. QA response and decision timeliness

Status: On Target

Result:

- **Q1:** 100% of QA decisions completed within established disposition time standards (based on 1 decision)
- **Q2:** 100% QA decisions completed within established disposition time standards (based on 6 decisions)

Target/Benchmark: Meet established service standards in at least 90% of applicable files.

Analysis: All QA decisions met established service standards during the reporting period. Performance exceeded the annual benchmark in both quarters.

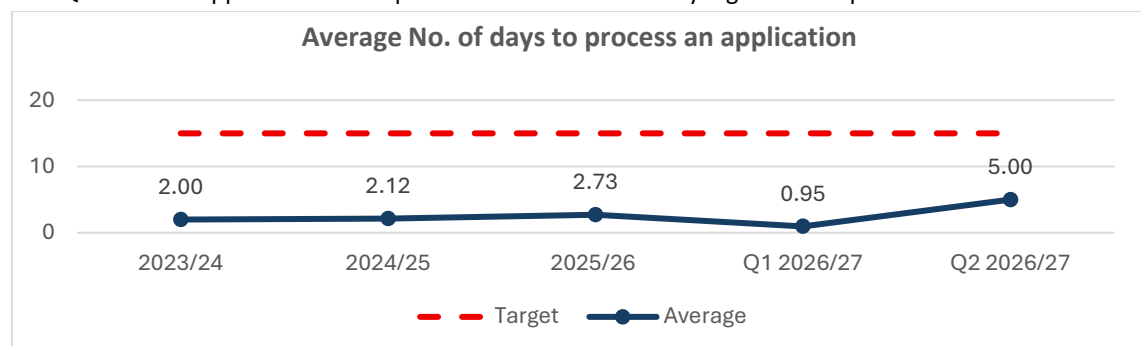
2.2.6. Registration timeliness

Status: On Target

Result:

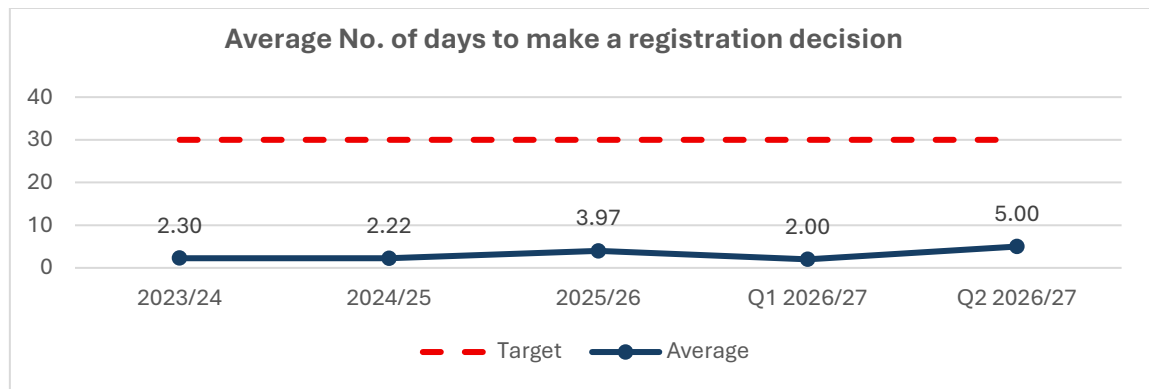
Application Processing Timelines

- **Q1:** 100% of applications were processed within the 15-day legislative requirement.
- **Q2:** 100% of applications were processed within the 15-day legislative requirement.



Registration Decision Timelines

- **Q1:** 100% of registration decisions were completed within the 30-day legislative requirement.
- **Q2:** 92% of registration decisions were completed within the 30-day legislative requirement.



Target/Benchmark: Process applications within 15 days and complete registration decisions within 30 days. These are legislative requirements. Meet service standards in at least 90% of applicable files.

Analysis: Registration processing and decision timelines remained within legislative requirements throughout the reporting period. Performance in both quarters demonstrates continued efficiency in registration operations.

2.2.7. Applicant/Member experience in Registration

Status: **Future Measure** (2027-28 planned implementation)

Result: Not available during this reporting period.

Target/Benchmark: Achieve an average score of at least 80% and improve the score by at least 2 percentage points year over year where baseline data exists.

Analysis: Member/Applicant survey related to clarity, fairness, and usefulness of the registration processes and communications will be developed in 2027-28.

2.3. Develop processes that support Members and the public, while enhancing public awareness through regulatory interactions.

2.3.1. Digital communications platform modernization - New website:

Status: **On Target**

Result:

- **Q1:** 25% milestones were completed [website content audit, site map, and information architecture]
- **Q2:** 35% milestones were completed [identified potential website vendors and developed RFP planning documents and procurement strategy to support the next phase (planning and discovery phases completed; project advancing toward vendor selection and implementation)].

Target/Benchmark: Complete all planned website project milestones on schedule.

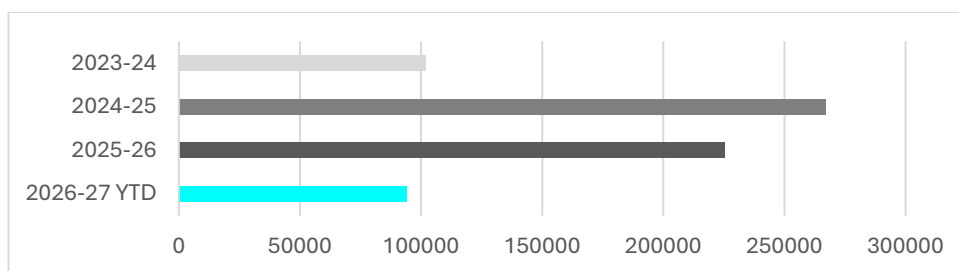
Analysis: The project is on schedule and has successfully completed the planning and discovery phases. Work completed during the reporting period positions the project to advance to vendor selection and implementation.

2.3.2. Public awareness reach through website traffic

Status: **Approaching Target**

Result:

- Q1 website visits: 56,754.
- Q2 website visits: 37,210.
- Total website visits for the reporting period: 93,964



Target/Benchmark: Increase annual visits to priority public-awareness pages by at least 5% over baseline and maintain or improve average engagement time year over year.

Analysis: Website traffic remained steady during the reporting period, generating 93,964 visits across Q1 and Q2. Although visitor volumes decreased in Q2, engagement rates increased, suggesting improved interaction with website content among users who visited the site. Organic Search remained the primary source of traffic, supporting public access to CRTD information and resources.

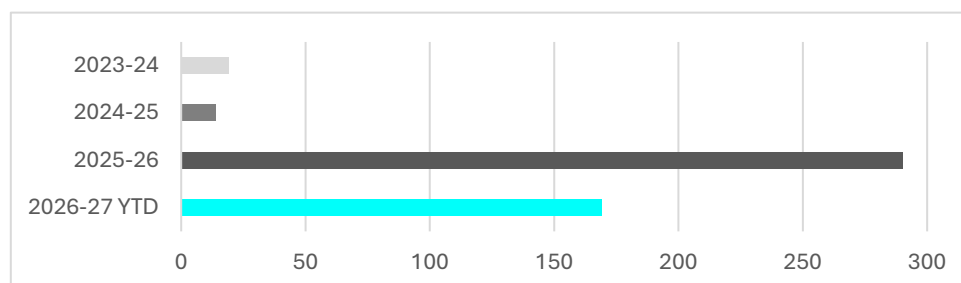
2.3.3. Social media public awareness reach & email communications and engagement

Status: On Target

Result:

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

	Social media posts (LinkedIn + Bluesky)	LinkedIn Clicks	LinkedIn Impressions	LinkedIn Engagement rate (average)
Q1	83	5,551	297,549	6.6%
Q2	86	2,237	116,390	6.0%

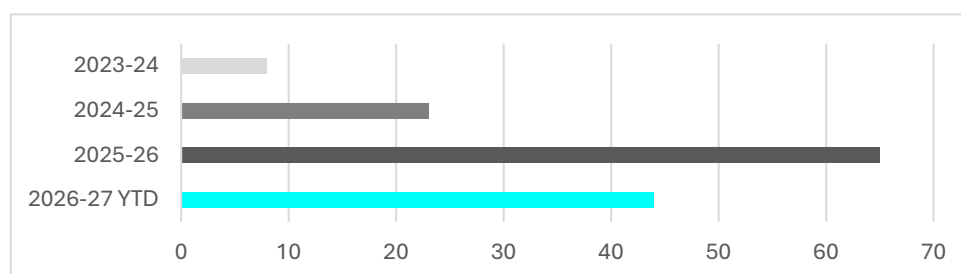


Target/Benchmark: Increase annual reach or engagement for priority public-awareness content by at least 5% over baseline

Analysis: Posting volume increased slightly in Q2 and overall engagement remained robust at 6.0%. Although reach & clicks were lower in Q2, we continued to connect with our audience through meaningful engagement and a steady stream of content. These results suggest a stable and engaged follower base.

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

	No. of email communications distributed	No. of recipients delivered	Average email open rate (%)	Average click-through rate (%)
Q1	22	13,973	61%	9%
Q2	18	28,962	55%	13%



Target/Benchmark: Increase annual reach or engagement for priority public-awareness content by at least 5% over baseline

Analysis: Email engagement remained strong throughout the reporting period. Open rates and click-through rates consistently exceeded common industry benchmarks, indicating that recipients were actively engaging with CROTO communications. Performance remained strong across both quarters, with improvements in deliverability and click-through rates supporting effective member outreach and communication.

2.3.4. Regulatory outreach – presentations/initiatives

Status: On Target

Result: Five presentations at RT Education Programs [Fanshawe X2, Conestoga, Canadore, Michener]

Target/Benchmark: Deliver 100% of planned annual student outreach activities

Analysis: Planned outreach activities were completed as scheduled during the reporting period. These presentations support awareness of CROTO's regulatory role and provide opportunities to engage with future respiratory therapists before entry to practice.

2.3.5. Enhance public-facing professional conduct information and guidance

Status: On Target

Result: Progress was made on four professional conduct information and guidance resources:

- Complaint Process Fact Sheet (Draft revisions, ICRC Review)
- Registrar Actions on Reported Member Concerns (Finalized draft and will go to Council for Final Approval on Oct 1, 2026)
- Reporting to Police (Finalized draft and will go to Council for Consultation Approval on Oct 1, 2026)
- Removing Information from the Public Register (Under review).

Target/Benchmark: Complete and publish 100% of planned milestones within the project timeline.

Analysis: All planned reviews and updates progressed during the reporting period. This work supports greater transparency and public understanding of CROTO's professional conduct processes.

3. Evolve Professional Scope and Competence - Regulation must evolve alongside the profession and meet changing public needs and expectations.

3.1. Develop agile quality assurance mechanisms that reflect the realities of modern practice.

3.1.1. QA modernization - implementation of PDP evaluation recommendations progress

Status: Complete

Result: 100% of PDP evaluation recommendation milestones completed on schedule

Target/Benchmark: Complete at least 90% of planned implementation milestones on schedule each year.

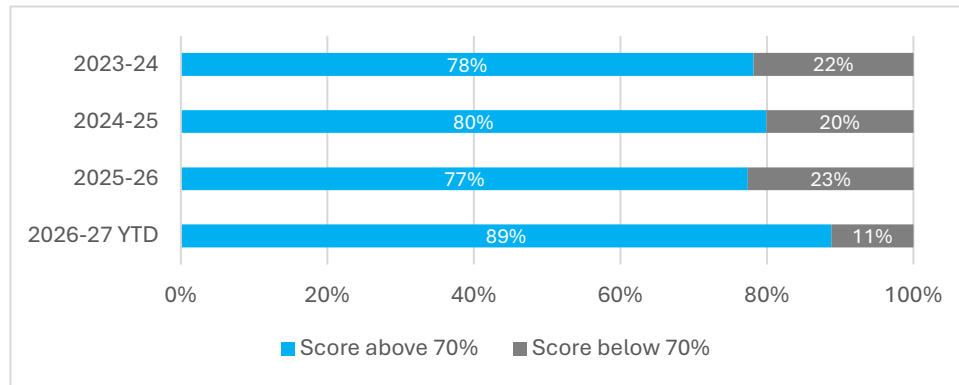
Analysis: All approved implementation activities were completed within established timelines. Completion of the recommendations supports continued modernization of the Quality Assurance Program.

3.1.2. Track PDP completion and participation rates

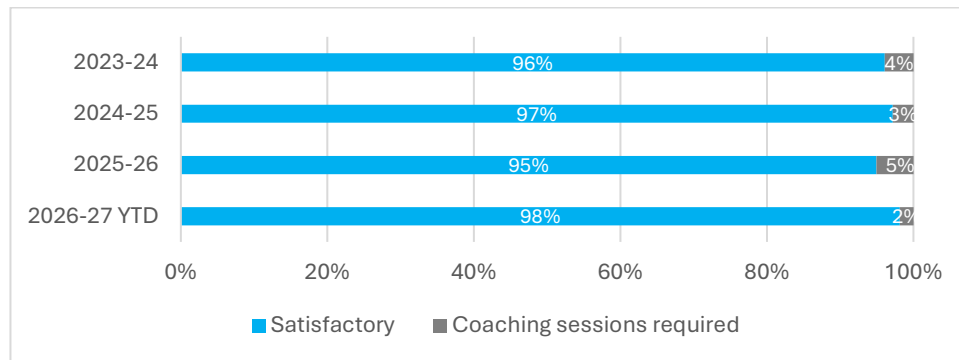
Status: On Target

Results:

- **Launch RT Jurisprudence Assessment** – completion rates remained at or above prior-year levels.



- **PORTfolio** – completion rates remained at or above prior-year levels.



Target/Benchmark: Maintain completion rates at or above the prior year and achieve any approved annual participation target.

Analysis: Participation and completion rates remained at or above prior-year levels across both Quality Assurance activities. The 2026-27 RelevantT completion and participation rates will be reported in 2027-28 Q1.

3.1.3. QA Member experience - member surveys in QA

Status: On Target

Result: RelevantT Module Survey Feedback:

- **Clarity:** 97% of respondents indicated that the RelevantT module was easy to access and complete
- **Usefulness:** 97% of respondents indicated that the RelevantT module enhanced their knowledge of the standards, guidelines and legislation that govern their practice.

Target/Benchmark: Achieve an average score of at least 80% and improve the score by at least 2 percentage points year over year where baseline data exists.

Analysis: Survey results exceeded the established benchmark. Feedback indicates that Members found the learning activity accessible and valuable in supporting their understanding of professional obligations.

3.2. Support Members' ability to work to full scope across diverse practice settings.

3.2.1. Scope of practice review milestone delivery

Status: On Target

Result: 100% of Milestones completed on schedule, including Ministry of Health submissions and meetings with government representatives.

Target/Benchmark: Complete at least 90% of approved milestones on schedule each year.

Analysis: All planned activities progressed according to schedule during the reporting period. The scope of practice initiative supports CRTO's efforts to modernize professional practice and respond to evolving system needs.

3.2.2. Scope of practice education delivery

Status: On Target

Result: 100 % of planned education activities completed, based on 3 activities planned and delivered in Q2.

Target/Benchmark: Deliver 100% of planned annual scope-of-practice education activities.

Analysis: All planned education activities were delivered as scheduled. These activities support member understanding of evolving scope-of-practice expectations and promote consistent application in practice settings.

3.3. Monitor system changes and adjust standards proactively to uphold safety and quality.

3.3.1. Practice policies & guidelines updated in response to system change and/or to reflect current practice

Status: Approaching Target

Result: 20 % of updates completed within the planned review cycle [Supervision Policy reviewed and updated].

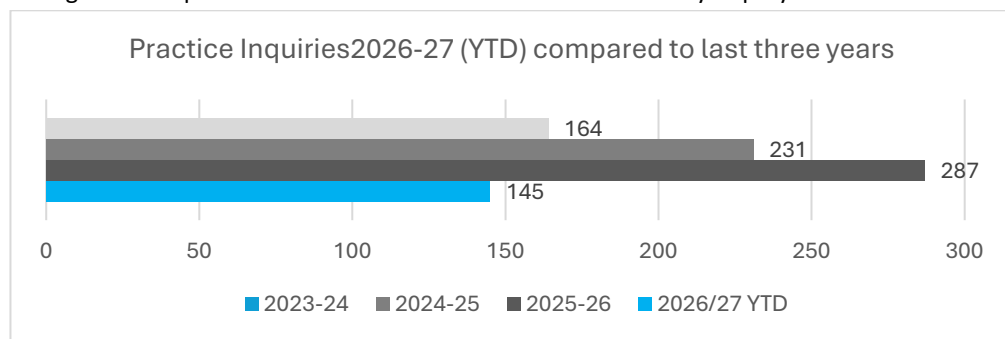
Target/Benchmark: Complete 100% of priority practice policy, guideline, and standard updates identified in the annual workplan.

Analysis: Policy review activities progressed according to the approved review plan, with one priority document completed during the reporting period. Additional reviews are scheduled for later reporting periods and will be monitored to ensure completion of the annual workplan.

3.3.2. Practice inquiry insight and public support effectiveness

Status: On Target

Result: 145 practice inquiries were received during the reporting period, with an average response time was 2 days. Two guidance updates or education resources were informed by inquiry trends.



Target/Benchmark: Meet established inquiry response service standards and produce at least 1 annual insight summary or resource update based on inquiry trends

Analysis: Inquiry response times remained timely throughout the reporting period. Inquiry trends continued to inform guidance and education activities, supporting responsive regulation and member support.

4. Integrate Equity, Diversity, Inclusion, Accessibility, and Reconciliation - EDI and reconciliation principles will shape CRTO's governance, operations, and regulatory practices.

4.1. Embed anti-racism and cultural safety in standards, communications, and policy frameworks.

4.1.1. EDI staff training and CCDI partnership progress

Status: On Target

Result: Four EDI training and awareness activities were completed during the reporting period. 100% of planned CCDI partnership milestones were completed on schedule.

Target/Benchmark: Achieve 100% completion of required staff training and complete at least 90% of planned partnership milestones on schedule each year.

Analysis: Planned EDI learning activities and partnership initiatives were completed as scheduled. These activities support staff awareness and help advance CRTO's equity, diversity, inclusion, and accessibility objectives.

4.1.2. Demographic data collection readiness

Status: On Target

Result: Planning and implementation activities progressed during the reporting period, including approval of the implementation strategy, development of a pre-survey questionnaire, and SurveyMonkey configuration.

Target/Benchmark: Complete at least 90% of planned demographic data milestones on schedule each year.

Analysis: the project remains on schedule and has completed key planning activities required to support future survey deployment, data collection, and analysis.

4.1.3. Digital accessibility of website and member-facing systems

Status: Approaching target

Result: 15 accessibility issues identified, 8 resolved. 53% of identified issues have been resolved. Completed accessibility reviews of the website and portal in Q1 and established a prioritized remediation plan. Initial accessibility issues were identified and prioritized for implementation throughout the year. In Q2 continued implementation of the accessibility remediation plan established in Q1. Priority issues identified through website accessibility reviews were addressed, resulting in improvements to accessibility compliance and user experience. Accessibility testing remains ongoing, with additional enhancements scheduled as part of the phased remediation approach.

Target/Benchmark: Resolve 100% of high-priority accessibility issues within planned timelines and complete at least 90% of the annual accessibility improvement plan on schedule.

Analysis: Accessibility reviews identified priority areas for improvement, and remediation activities are underway. Progress has been made; however, additional work is required to achieve annual accessibility objectives.

4.1.4. Anti-racism, cultural safety review of policy documents and standards of practice

Status: On Target

Result: Three priority documents were reviewed using an anti-racism and cultural safety lens. These were the Accessibility Standards and Supervision Policies and the Access to Records Fact Sheet.

Target/Benchmark: Review 100% of priority practice standards and guidance documents identified in the annual workplan.

Analysis: Planned reviews progressed according to the annual workplan. Completed reviews support the ongoing integration of equity and cultural safety considerations into CRO policies and guidance.

4.2. Create inclusive processes that welcome diverse perspectives and experiences.

4.2.1. Inclusive hiring practices in staff recruitment

Status: On Target

Result: 100% of staff recruitment processes using inclusive language, structured interviews, diverse panels, and accommodation statements. 2 recruitment processes reviewed for inclusive recruitment practices.

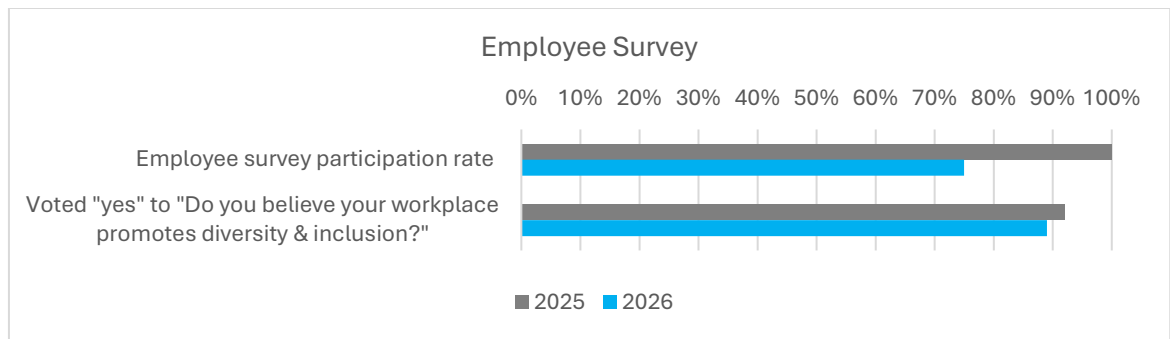
Target/Benchmark: Apply inclusive recruitment practices in 100% of staff recruitment processes.

Analysis: Inclusive hiring practices were consistently applied across all recruitment activities, supporting equitable and accessible hiring processes.

4.2.2. Inclusive employee experience

Status: Future Measure (measurement scheduled for Q4)

Result: The 2026-27 employee survey will be administered in January 2027. Historical employee survey results have been retained as baseline information.



Target/Benchmark: Achieve at least 80% employee survey participation and improve inclusion-related survey results year over year where baseline data exists.

Analysis: Measurement activities are scheduled for later in the fiscal year. Baseline survey data will be used to assess future progress related to inclusion and belonging.

4.2.3. Public input through inclusive consultation channels - Utilization of Citizens Advisory Group

Status: **Future Measure** (2027-28 planned implementation)

Result: No Citizens Advisory Group engagement activities occurred during the reporting period. Staff attended a Citizens Advisory Group seminar to better understand future collaboration opportunities.

Target/Benchmark: Use the Citizens Advisory Group for 100% of major eligible public-facing initiatives and document consideration of feedback for all consultations.

Analysis: Preparatory activities were undertaken during the reporting period to support future engagement opportunities. Responsibility for the Citizens Advisory Group has transitioned to HPRO, creating potential opportunities for future collaboration.

4.3. Build partnerships with equity-seeking communities to guide continuous improvement.

4.3.1. Engagement with equity-seeking communities

Status: **Future Measure** (2027-28 planned implementation)

Result: No outreach or engagement activities with equity-seeking communities were conducted during the reporting period. Planning activities were undertaken to support future consultation and engagement initiatives.

Target/Benchmark: Complete 100% of planned annual community engagement activities and document follow-up actions for all key themes raised.

Analysis: While engagement activities have not yet commenced, planning work completed during the reporting period will support future outreach and consultation efforts. This work establishes a foundation for identifying communities, gathering feedback, and documenting resulting actions.

5. Advance Digital and Data Capability - Modern technology and secure information management will be foundational to effective regulation.

5.1. Continue strengthening of IT infrastructure and cybersecurity systems to ensure reliability and privacy.

5.1.1. Database integration progress

Status: **On Target**

Result: Potential database providers were identified and feedback was obtained from comparator organizations regarding implementation experiences. Planning and discovery activities were completed during the reporting period.

Target/Benchmark: Complete at least 90% of planned implementation milestones on schedule.

Analysis: Planning activities progressed as scheduled and established the foundation for vendor selection and implementation. The project remains on track to advance to the next phase.

5.1.2. IT infrastructure reliability, privacy, and cyber readiness

Status: On Target

Result: Critical system availability remained at 100% in Q1 and Q2. No privacy incidents were reported during the reporting period. Backup success rates remained at 100% in Q1 and Q2.

Target/Benchmark: Complete at least 90% cyber-readiness milestones on schedule, maintain at least 99.5% availability for critical systems, achieve at least 98% backup success, and record zero material privacy breaches annually.

Analysis: System reliability, backup performance, and privacy controls remained strong and consistent.

5.1.3. Implement Cybersecurity Operational Plan & ongoing staff training

Status: Approaching Target

Result: Cybersecurity implementation milestones increased from 70% in Q1 to 75% in Q2. Two staff training sessions and two phishing simulations were completed during the reporting period. Staff cybersecurity training completion remained at 100%

Target/Benchmark: Complete at least 90% of planned implementation milestones on schedule.

Analysis: Staff training objectives were achieved and implementation activities continued to progress. Additional work is required to reach the annual implementation milestone target.

5.1.4. Establish Use of AI Framework for Staff, Council & Committees

Status: Complete

Result: Six of six planned milestones completed, including the Use of AI Policy, Updated Privacy, Confidentiality, Procurement Policies and Employee Handbook, Council Staff Training. Additional training planned for 2027-28

Target/Benchmark: Complete at least 90% of planned implementation milestones on schedule.

Analysis: All planned implementation activities were completed during the reporting period. This work establishes a governance framework to support the responsible and consistent use of AI across the organization.

5.2. Leverage data analytics for insight-driven, risk-based decision-making.

5.2.1. Compensation benchmarking and market alignment

Status: Future Measure (measurement scheduled for Q4)

Result: The 2026-27 compensation review will be conducted in January 2027. Historical benchmarking information has been retained to support future analysis.

	Completion of annual compensation & benefits review	No. of market data sources used to benchmark against HPRO or industry standards
2025	12	17 Ontario Health Regulatory Colleges
2026	12	17 Ontario Health Regulatory Colleges

Target/Benchmark: Complete annual benchmarking review and present any recommended adjustments within the annual planning cycle.

Analysis: Measurement activities are scheduled for later in the fiscal year. Existing benchmarking data will support future compensation and benefits review activities.

5.2.2. Use of professional conduct data to inform standards oversight

Status: Future Measure (2027-28 planned implementation)

Result: Measurement framework development is planned for a future reporting period.

Target/Benchmark: Analyze all significant relevant cases annually and escalate all material trends for follow-up review.

Analysis: Implementation of this measure is planned for 2027-28. Future reporting will focus on identifying trends and using professional conduct data to support standards, policy, and guidance review activities.

5.2.3. Risk-based decision tools

Status: On Target

Result: Two risk-based decision tools were developed and implemented for Registration Committee panels. Registration Committee panels used the tools in 100% of applicable matters during the reporting period.
Target/Benchmark: Complete 100% of approved implementation milestones on schedule and use the tool in 100% of applicable matters once launched.
Analysis: Approved decision tools were implemented and adopted as intended during the reporting period. Continued use supports greater consistency and transparency in decision-making

5.2.4. Develop a KPIs dashboard to provide monthly KPI updates

Status: **Future Measure** (2027-28 planned implementation)

Result: KPIs dashboard development has not yet commenced.

Target/Benchmark: Publish and share key metrics updates monthly with 100% on-time delivery.

Analysis: Dashboard implementation is planned for a future reporting period. Development of a centralized KPI reporting tool will support ongoing performance monitoring and reporting

5.3. Streamline workflows to improve efficiency, transparency, and responsiveness.

5.3.1. Administrative workflow efficiency

Status: **On Target**

Result: Four administrative modernization initiatives were completed during the reporting period. These included new salary templates, time-off request process updates, electronic funds transfer implementation for staff, Council, and committee payments.

100% of key HR and finance processes met established service targets in both Q1 and Q2.

Target/Benchmark: Meet service targets for key HR and finance processes.

Analysis: Administrative modernization activities were completed as planned, while service standards were maintained. These improvements support operational efficiency and consistency across HR and finance processes.

5.3.2. Workflow automation and staff data capability

Status: **Future Measure** (2027-28 planned implementation)

Result: Workflow automation initiatives have not yet commenced. Implementation is dependent on the planned database modernization project.

Target/Benchmark: Implement 100% of approved annual workflow automations.

Analysis: Development of workflow automation capabilities is planned following implementation of the new database platform. Future reporting will focus on automation activities and resulting efficiency improvements.

5.3.3. Staff adoption of digital tools and platforms

Status: **On Target**

Result: Three optimization activities were completed during the reporting period. 100% of planned optimization activities were completed in both Q1 and Q2.

Target/Benchmark: Complete at least 90% of planned tool optimization activities on schedule and complete at least 90% of planned tool optimization activities on schedule.

Analysis: Planned optimization activities were completed on schedule, supporting effective use of digital tools and platforms across the organization. Performance exceeded the annual benchmark during the reporting period.

5.3.4. Oversight of external investigation timeliness

Status: **Approaching Target**

Result: One external investigation was completed in Q1 and met established timelines. Two external investigations were completed in Q2, with 50% meeting established timelines.

Target/Benchmark: Meet or exceed CRTO targets for external investigation timelines and escalate all overdue matters for follow-up.

Analysis: External investigation timelines were met in Q1 but not in Q2. Ongoing monitoring and follow-up will be required to improve performance and support timely resolution of investigations.

6. Ensure Organizational Excellence and Agility - Strong governance and operational discipline will sustain CRTO's effectiveness and readiness for change.

6.1. Maintain and strengthen governance effectiveness through Council education and role clarity.

6.1.1. Governance review completion

Status: **On Target**

Result: Two governance review milestones were completed in Q1 and 17 milestones were completed in Q2. 100% of governance review milestones were completed on schedule.

Target/Benchmark: Complete 100% of governance review milestones on schedule.

Analysis: Governance review activities progressed as planned, with all scheduled milestones completed on time. This work supports ongoing governance effectiveness and alignment with leading practices.

6.1.2. Governance capability and role clarity

Status: **Future Measure** (measurement scheduled for Q4)

Result: Governance training and assessment activities are scheduled for later in the fiscal year. Measurement data are not yet available.

Target/Benchmark: Achieve at least 95% completion of required training, orient 100% of new members within 30 days, and maintain or improve annual self-assessment results year over year

Analysis: Measurement activities are planned for later in the fiscal year. Results will be used to assess governance knowledge, role clarity, and governance effectiveness among Council and committee members.

6.1.3. Committee governance readiness

Status: **Approaching Target**

Result: 43% of committee terms of reference were reviewed and updated on schedule. Two committee terms of reference (DC & TPCA) were identified for review in Q4.

Target/Benchmark: Review and update 100% of committee terms of reference on schedule.

Analysis: Committee governance review activities are progressing; however, additional work is required to complete all planned reviews within the annual timeline. Scheduled Q4 reviews will be important to achieving the annual target.

6.2. Apply continuous improvement and risk management principles to all operations.

6.2.1. Administrative risk controls and process standardization

Status: **On Target**

Result: Absence management platform implementation was completed. Mobile device security policy implementation was completed. SOP development reached 83% completion. Electronic payment transition activities progressed during the reporting period.

Target/Benchmark: Complete all planned administrative risk and process improvement milestones on schedule.

Analysis: Administrative risk management and process improvement activities progressed during the reporting period. Completed initiatives strengthen operational controls and support greater consistency across organizational processes.

6.2.2. Employee Handbook fairness and clarity review

Status: **On Target**

Result: 25% of the employee handbook was reviewed and updated using a fairness, transparency, and plain-language lens. Remaining sections flagged for review in Q4.

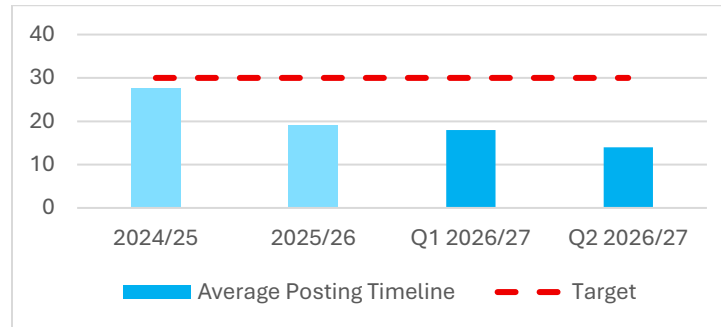
Target/Benchmark: Complete the annual handbook review and update 100% of priority sections identified in the workplan.

Analysis: Employee Handbook review activities are progressing according to plan. Updates support clearer, more accessible workplace policies and promote consistency across employment-related practices.

6.2.3. Timely publication of communications

Status: On Target

Result: 100% of posting or publication timelines met for priority communications. Average posting timelines remained below the 30-day target in both Q1 and Q2.



Target/Benchmark: Meet at least 90% of posting timeline targets for priority communications.

Analysis: Communication materials were published within established timelines throughout the reporting period. Performance exceeded the benchmark and supports timely access to information for members and system partners.

6.2.4. Risk Register updates and Risk Management Framework review

Status: On Target

Result: Two quarterly reviews of the Risk Register were completed. Twelve planned risk framework activities were completed during the reporting period.

Target/Benchmark: Update the risk register according to the approved cadence and complete all planned risk framework activities on schedule.

Analysis: Risk management activities were completed as planned during the reporting period. Ongoing monitoring and review support proactive identification and management of organizational risks.

6.2.5. Organizational risk management and succession readiness

Status: On Target

Result: The Succession Plan for Senior Leadership Policy was reviewed and updated. The Talent Management Strategy is scheduled for finalization and implementation in Q3.

Target/Benchmark: Complete all planned succession planning activities on schedule.

Analysis: Succession planning activities progressed according to schedule during the reporting period. This work supports organizational continuity, leadership readiness, and long-term workforce planning.

Council Briefing Note

ITEM 7.8

October 1, 2026

From:	Carole Hamp, RRT, Registrar & CEO
Topic:	2026 Council Elections
Purpose:	For Decision
Strategic Focus:	Strong Governance
Attachment(s):	N/A
Motion:	It is moved by _____ and seconded by _____ That: Council direct Council to appoint Members to the Council positions in districts 3 and 6 under CRTO By-law 2, s. 2.14 c).

PUBLIC INTEREST RATIONALE

Maintaining a properly constituted Council supports the CRTO's ability to meet its legislative obligations, carry out Council and committee work, and act in the public interest.

ISSUE

Council is being asked to direct the Executive Committee to appoint Members to the Council positions in Districts 3 and 6. The 2026 nomination period closed with no candidates nominated in Districts 3 and 6. The Executive Committee has recommended that Council direct the Executive Committee to appoint Members to those Council positions, as permitted under CRTO By-law 2, section 2.14 c). This approach supports good governance by filling the vacant positions through transparent Council direction and a subsequent Executive Committee appointment process, helping to ensure a properly constituted Council and maintain continuity in Council and committee work.

BACKGROUND

The nomination period for the 2026 CRTO Council elections closed on August 26, 2026. The CRTO received the following nominations:

District	Available Seats	Candidates
3	1	None
4	2	Jeff Dionne, RRT Harish Ravisangar, RRT
6	1	None

District 4 The geographic areas of Haliburton, Victoria, Peterborough, Northumberland, Simcoe, Durham, York, Peel and Toronto.

The number of candidates was the same as the number of available seats. This means no vote is needed. In keeping with [CRO By-law 2](#) (s. 2.13), the Registrar declared the candidates elected by acclamation. Their term on Council will begin on December 11, 2026.

We congratulate the newly acclaimed Council Members and thank everyone who took part in the nomination process.

District 3 The geographic areas of Frontenac, Hastings, Lanark, Prince Edward and Renfrew, Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry, and Ottawa.

District 6 The geographic areas of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Chatham-Kent and Essex.

The CRO did not receive any nominations in Districts 3 and 6.

According to CRO By-law 2:

2.14 If the number of Council Member candidates nominated for an electoral district is fewer than the number of Council Members to be elected in that electoral district, Council may take one of the following steps, subject to the Act:

- a. direct the Registrar to hold an election for Council Members;
- b. declare the candidates elected by acclamation and direct the Registrar to hold an election for the remaining Council Member positions; or
- c. declare the candidates elected by acclamation and **direct the Executive Committee to appoint Members to the remaining positions.**

After the nomination deadline, the Registrar contacted two Professional Committee Appointees to ask whether they would be willing to serve on Council:

- Tracy Bradley - District 3; and
- Laura Dahmann – District 6.

Both Members have confirmed their willingness to serve on Council if appointed. This provides Council with an immediate path to fill the vacant District 3 and District 6 positions without holding a further election process.

RECOMMENDATION

It is recommended that Council direct the Executive Committee to appoint Members to the Council positions in District 3 and 6 under CRO By-law 2, section 2.14c).

NEXT STEPS

If approved, the Registrar will contact both Members to advise them of the appointments. Pending Council approval, the new Council Members' terms will begin on December 11, 2026.

Council Briefing Note

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

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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 (CRTC) 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 CRTC 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 CRTC 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 CRTC 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 CRTC 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 CRTC 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

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 (CRTC) that when information about a Member comes to the attention of the Registrar ~~regarding a member~~ (that is not received by the CRTC 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 ~~the~~ such 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 CRTC receives~~ information about a ~~member's~~ Member's conduct or actions ~~is received by the CRTC, 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 CRTC 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 CRTC By-laws, and the Regulations ~~regulations~~ made under the *Respiratory Therapy Act, 1991*.

~~It is important to note that the CRTC only has jurisdiction over individuals who were, or are, members of the CRTC 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~~ CRTO 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
- ~~CRTO 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
RHPA – Regulated Health Professions Act
The Code – Health Professions Procedural Code

10.0 CONTACT INFORMATION

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Council Briefing Note

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.

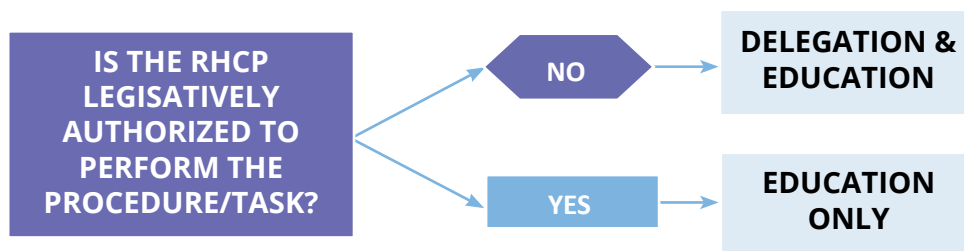
FOR EXAMPLE:

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

College of Nurses of Ontario. (2002). *Professional Standards*. Retrieved from: https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

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>

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**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.
----------------	--	--

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
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#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.

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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.

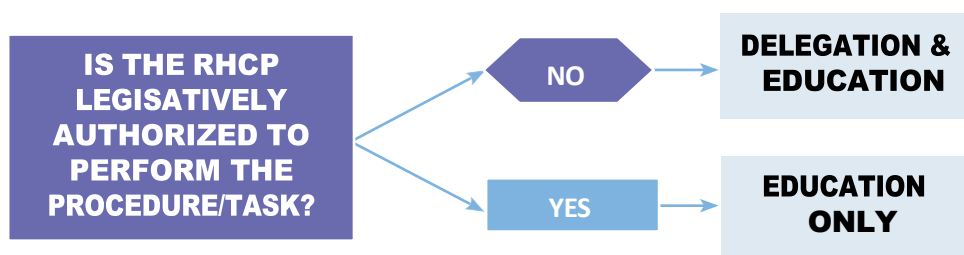
FOR EXAMPLE:

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.

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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*](#).



**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: questions@cрто.on.ca.

College of Respiratory Therapists of Ontario
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Council Briefing Note

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.